

# 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

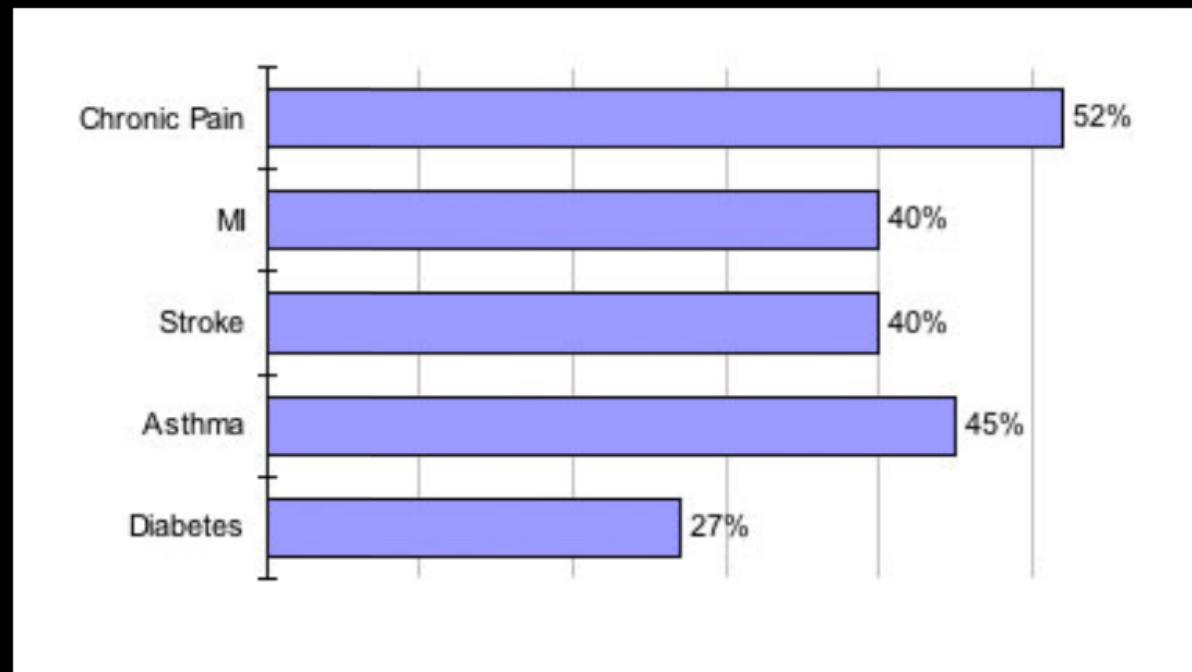
# Depression Management in Primary Care



- 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



# 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

# World of the Primary Care Physician



- 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

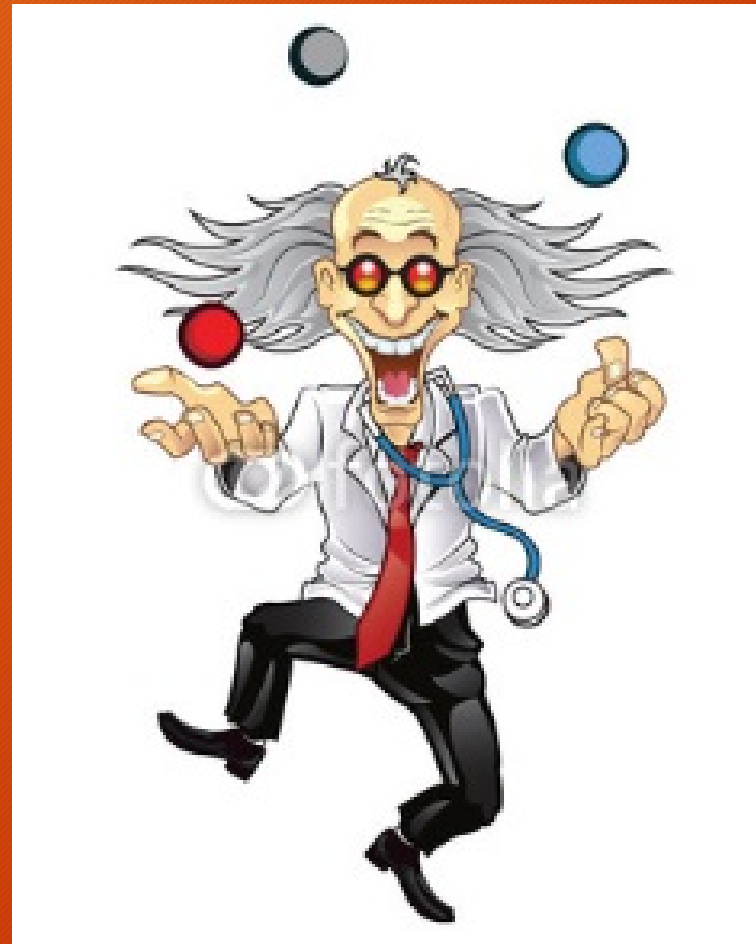


# Dimensions of Depression



- 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....





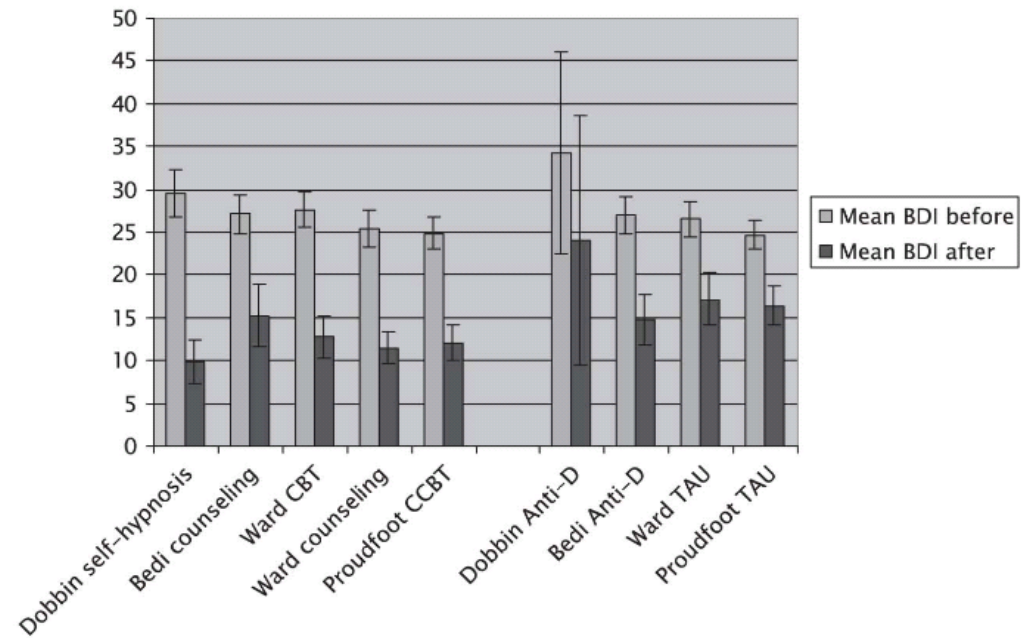
# Collaborative Team Care



# 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



**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 et al. Archives of Gen Psych 1989

# Common Characteristics of Therapy that Work

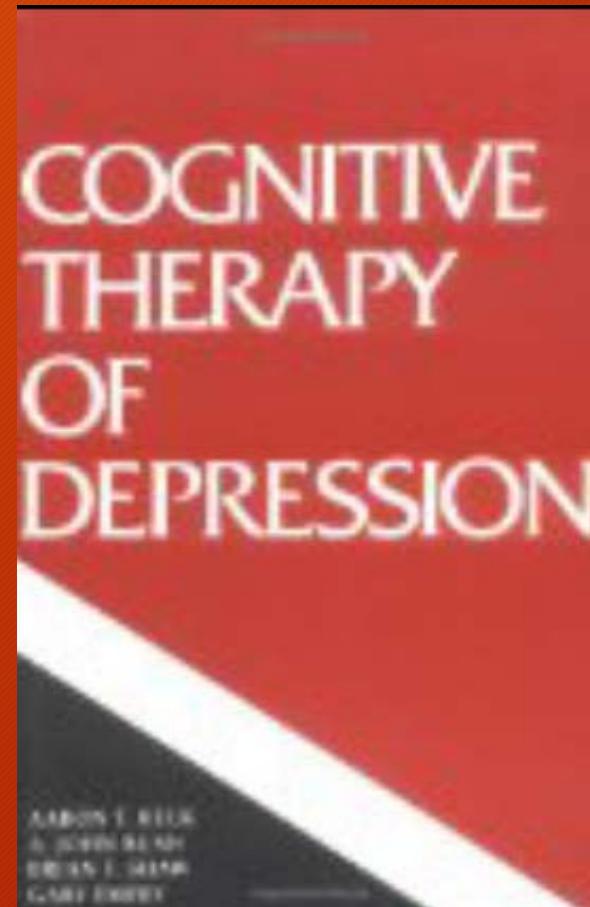


- Finding solutions
- Skill building
- Future orientation
- Behavioral Activation

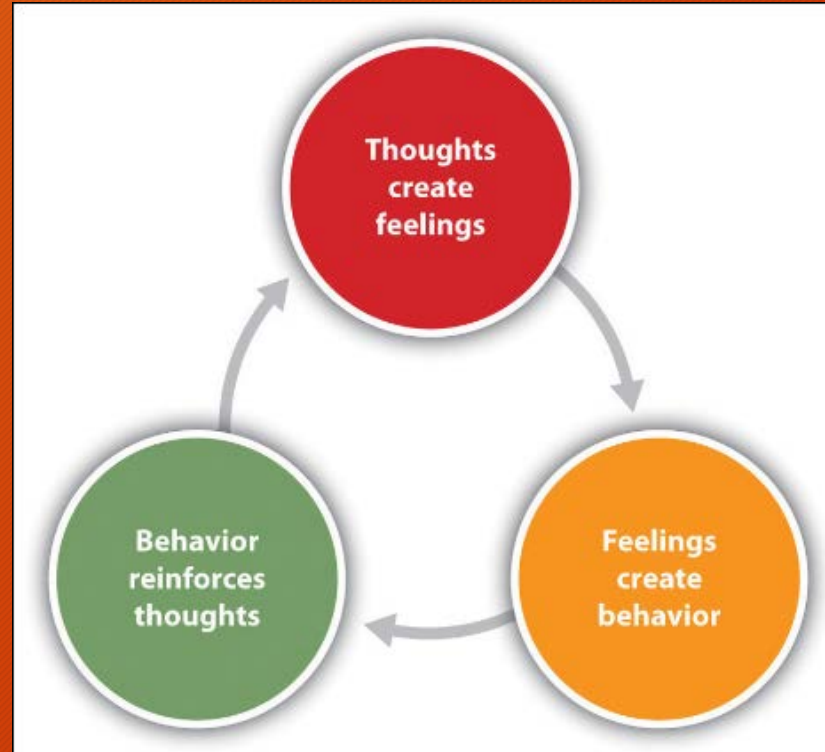


# Cognitive Therapy (CT)

- 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

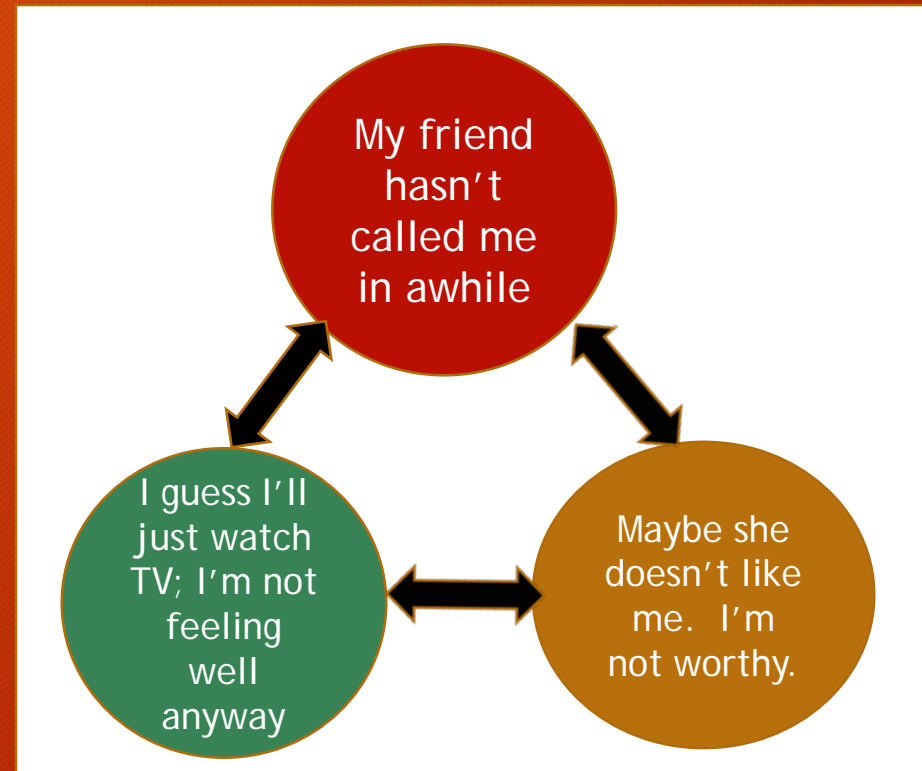
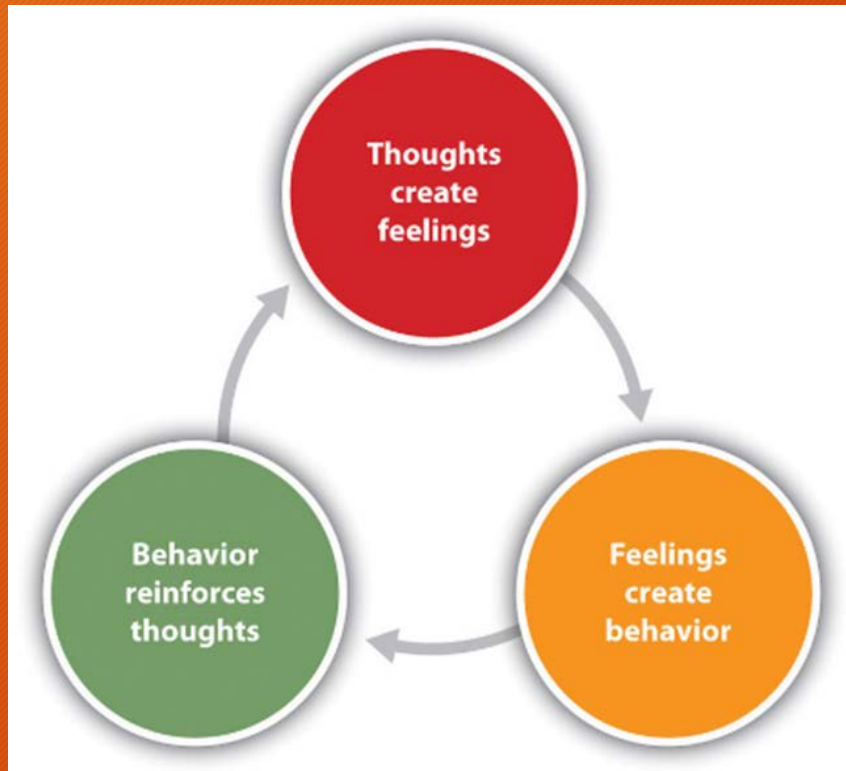


# The CBT Model – The Basics





# The CBT model



# 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

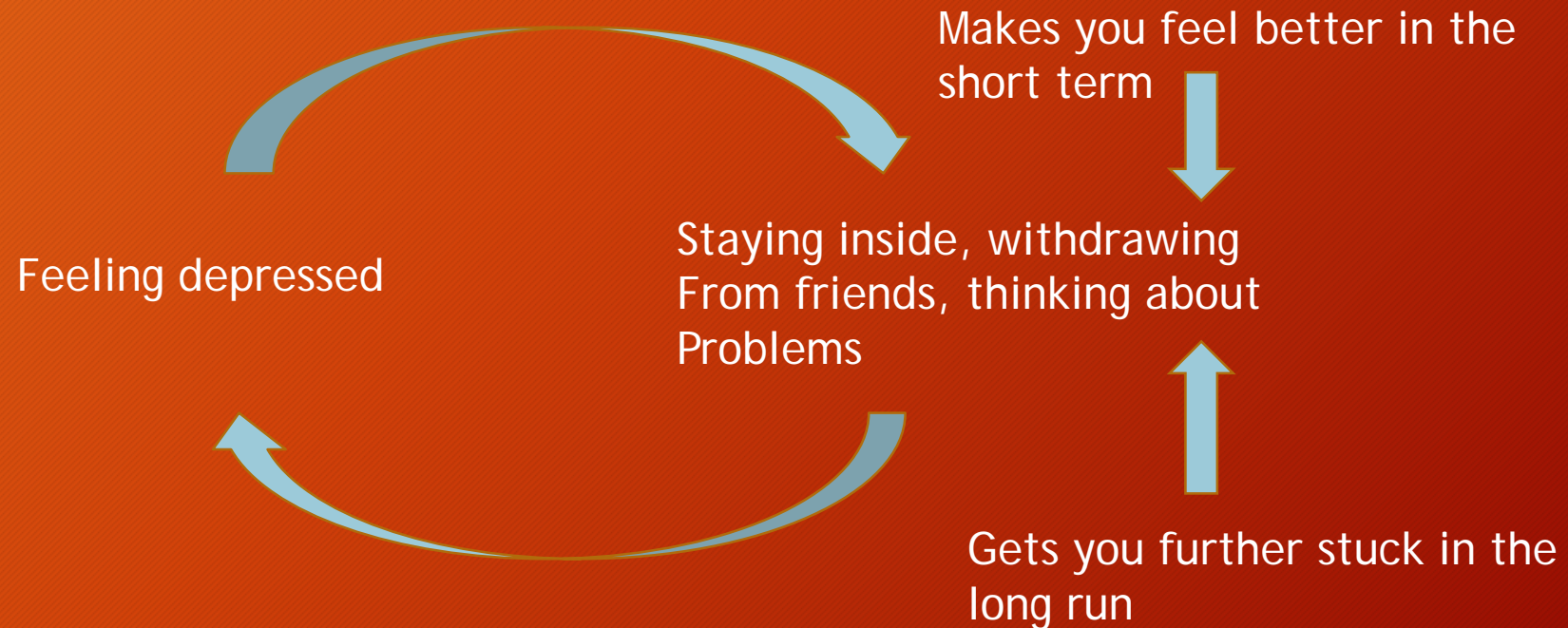
# Why is BA important?

- 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



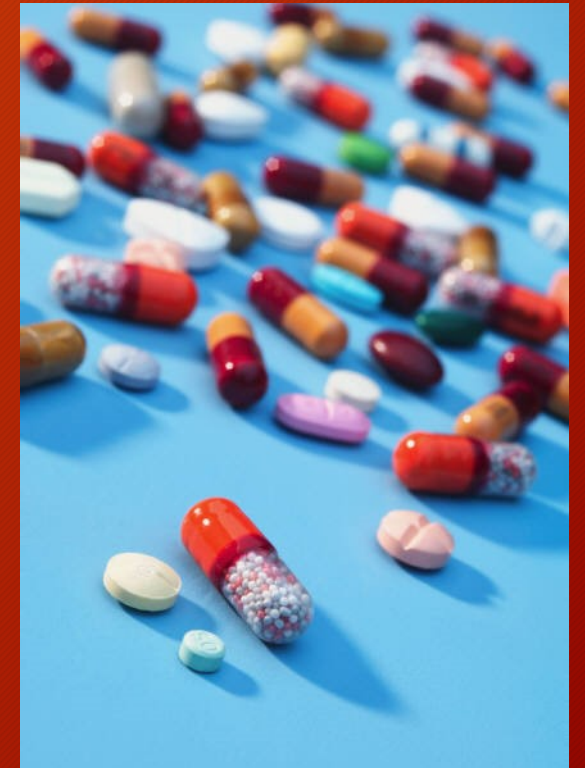
# The Avoidance Pattern

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



# 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

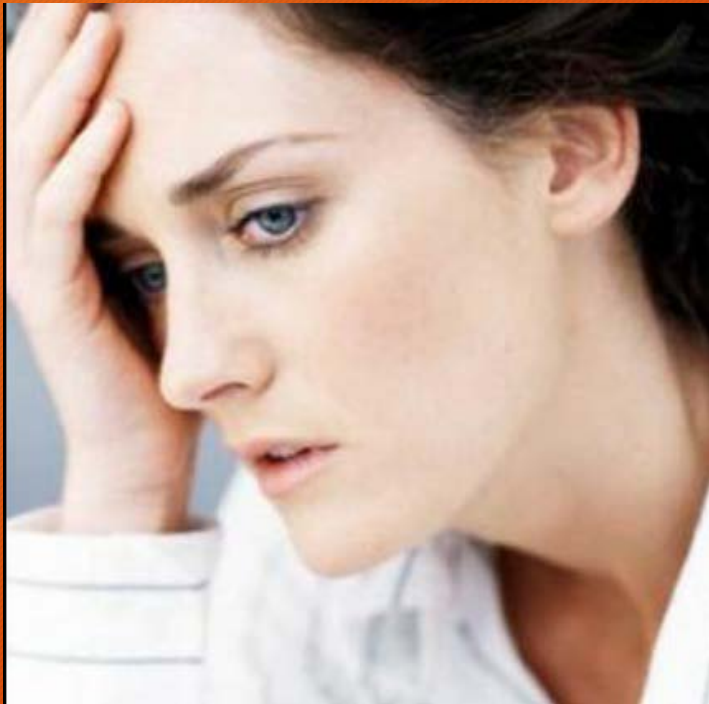


- BA strategies are designed to intervene in the depression loop and improve mood in many different ways
  - Reversing avoidance
  - Increasing physical activity
  - Increasing self confidence and sense of accomplishment
  - Increase of feelings of purpose and meaning
- Not only do these interventions improve mood, but empirical evidence suggests that BA alone reduces maladaptive thought processes (Jacobsen et al 1996)



BA...

- “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

# 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

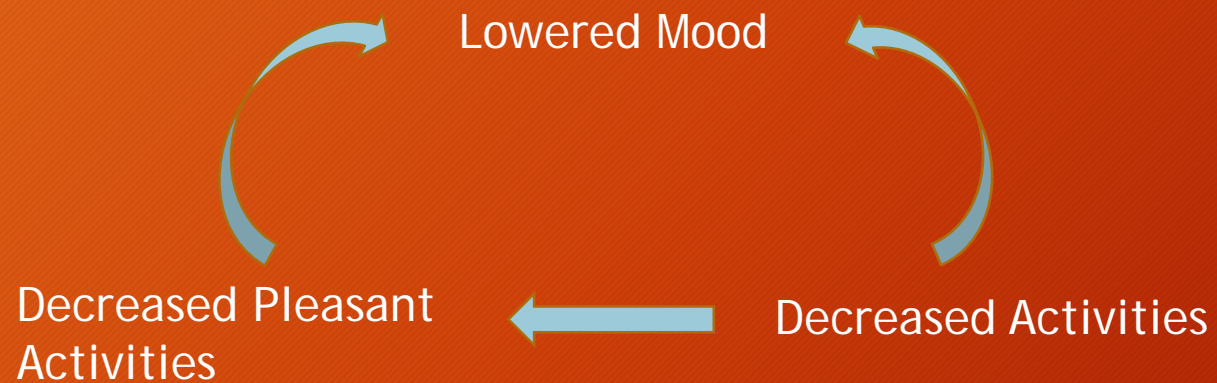


# Clinical Case Scenario

- 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

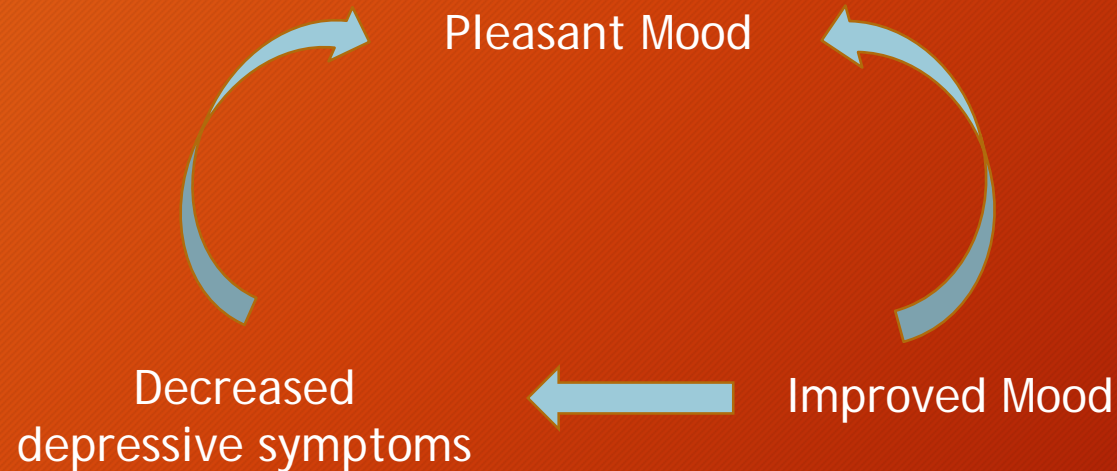
- Step 1: Provide the patient with the rationale for BA





# 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

# Summary



- The need for effective treatment interventions for depression in primary care is well documented
- There is a significant correlation of co-morbid medical conditions (ie, 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.

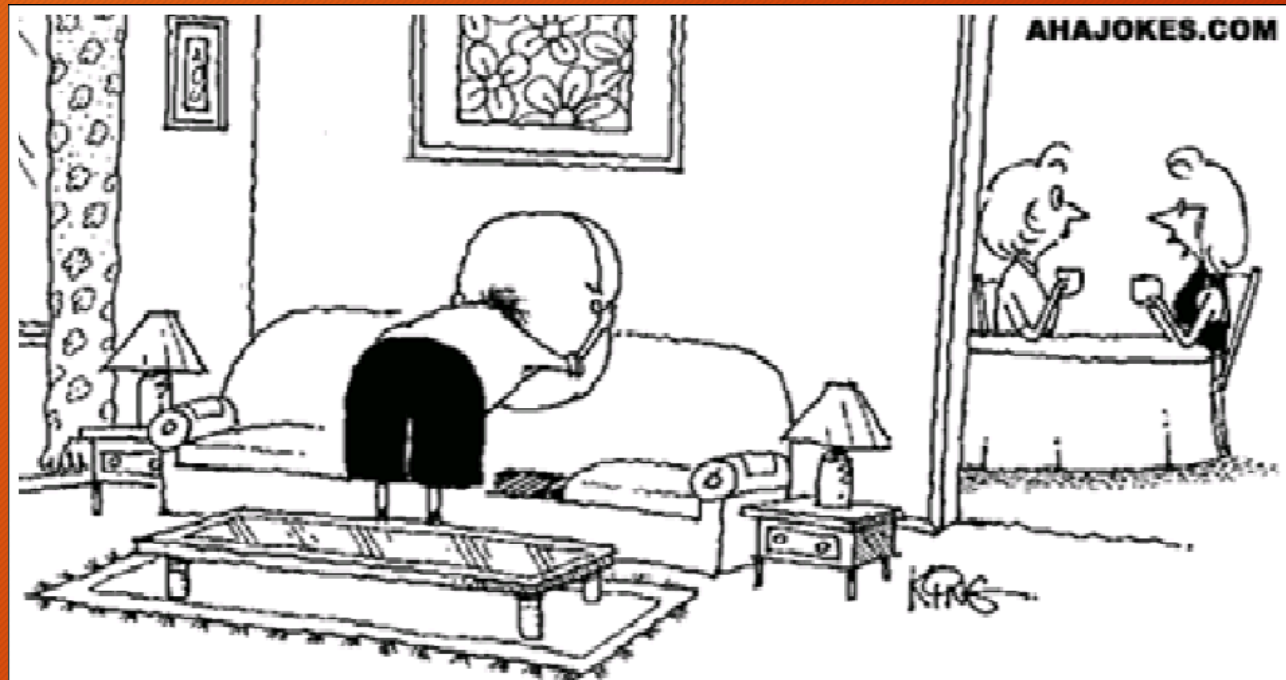
# Additional Resources



- Jacobson, N.S., Martell, C.R., & Dimidjian, S. (2001). Behavioral activation treatment for depression: Returning to contextual roots. *Clinical Psychology: Science and Practice, 8*, 255-270.
- Martell, C.R., Addis, M.E., & Jacobson, N.S. (2001). *Depression in context: Strategies for guided action*. New York: Norton and Co.
- Addis, M.E., & Martell, C.R. (2004). *Overcoming Depression One Step at a Time: The New Behavioral Activation Approach to Getting Your Life Back*. New York: New Harbinger Press.
- Deimijian, S., Hollon, S.D., Dobson, I.K.S., Schmaling, K.B., Kohlenberg, R., Addis, M., Gallop, R., McGlinchey, J., Markley, D., Gollan, J.K., Atkins, D.C., Dunner, D.L. & Jacobson, N.S. (2006). Randomized trial of behavioral activation, cognitive therapy and antidepressant medication in the acute treatment of adults with major depression. *JCCP, 74 (4)*, 658-670.



Thank you! (Just a little humor)



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