



Client's/Student's Name: \_\_\_\_\_  
Intake Date: \_\_\_\_\_ BMA Staff: \_\_\_\_\_

## Client Rights & Informed Consent

**PLEASE READ BELOW AND SIGN. THANK YOU!**

**Client Rights Specialist, Inc.  
Maria Hanson, JD  
P.O. Box 14533  
Madison, WI 53714-0533  
(608) 446-8957**

**Brief Marijuana Assessment [“BMA”]** is a prevention program for college students. Following a harm reduction approach, BMA aims to reduce risky behaviors and harmful consequences of marijuana abuse. The program is designed to assist students in examining his/her own behavior in a judgment-free environment.

The program involves two one-on-one sessions (sessions scheduled two weeks apart) with a trained BMA facilitator. In the sessions, you will have a structured opportunity to assess your individual risk and identify potential changes for the future.

All information shared with the staff at Connections Counseling, LLC is confidential and no information will be released without the consent of the participant. Connections Counseling, LLC and UW-Madison have an established Memorandum of Understanding, allowing for participants’ demographic, program compliance information and anonymous assessment and evaluation data to be disclosed between said parties. In all other circumstances, consent to release information is given through written authorization. There are specific and limited exceptions to this confidentiality: when a specific statutory exception applies or a duty to warn exists.

Connections Counseling, LLC is a certified outpatient drug/alcohol and mental health clinic. The information shared in BMA may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. However, BMA may also alleviate problems and symptoms you present. It is the BMA facilitator’s responsibility to suggest alternative modes of support and will assist in referrals when appropriate and necessary.

If you have any questions regarding this consent form or about the services offered at Connections Counseling, LLC, you may discuss such with your BMA facilitator. Also available if requested, is a pamphlet explaining your rights and the grievance procedure available to you. Please ask your BMA facilitator or the office if you would like a copy. You have the right to withdraw informed consent at any time in writing. Otherwise this consent will be valid for 15 months.

***I have read the above information and have been notified of my rights and grievance procedure available to me. Connections Counseling, LLC has also informed me of the cost of BMA (\$200); see back page. I hereby give my informed consent to engage in the BMA Program.***

\_\_\_\_\_ Date \_\_\_\_\_  
**CLIENT/STUDENT SIGNATURE**

\_\_\_\_\_ Date \_\_\_\_\_  
**BMA STAFF SIGNATURE**



## Brief Marijuana Assessment Payment Policy Information

- \$80 non-refundable deposit (via credit card) is required when scheduling initial BMA session; \$120 remaining balance due in full at first BMA session.
- Individuals are able to submit \$80 deposit and schedule initial BMA session in person to clinic's front desk, if he/she does not have a credit card.
- If the individual does not show for the first BMA session, \$80 deposit will not be refunded. The individual will be required to make another \$80 deposit to re-schedule.
- If the individual does not show for the second and final session of BMA, \$80 will be due on the day of service of the second session ("No-Show" fee).



Approved Brief Marijuana Assessment Provider



The Brief Marijuana Assessment is utilized as an educational sanction when a UW-Madison student is found responsible for marijuana (or related) violations through the Chapter UWS 17 nonacademic misconduct disciplinary process. This assessment involves a screening and personalized feedback in a one-on-one meeting with a clinician and is designed to address higher risk marijuana use among college students. As a result of your misconduct, you are required to complete this program

### ***1. What is the Brief Marijuana Assessment?***

The Brief Marijuana Assessment involves a personal self-assessment and two one-on-one sessions with a professional substance abuse counselor. This sanction is for repeat violations or any violation involving more serious circumstances. In the sessions, students will have a structured opportunity to assess their individual risk and identify potential changes for the future, and is intended to reduce the potential harms that are associated with higher risk marijuana use.

### ***2. Why have I been required to complete this sanction?***

This program can be an extremely effective education program to help students reduce their risk associated with marijuana use. Since you were found responsible for misconduct, the University is committed to assisting you in reducing the negative consequences of your marijuana use.

### ***3. What does the Brief Marijuana Assessment cost?***

Students who are required to complete this program must cover the cost. **The fee for the Brief Marijuana Assessment is \$200.** This fee is in addition to any court ordered fine or forfeiture as well as additional disciplinary sanctions (if applicable). Payment is due at the time of the first session and can be made by credit card or check payable directly to the provider.

### ***4. How do I enroll in the Brief Marijuana Assessment?***

Two community partner organizations, Connections Counseling and Tellurian UCAN, Inc, provide the Brief Marijuana Assessment. Both organizations have extensive experience providing community services around alcohol and drug abuse. Students can enroll in the program by either calling one of the providers indicated below or registering online. Additional information on program availability is available online. **It is your responsibility to schedule your Brief Marijuana Assessment – don't wait, register now!**

Connections Counseling: (608) 233-2100 (extension 10) [www.connectionsounseling.com](http://www.connectionsounseling.com)  
Tellurian UCAN, Inc.: (608) 442-4333 (extension 3) [www.tellurian.org](http://www.tellurian.org) (Starting January 2014)

### ***5. How long do I have to complete the program? How do I verify completion of the program?***

Students are generally required to complete the Assessment within six weeks from their case decision date, and the exact due date is listed in a student's finding letter issued by the investigating officer. **You must print the "Brief Marijuana Assessment Referral & Compliance Form" (next page) and bring it with you to your first session.** Upon completion, the provider notifies the Dean of Students Office, and the Dean of Students Office will notify your investigating officer. Documentation regarding completion necessary for any court appearances should be requested from the provider.

### ***6. What happens if I miss a session or do not complete the program?***

**Please refer to the provider cancellation policy for information on charges associated with missed sessions.** Failure to complete Brief Marijuana Assessment as assigned would constitute a violation of UWS 17.09(16), "Noncompliance with disciplinary sanctions," and could result in additional disciplinary action, sanctions, and a hold placed on your registration and transcripts.



## Brief Marijuana Assessment Referral & Compliance Form

Please complete the following fields:

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Local Address (include apartment # or residence hall and room #, if applicable)

\_\_\_\_\_ City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year in School: \_\_\_\_\_

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

UW-Madison Student/Campus ID Number: \_\_\_\_\_

**Referral Source:**

- Dean of Students Office
- University Housing
- University Health Services
- Farm and Industry Short Course Program
- Other: \_\_\_\_\_

Name of Referrer: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>Verification of Completion (Provider Use Only):</u></b>		
Student completed (circle):	Brief Marijuana Assessment	DID NOT COMPLETE
Student's e-Checkup to Go ID#: _____		
Agency:	<input type="checkbox"/> Connections Counseling	<input type="checkbox"/> Tellurian UCAN, Inc.
Attendance:	<input type="checkbox"/> Attended Session 1	Date: _____
	<input type="checkbox"/> Attended Session 2	Date: _____
Facilitator Name/Title: _____		
Facilitator Signature: _____ Date: _____		

Today's date: \_\_\_\_\_

**Brief Marijuana Assessment Pre-Assessment**

First letter of first name: \_\_\_\_\_ First letter of last name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Year in School: \_\_\_\_\_

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

1. Are you participating in this program with CONNECTIONS COUNSELING or TELLURIAN?

\_\_\_\_\_ CONNECTIONS COUNSELING \_\_\_\_\_ TELLURIAN

2. Who referred you to this program?

\_\_\_\_\_ UW-Madison Housing \_\_\_\_\_ UW-Madison Dean of Students Office

\_\_\_\_\_ OTHER (please describe: \_\_\_\_\_)

**SECTION 1:**

**For each phrase, please circle the answer that describes how you feel about using marijuana.**

Use the following code:

0 = Strongly Disagree    1 = Disagree    2 = Unsure    3 = Agree    4 = Strongly Agree

1. I don't think I use too much marijuana.	0	1	2	3	4
2. I am trying to use less marijuana than I used to.	0	1	2	3	4
3. I enjoy using marijuana, but sometimes I use too much.	0	1	2	3	4
4. Sometimes I think I should cut down my marijuana use.	0	1	2	3	4
5. It's a waste of time thinking about my marijuana use.	0	1	2	3	4
6. I have just recently changed my pattern of marijuana use.	0	1	2	3	4
7. Anyone can talk about wanting to do something about marijuana use, but I am actually doing something about it.	0	1	2	3	4
8. I am at the stage where I should think about using less marijuana.	0	1	2	3	4
9. My marijuana use is a problem sometimes.	0	1	2	3	4
10. There is no need for me to think about changing my marijuana use.	0	1	2	3	4
11. I am actually changing my marijuana-using habits right now.	0	1	2	3	4
12. Using less marijuana would be pointless for me.	0	1	2	3	4

**MARIJUANA USE DURING A TYPICAL WEEK. For each day of the week in the calendar below, fill in the number of times you used marijuana on that day and the hours you were under the influence of marijuana that day.**

Day of the Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Number of Times Used							
Number of HOURS Affected							

**Brief Marijuana Assessment Pre-Assessment**

**MARIJUANA USE DURING YOUR WEEK OF HEAVIEST MARIJUANA USE IN THE PAST 30 DAYS.**  
**For each day of the week in the calendar below, fill in the number of times you used marijuana on that day and the hours you were under the influence of marijuana that day.**

Day of the Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Number of Times Used							
Number of HOURS Affected							

**Please circle your response to each question about using marijuana.**

1. How often did you use marijuana during the last *month*? (circle one)

- a. I did not use marijuana at all.
- b. About once a month.
- c. Two to three times a month.
- d. Once or twice a week.
- e. Three to four times a week.
- f. Nearly every day.
- g. Once a day or more.

2. Think of a typical weekend evening (Friday or Saturday) during the last *month*. How many times did you use marijuana? (circle one)

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times
- 8 times
- 9 times
- 10 times
- 11 times
- 12 times or more

3. Think of the occasion (any day of the week) you used marijuana the MOST during the last *month*. How many times did you use marijuana? (circle one)

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times
- 8 times
- 9 times
- 10 times
- 11 times
- 12 times or more

## Brief Marijuana Assessment Pre-Assessment

**SECTION 2: The following questions are related to facts about using marijuana. Circle the BEST answer.**

1. According to research, how long after using marijuana does it take for THC levels return to a level safe for driving?
  - a. 4 hours
  - b. 6 hours
  - c. 8 hours
  - d. 10 hours
2. Smoking marijuana has
  - a. Positive effects on memory
  - b. Positive effects on anxiety
  - c. Damaging impact on lungs
  - d. No health consequences
3. What percentage of students, based on a 2011 UW-Madison AODA survey, do not use marijuana at all in a typical month?
  - a. 15%
  - b. 38%
  - c. 61%
  - d. 84%
4. Marijuana use is correlated with
  - a. Anxiety
  - b. Personality disorders
  - c. Depression
  - d. No mental health issues
  - e. A and B
5. Marijuana use is most strongly linked with
  - a. Schizophrenia
  - b. Psychotic reactions
  - c. Lingering adverse impacts on learning
  - d. All of the above
6. In the general population, about what percentage of marijuana users have been found in research to be addicted to marijuana?
  - a. 9%
  - b. 13%
  - c. 21%
  - d. 29%
7. Things that increase my risk associated with marijuana use include:
  - a. Owning paraphernalia
  - b. Purchasing marijuana
  - c. Carrying marijuana on my person
  - d. Using frequently
  - e. All of the above
8. Students who use alcohol and marijuana at the same time have a greater risk for negative consequences than if they used one substance only.
  - a. True
  - b. False
9. Students tend to underestimate how often and how much their peers drink alcohol and use marijuana.
  - a. True
  - b. False

## Brief Marijuana Assessment Pre-Assessment

**SECTION 3: The following questions relate to your opinions about marijuana. People feel differently, so there are no “right” or “wrong” answers. Please circle your response.**

10. Marijuana creates opportunities for social activities (e.g. meeting new people, bonding, or spending time with friends)
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
11. Marijuana makes me more relaxed or calm.
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
12. I don't need to use marijuana in order to have fun when I socialize.
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
13. I am comfortable turning down marijuana when it is offered, if I don't want it.
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
14. Marijuana could reduce my ability to pay attention or remember things.
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
15. I think it's important to have a plan in mind to limit my marijuana use before I go out.
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
16. My personal goals (e.g., academic, social, athletic, etc.) keep me from using marijuana too much.
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
17. Marijuana could impair my performance in my daily activities
  - a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree