

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, concentric ripples from raindrops or stones.

Non-pharmacological Treatment for Smokers with Mood Disorders

PSYCHOSOCIAL INTERVENTIONS (PART 1)

BACKGROUND

Research has found that individuals with mental illness have a higher prevalence of smoking and lower cessation rates compared to the general Canadian population. ⁽¹⁾



CAN-ADAPTT CLINICAL PRACTICE GUIDELINES

The Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment ([CAN-ADAPTT](#)) recommends a **combination of psychosocial interventions and pharmacotherapy as the optimal tobacco cessation treatment for individuals with mental illness and addiction**. CAN-ADAPTT Guidelines include the following clinical considerations for clients with mental illness and/or other addictions: ⁽¹⁾

- An equally accurate term for “screening” may be “case finding” given the prevalence of tobacco use among persons with mental health diagnosis and/or addiction(s).
- Asking about tobacco use should be an integral part of routine medical, mental health and addiction screening in both ambulatory and inpatient settings.
- Due to the high prevalence of concurrent mental illness and addiction, all patients/clients should be screened for underlying, non-debilitating, undiagnosed mental health challenges.
- Conducting regular, brief screenings for mood changes is encouraged since it may affect quitting and can be part of withdrawal, grief over loss of identity as a smoker, or emergence of a depressive disorder.
- The withdrawal/anxiety experienced by persons abstaining from smoking should be recognized and addressed, especially in acute care facilities.

CAN  ADAPTT



EVIDENCE-BASED PSYCHOSOCIAL INTERVENTIONS FOR TOBACCO CESSATION



There is strong evidence to show that smoking cessation interventions that include a psychosocial component to manage depressive symptoms can increase long-term quit rates. ⁽²⁾ Results from a meta-analysis found a **significant positive effect** for integrating psychosocial mood management into standard cessation treatment, compared to standard treatment alone, in smokers with both current depression (11 trials, N = 1844, RR 1.47, 95% CI 1.13 to 1.92) and past depression (13 trials, N = 1496, RR 1.41, 95% CI 1.13 to 1.77). ⁽²⁾ In this resource, we will identify evidence-based psychosocial interventions that can be used to treat tobacco use among individuals with mood-related disorders.

Psychoeducation

Psychoeducation can be used to teach clients about the relationship between their mood and tobacco use. This approach provides clients with the information and knowledge necessary for them to make informed decisions regarding their health, and potential treatment options, including psychotherapy and/or pharmacotherapy. ⁽³⁾ When delivering psychoeducation to clients presenting mood disorders, you may want to consider the following:



Length of session: ensure the information provided during sessions is focused and concise, as too much information over a short period of time may overwhelm your client.



Success stories: incorporating success stories into sessions can help clients see that quitting is possible.



Support network: involving client's family members or support system can help motivate your client and influence positive behaviour change.



Socioeconomic status: provide clients with information and strategies that are accessible. For instance, when informing clients that participating in healthy and pleasant activities can increase positive mood/reduce smoking, try suggesting activities clients can do at no cost and fit their lifestyle.



Language: Avoid using professional jargon and acronyms, and explain concepts in plain language. Remember, clients presenting cognitive impairments or those where English is a second language will benefit from clear and simple terms.



Cognitive Behavioural Therapy (CBT)



Cognitive Behavioural Therapy (CBT) centers around helping clients identify situations and triggers that may lead to negative thoughts, feelings and behaviours. CBT teaches clients effective problem-solving and coping skills, as well as relapse prevention strategies, for managing these triggers and problematic situations.⁽³⁻⁵⁾ Several studies have examined the effectiveness of CBT for treating smokers with depression.⁽⁶⁻¹⁶⁾

Self-Monitoring is a strategy used to increase self-awareness, by helping clients understand the link between their feelings, thoughts, behaviours, and their tobacco use.^{(3-5) (17)}



One method of self-monitoring includes a **Daily Diary** or **Tracking Sheet**, which clients can use to record their tobacco use, feelings and activities. This tool gives clients the opportunity to identify any patterns that exist between with their mood and tobacco use behaviour.

A copy of the Daily Tracking sheet can be found in the [Self-Awareness – Managing your Mood](#) workbook on the [STOP Portal](#) under the “[Resources](#)” Tab.

**You can email, print or hand your client a pre-printed copy of the workbook to complete at home, or together during sessions.*

Approaches to CBT

Once a client has an understanding about the relationship between their mood and smoking, you can help them develop coping skills to manage or avoid these triggers. Here are some approaches to CBT you may want to try with your client:⁽³⁻⁵⁾



Role playing: this method can be used to brainstorm strategies and practice how to deal with problematic situations before they arise. *Remember, repetition is key for skills building!*



Goal setting: setting behaviour change goals and committing to a reduction/quit date provides clients with a clear objective of what they need to work towards.



Maintaining change: since the risk of relapse is high during the first 14 days after quitting, psychosocial and practical support by healthcare providers is an important part of cessation success. The more your client feels supported during their cessation journey, the greater their chances of quit/reduction success.

Relaxation Mindfulness

Stress Recognition



Stress is a major factor that can promote the onset of tobacco use, and increase relapse rates. ⁽¹⁸⁻¹⁹⁾ Early signs of stress can include both physical and psychological symptoms, such as insomnia, increased irritability, anger, sadness and changes in appetite. As health care providers, it is important to recognize early signs of stress in your patients. If these symptoms persist over an extended period of time, they can transform into more serious mental health conditions including Depression and Anxiety Disorders. ⁽³⁾

Relaxation and mindfulness exercises can be used as strategies for stress management and relapse prevention. Relaxation exercises include:

- Relaxed breathing,
- Muscle relaxation,
- Visualization.



Mindfulness is a relaxation technique that focuses one's attention on their present emotions, thoughts and feelings, while staying free of judgment or questions regarding the experience. Unlike CBT, which focusses on avoidance and coping skills, mindfulness centers around the acceptance and tolerance of uncomfortable experiences, including emotions, cravings or psychiatric symptoms. ^{(3),(5)}

Social Support

Evidence has shown that positive social supports are an integral component for the reduction of stress and depressive symptoms. ⁽²⁰⁾ Social supports can also be used to cope with triggers and prevent relapse. While social support is not recommended as a stand-alone treatment, it is an important aspect of mood management and tobacco reduction/cessation. Social supports can take various forms: ^{(3) (21)}



Emotional: venting, listening to client's feelings and challenges experienced during quit attempt.



Informational: sharing information about the link between mood and smoking, and options for mood management/smoking cessation.



Instrumental: providing information on additional resources/support available (i.e. pharmacotherapy, counselling etc.).



Remember: When working with individuals presenting mood disorders, it is important to recognize that not all clients will have a positive support system. Their social networks may potentially influence their mental health and/or tobacco use. For instance some clients may have friends or family who also use tobacco.

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.

Group Counselling



Interventions can be delivered individually or in group format. Group counselling can provide clients with a chance to connect, and receive feedback and advice from other members in a safe, tobacco free environment.⁽²²⁾ Although some clients may benefit more from one-on-one support, groups can be an effective way to decrease the isolation and stigma experienced by certain populations, such as those with co-occurring mental illness.⁽³⁾ Evidence has found group-based treatments to be a cost-effective approach, showing more efficacy than less intensive interventions, self-help and no treatment. When combined with NRT or advice from a healthcare provider, group interventions can also increase treatment outcomes.⁽²³⁾

While there is no evidence showing that group interventions are *more* effective than individual counselling, the decision to provide group based-therapy can be based on several factors, including:⁽⁵⁾

- Client needs and preference
- Resources and organization capacity (i.e. time, funds, staffing etc.)
- Practitioner capacity

Regardless of the reason, group counselling can be a great way to help clients practice coping skills and relapse prevention strategies. In addition, those who have successfully reached their goals can mentor other group members, which can help provide support and increase self-efficacy.⁽³⁾

ADDITIONAL RESOURCES



1. CAN-ADAPTT Guidelines, Specific Populations: Mental Health and/or Other Addiction(s). Download [here](#)
2. CAMH Nicotine Dependence Service, Self-Awareness – Managing Your Mood Workbook. Download [here](#). *Also available for download on the STOP Portal under the Resources Tab.

Webinars:

3. Mindfulness Based Relapse Prevention: What is it? And why should we use it?
<http://camh.adobeconnect.com/py5p10vx3t77/>
4. Using Evidence-based Therapies to Support Tobacco Cessation; An overview of CBT and Mindfulness: <http://camh.adobeconnect.com/pobrn6v2a7gt/>

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