# Self-awareness: Managing Your Mood A Self-Management Resource for Smoking Cessation and Mood Management



# BACKGROUND

- Approximately 40% of patients enrolled at STOP Family Health Teams report minimal or major depressive symptoms, including a history of depression<sup>1</sup>.
- Smokers with depression are more likely to experience negative mood changes following nicotine withdrawal and have higher rates of relapse than the general population<sup>2</sup>.
- Strong evidence has found that integrating a mood management component as part of standard smoking cessation counselling can improve quit success rates by **12-20%** in smokers with both current depression and past depression<sup>3</sup>.

The STOP Program's quality improvement initiative - **Mood Management** - aims to help healthcare practitioners identify and address depressive symptoms among new STOP patients by implementing a three-step process for evidence-based mood interventions:

#### Screening

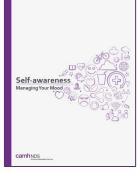
Brief Intervention

**Referral to Treatment** 

# WHY OFFER A SELF-MANAGEMENT RESOURCE?

Evidence-based intervention guidelines recommends the delivery of **brief interventions** and **educational resources** for <u>all</u> levels of treatment <sup>4, 5, 6</sup>. In addition, research on cognitive-behavioural approaches to treatment suggests that self-management is a key component of treating individuals with depression <sup>5</sup>. Providing self-management workbooks can increase your patient's self-awareness toward their mood and smoking behaviours, and help them develop effective strategies for managing depressive symptoms and cravings, in order to support their quit attempt <sup>4, 5</sup>.

### What is the "Self-Awareness: Managing Your Mood" Workbook?



The "<u>Self-Awareness: Managing Your Mood</u>" workbook is a self-management resource that was developed by the <u>Centre for Addiction and Mental Health's</u> <u>Nicotine Dependence Service</u>. Using evidence-based intervention approaches, this workbook is intended to help individuals manage depressive symptoms while attempting to quit or reduce smoking. In this resource, we will discuss the key components of this educational workbook, and how these self-management activities can benefit your patient on their journey to becoming smoke-free.

### Internal and External Supports - Page 3



Research has found that social support can be a protective factor against depression, anxiety and life stressors <sup>7</sup>. Social support can be "internal", such as support from family, friends and healthcare professionals, or "external" support networks available to individuals, including helplines, distress and crisis centres <sup>6, 7</sup>. Although social support is not recommended as stand-alone treatment for individuals

with mental illness and/or substance use disorders, it can be a helpful approach to managing triggers and depressive episodes <sup>6</sup>.

Page 3 of the "<u>Self-Awareness: Managing Your Mood</u>" workbook contains a list of external supports within Ontario that your patients can refer to when they are experiencing low mood or need additional assistance with their quit attempt. The bottom of this page also includes a section on internal supports that patients can fill out. Work with your patient to identify specific individuals and/or groups they can contact to support them with their quit attempt, and have your patient complete this section on their own or together during sessions.

		1
Internal Supports		
You can also seek help from the or reduce smoking, including su	people in your life both personal and professional. Make a list of people that can support you while you quit pport groups.	
Who are some people that can h	elp you in your journey to make a positive change?	
Name:		
Phone:	Email:	
Name:		
Phone:	Email:	

# The Patient Health Questionnaire - Page 4



An important aspect of mood management is helping patients understand their current mood and how this may be influencing their smoking behaviour <sup>5, 6, 9</sup>. **The Patient Health Questionnaire (PHQ)** is a validated 9-item screening tool used to assess depression severity among individuals <sup>10</sup>. This self-administered questionnaire scores each of the 9 DSM-IV criteria for depression from 0 "not at all" to 3 "nearly every day" <sup>10</sup>. A copy of the PHQ-9 is provided on page 4 of the "<u>Self-Awareness: Managing Your</u> <u>Mood</u>" workbook as a first step to helping your patient understand their mood, and what supports are appropriate for them based on their response score.

Note: When sharing this resource with patients, it is important to let them know that while this test can help them *understand* their mood over time, and whether support for mood management is necessary during their quit attempt, it is not enough to *diagnose* patients with depression. Therefore results should <u>always</u> be discussed with a healthcare provider to determine the appropriate course of treatment.

### Self-Monitoring Activities: Taking Control of Your Health - Pages 5-7



The "**Taking control of your health**" section on pages 5-7 of the "<u>Self-Awareness: Managing Your Mood</u>" workbook was based on a study by <u>Muñoz et al. (1997)</u>, which evaluated the effectiveness of self-help materials for mood management, "**Tomando Control de su Vida**" (Taking Control of your Life) as an adjunct to a standard smoking cessation guide, compared to the use of a smoking cessation guide alone (control) <sup>11</sup>.

#### The Tomando Control de su Vida materials included <sup>11</sup>:

- A 30-minute cassette with relaxation exercises
- A **tracking sheet** for individuals to record their daily mood, number of cigarettes smoked and number of pleasant activities engaged in each day, over the span of 2 weeks.

#### Main findings:



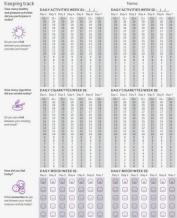
- Individuals given the self-help materials for mood management displayed a 23% smoking abstinence rate at 3 month follow-up, compared to an 11% abstinence rate in those given the standard smoking cessation guide alone <sup>11</sup>.
- Individuals with a <u>history of major depressive episodes</u>, with no current depressive symptoms, displayed even higher rates of abstinence, **31%**, compared to individuals given the standard smoking cessation guide alone, **11%**<sup>11</sup>.

Click here to access the full study in: American Journal of Community Psychology, Vol 25, No. 3, 1997

#### How Can Daily Tracking Help My Patient?

Several bodies of research have supported the use of self-monitoring as an effective cognitive behavioral strategy for promoting behavior change, including smoking cessation <sup>5, 6, 12</sup>. Evidence has also found that increasing an individual's engagement in pleasant activities can improve mood and reduce symptoms of depression <sup>11, 12</sup>.

- ✓ Page 6 of "<u>Self-Awareness: Managing Your Mood</u>" presents a list of pleasant and/or healthy activities that patients can engage in when they are experiencing low mood and/or the urge to smoke.
- ✓ Work with your patient to identify activities on this list that can help support their quit attempt, or have them generate a personalized list.
- ✓ The "Keeping Track", daily tracking sheet, on page 7 can be used to help patients record the number of healthy and pleasant activities they participate in, the number of cigarettes they smoke and their overall mood each day, for two weeks.





- Once you have described to patients how their mood and smoking may be related, explain how they can use this tracking sheet to help visualize this connection. *Instructions on how to use this tracking sheet are provided on page 5.*
- At the end of each week patients can view their progress and may start to notice a connection between their activities, their mood and their smoking patterns.

#### Relaxation Exercises – Pages 9-10 ( $\bigcirc$

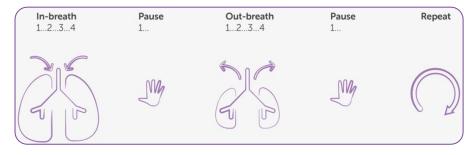
Everyone will experience stress at some point in time, and while stress may be difficult to avoid, helping your patient develop ways to effectively cope with their stress can reduce depressive symptoms and

prevent the risk of relapse <sup>13</sup>. **Relaxation** and **mindfulness** are evidence based interventions that have shown to be effective for enhancing mood and increasing long-term abstinence rates among smokers with depression <sup>3</sup>. Below are some relaxation exercises included in the "<u>Self-Awareness: Managing Your Mood</u>" workbook that your patient can try on their own.



**Relaxed Breathing:** A step-by-step guide to relaxed breathing is provided on Page 9 of the workbook.

- ✓ It may be helpful to show your patient how to undergo relaxed breathing during your session, and recommend having them practice this exercise at home for 5-10 minutes each day.
- Suggest including relaxed breathing as part of their list of healthy and pleasant activities they can engage in when experiencing low mood.



**Mindfulness:** Page 10 of the workbook offers online mindfulness-based exercises that patients can try for free.

- ✓ If your patient has internet access, suggest having them try these guided relaxation exercises as part of their daily routine.
- ✓ It is important to note that unlike methods of avoidance and distraction, mindfulness encourages individuals to pay attention to their emotions, symptoms and cravings. Use your clinical judgement to decide if mindfulness-based techniques are suitable for your client, taking into consideration any co-occurring disorders or cognitive deficits they may have <sup>6</sup>.

#### Relapse Prevention Strategies – Page 8, 11 and 12



Relapse to smoking is a common part of the cessation journey and depending on additional factors, including life stressors, physical disorders, and mental illness, rates of relapse may vary <sup>14</sup>. Helping your patient identify risk factors associated with relapse, and working with them to develop effective relapse prevention strategies, can help your patient remain quit even through depressive episodes and high-risk situations <sup>13, 14</sup>.

Below are a few exercises included in the "<u>Self-Awareness: Managing Your Mood</u>" workbook that your patient can work through to help manage cravings and urges, and plan ahead for stressful events.

#### Nonsmoking Game Plan:

The "**Game Plan for Change**" chart on page 8 (shown on the next page) is intended to help individuals consider specific scenarios that may lead to relapse, including triggers and cravings, and how they can prepare for these high-risk situations in advance. This may include planning how to respond to friends when offered a cigarette, or determining who they will call if they are facing the urge to smoke.

- Review this chart with your patient and work with them to develop specific strategies that will help support their quit attempt and maintain behaviour change.
- This may include some of the techniques mentioned throughout the workbook, such as seeking internal/external support, engaging in pleasant and healthy activities, and performing relaxation exercises.

Changes to consider	Game plan for change
What will you do to make cigarettes unavailable to you?	
What will you do to increase time spent in nonsmoking places or doing nonsmoking activities?	
Your brother has invited you over for dinner. You know that your brother smokes regularly at home. How will you respond?	
How can you get support from others when quitting?	
What will you say to someone that offers you a cigarette?	
What will you do to manage your mood when you are feeling down?	
What will you do to reward yourself for a job well done?	

#### The Road Ahead

As previously mentioned, while many smokers may experience changes in mood following their quit attempt, these symptoms can be exacerbated in individuals with depression <sup>15</sup>. Therefore, it is important for patients to plan ahead and develop strategies for maintaining a healthy mood in order to avoid the risk of relapse when they are feeling low <sup>13, 14</sup>.



This section of the "<u>Self-Awareness: Managing Your Mood</u>" workbook contains helpful tips that patients can use to effectively manage stress and keep up with their efforts in smoking cessation and mood management.

- ✓ As part of providing counseling for relapse prevention, suggest walking through pages 9 and 10 of this workbook with your patient.
- ✓ Explain the importance of developing effective coping strategies ahead of time, and work with your patient to create a "mood emergency action plan."
  - This may include specific activities your patient can engage in when they are experiencing a depressive episode and what internal and external supports they can rely on.

# CONCLUSION

- Self-management is a key component of treatment for smokers with depression <sup>5</sup>.
- Even if patients are already being followed by a social worker or physician, they can still benefit from a self-management workbook to reinforce the skills they have learned in sessions <sup>5</sup>.
- While self-management is an important aspect of <u>all</u> levels of treatment for smoking cessation and depression, it is important to use your clinical judgment to determine if this resource is suitable for your patient, taking into consideration any barriers including language, cognitive deficits, and whealth literacy <sup>6</sup>.



# **BIBLIOGRAPHY**

- Centre for Addiction and Mental Health. 2018. Self-reported rates of depression among STOP Family Health Team baseline enrollees between February 27, 2018 – October 23, 2018. Internal Nicotine Dependence Service report Unpublished.
- **2.** Gierisch, J.M, et al., et al. (2012). Smoking cessation interventions for patients with depression: A systematic review and meta-analysis. Journal of General Internal Medicine, Vol. 27, pp. 351-60.
- **3.** van der Meer RM, Willemsen MC, Smit F, et al. Smoking cessation interventions for smokers with current or past depression. Cochrane Database of Systematic Reviews 2013. 2013; Issue 8.
- **4.** Bilsker, D. (2009). *Help with Mild to Moderate Depression: CBT-based self-management options.* Retrieved from <a href="http://www.heretohelp.bc.ca/visions/cognitive-behavioural-therapy-vol6/help-with-mild-to-moderate-depression">http://www.heretohelp.bc.ca/visions/cognitive-behavioural-therapy-vol6/help-with-mild-to-moderate-depression.</a>
- Muñoz, R. F., Ippen, C. G., Rao, S., Le, H., & Dwyer, E. V. (2000). Manual for Group Cognitive Behavioral Therapy of Major Depression. San Francisco, CA: San Francisco General Hospital Depression Clinic. Retrieved from <u>http://medschool2.ucsf.edu/latino/pdf/CBTDEN/overview.pdf</u>
- **6.** Barker, M., Dragonetti, R., Abate, T., & Selby, P. (2015). Tobacco interventions for clients with mental illness and/or substance use disorders: Course Manual. Toronto, ON: Centre for Addiction and Mental Health.
- 7. Roohafza, H.R., Afshar, H., Keshteli, A.H., Mohammadi, N., Feizi, A., Taslimi, M. and Adibi, P. (2014). What's the role of perceived social support and coping styles in depression and anxiety? J Res Med Sci. 19(10): 944-949.
- **8.** Lembke, A., Johnson, K., DeBattista, C. (2007). Depression and smoking cessation: Does the evidence support psychiatric practice? Neuropsychiatr Dis Treat. 3(4): 487-493.
- **9.** Savard, M. (2004). Bridging the communication gap between physicians and their patients with physical symptoms of depression. Pim Care Companion J Clin Psychiatry. 6 (suppl 1): 17-24.
- **10.** American Psychological Association (2015a). Patient Health Questionnaire (PHQ-9 & PHQ-2). Retrieved from: <u>http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.aspx</u>.
- **11.** Muñoz, R. F., Marin, B.V., Posner, S.F., Pérez-Stable, E.J. (1997). Mood management mail intervention increases abstinence rates for Spanish-speaking Latino smokers. American Journal of Community Psychology, 25(3).
- Zeiss, A.M., Lewinsohn, P.M. and Muñoz, R. F. (1979). Nonspecific improvement effects in depression using interpersonal skills training, pleasant activity schedules, or cognitive training. Journal of Consulting and Clinical Psychology, 47(3), 427-439. <u>http://dx.doi.org/10.1037/0022-006X.47.3.427</u>.
- **13.** Dimeff, L. A., & Marlatt, G. A. (1998). Preventing Relapse and Maintaining Change in Addictive Behaviors. *Clinical Psychology: Science and Practice*, 5(4), 513-525.
- **14.** Clyde, M., Tulloch, H., & Pipe, A. (2017). The Relapse Prevention Model For Tobacco Cessation In *Disease Interrupted* (pp.157-174). Toronto, Ontario: Centre for Addiction and Mental Health.
- **15.** Khara, M. & Okoli, C. (2017). A step-wise approach to assessing tobacco use and addiction In *Disease Interrupted* (pp. 97-107). Toronto, Ontario: Centre for Addiction and Mental Health.