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CLINIC



# Treatment Planning and Relapse Prevention

Nicotine Dependence Center  
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# Major Points

- Motivational Interviewing
- Pharmacotherapy
- Cognitive-Behavioral
- Triggers
- Coping Skills

# Motivational Interviewing

- Use MI to join with the patient
- What are the patient's reasons for being here today?
- How important is change?
- How confident are they in making change?

# Pharmacotherapy

- What is the patient's type and level of tobacco use?
- Has this changed in the past 6 months?
- Past use of medications – pros and cons
- Patient preference
- Contraindications
  - Varenicline
  - Bupropion

# Cognitive-Behavioral

- Utilizing positive thoughts
- Altering routines
- Behavioral substitutes

# Triggers

- Identify high risk situations for relapse
- What behaviors are associated with smoking/chewing?
- People that patient has used with (work, family, friends)

# Coping Skills

- What has worked in the past?
- Identify their support people?
- What coping skills have they used or are they interested in trying?
- Physical activity
- Deep breathing

# Amy

## Successful Real Estate Agent

- Age 45
- Smokes 2 ppd (for the past 25 years)
- 3 serious past quit attempts
  - Cold turkey – lasted 8 hours
  - Hypnosis – lasted 24 hours
  - Longest abstinence was 3 days when using the patch (purchased OTC)



# Amy

“I just can’t quit smoking right now. I’m a single mother and trying to deal with problems I’m having with my teenage son. I work 50 hours a week and my boss doesn’t appreciate me. On top of all that, I’m taking care of my sick father.”

# Amy

**Importance 10**

**Confidence 5**

## Decisional balance

### Pros

- Relieves stress
- Happy hour on Friday
- Controls my weight

### Cons

- Smell
- Cost
- Embarrassing

## Discrepancies

- Wants to be a good role model to her son
- Doesn't fit in with her "professionalism"

# Get to Know Her

- Elicit her hopes, fears, values, concerns, challenges and smoking history
  - Learn more about her relapses
- Build her confidence
  - Point out strengths
    - Perseverance
    - Determination
- Emphasize personal choice & control
- Ask permission to give her information

Reassess Readiness

Strengthen Commitment

# Plan

## Medication

- 42 mg patch, inhaler as needed

## High-risk situations

- Stress (work, teenager, sick father)
- Alcohol (happy hour)
- Friends (socialized with some smokers)

# Plan

## Behavioral

- Alter routines, cinnamon sticks, drink water, distraction, jigsaw puzzles

## Cognitive

- Positive self-affirmations

## Stress management

- Yoga, deep breathing, music, warm baths

## Reward

- Gold bracelet

## Support

- Son, co-worker

## Follow-up

# Bill

## College Sophomore

- Age 20
- Smokes approximately 8 cpd
- One past quit attempt
  - No medication  
(abstinent for 5 days)

# Bill

“I’m not an addict or a ‘smoker.’ I just smoke because it’s basically what college kids do. It doesn’t control anything I do. I plan on quitting when I graduate.”

# Bill

**Importance 3**

**Decisional balance**

## **Pros**

- Helps for concentration
- Something to do
- Enjoy it

**Discrepancies**

- He said tobacco has no control, yet it does control his ability to concentrate more

**Confidence 10**

## **Cons**

- Costs money
- Bad breath
- Folks get on your case



# Get to Know Him

- Elicit his hopes, fears, values, concerns, challenges and smoking history
  - Learn more about his one quit attempt
- Point out discrepancies
  - *“On the one hand you say you don’t need to smoke. At the same time you do need to smoke in order to concentrate and to study”*
- Emphasize personal choice & control
- Ask permission to give him information

Reassess Readiness

Reach Agreement

# Case Examples

Kelly

John

Connor



# Case Study

## Arthur Smith

- 52 yr old, married male, finance & insurance manager at a car dealership
- Referred by MD for COPD
- Hx of 40 yrs of smoking, 2 1/2 ppd
- Several quit attempts (once tried to taper, once tried the patch) Longest abstinence 3 days. Reports relapses due to cravings and stress, severe withdrawal
- Recently completed inpatient alcoholism tx program (6 months sobriety)
- Wife and sponsor are both smokers
- Wants to quit next week

# Follow-up for Arthur

- How do you engage Arthur in follow-up?
- What will you assess in Arthur's follow-up visits?
- If Arthur is struggling, what might be some options?

# Relapse Prevention

- Other than one's actual tobacco stop-date, quitting smoking is not so much an event, but a process. **So too with relapse.** Relapse is often not an event, but a process which escalates incrementally over time.

# Relapse Prevention

- Relapse is common, but not inevitable
- Patients can learn how to anticipate and cope with the problems which pull one toward relapse
- It requires both behavioral and cognitive components

# Relapse Prevention = Work

- Working day by day to maintain one's commitment to change
- Facing a variety of temptations, stressors and the pull of a powerful “old habit pattern”

# Abstinence-Violation Effect

- Lapse

...leads to

- Loss of control

“I might as well give up”



# Lapse vs Relapse

- Lapse
  - Single occurrence of the behavior-lapse
  - Error or Slip
  - Mistake
- Relapse
  - Return to former behavior
  - Shift in “recovery mindset”

# Reaction to a Lapse

- “Cognitive and affective reactions to the slip or lapse, exert a significant influence that may determine whether or not the lapse is followed by a relapse” Marlatt and Gordon
- Don't view it as a failure
- Don't view it as “all or nothing”
- Opportunity for learning/insight

## High Risk Environments:

- Negative emotions
- Interpersonal conflicts
- Social pressures

# Emotions

- Times in which a person experiences negative (unpleasant) emotions
  - Uncomfortable situations
- Moods or feelings
  - Frustration
  - Anger
  - Anxiety
  - Loneliness
  - Depression or boredom
  - Celebration

# Interpersonal conflicts

- Ongoing conflicts associated with any interpersonal relationship
  - Marriage
  - Friendship
  - Family members
  - Employer-employee
- Arguments and interpersonal confrontations

# Social pressure

- Responding to the influence of another tobacco user
- Being in the presence of other tobacco users, even though no direct pressure to use tobacco

# Risky Thinking: Discuss the “just one” thinking

- Clear goal – not a single puff
- To do whatever it takes to avoid having any cigarettes
- “I’m choosing not to smoke today”
- Remind patient of the physiology of tobacco addiction

# Moving from Lapse to Relapse

- How to prevent a relapse
- How to respond to a relapse if it occurs



# Relapse Process

- Single event or a “process” of relapse?
- Loss of a “recovery mindset”
- Relapse then occurs

Developing a relapse prevention plan really begins at the initial assessment



# Pattern of use

- What is their “smoking pattern?”
  - Early morning use?
  - Getting up at night to smoke?
  - More use away from home?
  - Only smoking when home?
  - Smoking mainly in the evenings?
  - Driving and/or after meals?
  - “Closet” smoker?
  - Other?

*Ask: “If there was any one situation that might cause you to have “just one” what would that be for you?”*

Be patient...take the time that it takes to get a quality answer

# Coping skills

Something which helps move you past the urge to smoke

## Cognitive coping skills

- Things you can tell yourself

## Behavioral coping skills

- Actions you can take or things you can do

# Cognitive Coping Skills

- Tell yourself, “I can do this”  
“Smoking is not an option”
- Recall the reasons you want to quit
- Tally the progress you’ve made so far
- Remind yourself that smoking will not solve the problem(s) you’re facing right now

# Imagery

Rehearse in your mind being in the situation or the problem – *and work it through without smoking*

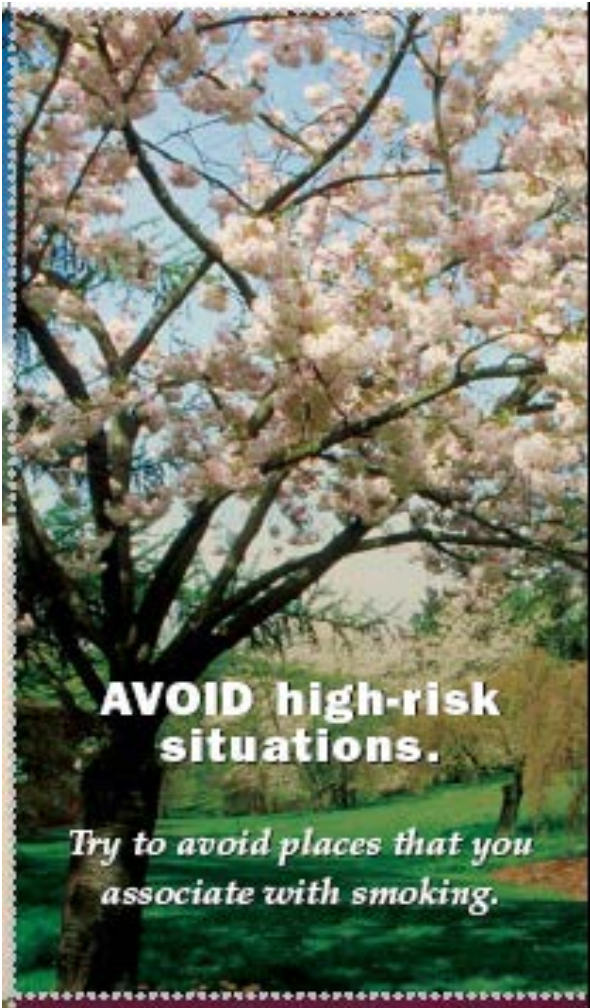
- Do this as often as you need -

# Behavioral Coping Skills

- Leave the situation
- Take a deep breath
- Chew gum
- Eat something
- Go for a walk
- Call a friend
- Exercise



# Coping cards



**AVOID high-risk situations.**

*Try to avoid places that you associate with smoking.*

**On my path...**

*I will avoid these high-risk situations:*

**Positive**

**Personalized**

# Role Play

Role playing a trigger scenario:

- enhances refusal skills
- “behavioral imagery”

# Relapse Prevention and Stress

- Stress management
  - Relaxation techniques
  - Exercise
  - Talk to others
  - Deep Breathing
  - Off-load some tasks/responsibilities
- Professional help for other lifestyle or emotional issues

# Stressful times

- *“If you no longer had tobacco to help you ‘cope’ with stress, how else could you cope with it?”*
  - Deal with the problem right away
  - Try to keep the big picture in mind
  - Learn **and use** effective relaxation methods, i.e. slow down and deep breath
  - Give yourself time to let the mood pass
  - Get support from others

# Alcohol Use

- Many smokers report drinking alcohol during or just prior to relapsing
- Why is alcohol use such a high risk?
  - Habit - alcohol and cigarettes go together for many people
  - *“The more you drink, the less you think.” – After two or three drinks it can be hard to remember why you quit smoking and the idea of just one can sound pretty good.*
    - Cigarettes are often found at places where alcohol is served.

# Relapse Prevention and alcohol use

- Recommendation to avoid or adjust alcohol for a period of time
  - Reducing amount and/or frequency of alcohol use temporarily
  - Abstaining from alcohol use
  - Altering where and with whom one uses alcohol

## Concern about weight gain

- Choose snacks low in fat and calories
  - Prepare them before you **NEED** them!
- Increase activity level
  - Do something you actually enjoy!
- \* “Talk to your doctor before making any major changes in diet or exercise.”

# Support

- Identify support person(s)
- How to ask for support
- Elicit “What would be supportive?” (This is different for different people)
- Support groups
  - Nicotine Anonymous
- Web sites
  - Quitnet.com, [www.becomeanex.org](http://www.becomeanex.org)



## What does not work:

- Relying on “willpower” alone
  - Most support people are happy to help
- “I just won’t smoke”
  - No real, practical plan...need more detail
  - Become worn down by urges
- “Beat up” on themselves for having urges
  - “I am weak for wanting a cigarette”
  - “I’ll never get over wanting to smoke”
  - “This is too hard, I’ll quit some other day”

# Relapse Prevention and Medications:

- Individualize the medication plan
- Optimal dosing of medication
- Combine therapies
- Empower patient to be “best judge” of withdrawal symptom management
- Follow-up essential

## Extended use of NRT's can prove very helpful:

- Intermittent cravings can occur after regular dose regime has ended
- Can enhance refusal skills for smokers with a history of multiple failed attempts after ending NRT
- Aids in coping with stubborn trigger situations even months after stopping smoking

# Withdrawal Symptoms

- Depressed mood
- Insomnia
- Irritability, frustration or anger
- Anxiety
- Difficulty concentrating
- Restlessness
- Shakiness
- Increased appetite or weight gain

American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders (4th ed.)

- If patients can anticipate these withdrawal symptoms in advance they are more likely to:

**understand** what is happening to them

**plan** for what is happening

**respond** appropriately

# Carbon monoxide: pre and post quit date

## The dangers of carbon monoxide

One of the chemicals found in large quantities in cigarette smoke and one of the most harmful is carbon monoxide (CO). One reason it's so harmful is because it takes the place of some of the oxygen in your blood. Your organs, such as your heart and brain, need oxygen to function normally. When you smoke, CO prevents these organs from getting all the oxygen that they need. Your heart and your lungs have to work harder to get enough oxygen to the rest of your body.



You can measure the CO level in your breath with a CO monitor (at left).



Another CO source

### My carbon monoxide (CO) levels

Today's level: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up level: \_\_\_\_\_ Date: \_\_\_\_\_

The good news is that within *hours* after your last cigarette, your CO level begins to decrease, and within *days*, it's out of your system, so your body can begin to heal.

## Relapse prevention planning summary:

- Relapse is common, but not inevitable
- Relapse is normally a process, rather than an event
- Distinguish between Lapse vs. Relapse
- There are effective ways to address either a Lapse or a Relapse

## Follow-up Plan:

- Congratulations and encouragement to remain tobacco-free
  - Many patient's find the accountability of a follow-up helpful
- Discuss:
  - Proper medication use, management and side-effects
  - How it feels to be tobacco-free!
  - Discoveries along the way?
  - Problems or concerns?
  - Check CO



## Follow-up Plan continued:

- Reassess motivation
- Re-evaluate triggers -adjust coping skills
- Need to address any other barriers?
- Schedule next follow-up

## Follow-up planning summary:

- Congratulate and reassure
- Assesses nicotine withdrawal
- Assesses proper use of medication and adequate withdrawal management
- Discusses triggers/urges, and “new discoveries”
- Assesses utilization of coping skills and make adjustments
- Explore support system

# Special Considerations

- Drug or alcohol dependence
  - Transfer drug/alcohol recovery principles to tobacco recovery
- Pregnancy or breast feeding mothers
  - Regular and frequent follow-up due to high relapse rate for this population

# QUESTIONS?