

A sunset over a body of water with ripples. The sun is low on the horizon, creating a warm orange and yellow glow that reflects on the water's surface. The sky transitions from a pale blue at the top to a deep orange near the horizon. The water in the foreground is dark blue with numerous small, dark ripples and bubbles.

# Relapse Prevention Strategies for Smokers with Mood Disorders

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# SMOKING CESSATION AND RELAPSE

Relapse is a common part of the smoking cessation process, and often times an individual will require multiple quit attempts before successfully achieving cessation.<sup>(1)</sup> Approximately **90%** of smokers without support will relapse within the first 12 months after they quit smoking.<sup>(2)</sup> Relapse prevention focuses on teaching clients strategies and skills to help them manage triggers or high-risk situations in order to reduce the risk of relapse.<sup>(1)</sup> Teaching relapse prevention skills is especially important for clients with co-occurring depression. Research has found that:

- ① Smokers with depression have **17%** lower odds of achieving short-term abstinence and **19%** lower odds of achieving long-term abstinence compared to smokers without depression.<sup>(3)</sup>
- ① Individuals diagnosed with Major Depressive Disorder (MDD) have a greater risk of smoking relapse than those without MDD.<sup>(4)</sup>

In this resource we will discuss common risk factors for smoking relapse as well as relapse prevention strategies to support smokers with depression.

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## LAPSE VS RELAPSE

While there is no one definition for what constitutes a “**relapse**” in the context of smoking, it can be described as a reversion to the previous smoking behaviour one is attempting to change.<sup>(5)</sup>

- The Russell Standard (Clinical) defines a smoking relapse as smoking five or more cigarettes after a quit attempt.<sup>(6)</sup>

A **lapse** on the other hand is when a client has a single cigarette or has smoked one day.<sup>(1)</sup> These lapses (sometimes called slips) can be viewed as teachable moments that can help a client learn about their triggers and how to deal with them.<sup>(5)</sup>

When a client experiences a lapse or a relapse there are two possible outcomes: **1.)** they will continue with their quit attempt or **2.)** they will return to their previous smoking behaviour.<sup>(1)</sup> It can take some smokers 30 or more quit attempts before successfully achieving cessation.<sup>(7)</sup> Therefore, it is important to assure your client that lapses and relapses are common and part of their smoking cessation journey.<sup>(1)</sup>



# MARLATT'S RELAPSE PREVENTION MODEL

Marlatt's Relapse Prevention (RP) model is a cognitive-behavioural approach to treatment, which aims to reduce the risk of relapse among individuals with addictive behaviours.<sup>(8)</sup> In this model, treatment for relapse prevention involves two main steps: **1.) Identifying risk factors for relapse** and **2.) Developing strategies for preventing relapse**.<sup>(8, 9)</sup>

## Identifying Risk Factors

Risk factors for relapse can be divided into two main categories:<sup>(8)</sup>



**Immediate precipitants**, including:

- ✓ High-risk situations
- ✓ Lack of coping skills
- ✓ Outcome expectancies
- ✓ Abstinence Violation Effect



**Covert antecedents** that can increase exposure to triggers and high-risk situations, such as:

- ✓ Lifestyle factors
- ✓ Urges and cravings

## Developing Strategies

Once you have identified potential risk factors, including how your client's lifestyle may be influencing their chances of relapse, you can work with your client to develop strategies for relapse prevention. The RP model describes various strategies for relapse prevention, which can be characterized as either **specific strategies** that target immediate precipitants of relapse, as well as **global strategies** that focus on the covert antecedents.<sup>(8, 10)</sup>



**Helpful Tip: Ask Permission!**

Before providing information to clients, remember to ask permission. Use the **Elicit-Provide-Elicit** approach to offer information in a way that respects your client's autonomy, and helps guide them toward developing realistic strategies for relapse prevention.<sup>(1)</sup>



## Specific Strategies

Specific strategies for relapse prevention are intended to help your client identify and learn to cope with high-risk situations in a healthy way.<sup>(1)</sup> This includes understanding how your client's thoughts, feelings, and behaviours may influence their chances of smoking relapse as well as planning ahead for stressful situations to avoid having a lapse spiral into relapse.<sup>(8, 9)</sup> Below are some examples of specific relapse prevention strategies, which you can discuss with your client:

## Identifying and Coping with High-Risk Situations: Your clients may be experiencing a number of



internal or external struggles that increase their exposure to stress and high-risk situations.<sup>(11)</sup> For individuals with depression, this stress can be a major risk factor for relapse.<sup>(11)</sup> Work with your client to identify situations, actions or stimuli that may act as a trigger and influence their desire to smoke. Next, help your client develop effective coping strategies for managing these triggers and high-risk situations. Some examples include:

### • Exposure therapy



- Based on classical conditioning, this approach requires the client to “unlearn” the association between a stimulus (i.e. drinking coffee) and the undesirable behaviour (i.e. smoking).<sup>(12)</sup>
- Encourage your client to alter their routine in order to reduce conditioned responses to external stimuli.<sup>(12)</sup>
  - For example, if your client always has their first cigarette with their morning coffee at the breakfast table, suggest making their coffee to-go to break this association.

### • Eliminating exposure to high-risk situations



- For example if your client tends to smoke when they consume alcohol, elicit from your client ways that they can avoid exposure to this high-risk situation.
- If your client cannot think of any solutions, a menu of options can be provided and your client can decide what they think might work for them.
  - Keep in mind that some clients may be ambivalent about making a change in their alcohol use; in these situations motivational interviewing skills can be used to engage your client and develop discrepancies.<sup>(1)</sup>

### • Engaging in pleasant and healthy activities

- Encourage your client to engage in activities that can bring them satisfaction and improve their mood.<sup>(1)</sup>

The [Self-Awareness Managing Your Mood](#) workbook (page 6) includes a list of pleasant and health activities that your client can participate in to help manage their mood when quitting or reducing smoking.



**Enhancing Self-Efficacy:** It is common for individuals to feel overwhelmed when making a quit attempt, which can often cause feelings of depression and anxiety.<sup>(13)</sup> For clients with mood disorders these feelings can become even more intense.<sup>(13)</sup> Enhancing your client’s self-efficacy is one way to manage these mood symptoms and reduce the risk of relapse.<sup>(8)</sup>



Rather than focussing on the overall goal of smoking cessation, try breaking this down into smaller goals that your client can achieve one step at a time.<sup>(8)</sup> This might include going one full day smoke free, or planning ahead for a stressful situation.



Avoid setting unrealistic expectations by helping your client establish goals that are specific, measurable, attainable, relevant and timely (SMART).<sup>(8)</sup> This will increase your client’s chances of achieving their behaviour change goal and reduce the risk of relapse.<sup>(8)</sup>



Provide your client with feedback and affirmations.<sup>(8)</sup> Acknowledging even minor accomplishments, such as showing up to appointments, can help increase your client’s motivation and sense of self-efficacy. In turn, this may improve their overall confidence in achieving their cessation goals.<sup>(8)</sup>

**Addressing Myths and Placebo Effects:** There is a common misconception that smoking relieves symptoms of anxiety and depression; therefore individuals may smoke as a means to “self-treat” their mental health issues.<sup>(14)</sup> While smoking may elevate mood short-term, quitting smoking has been shown to improve positive affect and psychological quality of life.<sup>(15)</sup>



- **Depression vs. Withdrawal** - it is common for clients to feel sad, depressed or anxious following a quit attempt.<sup>(16)</sup> Help your client distinguish between depressive symptoms and withdrawal symptoms by educating them on the short and long-term consequences that smoking can have on their mood. This can help reduce the risk of relapse when clients experience symptoms of withdrawal or a depressive episode.<sup>(16)</sup>



**Suggested Activity: Keeping Track!**

Participating in healthy and pleasant activities can help manage mood and withdrawal symptoms. The **Self-Awareness Managing Your Mood Workbook** (page 7) contains a chart for tracking **mood, smoking** and **activities** each day. Suggest having your client complete this chart; over time, they may begin to see a connection between their participation in healthy activities, mood and smoking.<sup>(17)</sup>



**Abstinence Violation Effect**

The abstinence violation effect begins when an individual undergoes an initial lapse (i.e. violation of abstinence).<sup>(8)</sup> In response to this lapse, the individual may experience feelings of guilt and reduced self-efficacy and forgo their quit attempt, leading to a full relapse.<sup>(8,9)</sup> Developing strategies to help your client effectively manage lapses can prevent the onset of relapse.



**Relapse Road Maps:** How an individual responds to high-risk situations can influence their risk of relapse.<sup>(8)</sup> Relapse road maps are a cognitive behavioural approach that allows one to assess high-risk situations and map out effective coping strategies for navigating through them.<sup>(8,9,10)</sup> Developing road maps can help increase your client’s self-efficacy and reduce their chances of lapse or relapse by identifying potential negative consequences and planning ahead to avoid them.<sup>(8)</sup>

When working with clients presenting mood disorders, brainstorm some high-risk situations your client may face, and their likely outcomes. Next, take the time to help create a road map that outlines steps to take in order to effectively manage their mood and cope with these high-risk scenarios.

Below are two examples of road maps for managing a high-risk situation; the first results in the abstinence violation effect, whereas the second displays effective coping skills to avoid relapse.

### Coping with High-Risk Situations (Route 1)



### Coping with High-Risk Situations (Route 2)



### Additional Lapse Management Strategies



Despite developing coping skills and planning ahead for depressive episodes, lapses may happen.<sup>(1)</sup> Below are some additional lapse-management strategies you can discuss with your client to prevent the abstinence violation effect and reduce the risk of relapse:

- ✓ Limit the amount of cigarettes smoked during a lapse<sup>(1)</sup>
- ✓ Leave the situation that caused the lapse in the first place.<sup>(1)</sup>
- ✓ Examine the factors that caused the lapse; from there you can develop road maps to avoid this path in the future.<sup>(11)</sup>
- ✓ Teach your client how to reframe their thoughts around lapsing and reassure them that a lapse does not mean they must abandon their quit attempt completely.<sup>(11)</sup>
- ✓ Create an “emergency kit” with reminder cards and instructions for how to cope if a lapse occurs.<sup>(11)</sup>

The [Self-Awareness Managing Your Mood](#) workbook (page 11) contains a section on **maintaining a healthy mood** and **planning ahead** for stressful situations to prevent the risk of relapse. Consider having your client complete this section at home, or work on this together during sessions.



## Global Strategies

In addition to specific strategies that target immediate precipitants and high-risk situations, it is also important to develop global strategies to address any covert antecedents, which may increase one's exposure to these high-risk situations.<sup>(8,9)</sup> In this section we provide some global strategies for managing lifestyle factors and urges.



**Balanced Lifestyle:** Work with your client to assess their lifestyle factors and determine which of these are perceived as external stressors/demands associated with stress and high-risk situations (i.e. “**shoulds**”) and which are internal desires (i.e. “**wants**”).<sup>(8,9)</sup> A client with numerous external stressors may experience greater stress and negative mood, which can increase their risk of relapse. Teach your client effective coping strategies to balance their external demands with positive lifestyle factors.<sup>(8,10)</sup>

Examples of coping strategies include:



**Healthy and Pleasant Activities:** Replacing lifestyle factors associated with high-risk situations and triggers with those that promote lifestyle balance and positive mood can help reduce the risk of relapse.<sup>(8)</sup> Work with your client to develop a list of activities they can participate in to manage high-risk situations, including negative mood and stress.



**Positive Addiction:** Suggest having your client partake in activities associated with improving mood and promoting mindfulness and relaxation. These “positive addictions” can include relaxed breathing exercises, yoga and muscle relaxation.<sup>(8,9,10)</sup>

- By acquiring new skills related to these activities, your client's confidence and self-efficacy may also increase.<sup>(8)</sup>

**Stimulus Control and Urge Management:** While creating a more balanced lifestyle can help reduce exposure to triggers and high-risk situations, cravings and urges can still come up.<sup>(8)</sup> Clients with depression may have even greater difficulty managing these cravings if they experience a depressive episode.<sup>(11)</sup> Work with your client to develop a game plan to help prepare them for any cravings, urges or changes in mood they encounter. Have your client consider the following strategies:

- ✓ Determine how you will respond if friends or family offer you a cigarette/smoke in front of you
- ✓ Create a support team to help when you are experiencing any cravings or low mood
- ✓ Hide your cigarettes or make them difficult to obtain



The [Self-Awareness Managing Your Mood](#) workbook (page 8) contains a “**Non-smoking game plan**” with a list of items to consider when managing cravings. Have your client complete this activity on their own or work together during sessions.

# MINDFULNESS BASED RELAPSE PREVENTION STRATEGIES

Mindfulness is a psychosocial approach that can be used to help treat addiction and prevent the risk of relapse.<sup>(1)</sup> Mindfulness-based techniques differ from many other forms of relapse prevention strategies (such as those based on CBT) because they focus on the tolerance and acceptance of unpleasant experiences, rather than avoidance.<sup>(1)</sup> Clients are taught to process their emotions, such as those associated with cravings and high-risk situations, and use them as a tool to help the client understand their addiction.<sup>(1)</sup>

Below are some mindfulness-based techniques that you can share with your client as part of relapse prevention:



**SOBER breathing** is a technique intended to reduce feelings of stress and anxiety, and prevent the escalation of high-risk situations, which may lead to relapse. There are five steps involved in SOBER breathing:<sup>(18, 19)</sup>

- ✓ **S**top – take a step away from the situation
- ✓ **O**bserve – assess the situation and reflect on what is happening in the moment
- ✓ **B**reathe – practice deep-breathing and focus all of your attention on your breathing
- ✓ **E**xpand – increase your focus to notice how your body and mind are reacting to your situation
- ✓ **R**espond – take this time to think about ways that you may respond to this situation and determine a way of reacting that is beneficial to yourself and those around you



**Urge Surfing** is a mindfulness-based technique which allows the client to pay attention to the experience of an urge or craving, without acting upon it. These urges can be viewed as waves, which can increase and decrease in intensity.<sup>(18)</sup> Below are a few steps your clients can follow when they are trying to “surf the urge”:<sup>(18, 19)</sup>

- ✓ Focus on your breathing
- ✓ Notice your thoughts and resist fighting them
- ✓ Bring your attention back to your breathing
- ✓ Focus on what the urge/craving feels like
- ✓ Rate the sensation on a scale of 1-10
- ✓ Each time you experience an urge/craving reflect on what triggered it
- ✓ Pay attention to how cravings/urges change over time



Unlike other mindfulness based treatments, urge surfing does not have a specific order of steps that must be followed, instead clients may use any of these steps in any order to help them ride their urges without reacting.<sup>(18, 19)</sup>

# ADDITIONAL RELAPSE PREVENTION STRATEGIES



There are many other ways that you can help your clients prevent relapse. Below are additional strategies you can try when providing cessation counselling to smokers with mood disorders<sup>(1, 8)</sup>

## Enhance engagement through motivational interviewing

Motivational interviewing (MI) is both goal oriented and focuses on a collaborative relationship between the health care practitioner and the client.<sup>(1, 8)</sup> It explores the client's reasons for change and is designed to strengthen one's personal motivation and commitment to a specific behaviour change goal.<sup>(1, 8)</sup> Increasing client engagement can be done by incorporating the key skills of MI in all aspects of treatment, including:<sup>(20)</sup>

- ✓ Open-ended questions
- ✓ Affirmations
- ✓ Reflections
- ✓ Summaries



## Increasing motivation

- Review both the short and long-term benefits of quitting that your client has identified<sup>(8)</sup>
- Review your client's motivations to quit smoking<sup>(8)</sup>
- Check adherence with pharmacotherapy (if applicable)<sup>(8)</sup>



## Creating social support networks

- Creating supportive social networks can help clients manage potential high-risk situations and emotions they may experience during their journey to quit.<sup>(8)</sup>
- These supports can be both internal (such as significant others, siblings, friends) and/or external (such as helplines, mental health services etc.).<sup>(8)</sup>



**Helpful Tip:** watch out for potential warning signs of relapse, such as:

- Minimizing the impact of one cigarette or “one puff”
- Keeping a pack of cigarettes or tobacco in their house
- Experiencing withdrawal or cravings
- Dreaming about smoking or using tobacco
- Increase in stress
- Changes in mood
- Changes in motivation
- Unrealistic expectations about setting quit goals



## Additional Webinar Resources



- [Relapse Prevention in Tobacco Dependence Treatment](#)
- [Mindfulness Based Relapse Prevention](#)
- [Mindfulness and CBT](#)

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