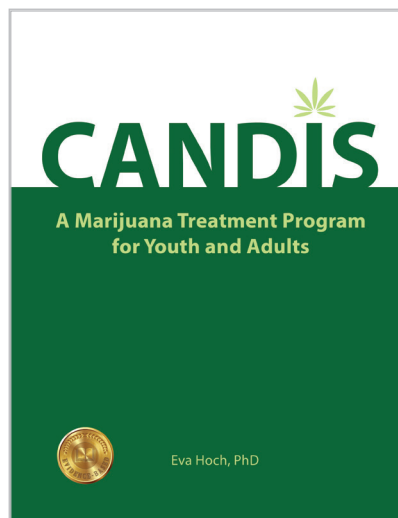


# CANDIS

**A Marijuana Treatment Program  
for Youth and Adults**



## SCOPE AND SEQUENCE

*An Evidence-Based Program from*



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# Introduction to the *CANDIS* Program

## What Is *CANDIS*?

*CANDIS* is an evidence-based, ten-session marijuana treatment program for older adolescents (sixteen or older) and adults. It addresses both the behavioral and biological causes of the development and continuation of a marijuana addiction, also known as a *cannabis use disorder*. The program is based on three principal best practices: motivational enhancement therapy (MET), cognitive-behavioral therapy (CBT), and psychosocial problem-solving training (PPS).

*CANDIS* provides very clear steps on how to treat individuals with cannabis use disorders. It should be implemented by licensed clinical staff, whenever possible, such as certified psychologists, medical doctors, licensed alcohol and drug counselors, and certified social workers with experience in the field of addiction treatment. This treatment approach was developed for outpatient settings but can be used in inpatient settings as well. It can also be used in criminal justice settings, community-based programs, and primary care settings.

## What Are the Goals of *CANDIS*?

By using the *CANDIS* program, six therapy goals should be achieved. The participant should

- recognize his or her problems associated with marijuana use
- accept therapy and participate regularly in treatment
- choose abstinence as his or her goal of treatment
- stop using marijuana
- remain abstinent by using relapse prevention strategies
- learn to solve psychological and social problems effectively without the use of marijuana

## What Are the Best Practices Used in *CANDIS*?

*CANDIS* uses three best practice therapies:

1. *Motivational enhancement therapy* (MET).<sup>1</sup> This treatment approach helps to identify and increase the participant's willingness to change his or her marijuana use. Interventions for motivational enhancement are applied mainly at the beginning of therapy with *CANDIS*, but also in later treatment sessions.



2. *Cognitive-behavioral therapy (CBT)*.<sup>2</sup> By applying elements of cognitive-behavioral therapy, information and skills are presented that help the participant stop using marijuana and learn to lead an abstinent life.
3. *Psychosocial problem-solving training (PPS)*.<sup>3</sup> Using this best practice helps the participant improve his or her problem-solving ability. Psychological or social problems can often be a cause or a consequence of marijuana use. Learning new problem-solving skills in treatment enables the participant to recognize and solve current and future problems.

During the *CANDIS* treatment process, these treatment practices are applied separately and in combination.

### **What Is Covered in *CANDIS*?**

#### ***Diagnostic session***

Before implementing the *CANDIS* curriculum, it is recommended that a comprehensive assessment be completed with the participant during a diagnostic session. The manual discusses several assessment tools and diagnostic objectives and includes *CANDIS*-specific assessment tools on the CD-ROM. The information gathered from this session will guide the therapeutic sessions with the participant.

#### ***Therapeutic sessions 1–3***

In sessions 1, 2, and 3, the primary treatment goals are to enhance motivation for treatment participation and to change marijuana use patterns. Discussing the results of the diagnostic session helps the participant become more aware of his or her problems connected with marijuana use. The participant also learns about the biopsychosocial factors that often cause a cannabis use disorder. He or she also carefully weighs the reasons for quitting and for continuing marijuana use, and discusses concerns about stopping use through a “decisional balance” exercise. All of these strategies help to increase the participant’s motivation to change so that behavioral change can be initiated.



### ***Therapeutic sessions 4–6***

In sessions 4 through 6, a target day—on which the participant will stop or reduce marijuana use—is planned out, implemented, and maintained by using techniques such as cognitive-behavioral therapy. The participant learns to identify his or her own triggers and high-risk situations for using marijuana, while also learning new skills that can be used in his or her daily routines (such as coping strategies to deal with cravings for marijuana, relapse situations, and difficult social situations). These skills are important in helping the participant achieve permanent abstinence from marijuana (the primary treatment goal).

### ***Therapeutic sessions 7–10***

Psychosocial problem-solving training is part of sessions 7 and 8, in which the participant learns how to use problem-solving strategies to solve existing psychological or social problems. These strategies are applied and evaluated for effectiveness. In session 9, the relationship between marijuana use and other mental health disorders is discussed. In session 10, the participant learns to deal with social pressure to use marijuana. This session also provides a conclusion to the *CANDIS* therapy.

### **Who Is *CANDIS* Designed For?**

The *CANDIS* program is mainly designed for individuals who are voluntarily seeking professional support and who show at least a minimum of motivation to change. As stated earlier, it can be used in either an outpatient or inpatient treatment setting. Using *CANDIS* in an outpatient treatment setting can be especially successful with participants who have a strong and stable support system in favor of the participant's goal to stop using marijuana. Additionally, the person should be willing to accept and agree to participate in the structure of an outpatient program (that is, he or she should be prepared to actively collaborate with the facilitator, regularly participate in the sessions, and comply with the therapy plan).

Here are some other guidelines to determine if *CANDIS* is an appropriate therapy for a particular individual:

- The person's primary substance use problems are with marijuana.
- The individual is at least sixteen years old.
- The person is able to read and write (although accommodations could be provided).



The *CANDIS* therapy program can be helpful both for individuals who stopped marijuana use some months before therapy and for those who are still using marijuana. In either case, all of the *CANDIS* treatment components can enhance the participant's ongoing change processes and self-efficacy.

The *CANDIS* program is not designed for

- people under the age of sixteen
- people whose main presenting problem is severe alcohol dependence (especially when experiencing withdrawal symptoms) or dependence on drugs other than marijuana
- people with severe psychiatric disorders (such as psychosis) or suicidality
- people with severe learning disabilities or neurological issues

### **What Are the *CANDIS* Program Materials?**

The *CANDIS* program materials include a manual, which provides background information for the program facilitator and a curriculum to be used by the facilitator with participants, along with a CD-ROM and DVD. The *CANDIS* program consists of ten treatment sessions. Each session is designed to last ninety minutes, but can be reduced to fifty to sixty minutes if needed. Each session focuses on a specific topic with a clear goal and learner outcomes. The ten sessions are

Session 1: Introduction to the *CANDIS* Program

Session 2: The Benefits of Use and the Benefits of Change

Session 3: Understanding Your Marijuana Use Patterns

Session 4: Preparing for Your Target Quit Day

Session 5: Debriefing the Target Day and Dealing with Cravings

Session 6: Relapse Prevention

Session 7: Problem Solving, Part 1

Session 8: Problem Solving, Part 2

Session 9: Marijuana and Co-occurring Mental Health Disorders

Session 10: Dealing with Social Pressure to Use

The curriculum includes step-by-step instructions on how to implement each session. All session handouts are included in reproducible format on a CD-ROM that accompanies the manual. The end of each session in the manual also shows thumbnail images of all of the handouts used in that session. In addition, the program includes an optional twenty-minute video on the basics of marijuana that can be shown as a supplementary resource during session 1.



### How Are the *CANDIS* Sessions Structured?

All of the *CANDIS* sessions follow the same structure, which includes these components:

- Welcome, reviewing last session's key concepts, and assessing the participant's level of marijuana use
- Introduce the session
- Review homework
- Work on today's therapy topic
- Assign homework
- Summary and outlook

A session proceeds as follows:

**a. Welcome, reviewing last session's key concepts, and assessing the participant's level of marijuana use**

Each session starts with a review of the week and allows the participant to report his or her level of success applying the material from the last session in daily life. The facilitator positively reinforces and praises any progress. Difficulties in practicing the learned skills are addressed (detailed information on what caused the difficulties—such as specific triggers, thoughts, feelings, or reactions—is discussed). A brief review of the last session's content is done to make sure the participant understands the key concepts. If there are misunderstandings, key concepts are reviewed again. At this point in the session, the facilitator and participant assess the participant's marijuana use over the past week and determine if he or she was able to achieve the therapy goal (abstinence or reduction of marijuana use). The participant's motivation to change is also assessed.

**b. Introduce the session**

The facilitator explains the goals and key content to be covered in the current session.

**c. Review homework**

Reviewing homework allows the participant to share any new experiences since the last therapy session. If difficulties occurred, this is a time to review relevant topics from past sessions and to outline new strategies. Motivational enhancement therapy techniques are used to help strengthen the participant's self-efficacy.

**d. Work on today's therapy topic**

Detailed, step-by-step instructions lead the facilitator through each session and provide background information on the topics covered. Additionally, the curriculum offers suggested scripts of what the facilitator should say to the participant.

**e. Assign homework**

Homework assignments serve as a way to practice new skills learned in the therapy sessions. They also help to prepare the participant for the content of the next therapy session.

**f. Summary and outlook**

At the end of each session, the participant and the facilitator briefly review the key concepts covered in the session and the participant is asked to give personal feedback on how helpful the session was. This process of review and feedback is a central element of each therapeutic session. A facilitator's question at the end of session could be: "How would you summarize the most important therapy topics of today's session from your point of view?" or "Which issues seem to be most important for you today?" These summaries strengthen the participant's new experiences and help translate newly learned behaviors to daily life. The participant writes down what he or she has learned in the session. Finally, the facilitator briefly introduces the next session's content.

***Handouts***

Handouts are used in all of the *CANDIS* sessions. They often outline strategies for changing marijuana use patterns or contain charts for monitoring one's own behavior (such as triggers for craving or thoughts about marijuana). Additionally, the handouts often teach key concepts, such as the five steps of problem-solving. The handouts are an important part of the therapy and help translate and generalize the participant's new knowledge from the treatment sessions into everyday life.

**How Should the *CANDIS* Program Be Implemented?**

It is recommended that the *CANDIS* program be started with a high frequency of treatment sessions (such as two appointments per week [each either ninety minutes or fifty to sixty minutes in length]). This higher frequency of sessions in the beginning helps establish and maintain high motivation to change. After session 7 (Problem Solving, Part 1), the frequency of sessions can be reduced to once per week. Between sessions 9 and 10, a fourteen-day interval is scheduled. For better treatment success, the entire program should be implemented within eight to twelve weeks. Having a clearly defined start and finish to the *CANDIS* program is attractive to many participants. Young participants especially report that completing ten sessions over eight weeks seems "manageable" and "feasible." Using this time frame, the *CANDIS* program is seen as something that can reasonably be completed while also dealing with other responsibilities in life.



### Is *CANDIS* an Evidence-Based Program?

Developed in Germany, *CANDIS* is an evidence-based program with significant positive outcomes in both a research study and a clinical practice study. In the research study, 50 percent of participants were abstinent at the end of treatment and another 30 percent reported a significant reduction in marijuana use. In the treatment group, 41 percent of the urine samples were negative compared to only 12.5 percent in the control group. Many more significant improvements were seen—for example, reducing the severity of dependence, the number of days unable to work or go to school, and the overall severity of psychological problems. These treatment effects remained largely stable in follow-up assessments done three and six months after the end of therapy.<sup>4</sup>

In a study done to translate *CANDIS* into a clinical practice, at post-assessment, 53.3 percent of participants were abstinent compared to 22 percent in the control group. The treatment participants significantly reduced their frequency of marijuana use, the number of cannabis use disorder criteria met, severity of dependence, and the number and severity of cannabis-related problems. After completing the intervention, participants rated their satisfaction with the *CANDIS* therapy on average as “very good.”<sup>5</sup>

*CANDIS* has won several research awards in Germany and has been recognized internationally as one of the most effective treatment approaches for cannabis use disorders.





### **CANDIS Scope and Sequence**

The *CANDIS* program accomplishes the following goals and learner outcomes:

SESSION TITLE	SESSION GOAL	SESSION LEARNER OUTCOMES
<p><b>Session 1</b>  <b>Introduction to the CANDIS Program</b></p>	<p>Introduce the participant to the <i>CANDIS</i> program and provide education on marijuana use and cannabis use disorders. Also, work to increase the participant's motivation to change his or her marijuana use.</p>	<ul style="list-style-type: none"> <li>• Describe the effects and consequences of marijuana use.</li> <li>• Explain how harmful marijuana use and dependence happens.</li> <li>• Analyze his or her personal marijuana use patterns.</li> <li>• Describe the criteria for cannabis use disorder.</li> <li>• Increase his or her motivation to change his or her marijuana use (by applying MET techniques).</li> </ul>
<p><b>Session 2</b>  <b>The Benefits of Use and the Benefits of Change</b></p>	<p>Help the participant explore the benefits of continuing marijuana use versus the benefits of changing his or her use.</p>	<ul style="list-style-type: none"> <li>• Identify the most important motives for his or her marijuana use.</li> <li>• Identify the most important motives for changing his or her marijuana use.</li> <li>• Recognize the possible contradictions between his or her motives to use and motives to change.</li> <li>• Accept abstinence as the primary therapy goal in this program.</li> <li>• Describe and address any concerns or barriers to stopping marijuana use.</li> <li>• Increase motivation to change his or her marijuana use (by applying MET techniques to reveal discrepancies and enhance self-efficacy).</li> </ul>

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SESSION TITLE	SESSION GOAL	SESSION LEARNER OUTCOMES
<p><b>Session 3</b>  <b>Understanding Your Marijuana Use Patterns</b></p>	<p>Help the participant review his or her marijuana use patterns to identify triggers that may lead to use. The participant then analyzes what thoughts, feelings, and behaviors occur as a result of these triggers.</p>	<ul style="list-style-type: none"> <li>• Identify his or her personal triggers, reactions, and consequences of marijuana use.</li> <li>• Describe why he or she has developed problematic use or dependence on marijuana.</li> <li>• Accept abstinence as the goal of this program.</li> <li>• Increase his or her motivation to change (by applying MET techniques).</li> </ul>
<p><b>Session 4</b>  <b>Preparing for Your Target Quit Day</b></p>	<p>Help the participant reach the point where he or she sets a date to quit marijuana (or reduce use). Also, discuss ways to handle life after marijuana use, so withdrawal symptoms and cravings can be managed well.</p>	<ul style="list-style-type: none"> <li>• Accept abstinence as an aim of this program.</li> <li>• Describe strategies to prepare for his or her target quit date.</li> <li>• Describe strategies for coping in situations that cause cravings for marijuana.</li> <li>• Describe common marijuana withdrawal symptoms and possible coping strategies.</li> <li>• Increase motivation to change his or her marijuana use (by applying MET techniques).</li> </ul>
<p><b>Session 5</b>  <b>Debriefing the Target Day and Dealing with Cravings</b></p>	<p>Talk about the participant’s experience with his or her target quit day, regardless of whether it was successful or not. Also focus on strategies to understand and manage cravings.</p>	<ul style="list-style-type: none"> <li>• Accept abstinence as his or her goal in the <i>CANDIS</i> program.</li> <li>• Use strategies to continue to remain abstinent (or become abstinent).</li> <li>• Describe how cravings happen and how to cope with them.</li> <li>• Reinforce himself or herself for behavior changes and progress in therapy.</li> <li>• Increase motivation to change his or her marijuana use (by applying MET techniques).</li> </ul>

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SESSION TITLE	SESSION GOAL	SESSION LEARNER OUTCOMES
<p><b>Session 6 Relapse Prevention</b></p>	<p>Help the participant understand what a relapse is, what causes a relapse, and how to create a relapse prevention plan.</p>	<ul style="list-style-type: none"> <li>• Accept abstinence as his or her therapy goal.</li> <li>• Know how to prepare for and carry out a target day (if it was not carried out already).</li> <li>• Describe his or her individual high-risk situations for relapse.</li> <li>• Explain his or her personal emergency plan in case of relapse.</li> <li>• Identify (even the smallest) successes he or she has had.</li> <li>• Increase motivation to change his or her marijuana use (by applying MET techniques).</li> </ul>
<p><b>Session 7 Problem Solving, Part 1</b></p>	<p>Introduce problem-solving training. Have the participant identify specific personal problems and let him or her find and apply approaches to solve those problems.</p>	<ul style="list-style-type: none"> <li>• Accept abstinence as his or her goal in the <i>CANDIS</i> program.</li> <li>• Explain how to prepare for a target day (if it was not carried out already).</li> <li>• Remain abstinent from marijuana.</li> <li>• Identify personal problems.</li> <li>• Explain a process for solving problems.</li> <li>• Apply this problem-solving process to personal problems.</li> </ul>
<p><b>Session 8 Problem Solving, Part 2</b></p>	<p>Review the problem-solving process introduced in session 7 and have the participant continue to practice applying this process to personal problems.</p>	<ul style="list-style-type: none"> <li>• Accept abstinence as his or her goal in the <i>CANDIS</i> program.</li> <li>• Explain how to prepare for a target day (if it was not carried out already).</li> <li>• Identify personal problems.</li> <li>• Explain a process for solving problems.</li> <li>• Apply this problem-solving process to personal problems.</li> </ul>

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SESSION TITLE	SESSION GOAL	SESSION LEARNER OUTCOMES
<p><b>Session 9 Marijuana and Co-occurring Mental Health Disorders</b></p>	<p>Provide information on the issue of cross-addiction (to other substances) and the most common mental health disorders that occur in people who use marijuana. Also, help the participant seek appropriate help if he or she is experiencing cross-addiction or a co-occurring mental health disorder.</p>	<ul style="list-style-type: none"> <li>• Increase motivation to change his or her marijuana use.</li> <li>• Explain how marijuana users can be at risk for relapsing with drugs other than marijuana.</li> <li>• Distinguish between normal feelings and signs of a mental health disorder.</li> <li>• Explain the correlation between marijuana use and possible co-occurring mental health disorders.</li> <li>• Describe how psychotic symptoms can be signs of intoxication or drug-related psychotic disorders.</li> <li>• Explain the benefits of seeking professional help to treat a co-occurring mental health disorder.</li> </ul>
<p><b>Session 10 Dealing with Social Pressure to Use</b></p>	<p>Help the participant develop the skills and strategies needed to resist pressure from others to use marijuana. Also, give the participant the opportunity to review what he or she has learned and to create a plan for ongoing growth in recovery.</p>	<ul style="list-style-type: none"> <li>• Accept abstinence as his or her goal in the <i>CANDIS</i> program.</li> <li>• Explain how to prepare for his or her target day (if it was not carried out already).</li> <li>• Describe strategies that will help him or her remain abstinent.</li> <li>• Describe how to communicate his or her needs and feelings in assertive ways.</li> <li>• Demonstrate how to refuse offers to use marijuana.</li> </ul>



## Notes

1. Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people to change addictive behavior* (2nd ed.). New York: Guilford Press.
2. Kadden, R., Carroll, K. M., Donovan, D., Cooney, N., Monti, P., Abrams, D., Litt, M., & Hester, R. (1992). *Cognitive-behavioral coping skills therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism; Monti, P. M., Abrams, D. B., Kadden, R. M., & Cooney, N. L. (1989). *Treating alcohol dependence: A coping skills training guide*. New York: Guilford Press.
3. D’Zurilla, T. J., & Goldfried, M. R. (1971). Problem solving and behavior modification. *Journal of Abnormal Psychology*, 78(1), 107–26.
4. Hoch, E., Noack, R., Henker, J., Pixa, A., Höfler, M., Behrendt, S., Bühringer, G., & Wittchen, H.-U. (2012). Efficacy of a targeted cognitive-behavioral treatment program for cannabis use disorders (CANDIS). *European Neuropsychopharmacology* 22, 267–80.
5. Hoch, E., Bühringer, G., Pixa, A., Dittmer, K., Henker, J., Seifert, A., & Wittchen, H.-U. (2014). CANDIS treatment program for cannabis use disorders: Findings from a randomized multi-site translational trial. *Drug and Alcohol Dependence* 134, 185–93.