



Welcome!

What You Can Expect From Us

Help for your marijuana problem. Treatment consisting of five sessions, covering a 5 to 8 week period. First you'll have two individual sessions, then three group sessions. The sessions are designed to give you support and information about coping and to help you with marijuana-related problems. In the group sessions, you'll get a chance to practice some coping skills and get feedback from other program clients.

Effective treatment. Delivered by a competent therapist. Your therapist is _____.

Confidential treatment. What you tell us in treatment is confidential, meaning that we cannot tell anyone what you said without your permission, with the exception of those people described on the consent form. However, if you tell us that you are going to harm yourself or another person, or tell us about child abuse or neglect, we are required by law to inform those who can obtain help for you or for others.

What We Ask From You

Attendance. We ask that you come **on time** to all of your scheduled appointments. If you must cancel, we ask that you call the treatment program number (____-____) so that your therapist can be notified ahead of time and can call you to reschedule.

A clear head. We ask that you not use any drugs or alcohol on days when you have an appointment with your therapist. We believe that you will be able to benefit most from this program if you are not under the influence during your sessions.

Completion of treatment. We hope that you will come to all of your scheduled sessions. If, however, you ever consider leaving treatment early, we ask that you discuss this with your therapist as soon as possible.



This example of the PFR contains every possible PFR item. The PFR for any given client will contain only the items that the client endorsed during the initial assessment.

Therapist _____

Client _____

Personalized Feedback Report (PFR)

This report summarizes some of the information that you gave us in your interview on ____/____/____.

We want to give you an opportunity to review what you've told us and make any changes or additions. As you and I work together in reviewing and discussing this specific personal information, we can help you develop a program and strategies for dealing with marijuana that fit your individual needs.

Primary Substances

You reported that your favorite substance to use was _____ and that you needed treatment for _____. You told us you first used alcohol or drugs at age ____ and have been smoking marijuana for ____ years. In the past year, you told us you had used _____. You have been in substance treatment ____ times before.

Extent of Use

In the past 90 days, you smoked marijuana on ____ of those days, with most being ____ hits over a ____ hour period. This places you in the ____ percentile relative to other adolescents age ____ to ____ in America.

In the past 90 days, you drank alcohol on ____ of those days, with the heaviest drinking episode being ____ drinks over a ____ hour period. This places you in the ____ percentile relative to other adolescents ages ____ to ____ in America.

In the past 90 days, you reported that you used other drugs, including _____, on ____ days. In the past week you reported that you (had/had not) tried to quit (and that when you did you had the following problems: _____). [List could include moving and talking much slower than usual; yawning more than usual; feeling tired; having bad dreams that seem real; having trouble sleeping (sleeping too much or trouble staying asleep); feeling sad, tense, or angry; feeling really nervous or tense; fidgeting, wringing your hands, or trouble sitting still; having shaky hands; having convulsions or seizures; feeling hungrier than usual; throwing up or feeling like throwing up; having diarrhea; having muscle aches; having a runny nose or eyes watering more than usual; sweating more than usual; having your heart race or goose bumps; having a fever; seeing, feeling, or hearing things that are not real;

forgetting a list of things or having problems remembering; having withdrawal symptoms that prevented you from doing usual activities; starting to use again to avoid withdrawal symptoms, other: _____ .]

Problems

You indicated that your use of marijuana, alcohol, and/or other substances had caused you the following kinds of problems:

- You did not meet your responsibilities at home, school, or work.
- You used in situations where it was unsafe for you.
- Using caused you to have repeated problems with the law.
- You kept using even though it was causing you to get into fights.
- You had to use more to get the same high.
- You had withdrawal symptoms when you tried to stop.
- You used for longer than you wanted to.
- You have been unable to cut down or stop using.
- You spent a lot of time getting or using marijuana, alcohol, or other substances.
- Using led you to give up activities or caused problems at home, school, or work.
- You have kept using despite medical or psychological problems.

As you reflect on the consequences to your life of smoking marijuana, what would you add? _____

Reasons for Quitting

You said the main reason you came to treatment was _____. We showed you a list of personal reasons for quitting marijuana, and you said that you wanted to quit:

- To show myself that I can quit if I really want to.
- To like myself better.
- So that I won't have to leave social functions or other people's houses.
- To feel in control of my life.
- So that my parents, girlfriend, boyfriend, or another person I am close to will stop nagging me.
- To get praise from people I am close to.
- Because smoking marijuana does not fit in with my self-image.
- Because smoking marijuana is less "cool" or socially acceptable.
- Because someone has given me an ultimatum.
- So that I will receive a special gift.
- Because of potential health problems.
- Because people I am close to will be upset if I don't.
- So that I can get more things done during the day.
- Because my marijuana use is hurting my health.
- Because I will save money by quitting.

- To prove I'm not addicted.
- Because there is a drug testing policy in detention, probation, parole, or school.
- Because I know others with health problems caused by marijuana.
- Because I am concerned that smoking marijuana will shorten my life.
- Because of legal problems related to my use.
- Because I don't want to embarrass my family.
- So that I will have more energy.
- So my hair and clothes won't smell like marijuana.
- So I won't burn holes in clothes or furniture.
- Because my memory will improve.
- So that I will be able to think more clearly.

You listed these because they have personal significance for you. Do you have any other important reasons for quitting that you would like to add?

You also told us about several other problems that might be caused or made worse by your marijuana, alcohol, or other drug use. These include:

- The health problems you reported.
- The emotional problems you reported.
- Being bothered by upsetting memories.
- Having problems paying attention or controlling your behavior.
- The family problems you reported.
- Arguments, and problems you had with your temper.
- Being physically, sexually, or emotionally hurt.
- Doing things that were illegal.
- Getting in trouble at school.
- Getting in trouble at work.

Pattern of Use

You told us that the place(s) where you typically use marijuana, alcohol, and other drugs is/are:

- At home
- At someone else's home
- At a party/bar
- At work
- At school
- At a dealer's house
- Outdoors
- In a car
- Somewhere else (_____)

and that you typically use it with:

- No one else, alone
- Your romantic/sexual partner
- Family
- Friends
- A club or gang
- Coworkers
- Classmates
- A running partner (someone you regularly do drugs with)
- A drug dealer/pusher
- Someone else (_____)

As you think about highly tempting situations, are there situations that you'd like to add? _____

Situational Confidence

You told us that you thought you could avoid using alcohol or drugs:

- At home
- At school or work
- With your friends
- When everyone around you was using them

You also told us that you (had quit and were _____% sure you could stay abstinent/you had not quit yet but were _____% sure you could quit).

What to expect when quitting

- ⇒ *When you stop using marijuana, it will take at least six weeks before most of it has left your system.*
- ⇒ *Change takes time.*
- ⇒ *You will need support.*
- ⇒ *You may have some withdrawal symptoms.*
- ⇒ *Contact your doctor if you are having any medical concerns.*
- ⇒ *Your doctor or Behavioral Health Clinician can help you set up a plan.*

HELPFUL TIPS

- ◆ **Set a goal to quit.**
- ◆ **Quitting cold-turkey is the most effective method. If this isn't for you, try to establish a tapering plan.**
- ◆ **Portion out your pot ahead of time.**
- ◆ **Make your decision clear to your family and friends.**
- ◆ **Find distractions.**
- ◆ **Stick with it!**
- ◆ **Plan a small celebration a month from your quit date.**

Something to try

List goals, change plan, or treatment information here:

1. _____

2. _____

3. _____

How do I stay off marijuana?

- ⇒ *Try to develop daily and weekly plans, create new routines.*
- ⇒ *Create a plan of action for stressful situations.*
- ⇒ *Try to establish new relationships.*
- ⇒ *Try to be conscious of the value in your relationships.*
- ⇒ *Try to avoid situations and places that will lead to using again.*
- ⇒ *If or when you get cravings, try to find the origin.*
- ⇒ *Once in a while it is important to focus on what made you decide to quit.*
- ⇒ *Get rid of all your smoking paraphernalia.*
- ⇒ *Do not substitute your marijuana habit with alcohol or other drugs.*

MARIJUANA: A Guide to Quitting



*An initiative of CT DMHAS, in collaboration with
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Effects of Marijuana

Marijuana

The active ingredient in marijuana is **delta-9-tetrahydrocannabinol**, also known as **THC**.

THC changes the way your brain works and smoking marijuana leads to some changes in the brain similar to those caused by cocaine, heroin and alcohol. You may not notice the changes, but marijuana may be affecting everyday things.

What's my level of risk?

Low <input type="checkbox"/>	You are at low risk of health and other problems from your current pattern of use.
Moderate <input type="checkbox"/>	You are at risk of health and other problems from your current pattern of use.
High <input type="checkbox"/>	You are at high risk of developing severe problems as a result of your current pattern of use and are likely to be dependent.

Brain

- Decreased memory and concentration
- Lowered judgment and processing skills
- Impaired learning skills
- Memory problems

Lungs

- Increased risk for breathing problems
- Chronic bronchitis
- Lung cancer

Did you know...

Smoking 5 cannabis joints is like inhaling the same amount of toxic chemicals as a whole pack of cigarettes. It's true; **marijuana smoke contains 50-70% more cancer causing material than cigarette smoke** (*American Lung Assoc.*).

Immune system

- Worsened allergy symptoms (breathing related)
- Slow recovery time

Diabetic concerns

- If binge eating after use, blood sugar can be affected

Emotions and Mental Health

- Increased anxiety/panic/paranoia
- Worsened depression
- Lowered pleasure/satisfaction
- Increased risk for mental health problems
- Relationship problems

Heart

- Increased heart rate

Alertness

- Excessive drowsiness
- Impaired coordination
- Slower reaction time

Stomach

- Possible weight gain due to increased appetite or the "munchies"

Fertility

- Decreased fertility in both men and women
- Interferes with sex drive and hormone production

Did you know...

Marijuana smoking may expose a user's respiratory system to infectious organisms such as molds or fungi (*Journal of Gen Internal Med.*)