CANNABIS & PSYCHOSIS

Communication Bridges and Roadblocks

A Tool for Clinicians

This resource identifies common communication 'bridges' (approaches that can support communication) and 'roadblocks' (approaches that can derail or impede communication) in discussing cannabis use with people who have experienced psychotic episodes and/or have been diagnosed with a psychotic disorder(s). As you know, strong communication between clinicians and the person they are supporting is an important aspect to providing quality clinical care. The following short list was developed in collaboration with people with lived and living experience of cannabis-induced psychosis as a reminder of what works best when discussing their experiences with cannabis use and psychosis with clinicians.

For more comprehensive conversation guidance on cannabis use and psychosis see the Cannabis & Psychosis Dialogue Support Tool for Clinicians.

Bridge	Roadblock
Build a relationship and show interest in the person as a whole, not just their medical condition and related behaviours.	**Focus only on prescribing/treatment management** related to the person's psychosis or their cannabis use.
ADVICE: Weave in some brief relevant conversation that is more relatable to the patient (e.g. questions on their goals, their needs, or brief small talk that is appropriate to your relationship)	
Where possible, allow time for the person to express questions, concerns, and any priority areas for their cannabis use or psychosis.	**Appear rushed during appointments** and forget to address the person's questions, concerns, or priorities.
ADVICE: It can be challenging during a busy clinic day, but taking even a few minutes at the beginning and end of the appointment to check in with the person can go a long way to building trust and rapport. Remember, people in recovery from psychosis could still be experiencing symptoms, such as slowed thinking, dissociative behavior, paranoia, distrust, etc., that could influence their interactions with you during an appointment.	
Reflect on your own beliefs and biases prior to conversations and initiate dialogue from a place of support and collaboration that supports the person's goals for their psychosis and cannabis use.	**Make a care plan based on your experience, evidence and what you think will work best for the individual**, regardless of whether it will meet the person's stated goals or needs.
ADVICE: Remember, changes work best when they are attainable and also aligned to the individual's goals. These goals may be different from your views, beliefs, and concerns as a provider or from the previous people you have worked with. It's important to regularly check in to make sure you are understanding the person's most urgent priorities and that you develop a care plan together.	
Routinely assess if the person is ready to talk about their cannabis use, interested in changing any cannabis-related behaviours, or has tried to make changes themselves before making suggestions.	**Assume the person is ready to engage in conversations about cannabis use** or related behavior changes, and apply your recommendations.
ADVICE: Setting the person up for success is key. It can take time for people to build trust with a new health care provider, understand the links between their substance use and their psychosis and then actually be ready for change. Maintaining an open and non-judgmental attitude and reiterating to the person that you're available if and when they are ready to learn more about their options, without pressure, can be helpful.	

Bridge

Roadblock

Be well-informed on cannabis use (e.g., literature, products, lingo, prices, etc.) and seek opportunities to support education around cannabis and cannabis-induced psychosis.

Share outdated information or provide opinions without explaining the rationale.

ADVICE

When offering feedback, advice, or recommendations consider sharing the rationale for your suggestions as well as leaving space for questions. Building the person's knowledge about their cannabis use and their psychosis and providing context and rationale for a recommendation is more likely to have a stronger impact and leave the person with tangible information to consider.

Provide information and education on the links between psychosis and cannabis use in a neutral way.

Focus only on the negative impacts of cannabis use and use fear (eg. Psychosis relapse) to motivate or encourage change.

ADVICE

Use neutral, non-judgmental language when talking about patient behaviours related to cannabis use and effects on psychosis (i.e., avoid the terms 'risky', 'high risk'). If providing information on the negative effects of cannabis use, understand or acknowledge why a person may also enjoy using cannabis. This information can be used to support a better suited care plan.

Provide the person with a menu of options for recommendations to manage their cannabis use.

Suggest abstinence as the main or only goal the person should be working towards to reduce their risk of cannabis-induced psychosis.

ADVICE

Although abstinence may be the most certain behaviour to reduce psychosis-risks of cannabis use, it is also the most difficult to maintain and can often be undesirable and/or unattainable, especially when first considering change. Several smaller changes to cannabis consumption can also reduce risks while offering more achievable incremental goals for the person.

Use simple, concise, and relatable language when discussing cannabis use, psychosis, and recommendations.

Use clinical language or jargon terms when explaining cannabis use, psychosis, or recommendations.

ADVICE

Much like with any interaction, it is important to tailor information to your audience and verify that the person is understanding. If the person is experiencing any psychosis-related symptoms this can also contribute to difficulties of comprehension and in following conversation. Be clear, concise and avoid the use of jargon or overly clinical terminology.

This tool was created using the recommendations from the Lower-Risk Cannabis Use Guidelines for Psychosis (LRCUG-PYSCH). For more information and resources on the LRCUG-PSYCH visit www.labo-jutras-aswad.ca/boite-a-outils.

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