

Anyone Can Treat!: Master Youth Cannabis Use Treatment for Your Practice Setting

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**Anyone Can Treat!: Master Youth Cannabis Use
Treatment for Your Practice Setting**

INTRODUCTION

Cannabis Youth Treatment Manual (CYT)

April 26, 2025 10:30 am -11:45 am

Disclosure Information

☀ No
conflicts
of
interest



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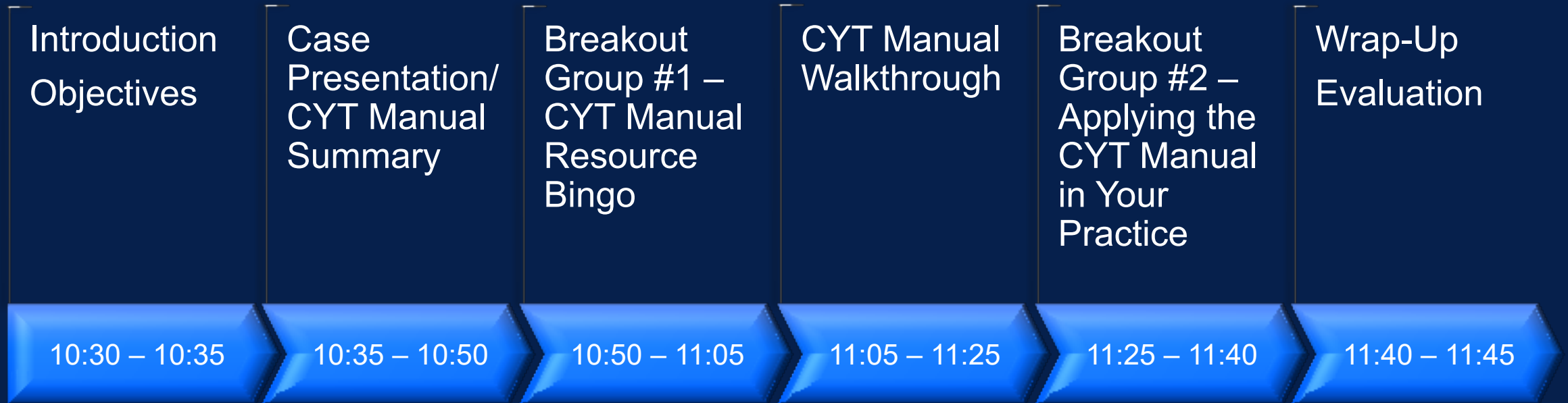
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Commercial Interests: No Disclosures

☀ Ravi Shankar MD DFAACAP FAPA

Commercial Interests: No Disclosures

Overview



Auguste Gusteau: Remy's Mentor in "Ratatouille"



☀️ *You must be imaginative, strong-hearted. You must try things that may not work, and you must not let anyone define your limits because of where you come from. Your only limit is your soul. What I say is true – anyone can cook...but only the fearless can be great."*

☀️ You too can treat Cannabis Use Disorder!!

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Rise in THC potency

Novel consumption
methods

Normalization - recreational
cannabis legalization

Why Do
We Need
This Now?

2023 NSDUH Survey

Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health



SAMHSA
Substance Abuse and Mental Health
Services Administration



Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health. Center for Behavioral Health Statistics and Quality. <https://www.samhsa.gov/data>

NSDUH Marijuana Use Disorder Data 2023

Past Year Use

Age Group	Number of People with Marijuana Use Disorder (in millions)
12-17	1.2
18-25	5.6
26 or Older	12.3
12 or Older	19.2

Anyone Can Treat!: Master Youth Cannabis Use Treatment for Your Practice Setting

- ☀ Practice Gap: created by the shear volume of CUD cases
- ☀ Creates need to disseminate and scale a structured, evidence-based intervention package accessible to all in the *Cannabis Youth Treatment (CYT) Manual Volume 1*
- ☀ Available online as a free download:
<http://lib.adai.washington.edu/clearinghouse/downloads/MET-and-CBT-for-Adolescent-Cannabis-Users-CYT-Series-Volume-1-339.pdf>

Why Was CYT Manual Written?

Developed in the late 1990s to address rising adolescent cannabis use.

Funded by SAMHSA's Center for Substance Abuse Treatment (CSAT).

Part of a multisite, randomized field experiment to test treatment efficacy.

Standardized, evidence-based approach integrating MET and CBT.

Designed for cost-effective, widespread use in outpatient settings.

Learning Objectives

1

Understand key components of CYT Manual and how to apply in treating youth cannabis use disorder (CUD).

2

Identify & plan to use CYT tools and forms from the manual in clinical practice.

3

Develop a personalized action plan to integrate CYT interventions into your practice.

Case Presentation



Meet Fiafia

Fiafia is an 11-year-old Samoan female who presents to the outpatient psychiatry clinic after a referral from the school counselor.

Concerns include:

- Depressed Mood
- Decline in academic performance





The clinic uses the CRAFFT to screen for substance use and Fiafia reported smoking cannabis most days of the week.



She reported a friend told her it would help her feel better when her mood first started to drop. She initially found it a relief.



She currently feels more irritable and anxious if she tries to cut down on use. She has noticed she is less interested in family activities.



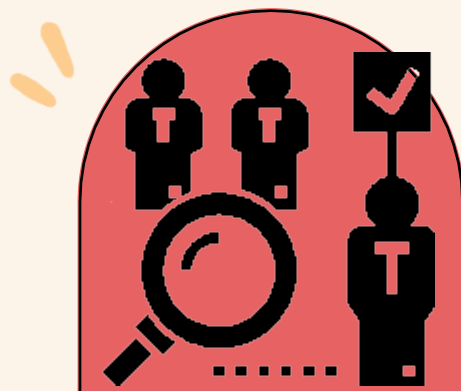
She experiences more difficulty getting her schoolwork done. She has also noticed needing to smoke more to get the same effect.



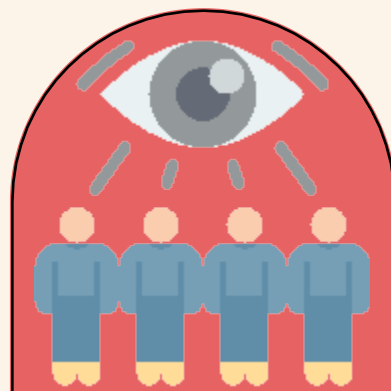
CLINICAL CONSIDERATIONS



Screening



Assessment



Treatment



ASAM Level 1



CYT Manual Structure

☀ 5-Session Intervention

☀ MET Sessions 1 & 2: Build motivation, Explore ambivalence, Set goals

☀ CBT Sessions 3-5: Teach refusal skills, Strengthen support, Develop coping strategies

CYT Manual Structure

- ☀ Urine Testing in Session 4, Review in Session 5
- ☀ Relapse seen as a learning opportunity
- ☀ Target Population: Adolescents (12-18) with cannabis use disorder in outpatient settings

And Now It is Time for:

Cannabis Youth Treatment Manual Resource BINGO!





SUD BINGO

Client PFR	Quitting Marijuana	Welcome		SESSION 1
Peronal Goal	Knowledge is Power		SESSION 2	Information & Expectation
Marijuana Refusal Skills	Marijuana Refusal Skills Reminders	SESSION 3		Personal Awareness Form
	SESSION 4	Social Support Reminder	Social Circle Worksheet	RLP: Seeking & Giving Support
SESSION 5		Personal Emergency Plan		

And Now:



How to
Put the
CYT
Manual to
Work for
You

Session 1 Instructions

Session 1: MET1—Motivation-Building Session

Key Points:

- Build rapport with the client.
- Familiarize the client with what he or she can expect from treatment.
- Begin the process of assessing and building the client's motivation to address his or her marijuana problem.
- Review the personal feedback report with the client.

Delivery Method: MET-focused individual therapy

Session Phases and Times:

1. Rapport-building and orientation to treatment (20 minutes)
2. Review of PFR and reactions to it (30 minutes)
3. Summarization of today's session and preparation for next session (10 minutes)

Time: 1 hour total

Handouts:

- Two copies of the client's personalized feedback report
- *A Guide to Quitting Marijuana* brochure
- An orientation sheet entitled Welcome!

Materials:

- A pocket folder

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- A Guide to Quitting Marijuana brochure
- An orientation sheet entitled Welcome!

☀ Materials:

- A pocket folder

Session 2: MET 2 Goal Setting Session

☀️ Key Points:

1. Review progress, thoughts, and reactions since session 1.
2. Collaborate on setting a treatment goal(s) for the rest of sessions.
3. Introduce the concept of functional analysis.
4. Prepare for group therapy sessions.

☀️ Delivery Method:

MET-focused individual therapy

Session 2: MET 2 Goal Setting Session

Session Phases and Times:

1. Review of progress (15 minutes)
2. Goal-setting (20 minutes)
3. Functional analysis (20 minutes)
4. Preparation for group (5 minutes)

Time: 1 hour total

Session 2: MET 2 Goal Setting Session

Handouts:

- A personal goal worksheet
- Blank personal awareness worksheets for functional analysis (Knowledge Is Power Handout)
- A group preparation sheet titled “Information and Expectations: Group Sessions”

Session 3: CBT 3- Marijuana Refusal Skills

Key Points!

1. One's social circle gradually narrows as marijuana use increases. Clean friends are avoided and socialization with users increases. It is *crucial* that clients attempting to stop smoking marijuana develop refusal skills.
2. It is best to avoid people who put users at high risk, but that is not always possible.

Session 3: CBT 3- Marijuana Refusal Skills

Key Points:

3. Clients need to develop refusal skills to handle pressure effectively.
4. When being pressured to use marijuana, immediate and effective action is needed.
5. Practice will increase the likelihood that clients will use their marijuana refusal skills effectively when pressured.

Delivery Method:

Cognitive behavioral group therapy



Session 3: CBT 3- Marijuana Refusal Skills

Session Phases and Times:

1. Introduction of group members to one another and a brief review of progress (20 minutes)
2. Review of real-life practice (personal awareness forms) (10 minutes)
3. Marijuana refusal skills (45 minutes)

Time: 75 minutes total



Session 3: CBT 3- Marijuana Refusal Skills

Handouts:

- Marijuana refusal skills handout—enough copies for all clients and the leader
- Marijuana refusal skills reminders and real-life practice handouts—enough copies for all clients and the leader
- Blank personal awareness forms (homework from session 2)

Materials:

- Prizes (for completion of real-life practice exercises)
- Pens or pencils
- A session 3 poster

Session 4: CBT 4- Enhancing the Social Support Network and Increasing Pleasant Activities

Key Points:

1. Social support leads to improved confidence in one's ability to cope and provides an additional source of help for quitting or reducing one's marijuana use.
2. Often individuals do not have as much support as they would like.

Session 4: CBT 4- Enhancing the Social Support Network and Increasing Pleasant Activities

Key Points:

3. There are several potential sources of support, including one's family, friends, and acquaintances.

Delivery Method:

Group cognitive-behavioral therapy

Session 4: CBT 4- Enhancing the Social Support Network and Increasing Pleasant Activities

Session Phases and Times:

1. Review of progress (15 minutes)
2. Review of real-life practice exercise (10 minutes)
3. Enhancing support (35 minutes)
4. Increasing pleasant activities (15 minutes)

Time: 75 minutes total

Session 4: CBT 4- Enhancing the Social Support Network and Increasing Pleasant Activities

Handouts:

- A social supports reminder sheet for each group member
- A social circle worksheet for each member
- A social support practice exercise sheet (“Real Life Practice: Seeking and Giving Support”) for each member

Session 4: CBT 4- Enhancing the Social Support Network and Increasing Pleasant Activities

Materials:

- A drug test kit for each client
- Prizes (for completion of the real-life practice exercise)
- Pens or pencils
- A dry erase board
- A session 4 poster

Session 5: CBT 5- Planning for Emergencies and Coping with Relapse

Key Points:

1. Preparation for emergencies (unanticipated high-risk relapse situations) will increase the likelihood of effective coping.
2. The group will brainstorm events that could precipitate a relapse.
3. The problem-solving approach will be introduced as a way to cope with unforeseen events.

Session 5: CBT 5- Planning for Emergencies and Coping with Relapse

Key Points:

4. A relapse is likely to be accompanied by guilt and shame, which exacerbates the problem.
5. Use emergencies and lapses as learning opportunities.

Delivery Method:

Cognitive-behavioral group therapy



Session 5: CBT 5- Planning for Emergencies and Coping with Relapse

Session Phases and Times:

1. Review of progress (15 minutes)
2. Review of real-life practice (15 minutes)
3. Planning for emergencies and coping with relapse (35 minutes)
4. Termination (10 minutes)

Time: 75 minutes total

Session 5: CBT 5- Planning for Emergencies and Coping with Relapse

Handout:

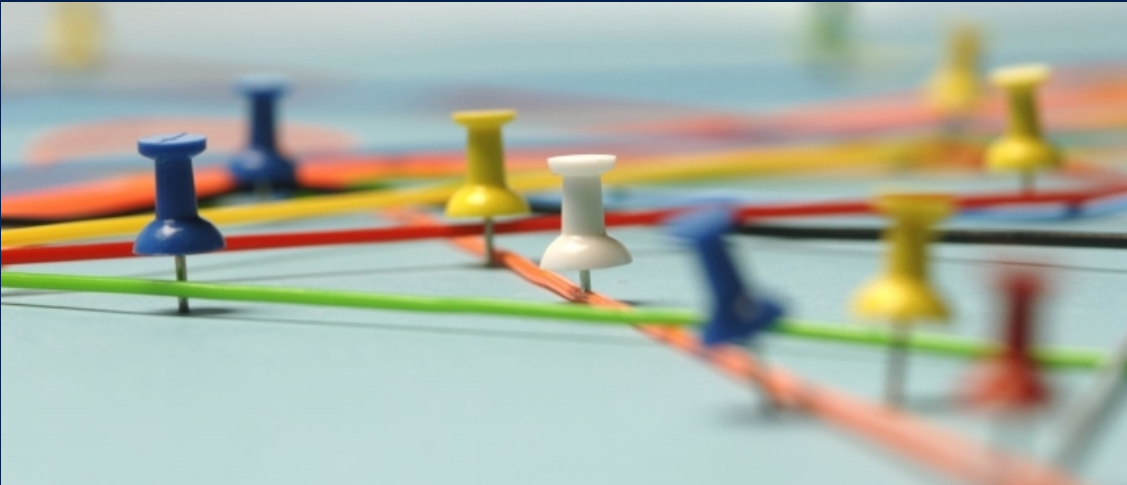
- A personal emergency plan handout for each client

Materials:

- A dry erase board
- A session 5 poster

Breakout Session 2

Mapping CYT
into your unique
practice setting



CYT Manuals Volumes 1-5

1. MET/CBT5 Five-session treatment: 2 individual MET sessions and 3 group CBT sessions. Focuses on motivation and coping skills.
2. MET/CBT5+CBT7 Includes MET/CBT5 plus seven additional CBT sessions covering extra coping skills.
3. FSN (Family Support Network) MET/CBT5+CBT7 plus family support: home visits, parent education meetings, parent support groups, aftercare, and case management.
4. ACRA (Adolescent Community Reinforcement Approach) 12 individual sessions with adolescent and caregiver. Focuses on alternative coping strategies and modifying environmental contingencies.
- 5 MDFT (Multidimensional Family Therapy) 12 weekly sessions focusing on family roles, interactions, and addressing problem areas within the family structure.

Wrap Up

- ☀️ **Anyone Can Treat!**– Clinicians, regardless of addiction training, can effectively treat youth cannabis use disorder (CUD) with this structured guidance.
- ☀️ **The CYT Manual is Evidence-Based** – A structured, five-session MET/CBT5 model provides a practical, research-backed approach.
- ☀️ **Practical Tools for Implementation** – The CYT Manual includes user-friendly worksheets, session guides, and monitoring tools for clinical practice.

Wrap up

- ☀ Engagement is Key: Building rapport is your secret sauce
- ☀ MET builds motivation, while CBT teaches coping strategies.
- ☀ Adaptation for diverse settings – The manual's interventions can be modified for different populations and integrated into various clinical environments.

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MET Demo from Kaminer and Winters “Clinical Manual of Youth Addictive Disorders”

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Kaminer, Y., & Winters, K. C. (Eds.). (2020). Clinical manual of youth addictive disorders. American Psychiatric Association Publishing.



A transcript with “Tim” contrasting a directive approach with an MET approach

- ☀ Directive Therapist: Tell me about your drug problem.
- ☀ Tim: I don’t have a drug problem
- ☀ MET approach: What brings you here today?
- ☀ Tim: I’m only here because my Dad made me come.
- ☀ MET technique: Active listening; Empathy

A transcript with “Tim” contrasting a directive approach with an MET approach

- ☀ Directive Therapist: What do you mean you do not have a drug problem?
- ☀ Tim: I use drugs, no problem.
- ☀ MET therapist: Tell me more about that.
- ☀ Tim: My Dad thinks that I have a drug problem
- ☀ MET technique: roll with resistance, maintain empathy

A transcript with “Tim” contrasting a directive approach with an MET approach

- ☀ Directive Therapist: I have reliable information in this chart about your use.
- ☀ Tim: You sound like my Dad or a probation officer.
- ☀ MET therapist: Care to tell me why he thinks so.
- ☀ Tim: I’ve been using and it kinda got me in trouble a couple of times.
- ☀ MET technique: Begin to develop discrepancy between Tim’s understanding of his substance abuse disorder and the concerns of others who care for him.



A transcript with “Tim” contrasting a directive approach with an MET approach

- ☀ Directive therapist: Sounds like you are in denial of your drug use and its consequences. We need to work on changing your negative attitude, otherwise you could be in trouble.
- ☀ Tim: [goes silent] I don't want to work with you
- ☀ MET approach: Sounds as if you went through some difficulties.
- ☀ Tim: I got problems in school and with the police. I don't see how coming to a place like this is gonna be helpful with that.
- ☀ MET Technique: Active listening, empathy, develop discrepancy

A transcript with “Tim” contrasting a directive approach with an MET approach

- ☀ Directive therapist: I have a lot of experience working with teenagers like you and I want to help you. However, you have to listen to me in order to make some changes in order not to ruin your life.
- ☀ Tim: I don't need this lecture. I'm out of here.
- ☀ MET approach: I appreciate your honesty I am glad we have an opportunity to talk. If you want we can meet several times and work together to to solve these problems. Shall we schedule a meeting to continue?
- ☀ MET techniques: RwR, Support self-efficacy, continue to identify opportunity to highlight discrepancy