

International Quitline Institute

WCTOH IQI Workshop 2015: Protocol Roundtable - Relapse Prevention

Protocol: Relapse Prevention

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Definition:

Relapse prevention includes a range of treatment approaches intended to help quitline participants who have quit to remain quit. It can be a mix of behavioral and pharmacological treatment elements.

Purpose:

This protocol provides counsellors, trainers and service delivery management with a reference document on how relapse prevention counselling should be delivered to those participants who are quit, to guide trainers in delivering counsellor training, and to support operational supervisors and managers who oversee the quality of care.

Procedure:

- Conduct assessment to determine whether or not the participant has quit. Relapse prevention is usually delivered only to those who are currently abstinent from tobacco.
 - Assess use and effectiveness of medication.
 - Assess use of behavioral coping skills to determine what coping strategies are effective in managing urges to use tobacco and where the participant may be having difficulty.
 - Assess *Urge Severity in the past 24 hours* and level of *Confidence* on a scale of 1 – 10 where 1 is very low and 10 very high.
- Consider assessment information to develop an agenda for creating a relapse prevention plan with the participant.
 - Address medication use.
 - Ask participant to describe how they are using quit medication(s)
 - If using the medication(s) correctly, reinforce proper use. If the participant is not using them correctly, provide additional guidance on how to use them correctly.
 - If it seems that strong urges are the result of too low a dosage of NRT, recommend changes in dosage or advise the participant to talk with doctor about adjusting the dosage of the prescription medication they are using.
 - If the participant is experiencing lapses, do NOT advise the participant to stop the use of their cessation medication. Best practices suggest that these participants should continue using cessation medications and may need to increase dosage or add another med while they continue their efforts to quit or as they prepare for a new quit date.
 - Assess and address behavioral coping skills to identify more effective coping strategies to manage urges and risky situations.

- Problem-solve any barriers to staying quit (near and long-term). For example, participants may indicate that being around other smokers makes it difficult to stay quit, and good relapse prevention would include recommendations on how to avoid being around other smokers.
- Collaborate with the participant to manage upcoming high-risk situations using ACE (Avoid/Cope/Escape) model.
- Encourage the participant to ask for support from family and friends.
- If the participant has not removed all tobacco products and tobacco paraphernalia from their environment, encourage them to do so.
 - If the participant is struggling with environmental factors, engage the participant in discussion of ways they can make changes to more effectively support their remaining quit.