CANNABIS & PSYCHOSIS

Dialogue Support Tool for Clinicians

Use the guide to:

- ✓ Appropriately engage in conversation around reducing harms of cannabis use in relation to psychosis
- ✓ Build a positive, non-judgemental, and trusting relationship with people undergoing follow-up
- ✓ Talk to people about their motivations, goals, and patterns of cannabis use
- ✓ Identify and provide recommendations for reducing the risks of cannabis-induced psychosis

About this tool

This dialogue support tool offers clinicians guidance on how to approach conversations about cannabis use with people who have experienced psychotic episodes and/or have been diagnosed with a psychotic disorder(s) and language to support those conversations.

Cannabis use has been strongly linked to both increased risk of developing psychosis and worse outcomes for those who already have a psychotic disorder. Clinicians can play an important role in supporting people towards psychosis recovery and reducing the risk of future psychotic episodes. Abstinence may be an option for some individuals, but for many, it is challenging, undesirable, and unsustainable. The following guide offers a conversational framework based in principles of harm reduction, using evidence-based recommendations from the Lower Risk Cannabis Use Guidelines for Psychosis (LRCUG-PSYCH).

While this dialogue support tool aligns with evidence-based approaches for health behaviour change such as Motivational Interviewing (MI) and Brief Interventions, it is not intended to adhere to or replace these interventions for psychosis and cannabis use. Rather than being comprehensive, the tool is meant to offer suggestions to support dialogue.

Purpose

The main goal of this dialogue tool is to offer verbal prompts that can facilitate productive conversations with people about their cannabis use and psychosis. The aim is to support individuals to understand the links between their cannabis use and psychosis and to work together to identify changes to their cannabis use that could reduce their associated risks. Like conversations about any other health behaviour, the focus should be to engage the person where they are at, provide information, and work towards client-identified goals, while also aiming to improve overall health and well-being and reduce harms.

How to use this tool

The tool is divided into 5 important stages of conversation. These stages are intended to be iterative and not necessarily sequential, which could occur over several encounters with a people based on their journey and their readiness for discussion or behavior change. Each stage of conversation includes key considerations with verbal prompts. The prompts are simply examples and clinicians are encouraged to adjust the language or explanations where appropriate (e.g., using 'weed' instead of 'cannabis') to mirror that which the individual uses to better meet their needs. Clinicians should approach conversations with flexibility and assess where to position themselves in the stages of conversation based on the needs of the person they are supporting.

CECTC Centre d'expertise et de collaboration en troubles concomitants
CRCHUM RESEARCH CENTRE
Université de Montréal

As you know, building a strong relationship that shows general interest and builds trust is critical to enable discussion about sensitive topics such as cannabis use. Forming an alliance with the person will allow them to feel comfortable sharing answers, asking questions, and exploring options for ways forward. This alliance can be strengthened over time and may be shaped by a person's level of confidence and trust in your relationship, their journey with psychosis to date, their readiness and ability to make health behaviour changes and their past experiences with other health care providers. Some people may not be open to any cannabis conversations. In this case, clinicians should not pursue and try again another time.

Assess if the person is ready to talk about cannabis use (observe verbal and non-verbal cues)

EXAMPLE PROMPTS

> "How are you feeling today? "
>
> "Tell me about your cannabis use?"
>
> "Would it be alright if I ask you some questions about your cannabis use?"

Create a supportive and non-judgemental environment

EXAMPLE PROMPTS

> "I want you to know that it's okay if you use cannabis, there is no judgement here. I just want to get a sense of where you are at to best support you and your goals."
>
> "Experiencing and talking about psychosis symptoms and your cannabis use can sometimes feel uncomfortable and that is okay. You are not alone in this, and I am here as a resource for you if you ever have any questions."

Be patient towards the person's readiness for conversation around cannabis use

EXAMPLE PROMPTS

> "Let me know if you have questions or concerns about your cannabis use. If you're unsure or still feeling some lingering symptoms from your psychosis experience it may not be the best day to talk about it. If you think of something later, write down your questions or concerns and we can discuss them during your next visit."
>
> "We don't have to talk about cannabis today, but maybe that is something we can chat about next time you are here, if you are feeling ready?"
>
> "I have asked about your cannabis use because it can increase your risk of having another psychotic episode or more severe episodes. There are a few ways we can try to reduce these risks, whether or not you want to keep using. Is this something you'd be open to discussing?"

Once you have formed a relationship with the person and they indicate readiness to talk about their cannabis use, the first step is to learn more about their cannabis use. To do this, you can assess their current patterns of use and determine what is important to them in their cannabis consumption and any related future goals. In this stage, gather information about their motivations, experiences, and patterns of cannabis use. This conversation will help take inventory on potential risk factors to inform ways forward in the following stages.

Ask open ended questions around cannabis use patterns and motivations

**The following factors are the most common considerations when asking about a person's cannabis use, based on the LRCUG-PSYCH. However, alternative factors can also be considered.*

EXAMPLE PROMPTS

FREQUENCY

"How often do you use cannabis?" or "How often have you used cannabis in the last week (or month)?"

→ *Follow-up example:* "How long have you been using this way?"

MODE OF USE

"How do you usually use cannabis? (e.g., spliffs containing tobacco, joints, edibles, dab, bong, vape, concentrates etc.)"

POTENCY

"What kind of cannabis are you using? (e.g., is it high in THC, does it contain any CBD?)"

→ *Tip:* Ask the person to show you the products they are using either online or if they're comfortable, they can bring them to their next appointment.

QUANTITY

"How much cannabis do you use in a week (grams)?" or "How long does one gram of cannabis usually last you?"

SETTING

"Where and when are you usually using it?"

PURCHASING

"Where do you buy your cannabis and how much money are you spending on it per week (or month)?"

→ *Tip:* A gram is roughly $5-10. If they are spending $50 per week, then they are likely using 0.5-1 gram per day. The benefit of asking about cost is that it can be an added motivator towards reducing use when they realize how much they are spending per week on weed.

MOTIVATIONS

"What would you say is your main reason for using cannabis?" (E.g. To unwind/for pleasure, to cope with certain feelings, boredom, use it with friends etc.)

"What do you like about using cannabis?"

"What don't you like about using cannabis?"

After listening and thinking about the person's motivations, patterns of use, and positive and negative outcomes of use, take the time to share some thoughts with the person based on what you have heard. Rephrase statements that are made by the person to capture and amplify what they are saying and provide affirmations for any positive behaviours they are practicing. Using an empathetic approach, share areas of concern related to current behaviours and take opportunities to educate and explain why they are a concern in terms of their recovery for psychosis.

Provide feedback, reflections, and affirmations

EXAMPLE PROMPTS

SUMMARIZING

"If it is okay with you, let me check that I understand everything that we've been discussing so far." *[paraphrase any key points they've shared about their cannabis use].*

AFFIRMATIONS

"I am glad to hear that you are buying your weed from a regulated source *[example of a positive behaviour]*. That is helpful because you know exactly what you are getting *[example on why the behaviour is positive]*."

"A lot of people have similar experiences with wanting to use when they are with their friends *[example of an experience or behaviour that was shared]*. It is really common to feel that."

STATING CONCERN

"I'm concerned that the way you are using cannabis may be contributing to some of the psychosis symptoms you have been telling me about."

"I worry that your smoking cannabis has led to or worsened some of the psychotic symptoms you have experienced, like the voices you have heard. I fear that if you continue to use the way you do your psychosis may return."

Acknowledge responsibility of the person

EXAMPLE PROMPTS

"Only you can decide if there are changes you'd like to make to your cannabis use. I'm here to share information and suggest options that might help. I think there are some actions you could take that would reduce your risk of having another psychotic episode."

"I am here to help meet your goals and support you in making changes. Based on what we've talked about, do you have anything you would like to change about your cannabis use?"

Provide advice and education

EXAMPLE PROMPTS

"There are many factors that could be influencing why you might be experiencing psychosis; sometimes it is genetic, sometimes it is the influences of your childhood and past experiences, but also sometimes the way you use cannabis can make it worse.

If you don't know, THC is the main ingredient responsible in causing psychotic effects. It changes the way the neurotransmission systems work in your brain. This means that your usual brain functioning may be blocked by having weed in your system and it does this in a way that can create psychosis responses. The more you consume THC often, in high quantities, over time, the more you can be at risk of having a psychotic experience."

"I would advise you to consider if there are ways that you could change your cannabis use to make it safer for you."

"In order to improve your psychosis and make your treatment more effective, I would suggest we look at ways to change your cannabis use together."

After sharing concerns and advice, explore if the person is ready to make a change and provide a menu of options for making changes to their cannabis consumption in relation to their psychosis. Based on their motivations, care goals and cannabis use, explore different evidence-based recommendations with the person that seem appropriate, attainable, and suitable. This should be done in a way where the person feels empowered and encouraged to decide based on their needs and goals.

Assess readiness to change

EXAMPLE PROMPTS

> "Have you ever thought about changing your cannabis use to see if it might help your psychotic symptoms?"
>
> "Are there any reasons you might like to make a change to your cannabis use? What might improve? What might be challenging?"
>
> "I can suggest a few recommendations for your cannabis use that might help reduce the risks of relapse of psychosis if you are open to it? Would you like some suggestions?"

If the person is not ready:

Be patient and do not press further

EXAMPLE PROMPTS

> "I hear you and understand why you feel that way about cannabis. I am still concerned about your use and hope that you will consider what I have said and I am willing to help if you change your mind."

If the person is ready:

Explore a menu of options provide recommendations for healthier cannabis use behaviours

**The following recommendations are taken from the LRCUG-PSYCH. These are the most common first steps for reducing psychosis outcomes, however alternative recommendations can also be considered.*

EXAMPLE PROMPTS

TYPE/POTENCY OF PRODUCT

"One thing you could try is changing the type of weed that you use. Cannabis that is high in THC or has a very high potency could make your psychotic symptoms worse. You could try finding a weed product that you like that is lower in THC or with a higher CBD/THC ratio, which would help reduce some of your risks of relapse and symptom severity. What do you think?"

WHERE TO BUY PRODUCTS

"I would suggest buying weed from a regulated store. The benefit of buying products from a regulated dispensary is that you will know exactly what is in the cannabis which is much safer and predictable. You can have more control over the potency and type of product that you are using and how much you are using. There is a bigger risk of contamination and unknowns in unregulated products. Would you be open to changing where you buy weed?"

TOLERANCE BREAKS

"Reducing or stopping weed for a period of time (for e.g., a few weeks) can be helpful in reducing risks of having other psychotic experiences because it will allow your body to lower its tolerance a little bit so you will not need to use as much to get high. You don't need to stop altogether, that can be difficult, but if you are open to taking a break, we could make a plan together on how you can try that?"

MODES OF USE

"You mentioned that you typically dab *[insert the person's method of using]*. Cannabis oils create very high exposures to THC and this can increase your likelihood of psychosis. You could consider a different way to use, such as smoking or vaping your cannabis, which would allow you to better control your THC intake and the length of your high. Would you be open to trying other methods or products instead of dabbing?"

If the person is ready (continued):

Explore a menu of options provide recommendations for healthier cannabis use behaviours

**The following recommendations are taken from the LRCUG-PSYCH. These are the most common first steps for reducing psychosis outcomes, however alternative recommendations can also be considered.*

EXAMPLE PROMPTS

CHANGING WHERE OR WHEN YOU CONSUME

"You mentioned that cannabis use sometimes gets in the way of school *[example of life commitment or behaviour that was shared]*. Are there other times of the day you could use?"

Alternative: "You mentioned that your goal is to not let your smoking get in the way of your responsibilities *[example of person's goal]*, maybe changing the place or time of day that you smoke could help with that? Maybe you could start by only smoking when you are in social situations and not when you are alone. Any thoughts?"

Alternative: "You mentioned that you vape throughout the day *[example of behaviour that was shared]* and that you're not sure exactly how many times you use it. One thing you could start doing is keeping track of how often you use. This will give you a better idea of what your consumption is like and then you can decide if you want to change how often or when you smoke."

DISCUSSING ABSTINENCE

"Reducing or stopping your cannabis use completely is always an option that you could consider. However, if you choose this route, we should make a plan together that you think would be achievable and come up with some specific strategies."

Show empathy

EXAMPLE PROMPTS

"You don't need to make a decision right now, take some time, start thinking about what we've talked about and the next time we meet, we can see if you feel ready to try anything."

"I know it is not easy. You can always try something out and if it doesn't work for you, that is ok, we can try something else."

Provide affirmations that reinforce the person's self-efficacy

EXAMPLE PROMPTS

"Is there anything that would make you feel more confident in a decision or to try something out? You know yourself best."

"Changing how you use cannabis can be challenging and it can take time to adjust, but I think you can try out small incremental changes to see how you do first. Do you have any ideas on how you can try reducing the amount of THC you use *[behaviour related to a recommendation made for the person]*?"

"I'm here to support you in making a plan. I think you can do it! Is there anything I can do to help you?"

*Clinicians should collaborate with the person they are supporting to make a care plan or strategy on **how** to change consumption patterns based on the recommendations moving forward.

Once recommendations or potential ways forward have been explored with a person, continue to follow-up on their cannabis use, their goals, and their patterns of use by maintaining an open dialogue. Although changes may not happen immediately, over time, these conversations can act as positive reinforcers towards adopting lower risk behaviours.

Monitor behaviour changes and be encouraging

EXAMPLE PROMPTS

> "Have there been any changes to your cannabis consumption since we last spoke about it?"
>
> "Last time we met, you indicated that you might try out some new cannabis products higher in CBD *[example behaviour based on prior recommendation]*. Can you tell me how that's going?"
>
> **IF THEY HAVE MADE CHANGES**
> "What have you noticed since reducing your use *[example behaviour that has change]*? How have you been feeling?"
>
> "You seem much clearer today. I can see how changing your cannabis use has made a big difference."
>
> **AFFIRMATIONS**
> "A lot of people have similar experiences with trying to change what they enjoy smoking *[an experience or behaviour that was shared]*. It might take some time, and that's ok."
>
> "I am really glad to hear that you have been trying to smoke at a different time of day *[behaviour that has changed]*. Sometimes the adjustment takes time. We can continue finding tricks that help or work for you."
>
> "That's great to hear you still want to try to buy cannabis that is lower in THC *[behaviour that was changed]*, how is that going for you? Is there anything is making it easier or harder?"

Additional resources

The following links provide information and resources for evidence-based interventions and frameworks used in cannabis use reduction and in early intervention psychosis care. These resources were consulted in the development of this tool.

Stages of Behaviour Change Model

Cognitive Behavioural therapy

Motivational Interviewing

Brief Intervention

Early Intervention in Psychosis Treatment Options Tool

Cannabis Use Educational Tool from the *Canadian Consortium for Early Intervention in Psychosis*

Get Sensible Cannabis Harm Reduction Tools

Acknowledgements

This tool was created using the recommendations from the Lower-Risk Cannabis Use Guidelines for Psychosis (LRCUG-PYSCH) and input from people with lived/living experience of cannabis use and psychosis and clinicians. An evidence brief of the recommendations and a series of tools for clinical practice are available online at cannabis-psychose.ca.

Written by:
Madeleine Malone, CRE
Elizabeth Matzinger, CRE
Samantha Robinson, CRE

Designed by:
Annie St-Amant

With contributions from:
Dr. Didier-Jutras Aswad
Dr. Phil Tibbo
Mélodie Cormier
Dr. Christian Schultz
Nathaniel Chantres-Poirier
Dr. David Neil Crockford
Heath D'Alessio
Anne Wittevrongel
Lucy Chester
François-Olivier Hébert

The development of this tool was made possible through the support of Health Canada, Quebec Ministry of Health and Social Services, the Université de Montréal's Expertise and Collaboration Center in Concurrent Disorders, and the Centre hospitalier de l'Université de Montréal Research Centre. Health Canada and Quebec Ministry of Health and Social Services had no influence on the content of this tool. The development and design of this tool was supported by Changemark Research & Evaluation (CRE).