CANNABIS PROBLEM SEVERITY

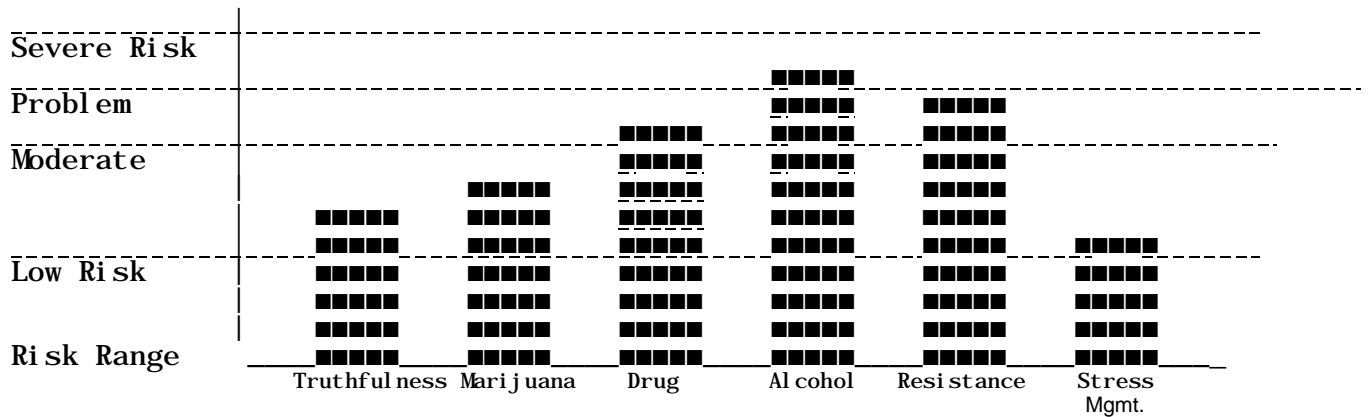Name: Mr. John Smith   Education: XXXXXXXX
Age: XX   Gender: XXXX   Ethnicity/Race: XXXXX
Date of Birth: XX/XX/XXXX   Last 4 digits SSN: 1234
Marital Status: XXXX   Date Scored: XX/XXX/XXXX

Cannabis Problem Severity (CPS) results are confidential and should be considered working hypotheses. No diagnosis or decision should be based solely upon Cannabis Problem Severity (CPS) results.

The Cannabis Problem Severity (CPS) incorporates an Alcohol Scale, Drug Scale and Marijuana Scale. Each of these scales (domains) consists of its DSM-5 scale equivalent along with some "problem severity" questions. That said, the Marijuana Scale is included independently with the Drug Scale, to avoid inadvertent masking of marijuana questions with drug-related questions. Maintaining these two different (marijuana and drugs) scales improves assessment accuracy.

CPS Profile

Explanation of Attained Scale Scores

TRUTHFULNESS SCALE: **RISK RANGE: MODERATE**

Mr. John Smith's Truthfulness Scale score is in the **moderate** range, which means *he* is beginning to minimize *his* problems and engage in denial. *His* Cannabis Problem Severity (CPS) scale scores are accurate. Knowing *Mr. Smith's* Truthfulness Scale score is accurate, enables staff to have confidence in using *his* Cannabis Problem Severity (CPS) test results. For background, CPS scales (domains) were selected on the basis of their relationship with marijuana use. Any elevated (problem or severe problem) CPS scale score reflects heightened marijuana (cannabis) use risk. And the CPS scale scores are accurate. After verifying client (patient/offender) truthfulness, check each attained CPS scale score to see if it scored in the problem or severe problem range. These test results reflect *Mr. Smith's* positive compliance. Although *Mr. Smith's* test results are valid, prudent assessors will cautiously interpret *his* CPS answers.

MARIJUANA SCALE   **Risk Range: Moderate**

Mr. John Smith's Marijuana (Cannabis) Scale score is in the **moderate risk** range, which means *he* is a marijuana user. The treatment of marijuana abuse (or dependence) has many similarities to the treatment of other drug addictions. Although there are no specific marijuana medications available, detoxification facilities can provide a safe, supportive setting for getting the drug out of one's system. Recommendations: Aside from drugs being administered to aid in detox, the most commonly prescribed method of treatment is abstinence. Nevertheless, there are rehab and detox centers as well as individual counselors that provide marijuana counseling and treatment. The number one priority is to get help.

DRUG SCALE   **Risk Range: Problem**

Mr. John Smith's Drug Scale score is in the **problem** range, which means *he* has a drug problem. For assessment purposes, the Marijuana Scale is separate from or independent of the Drug Scale. *Mr. Smith* endorsed the following Drug Scale items: xx, xx, and xx. Problem risk scorers have an involvement that warrants intervention and/or treatment. Recommendation: Match *Mr. Smith's* drug problem severity with an equivalent or matching level of care. Consider Cognitive Behavioral Therapy (CBT) as it is an effective, affordable, and relatively short-term (8 to 19 sessions) treatment. In conjunction with mutual help (Narcotics Anonymous or Cocaine Anonymous) meetings. *Mr. Smith's* drug involvement is problematic and warrants intervention and/or treatment. For background, the Cannabis Problem Severity (CPS) Drug Scale consists of DSM-5 drug items along with some drug severity items. *Mr. Smith's* Drug Scale score warrants outpatient individual or group treatment.

ALCOHOL SCALE   **Risk Range: Severe**

Mr. John Smith's Cannabis Problem Severity (CPS) Alcohol Scale score is in the **severe problem** range, which means *Mr. Smith* has an established and at times overwhelming drinking (beer, wine and liquor) problem. *Mr. Smith's* alcohol admissions include: xx, xx, and xx. *His* excuses for not dealing with *his* alcohol problem include denial and rationalization. Recommendations: Consider "intensive outpatient treatment" or "partial hospitalization" as these levels of care enable patients to maintain relationships and employment while receiving treatment. *Mr. Smith* has a very serious alcohol or drinking problem. An interdisciplinary treatment team could deal with co-occurring problems and "imminent danger" cases as well as suicidal ideation. Patient welfare and public safety should take precedence when making treatment choices. *Mr. Smith* has a very serious drinking problem.

RESISTANCE SCALE   **Risk Range: Problem**

Mr. John Smith's Cannabis Problem Severity (CPS) Resistance Scale score is in the **problem** range, which means *he* has a resistance problem. In treatment, resistance is often called therapeutic non-compliance (Dowd, 1989). Over 400 counseling and psychotherapy theories acknowledge resistance as a common client response (Joshua C Watson, 2006). Recommendations: Motivational Interviewing and Cognitive Behavioral Therapy are popular, widely used and effective when dealing with resistance or therapeutic non-compliance. In other words, outpatient counseling augmented with mutual support group meetings should be considered. In summary, *Mr. Smith* has an established resistance problem that warrants treatment. *He* will likely initially be resistant to treatment in a passive aggressive manner.

STRESS MANAGEMENT SCALE, MODERATE-LOW   **Risk Range: Moderate**

Mr. John Smith's Stress Management Scale score is in the **moderate risk** range, which means *he* is experiencing some early stage stress-related problems. Recommendation: Consider a "brief intervention," which could range from 15 to 30 minutes of direct face-to-face staff-client (patient) discussion. Brief interventions are not intended to treat individuals with serious stress-related problems. Nevertheless, they can be a valuable intervention for early stage stress-related (or management) problems. As with all psychological problems early stage intervention is preferred. *Mr. Smith* would also benefit from being given a relatively brief and focused stress management reading list. Articles and books are readily available in libraries, bookstores and over the Internet. Without intervention, *Mr. Smith's* stress management skills will likely continue to worsen.

Recommendations:_____

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              Signature   **Date**

Addendums

Cannabis screening has become more routine among clinicians working in outpatient settings. Clinicians are more aware that co-occurring problems often interact, thereby increasing marijuana risk. Many comorbid issues include client truthfulness, marijuana use, drug (not marijuana) use, treatment resistance and clients stress management abilities. Client truthfulness and therapeutic resistance directly impact treatment effectiveness.

The recent decriminalization of marijuana use in several states and countries has created some ambiguity regarding applicable cannabis laws and their enforcement. The CPS is a clinical intake and screening instrument that is to be interpreted within the context of applicable local, state and federal statutes and laws.

CPS ANSWERS

1- 50	TFFTFFFTFT	FTFTFFFFTT	TTFFTTFTFT	TTTTTTFFTF	FFFFFTFFFF
51-100	FFFFFFTFFT	FFFTFFFFFT	FFFTFFTTFT	FTFFFTFFTF	TFFFTFFTTT
101-139	FFFFFTFFTF	FTFTTTTTFF	2225553456	23565432	