

A serene sunset scene over a body of water. The sun is low on the horizon, casting a warm, golden glow across the sky and reflecting on the water's surface. The water is dark blue with numerous small, concentric ripples that catch the light, creating a shimmering effect. The overall mood is peaceful and contemplative.

# **Supportive Care for Smokers with Depressive Disorders**

# MINIMAL DEPRESSIVE SYMPTOMS VS MAJOR DEPRESSIVE DISORDER

Mood disorders are a class of clinical conditions that are characterized by changes in mood, including elevated emotions (i.e. mania), or low mood (i.e. depression).<sup>(1)</sup> These emotional states are often more intense and persist over a longer period of time than they would for most individuals. Mood disorders can impact the individual's behaviours, health, and thoughts, which influence their performance in daily activities.<sup>(1)</sup>



Among mood disorders, depressive disorders are the most prevalent in Canada, with over 3 million Canadians experiencing depression in their lifetime.<sup>(1), (2)</sup> Individuals diagnosed with a depressive disorder may experience constant negative emotions and maladaptive thinking patterns that they are unable to improve upon on their own.<sup>(3), (4)</sup> It is also common for individuals with depressive disorders to present with cognitive and behavioural deficits, which can negatively impact many aspects of their life, including relationships, health, school, and work.<sup>(1)</sup>

Depressive disorders can range in level of severity from **minimal depressive symptoms** to **major depressive episodes**. Major depressive episodes can be classified as mild, moderate, or severe. **Major depressive disorder (MDD)** is characterized as having one or more major depressive episode.<sup>(3)</sup>



## Minimal Depressive Symptoms

- Negative emotions which are persistent but not severe enough to be diagnosed as MDD.<sup>(3), (5)</sup>
- For an official diagnosis, an individual must present with less than five of the typical symptoms of major depression every day for at least two weeks.<sup>(3)</sup>
- **The Diagnostic Statistical Manual of Mental Disorders 5<sup>th</sup> edition (DSM-5)** does not categorize minimal symptoms of depression as a depressive disorder.<sup>(5)</sup>

## Major Depressive Disorder



- Severe negative emotions, as well as cognitive and behavioural deficits which persist for a long period of time.<sup>(3)</sup>
- For an official diagnosis, the individual must present with at least five of the symptoms of MDD, as outlined in the DSM-5.<sup>(3), (6)</sup>
- A major depressive episode consists of an individual experiencing depressed mood and anhedonia (i.e. no longer enjoying activities that they once enjoyed) for at least two weeks.<sup>(6)</sup>
- There are different subtypes of MDD, each with different symptoms, which are listed in the DSM-5.

For a full description of the DSM-5 criteria for MDD and the different subtypes, please consult the DSM-5, which can be downloaded [here](#).



# SUPPORTIVE CARE FOR SMOKERS WITH MINIMAL DEPRESSIVE SYMPTOMS AND MAJOR DEPRESSIVE DISORDER

Canada has one of the highest consumptions of anti-depressants among the world, and this high rate of prescribing may be attributed to a belief that a client who presents with mild symptoms should be prescribed medications. <sup>(9), (10)</sup>

Previous research has shown that nonpharmacological treatments, such as supportive care, are more effective for individuals presenting with depressive symptoms that are mild to moderate in severity, whereas a combination of pharmacological and nonpharmacological approaches are recommended for individuals experiencing more severe symptoms of depression. <sup>(10)</sup>

In this resource, we will identify **supportive care techniques** that can be used when treating smokers who have minimal symptoms of depression or major depression.

## Supported Self-Management

Supported self-management (SSM) is a low-intensity behavioural technique used in the treatment of minor and moderate depressive symptoms. <sup>(11)</sup> SSM is based on the principles of Cognitive Behavioural Therapy (CBT), and involves helping your client develop the knowledge and skills necessary to independently manage their depressive symptoms, as well as any triggers and/or stressors they may encounter. <sup>(12)</sup>

There are three **core skills** and **three steps** involved in delivering SSM:

### The three core skills of SSM: <sup>(11)</sup>



**Behavioural Activation:** Individuals with depression may start smoking as a way to self-treat their depressive symptoms. Educate your client on the harms associated with “self-medication” and encourage them to partake in healthy and pleasant activities instead by helping them create an **activation plan**. <sup>(11), (13)</sup>

- An activation plan includes having your client choose activities they want to incorporate into their daily schedules, which can offer them satisfaction and promote self-care. <sup>(11)</sup>
- Some activities include walking their dog, watching a movie, playing a sport or even taking a few deep breaths. Be sure to suggest activities that fit your client’s budget and lifestyle.



**Keep in mind**, when helping your client develop an activation plan, start off slow by adding only one or two activities a day at first. Adding too many activities within a short period of time may be overwhelming for your client.

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



**Realistic Thinking:** It is common for individuals with depression to create unrealistic expectations, which can lead to increased pessimism and criticism toward themselves when things go wrong. <sup>(11)</sup>

**Realistic thinking** helps clients manage the cognitive errors caused by depression by challenging these negative opinions and developing thoughts that are fair and realistic. <sup>(11)</sup>

- For example, clients with depression that want to quit smoking may set unrealistic expectations when setting a quit goal, and may be too critical if they experience a failed quit attempt.
- If this occurs, remind your client that relapse is common and part of the quit process.
- Encourage your client to keep up with their efforts by setting realistic goals and brainstorming strategies to manage their mood and cravings if they experience a depressive episode. <sup>(11)</sup>



**Problem Solving:** Individuals with depression can have a harder time resolving problems effectively, as they may feel too overwhelmed to find an appropriate solution. <sup>(11)</sup> This can result in maladaptive coping strategies or avoidance of the problem all together.

- When a client is making a quit attempt, it is common for them to encounter social or emotional situations that will make it hard for them to stay quit.
- Teaching your client effective **problem solving skills** can help them cope with stressful situations and allow them to plan for potential barriers and identify appropriate solutions. <sup>(14)</sup>

**Effective problem solving involves helping the client:**

- (1) Identify the problem
- (2) Brainstorm possible solutions and identify advantages and disadvantages to each
- (3) Determine the most appropriate solution
- (4) Test out the solution <sup>(11)</sup>

## The three processes of SSM:

### (1) Assess <sup>(15)</sup>



- Tailor SSM sessions based on the severity of your client's depressive symptoms.
- Mild to moderate severity: SSM alone
- Severe severity: SSM + CBT and/or pharmacotherapy

### (2) Advise <sup>(15)</sup>



- Explain the benefits of SSM for managing depressive symptoms and associated tobacco use.
- Assure your client that they will have the support they need to learn and apply the core skills of SSM.

### (3) Assist <sup>(15)</sup>



- Assist your client in choosing what behavioural issue(s) they would like to address first, and which of the core skills they would like to use to accomplish this.
- Continue to support your client as they practice and learn new skills on an ongoing basis.

## Emotional Support



Making a quit attempt can be overwhelming, especially if an individual is experiencing low mood. Providing your client with emotional support, such as venting and listening to his/her feelings can help act as a buffer for stress and depressive symptoms. <sup>(16)</sup>

Encourage your client to speak about any feelings or thoughts they experienced during their quit attempt or any other factors that may be influencing their ability to quit. This can include specific challenges and struggles they encountered, such as triggers, coping strategies or social factors including work or family. <sup>(4)</sup>

## Symptom Management

When making a quit attempt, people who smoke and have co-occurring depression have a higher chance of experiencing more intense negative emotions during withdrawal, including stress, anger, worry, or nervousness. <sup>(8)</sup> It is important to teach your client how to self-monitor their emotions and find alternative ways for managing these negative feelings.

<sup>(4)</sup> Some coping strategies you can encourage your client to engage in are listed below.



**Relaxation:** Relaxation exercises can help your client cope with the negative emotions that can arise during their quit attempt and prevent relapse. Some relaxation exercises include relaxed breathing, muscle relaxation, and visualization. <sup>(4)</sup>



**Mindfulness:** Evidence has shown that mindfulness is effective in treating substance use and depression. <sup>(4)</sup> This technique involves paying full attention to the emotions, thoughts, and feelings that appear at that moment, while remaining non-judgmental. <sup>(4)</sup>



**Social support:** Receiving support from others in their social networks, including family members and friends can help your client cope with the stress they may be experiencing during their quit attempt. <sup>(4)</sup>

The [Self-Awareness - Managing your Mood](#) workbook (page 3) includes a list of internal and external supports clients can contact to help manage their mood and support smoking cessation.

*Consider having your client complete the “[Internal Supports](#)” section of this workbook at home, or together during sessions.*

## Supportive Psychotherapy

Supportive psychotherapy is an approach which aims to alleviate the stress clients may be feeling, as a result of their current problem or disorder, by reflecting on their emotions. <sup>(17), (18)</sup> This approach is often conducted by a trained psychotherapist, and focusses on helping the client cope with their negative symptoms in order to manage and improve their mental health. <sup>(17-19)</sup>



Having your client reflect on their emotions and thoughts can help them understand the relationship between their mood and smoking behaviour. This can lead to a more successful quit attempt by engaging in more adaptive behaviours or coping strategies. <sup>(17), (18)</sup>

When conducting supportive psychotherapy with smokers with depression, it is important to: <sup>(19)</sup>

- Develop a relationship with your client
- Emphasize your client's strengths
- Show empathy
- Identify and express any feelings that may be influencing their ability to reduce/quit smoking

The following techniques will also ensure you are conveying acceptance, respect and interest when working with clients: <sup>(20)</sup>



**Affirmations:** Providing affirmations can increase a client's confidence and self-esteem. When possible, acknowledge your client's achievements and positive changes, no matter how big or small, during their quit attempt. <sup>(4)</sup> This includes reinforcing adaptive behaviours your client has engaged in during their quit attempt, acknowledging your client's effort during treatment and providing affirmation when your client expresses their feelings about the challenges they faced during their quit attempt. <sup>(4), (20)</sup>



**Reassurance:** Clients may be anxious or fearful when making a quit attempt, especially about the thought of experiencing relapse. As a therapist, it is important to teach your client adaptive strategies to deal with their fear and to reassure them that relapse is a normal part of the quit process. <sup>(20)</sup>



**Encouragement:** Encourage your client to engage in alternative behaviours that can impact their mood when they are attempting to quit smoking. As well, if a client is overwhelmed about making a quit attempt, encourage your client to make small goals they can accomplish and slowly start to build their way up. <sup>(20)</sup>



**Rationalizing and Reframing:** Help your client view the challenges they have faced during their quit attempt with a more adaptive perspective and balanced thoughts if they experience relapse. <sup>(17)</sup>

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