Behavioral Activation in the Treatment of Depression: An Effective and Efficient Model in the Primary Care Setting
Presenter

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Goals and Objectives

• Briefly review behavioral activation (BA) and its evolution from its cognitive behavioral therapy (CBT) roots
• Understand depression management from a BA perspective and rationale for its use in the primary care setting
• Establish a beginning orientation to the key clinical components, core principles, and application of BA strategies in treating depression with co-morbid conditions (ie, diabetes)
• Learn what skills and techniques are necessary to effectively use BA for improved depression management
Depression Management in Primary Care

- Over 16% of the population in the US will have an episode of major depressive disorder sometime in the lifetime
- Over 20% in women
- 10-20% of patients in primary care settings are depressed
Depression and Co-Morbidity of Other Chronic Diseases

- Chronic Pain: 52%
- MI: 40%
- Stroke: 40%
- Asthma: 45%
- Diabetes: 27%
Depression and Medically Ill Patients
Depression and Medically Ill Patients

• The prevalence of depression is estimated to be 3-9 fold greater with medical conditions
• Effective management of depression should lead to better overall outcomes for co-morbid conditions (Agency for Healthcare Policy and Research 1993)
Depression is Not Adequately Treated in Usual Primary Care

• Depression is under-diagnosed and under-treated
• 46-57% of 12 million cases reported in the US are receiving treatment
• Only 18-25% are adequately treated
• Over 60% of patients with depression see a primary care physician in usual care
• 50% of depressed patients go undetected in usual primary care
• Only 20-40% of patients improve substantially 12 months after diagnosis (Archives of General Psychiatry 2003 and Jama 2003)
World of the Primary Care Physician

- Fast paced, 30-40 patients a day
- 2500 patients per physician
- Front Desk: 50-100 calls per provider per day
- Average time with patient less than 10 minutes
On a day-to-day basis, primary care physicians (PCP) are clearly pressed for time.

- The median length of a patient’s contact is 15.7 minutes.
- Average number of topics is 6.5.
- Time spent on major topic is 5.25 minutes.
- Time spent on minor topic is 1.1 minute.

Dimensions of Depression

• Depression exists in a social context
• Depression has a cognitive component
• Depression has a behavioral component
• Depression has a biological component
• Depression has a cultural component
What’s a doctor to do....
Collaborative Team Care
Psychology has wide variety of theories for understanding the human condition

- Over the past 2 ½ decades, there has been more emphasis put into the development of empirically supported evidence-based treatment models

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Figure 3. Comparison of BDI scores pre- and posttreatment with confidence intervals for Dobbin et al. (preference arms; 2004) and benchmarked studies (randomized data).

Note. CBT = cognitive-behavioral therapy; CCBT = computerized CBT; TAU = treatment as usual.

Benchmarked Studies: Ward = Ward et al. (2000),
Bedi = Bedi et al. (2000),
Proudfoot = Proudfoot et al. (2004).
Evidence Based Treatment in Behavioral Health Care

• Cognitive Behavioral Therapy
• Problem Solving Therapy
• Interpersonal Therapy “Family Therapy”

Beck: Arch of Gen Psych. 2005
Blackburn; British Journal of Psychology 1997
Elkin; Shea Watkins at al. Archives of Gen Psych 1989
Common Characteristics of Therapy that Work

• Finding solutions
• Skill building
• Future orientation
• Behavioral Activation
Cognitive Therapy (CT)

• 1979 - “Cognitive Therapy of Depression” was published

• Profoundly changed how depression was approached in a mental health delivery system

• Cognitive Therapy (CT) and Cognitive Behavioral Therapy (CBT) have become some of the more empirically supported treatments for depression

• CBT is considered the “gold standard” in the treatment of depression
The CBT Model - The Basics

Thoughts create feelings

Behavior reinforces thoughts

Feelings create behavior
The CBT model

Thoughts create feelings

Feelings create behavior

Behavior reinforces thoughts

My friend hasn’t called me in awhile

I guess I’ll just watch TV; I’m not feeling well anyway

Maybe she doesn’t like me. I’m not worthy.
The CBT Model

- The CBT therapist can use cognitive reprocessing or restructuring of thoughts which contribute to feelings.
- For Example: “My friend has stopped calling me...I wonder if she is OK”.
- Or, the CBT therapist can use behavioral activation (BA) techniques to promote activities that may increase the patient’s chances of pleasurable activities.
- So, as you can see BA essentially represents the B in CBT.
What is Behavioral Activation?

- It is a set of procedures and techniques aimed at increasing patient activities.
- This serves to allow the patient to increase access to situations which are positive reinforcing and improve mood and functioning.
Why is BA important?

• Depression contains a host of attributes and behaviors that maintain depressive affect
• Examples include:
  • passivity, fatigue, sense of hopelessness, feelings of failure
• These attributes increase AVOIDANCE and ISOLATION from both negative and positive experiences
• Avoidance also decreases possibilities for positive experiences and pleasant events which have shown to alleviate depressive affect
The Avoidance Pattern

• Avoidance pattern sometimes referred to as the “depression loop” which, if not intervened with, maintains the depression

- Feeling depressed
  - Staying inside, withdrawing
  - From friends, thinking about Problems
- Makes you feel better in the short term
- Gets you further stuck in the long run
Outside In versus Inside Out View of Depression

• Inside out management of depression is culturally supported by the notion (mood affects experience and behavior...”I need to feel better before I can do things”.)

• Over $66 Billion in anti-depressant medications in the US annually
Outside-In View of Depression (BA)

• Experience and behavior affect mood (“I feel good after I go for a walk”.)

• BA is an “outside in” view of depression

• BA interventions include, but are not limited to:
  • Reintroducing prior pleasant activities
  • Introducing new pleasant activities
  • Active coping - taking some form of behavioral activity to reduce or alleviate a life stressor. For example:
    • making your bed
    • opening your mail
    • calling an estranged family member or friend
    • Cooking a nice meal for yourself
    • Engaging in creative activities
BA Strategies

• BA strategies are designed to intervene in the depression loop and improve mood in many different ways
  • Reversing avoidance
  • Increasing physical activity
  • Increasing self confidence and sense of accomplishment
  • Increase of feelings of purpose and meaning

• Not only do these interventions improve mood, but empirical evidence suggests that BA alone reduces maladaptive thought processes (Jacobsen et al 1996)
“So the goal is for us to help people get out of their heads and into their worlds”.
Guiding Principles of BA

- Changing what patients do has a positive impact on how they feel.
- Life changes and events can lead to depression and the person’s initial coping strategies may inadvertently maintain the depression.
- What becomes *antidepressant* for a person lies in what precedes and follows their important behaviors.
- Structure and schedule activities that *follow a plan*, not a mood.
- Change will be easier when starting small.
- Activities that are naturally reinforcing are emphasized.
Guiding Principles of BA (cont)

• Empower people by coaching them in making changes so it becomes their success
• Emphasize a problem solving experimental approach and recognize that all results are useful
• Don’t just talk. Do!
• Problems will arise and troubleshooting actual and possible barriers to activation is essential

Adapted from “Behavioral Activation for Depression: A Clinician's Guide” Martell, Dimidjian, Herman-Dunn, 2010
Clinical Case Scenario

Sixty one year old female, widowed for three years, grandmother of three. Presentation in primary care with dizziness and lethargy. C/O being fatigued with anhedonia (I’ve lost the enjoyment in my life).
Clinical Case Scenario

- Blood pressure screening reveals 158/96mm Hg
- PHQ-9 Screen reveals score of 18
Clinical Case Scenario

IMPORTANT: Treat to target on both measures!!!!

Treatment for hypertension
  • Antihypertensive meds
  • Monitor for adherence
  • Continue blood pressure screen
Clinical Case Scenario

- Depression treatment
  - With PHQ-9 score of 18
    - Moderate to severe depression
    - May begin antidepressant medication (ie, SSRI)
    - Monitor for side effects and adherence
    - Engage in BA treatment process
The BA Treatment Process

• Step 1: Provide the patient with the rationale for BA
The BA Treatment Process

- If depressed persons increase their activities on a daily basis, it improves mood and decreases symptoms of depression.
The BA Treatment Process

• Step Two: Identify behaviors - discussing activities
  • Possible questions might include:
    • Are there activities or hobbies that you used to enjoy doing but have now stopped doing?
    • Are there activities or hobbies that you would like to do but have never done?
    • Are there things in your life that you would like to change?

• Step Three: Agreeing on an action plan
  • Example: Goal - Patient will walk their dog 3 times for a minimum of 30 minutes per walking session
  • Timeframe: Patient will complete 3 dog walking episodes over the next week
The BA Treatment Process

• Step Four:
  • Monitor progress in mood, mastery, and confidence
  • Review between session assignments and activity logs.
  • Connect mood with pleasurable activity
  • Collaborate with the patient to identify avoidance and escape patterns which may be barriers to activation
  • Use coaching and problem solving to encourage the patient in a non-judgmental way to activate through avoidance and escape patterns
  • Amend treatment goals, when necessary
  • Break down activities into smaller tasks to improve chances of success
The need for effective treatment interventions for depression in primary care is well documented.

There is a significant correlation of co-morbid medical conditions (i.e., diabetes) with the incidence of depression.

Behavioral activation has been a rigorously researched, evidence-based, and empirically validated model to treat depression.

Behavioral activation makes sense as a key component for use in medical behavioral integration in primary care settings.

Further training in the use of behavioral techniques will be offered by the MI-CCSI.
FAQs

• Isn’t depression caused by a chemical imbalance in my brain?
  • We know that neurochemistry is related to depression.
  • We also know that changing our behavior and experience can impact our neurochemistry and alleviate depression.

• Can’t I just take medication?
  • Antidepressant medications are effective for many people.
  • BA has also been shown to have long lasting effects in helping people in preventing relapse episodes of depression.

• I’m depressed because I’m already too busy. How can I add more activities?
  • It may be that you are feeling overwhelmed by the demands of life.
  • Let’s look at those activities and see how they serve you.
  • Perhaps we can problem solve getting more done, fully engaging in activities and not feeling overwhelmed.
Additional Resources


Thank you! (Just a little humor)

The doctor said he needed more activity. So I hide his T.V. remote three times a week.