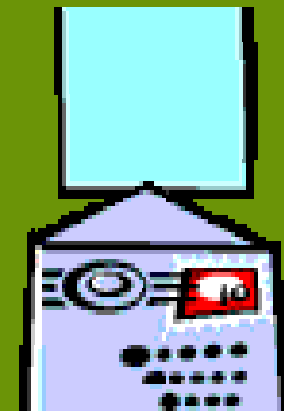


Alternative Delivery Models for Cannabis Treatment



Melissa Norberg, Peter Gates, Sally Rooke, & Tracey Wright

Agenda

- Effective treatments for cannabis use disorders
- Barriers to treatment
- NCPICs evaluation of alternative modalities
- Computer-based therapy at the Center for Technology and Health
- Questions for the panel

Review of the Treatment Outcome Research

- 11 randomised trials since 1994
 - CBT, MET, contingency management, social support, family support, and treatment as usual
 - 1-14 sessions
- No form of psychotherapy has been found to be more effective than another
 - With the exception of the addition of vouchers
- Benefits of longer treatment disappear by follow-up

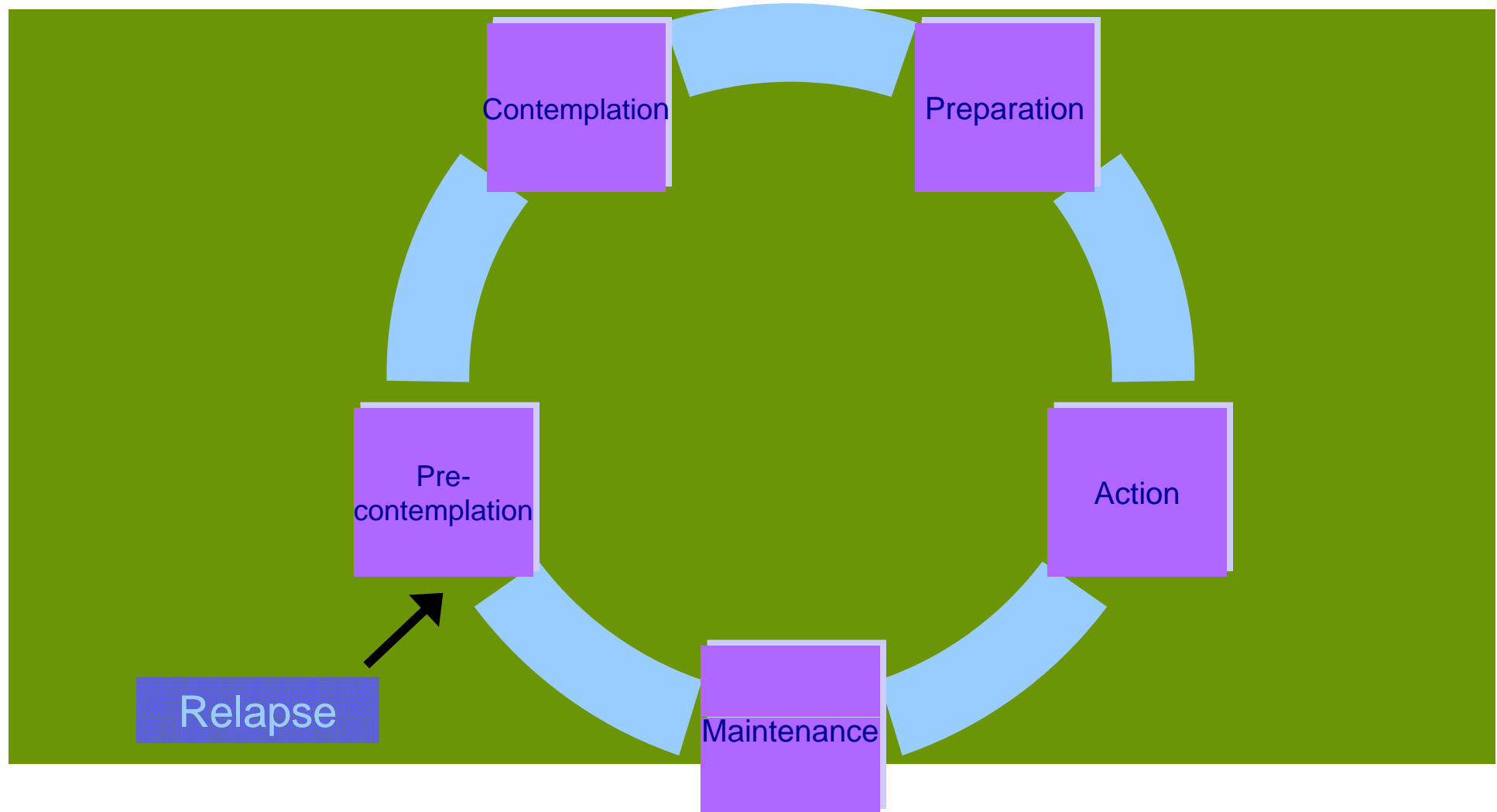
Review of the Treatment Outcome Research

- Brief CBT and MET appear the most cost effective
- Currently unknown whether the costs associated with voucher incentives are proportional to their benefits

Motivational Interviewing

- MI is a person-centred, goal-directed counselling method for helping people to change by working through ambivalence
- Therapist's role is to boost and maintain motivation for change
- Change is a dynamic process
 - Change doesn't happen all at once, and
 - may not occur on the first try
- Motivation for change progresses along a continuum
 - Ambivalence is a normal step toward change

Stages of Change



Motivational Interviewing

Particular interventions may be valuable at different stages

What to do....

Motivational Interviewing

- Precontemplation
 - Raise doubt
 - Increase perception of risks and problems with current behaviours
- Contemplation
 - Tip the balance of ambivalence in direction of change
 - Elicit reasons to change and risks of not changing
 - Strengthen self-efficacy for changing behaviour

Motivational Interviewing

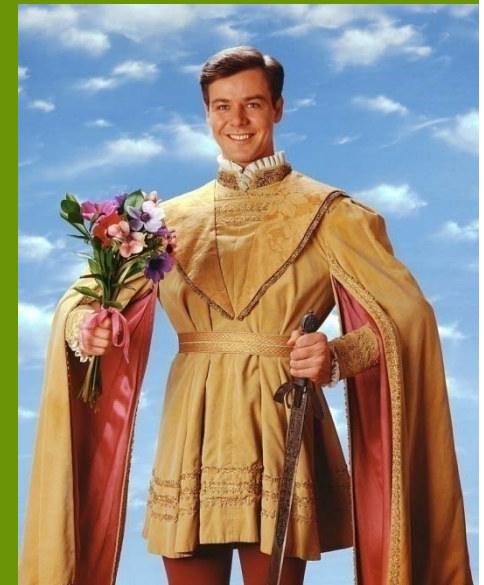
- Preparation
 - Help identify and select best course of action
 - Reinforce movement in this direction
- Action
 - Help take steps toward change
 - Provide encouragement and positive reinforcement
- Maintenance
 - Help identify and use strategies to prevent relapse

5 Core Principles of Motivational Interviewing

- Express Empathy
 - Begins with good nonverbal listening
 - Selectively reflect certain aspects
- Develop Discrepancy
 - Current situation versus goals and values
- Avoid Argumentation
 - Acknowledge ambivalence instead

5 Core Principles of Motivational Interviewing

- Roll with Resistance
 - Simple, amplified, or double-sided reflection
 - Shift focus, agree with a twist, reframe
- Support Self-Efficacy
 - Provide summaries
 - Reinforce change strategies
 - Negotiate change plans
 - Discuss previous successes



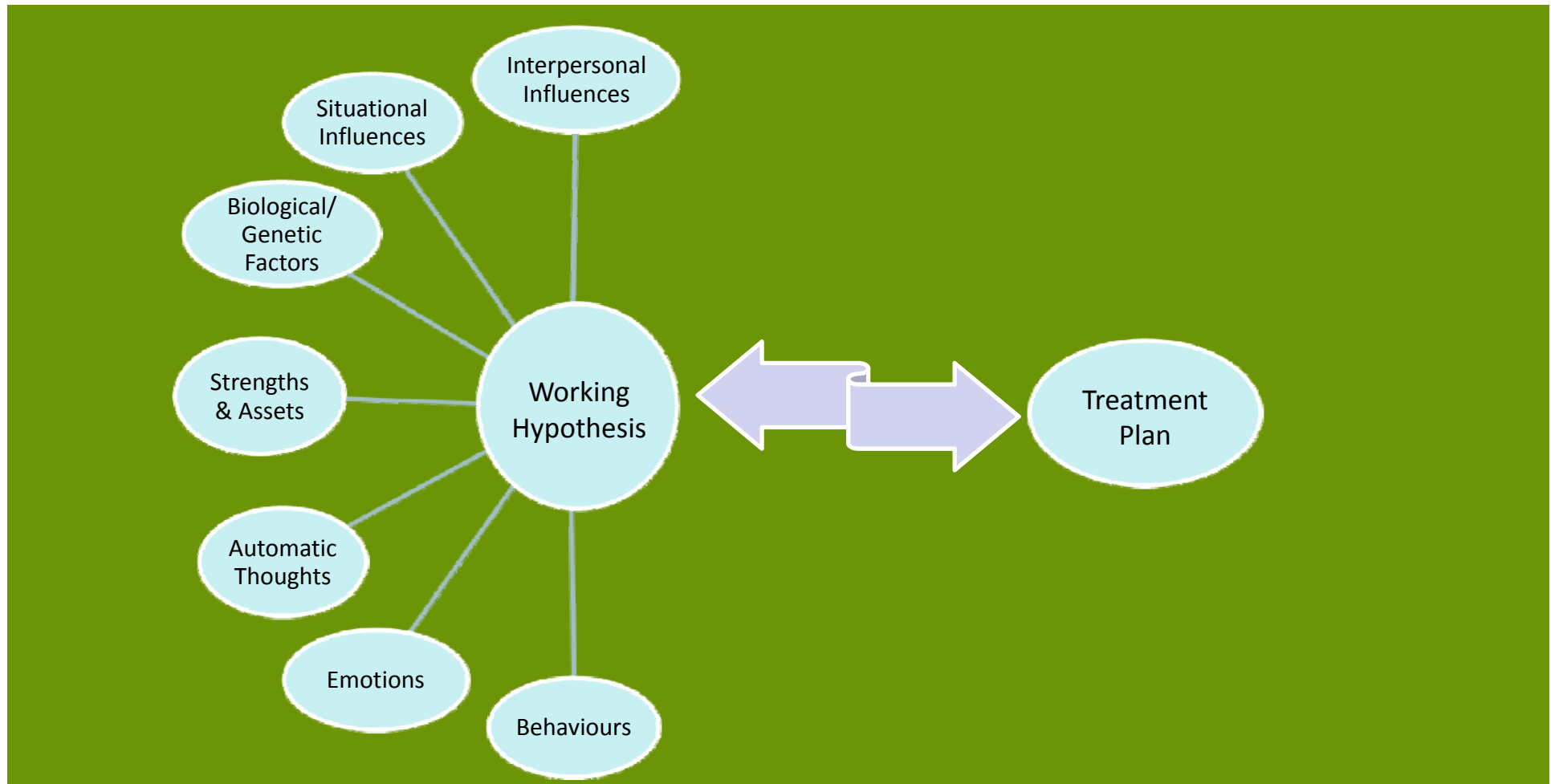
Cognitive-Behavioural Therapy

- Commonsense approach based upon two tenets:
 - Cognitions have a controlling influence on our emotions and behaviour
 - How we act or behave can strongly affect our thoughts and emotions
- Recognition of complex interactions among biological processes, environmental, and cognitive-behavioural elements

Cognitive-Behavioural Therapy

- Sometimes CBT is viewed just a collection of techniques
- This view misses some of the most important ingredients of CBT, such as
 - case conceptualisation, functional analysis, development of a therapeutic relationship, artful application of Socratic questioning, effective structuring, and psychoeducation
- Although CBT is focused on the here-and-now, considering a person's history is critical to fully understanding the patient and developing an appropriate treatment plan

Case Conceptualisation



The Essence of CBT

- Why is all this important?
 - Knowing the science behind the CBT model will help you deliver the treatment like a chef
 - CBT works best when it is tailored to each individual and not applied with a cookie-cutter approach
- Think of CBT as you do MI
 - In other words, don't just do a technique to do a technique

Psychoeducation in Brief CBT

- Fact sheets
 - Harms, withdrawal
- Personalised Feedback Report
 - Used to motivate and support the selection of treatment goals and strategies for change
 - Dependence, use in relation to general population, problems associated with use, level of motivation, social support, and co-occurring issues

Skill Building in Brief CBT

- Set goals
- Keep a dairy of cannabis use
- Identify high risk situations

OUTSIDE WORLD	INSIDE WORLD	BEHAVIOR	RESULTS
Places	Thoughts	Cannabis use	Positive and Negative
People	Emotions		
Things	Physical Feelings	Doing something else instead of using cannabis	Short-term and Long- term
Events			

Skill Building in Brief CBT

- Identify and challenge maladaptive thoughts

Overconfident thoughts

- *"I can have one joint and then stop again."*
- *"I have my cannabis use under control."*

Denial thoughts

- *"I can control my use any time I want to."*
- *"There is nothing wrong with smoking cannabis."*

Negative thoughts about quitting

- *"My health is already ruined so why quit now."*
- *"I'll just feel more depressed if I stop using cannabis."*

Rationalizing thoughts

- *"I've had one cone, so I may as well finish the rest of what I've got."*
- *"If she thinks I'm smoking, I may as well smoke."*

Situation	Thoughts or Beliefs	Emotions	Thinking Challenge	Adaptive Thought
<p>What was the actual event?</p>	<p>What thought(s) went through your mind?</p> <p>What does that thought mean to you?</p> <p>Can you identify any cognitive errors?</p>	<p>What emotion(s) did you have (sad/anxious/angry/etc.) did you have at the time?</p> <p>How intense is the emotion (0-100%)</p>	<p>What's the evidence that the thought is true? Not true?</p> <p>What's the worst that could happen? Could you live through it?</p> <p>What's the best that could happen?</p> <p>What's the most realistic thing that could happen?</p> <p>What's the effect of buying into the thought? Is it helping me or bringing me down?</p> <p>What would I tell a friend to do?</p>	<p>Based on the thinking challenge, what's really going on?</p> <p>What emotion(s) do you feel now? How intense (0-100%) is the emotion?</p> <p>What will you do (or did you do)?</p>
<p>I have a neighborhood party to attend.</p>	<p>I won't have anything to say.</p> <p>I'll have to smoke before going so I'll feel more talkative.</p> <p>These thoughts mean I must be socially inept. I'm a loser.</p> <p>Black and white thinking?</p> <p>Expecting perfection?</p>	<p>Anxious. 80%</p>	<p>I don't have many friends. But on the other hand, I do have a few friends and my family thinks I'm funny.</p> <p>I could go to the party and not talk to anyone. It wouldn't be fun, but I would live.</p> <p>The best thing that could happen is that I talk to a lot of people and have a good time without using.</p> <p>Most likely I will talk to my neighbor. I may even talk to his mate Mike. We both do landscaping.</p> <p>Believing that I'm an idiot makes it seem real. It makes me forget that I do have some good qualities. The thought just brings me down and gives me another reason to use.</p> <p>I would tell a friend not to listen the thought. It seems to me that my friend does have good qualities and doesn't need cannabis to be liked.</p>	<p>What's really going on is that I get anxious in social situations. However, I do have some things to say that interest people.</p> <p>Anxious 50%</p> <p>I think I will sit down and think of some topics I could discuss at the party. Maybe I'll read the newspaper that morning so I can catch up on current events so that I can talk about them. I'll ask my other neighbor to walk over with me. That way I won't feel so alone when I get</p>

Skill Building in Brief CBT

- Problem-solving
 - Utilise skill to develop ways of coping with high risk situations
- Coping with cravings
- Develop a plan
- Monitor effectiveness of plan
- Relapse prevention

If we know CBT and MI work,
why don't we *just* make sure all clinicians can
effectively carry them out?



Barriers to Treatment

- Although the demand for cannabis treatment is increasing,
 - Approximately 9-15% of users become dependent upon cannabis
 - Cannabis is the second most common principle drug of concern mentioned in drug treatment seekers
- only a small percentage of dependent individuals actually seek treatment

Barriers to Treatment

- Common barriers to treatment
 - Unaware of treatment options
 - Stigma
 - Lack of cannabis specific treatment
 - Unable to seek treatment during office hours
 - Confidentiality issues

Breaking Down Barriers



- Treatments that can be accessed at home and anonymously may increase access to treatment by:
 - Removing the stigma associated with treatment
 - Increasing availability
 - Increasing convenience
 - Decreasing effort on consumers part

Mail-Based Intervention



- Target population: Rural community members
- Very brief assessment: severity of dependence, past month use, problems associated with use, psychological distress severity, expectations for treatment
- Six modules to be completed weekly
- Minimal feedback provided at four different times
- Feasibility study—no control group



Mail-Based Intervention



- Feedback 1: Results of assessment
- Module 1
 - Psychoeducation
 - Cannabis abuse and dependence
 - CBT and mail-based intervention
 - Instructions for setting a quit-date and self-monitoring
 - Case conceptualisation
 - Questions about current use, ways of coping with problems, feelings toward assessment feedback, and about feelings toward current treatment

Mail-Based Intervention



- Feedback 2
 - Simple and complex reflection to module 1 answers
 - Development of discrepancy between goals and values and current situation
 - Discussion about future modules and how they may help participants' situation
- Module 2
 - Motivation enhancement
 - Decisional balance

Mail-Based Intervention



- Module 3
 - Identification of high risk situations
 - Identification of strategies to deal with high risk situations
 - Psychoeducation about cravings
 - Identification of strategies to deal with cravings
- Module 4
 - Cognitive restructuring
 - Psychoeducation about cognitive errors
 - Thinking challenge worksheets

Mail-Based Intervention



- Feedback 3: Feedback regarding thinking challenge worksheets
- Module 5
 - Problem-solving
 - Assertiveness training
- Module 6
 - Relapse prevention
 - Think about achievements, generate a new goal, consider issues that may get in the way of achieving that goal and how to deal with those issues

Mail-Based Intervention



- Feedback 4
 - Reflections to Module 6 answers
 - Building self-confidence with MI strategies
- Post-treatment and 1-month follow-up

Web-Based Intervention



- Target population: Web users
- Very brief assessment: dependence diagnosis, severity of dependence, past month use, problems associated with use, psychological distress severity
- Six modules to be completed with six weeks
- Computer regularly feedbacks information and keeps track of progress
- Immediate treatment versus delayed treatment

Web-Based Intervention



- Module 1
 - Use self-assessment
 - Motivation self-assessment
 - Decisional balance
 - Computer feeds back this information to the participant
 - Computer attempts to evoke change talk by having the participant focus on what the future will look like
 - Goal setting and setting a change date
 - Self-monitoring with built in diary

Web-Based Intervention



- Module 2
 - Psychoeducation
 - Cravings
 - Withdrawal
 - Identification of cannabis use triggers
 - Confidence Test
 - “Over the next two weeks, can you stop yourself from smoking cannabis if you are”
 - Develop strategies to cope with triggers

Web-Based Intervention



- Module 3
 - Psychoeducation
 - Automatic thoughts
 - Identification of personal automatic thoughts that have led to cannabis use
 - Computer suggests challenges to common automatic thoughts
 - Computer provides a form to record thoughts and challenges

Web-Based Intervention



- Module 4
 - Psychoeducation
 - Seemingly irrelevant decisions
 - Participant is asked to think about their own “slippery slope decisions”
 - Skill building
 - Problem-solving training
 - Sleep hygiene
 - Relaxation training

Web-Based Intervention



- Module 5
 - Review progress
 - Suggestion to review previous modules based on specific problems encountered
 - Assertiveness training
- Module 6
 - Relapse prevention
 - Dealing with lapses
 - Suggestion to review modules as needed
- Post-treatment and 6-month follow-up

Helpline Intervention



- Target population: Cannabis Information Helpline callers
- Assessment: severity of dependence, past month use, problems associated with use, psychological distress, social support, and quality of life
- Four sessions to be completed weekly
- Session content changes based on participants' success
- Immediate treatment versus delayed treatment

Helpline Intervention



- Session 1
 - Establish rapport
 - Psychoeducation about PROJECT CAHL
 - Introduce the Quitting Cannabis Workbook
 - Feedback assessment results
 - CIH staff utilises a case form that the researcher has completed based on assessment instruments
 - Set a change date and schedule cannabis reduction
 - Homework: Self-monitoring use and withdrawal symptoms

Helpline Intervention



- Session 2
 - Rapport building
 - Psychoeducation about internal and external triggers
 - Identify personal triggers for use
 - Decisional balance
 - Identify a positive aspect of quitting cannabis and identify other behaviours that engender this outcome
 - Unsuccessful participants review what did not work and why
 - Homework: Perform the behaviours that support the positive outcome associated with quitting cannabis

Helpline Intervention



- Session 3
 - Rapport building
 - Psychoeducation about cravings
 - Identify emergency plans
 - Psychoeducation about seemingly irrelevant decisions
 - Unsuccessful participants review what did not work and why
 - Review decisional balance if motivation is lacking
 - Homework: Reward self for good behaviour

Helpline Intervention



- Session 4
 - Rapport building
 - Relapse prevention
 - Reinforce self-confidence
 - Encourage reliance on social support
 - Unsuccessful participants review what did not work and why
 - Revamp goals and strategies based on lessons learned
- Post-treatment and 3 month follow-up



- CBT and MI appear to be equally effective
- Brief interventions seem to be just as effective as longer interventions in the long-term
- Although more people are seeking treatment for cannabis use than in past, only a small portion of dependent users seek treatment
- Stigma and limited access are barriers to treatment
- NCPIC is attempting to break down the barriers by evaluating a mail-based intervention, a web-based intervention, and a phone-based intervention
- Can alternative modalities deliver MI and CBT in the way they were intended?
 - And does it matter?