

Workshop

Behavioral Activation and Problem Solving Treatment of Depression in Primary Care



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 an orientation to the key clinical components, core principles, and application of BA strategies in treating depression with co-morbid conditions (ie, diabetes)
- Develop skills and techniques to effectively use BA for improved depression management
- Establish a problem solving method in working with depressed patients.

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

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

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

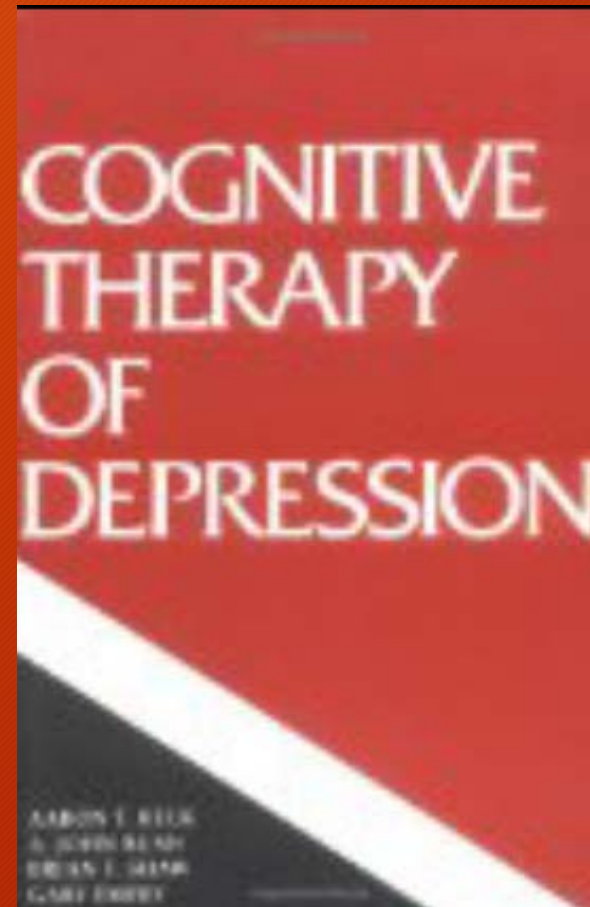
Common Characteristics of Therapy that Work



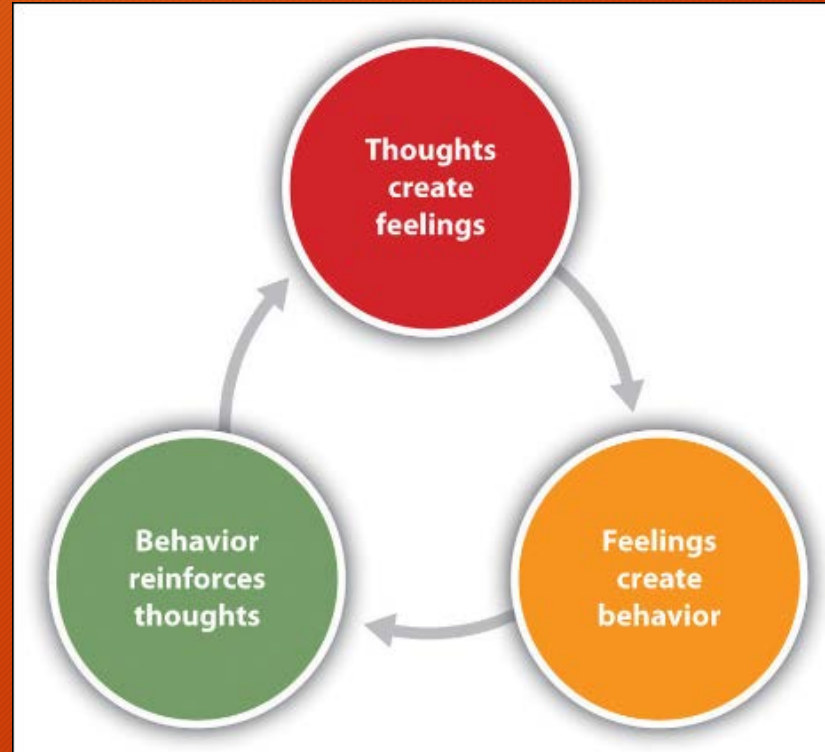
- Finding solutions
- Skill building
- Future orientation
- Behavioral Activation

Cognitive Therapy (CT)

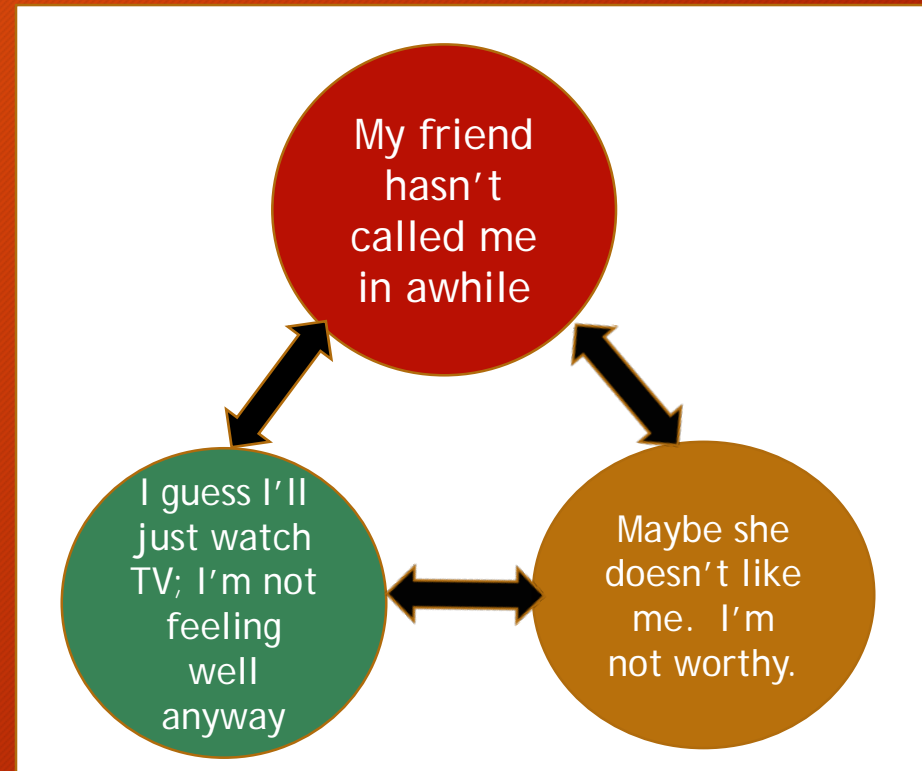
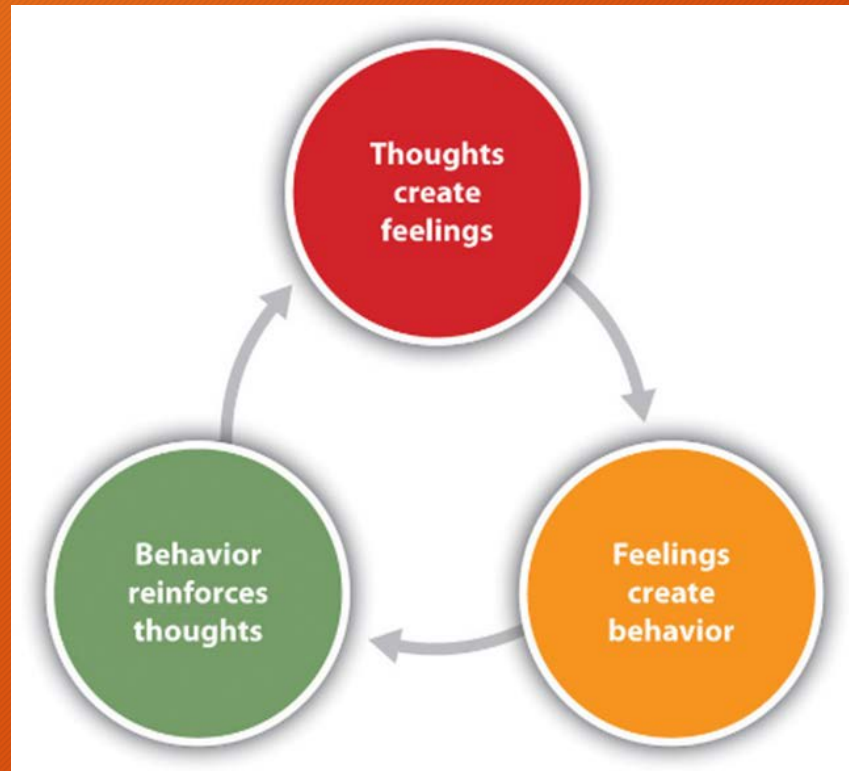
- 1979 - “Cognitive Therapy of Depression” was published
- Profoundly changed how depression was approached in a mental health delivery system
- Cognitive Therapy (CT) and Cognitive Behavioral Therapy (CBT) have become some of the more empirically supported treatments for depression
- CBT is considered 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?

- Structured, brief psychosocial approach
- Based on premise that problems in vulnerable individuals' lives and behavioral responses reduce ability to experience positive reward from their environments
- Aims to systematically increase activation such that patients may experience greater contact with sources of reward in their lives and solve life problems
- Focuses directly on activation and on processes that inhibit activation, such as escape and avoidance behaviors and ruminative thinking

- Video slide here

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

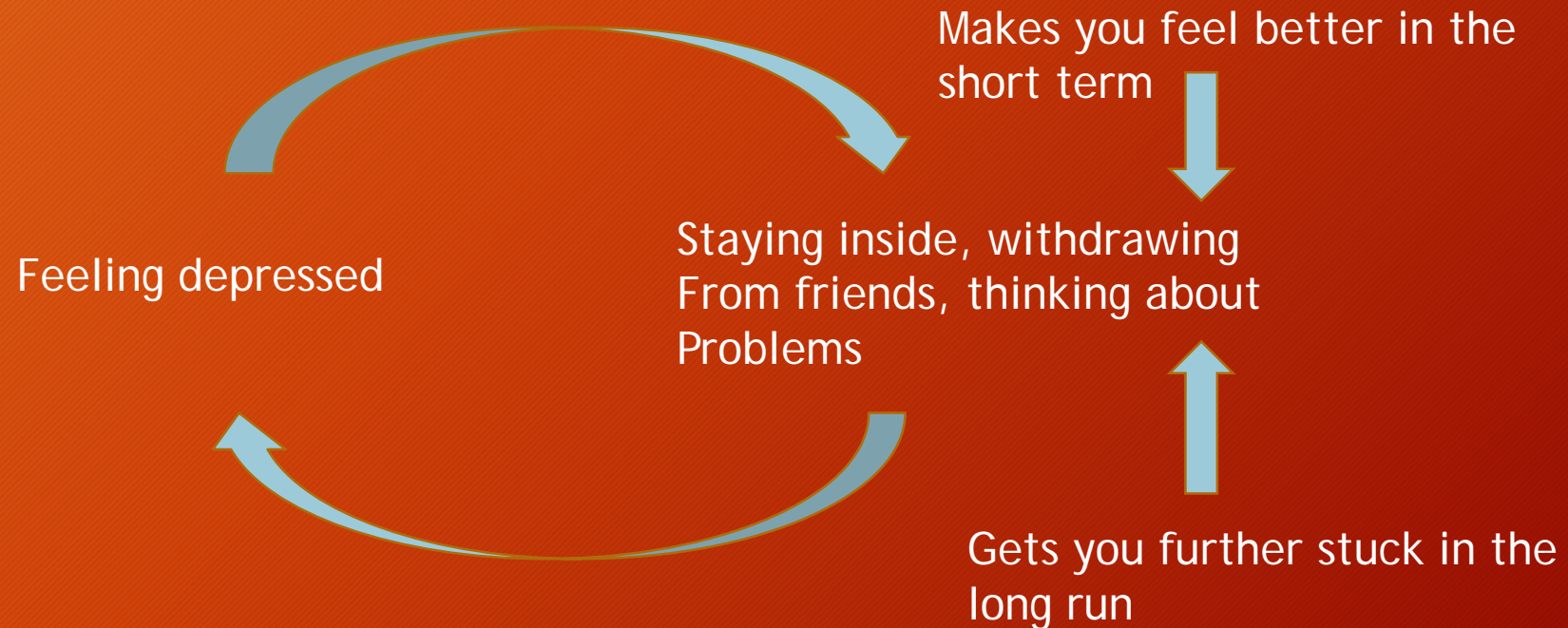
Treatment Rationale for BA



- Emphasize relationships between environment, mood and activity
- Highlight vicious cycle that can develop between depressed mood, withdrawal/avoidance, and worsened mood
- Suggest activation as a tool to break this cycle and support problem solving
- Emphasize an “outside-in” approach: act according to a plan or goal rather than a feeling or internal state

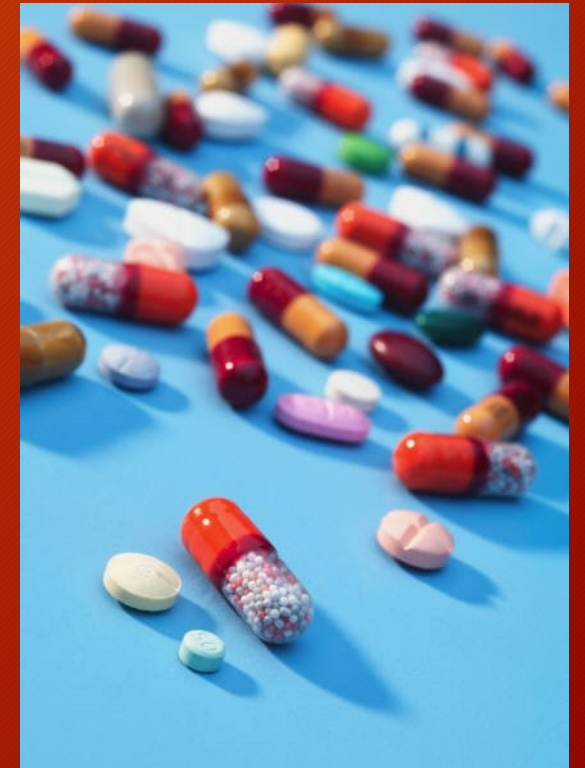
The Avoidance Pattern

- 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)

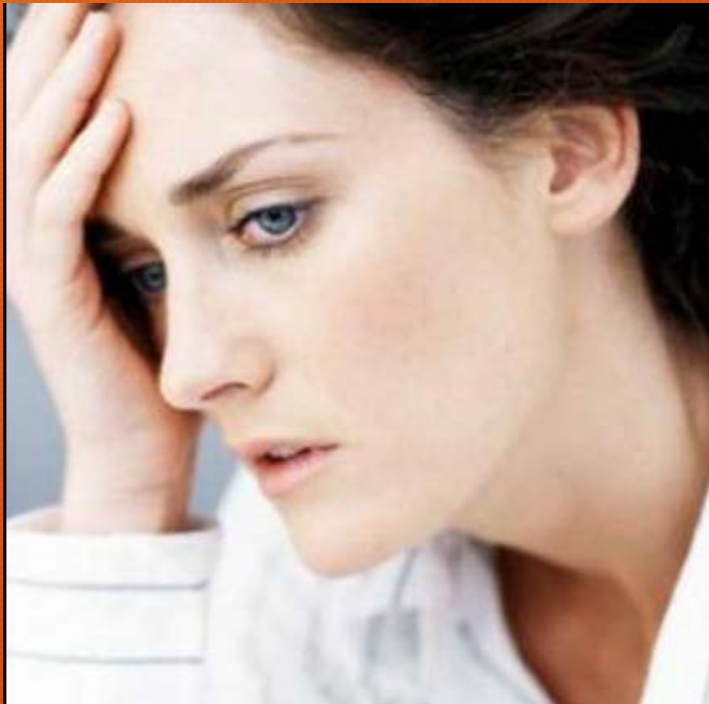
- Experience and behavior affect mood (“I feel good after I go for a walk” .)
- BA is an “outside in” view of depression
- BA interventions include, but are not limited to:
 - Reintroducing prior pleasant activities
 - Introducing new pleasant activities
 - Active coping - taking some form of behavioral 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



- Maria, 68, widowed, Latino, who lives with oldest daughter.
- Maria did not respond well to SSRI medications.
- Maria has poorly controlled type 2 diabetes.
- Maria fears dementia.
- She indicates that she doesn't do much around the house.
- She does not have much enjoyment.
- PHQ-9 score of 18.
- Goal: Orient Maria to behavioral activation as an effective intervention to help her with depression.

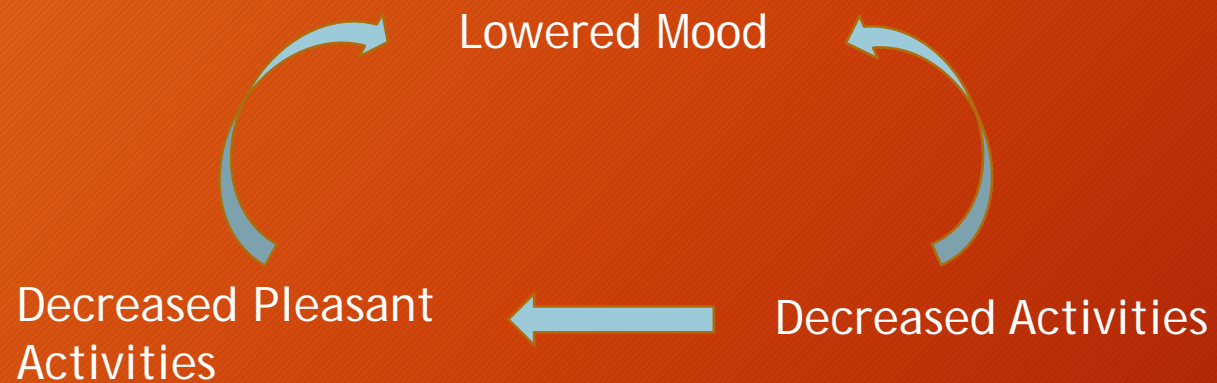
Clinical Case Scenario



- Get into groups of 2 or 3 and imagine you are engaging in treatment with Maria and want to orient her to behavioral activation.
- What words will you use to orient her to the model?
- Craft a short narrative explaining the importance of increasing activities as an effective intervention to decrease her depression.
- Engage her in the use of an activity log for her next session.
- Discussion.

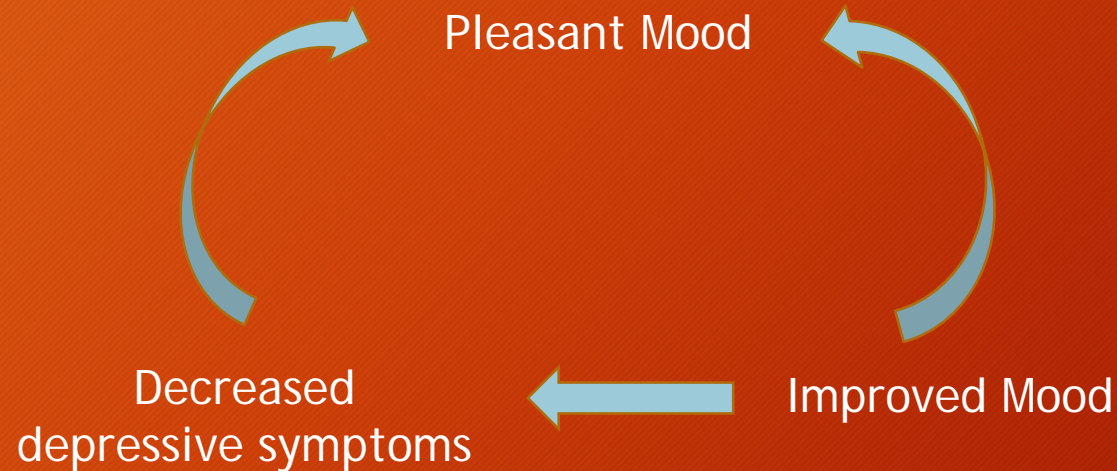
The BA Treatment Process

- 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

Video



Discussion



- What were the guiding BA principles that you observed the therapist using?
- What was the patient's response to the therapist's focus on the activity log?

- Video

Discussion



- What were the important techniques used to continue to motivate the patient in the use of BA?
- How did you observe the patient's response to her success with a lowered PHQ-9 score?

- Video

Discussion



- What was the therapist's clinical stance in regards to the inactivity of the patient?
- How did the therapist move away from the patient feeling a sense of failure?

Internal Behaviors: Rumination and Negative Thinking



- What is ruminating?
 - “People with a ruminative response style think repetitively and passively about their negative emotions, focusing on their symptoms of distress (“I feel so lousy,” “I just can’t concentrate”) and worrying about the meanings of their distress (“Will I ever get over this?”).” Nolen-Hoeksema, 2000
- Ruminative response styles predict higher levels of depressive symptoms over time, onset of new episodes, and episode chronicity.

The Problem with Rumination from a BA Perspective



- Disengages one from environment and keeps focus on internal thoughts rather than participation in the moment
- Rumination prevents effective problem solving

Targeting Rumination

- Monitor and assess
- Focus on context and consequences of ruminating, not on the content of ruminative thoughts
- Practice with “attention to experience” strategies
 - Notice colors, smells, noises, sights, relation to others, etc.
 - Notice elements of tasks (parenting, work)
- Highlight negative consequences of ruminating
- Problem solving
- Refocusing on the task at hand
- Distracting one’s self from the ruminative thoughts

Content Focus on Thinking

- *" I was depressed all day yesterday because I was thinking about how my friends really don't care about me. "*
- *What is the evidence that this thought is accurate?
- *What would it mean if it were true?
- *Can you think of another way to interpret what your friends think?
- *Why must everyone care about you?

Focus on the Context and Consequences of Thinking



- *"I was depressed all day yesterday because I was thinking about how my friends really don't care about me."*
- When did you start thinking that?
- How long did it last?
- What were you doing while you were thinking that? How engaged were you with the activity, context, etc.?
- What were the consequences of thinking about that? What might be the function?

Problem Solving and Behavioral Activation



- Problem solving is front and center in the BA approach to treatment
- 2 Principles
 - #7 - Act as a coach
 - #8 - Emphasize a problem solving empirical approach, recognize all results are useful

Distinguishing Problems

- Primary: Usually beyond the patient's control
 - Examples:
 - Loss of a spouse
 - Breakup of a relationship
 - Car breaks down
 - Layoff from job
- Secondary: Examples
 - Stay in bed all morning
 - Watch TV or play video games all day
 - Drink or use substances to forget about my problems

Avoidance and Escape Behaviors



- Key: Acting as to keep something aversive from happening
- Avoidance: Acting in order to prevent something (ie not going to work because of fear of a bad performance evaluation)
- Escape: Acting to take oneself out of an undesirable situation (ie, turning on TV to avoid doing taxes)

Validating the Natural Tendency to Avoid and the Challenge of Change



- Avoidance patterns are very persistent and self-reinforcing
- Is extremely important to show empathy in acting as a coach
- Validate their experience; remain hopeful about how they can improve
- People don't care what you know until they know you care
- Validation is important in the process of helping patients counter avoidance
- Validation reduces shame and anxiety and facilitates collaboration

Seven Steps of PST in Primary Care



- Define the problem in concrete terms
- Establish a realistic and achievable goal for problem resolution
- Brainstorming; generating multiple solutions and alternatives
- Implementing decision making guidelines; pros vs cons
- Evaluating and choosing solutions
- Implementing the preferred solution (action planning)
- Evaluating outcome

Select and Define the Problem in Concrete Terms



- Explore and clarify the problem
- Break down large problems into smaller, manageable parts
- State the problem in clear and objective behavioral terms

Helpful Questions for the Patient to Consider in Problem Definition



- What makes this a problem?
- When does this problem occur?
- Where does the problem occur?
- Who is involved in the problem?
- How often does the problem occur?
- Do you have control over this problem?
 - (Is this a solvable problem by you alone?)

Get in pairs and role play this step



- Identify list of problems
- Validate his or her story and avoidance pattern
- Introduce the idea of problem solving as effective in managing depression
- Choose a problem and define it concretely

Establishing a Realistic and Achievable Goal for Problem Resolution



- What would the patient like to see changed?
- Is the goal achievable within a reasonable amount of time?
- Is the goal clearly stated in behavioral terms that are within the patient's control?
- Does the goal include a solution in its definition?

Exercise and Discussion



Generating Multiple Solutions; Brainstorming



- All solutions are useful and not judged
- The more ideas generated, the better
- The patient is free to modify or combine solutions as they generate new ones
- Discourage premature judging ideas by patient until the next stage
- When patient is stuck, widen the scope by depersonalizing
- DO NOT generate solutions for the patient!

Care Manager Style during Brainstorming



- Adopt a playful and creative approach
 - “Here comes the fun part...brainstorming!”
 - “Think freely!”
 - “Be playful with your ideas.”
 - “Throw caution to the wind.”
- Use open ended questions versus closed ended questions
 - “What other ideas do you have?” vs “Can you think of other ideas?”

Exercise and Discussion



Pros versus Cons

- Explore and evaluate pros and cons of each solution, starting with the pros
- What are the advantages/disadvantages, feasibility/obstacles, benefits/challenges of choosing this solution?
- There are no good or bad solutions
- Use open ended questions
 - “What are...” vs “Can you think....”

Exercise and Discussion



Evaluating and Choosing a Solution



- Begin by careful review of the pros and cons as it relates to the stated goal
- Give permission, but not direction, to work on one or more of the options
- The patient has responsibility to evaluate, not the provider
- The provider's job is to encourage the PROCESS of evaluation
- When the patient chooses, review the rationale of that choice with them

Exercise and Discussion



Implementing the Preferred Solution (Action Plan)



- Good intentions are translated into action steps
- What is needed to complete the task?
- Where is it going to be done?
- How will it be done?
- With whom is it to be done?
- When is the best time to do this?
- Be specific and detailed in action planning
- Use the term “activity plan” versus “homework”

Exercise and Discussion



Evaluating Outcome



- Done in the next session
- Ask about successes toward solutions
- Praise any progress toward goal, no matter how small
- Process what they learned using this approach
- Is there new information to consider?
- Was there a sense of satisfaction and impact on their mood
- Encourage persistence
- Connect mood improvement to using problem solving process

Discussing Failures



- Validate patient's efforts and communicate your belief in their potential for effective coping
- Adopt the mindset "all results are useful"
- "What more have we learned about the problem?"

Helpful Questions



- Should the goal be defined more clearly?
- Are the goals realistic, given their experience?
- Have new obstacles arisen?
- Is the patient committed to working on the problem?

Questions?



Problem Solving, Experiencing, Ruminating; “It’s easy to get them confused”



- There is a difference between thinking about a problem in order to solve it and ruminating
- There is a difference between experiencing real feelings, thoughts and sensations about something that has happened to you and ruminating about them

Recognition of Rumination



- You think over and over about negative thoughts and emotions
- This process is increasing versus decreasing your distress
- You are no further along in solving the problem

The Two Minute Rule



- Have I made progress toward problem resolution?
- Do I understand the problem better?
- Do I feel less self-critical or depressed than when I started?

Unless the answer to at least one is a clear “yes”, chances are you are ruminating.

Additional Resources



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Additional Resources (continued)



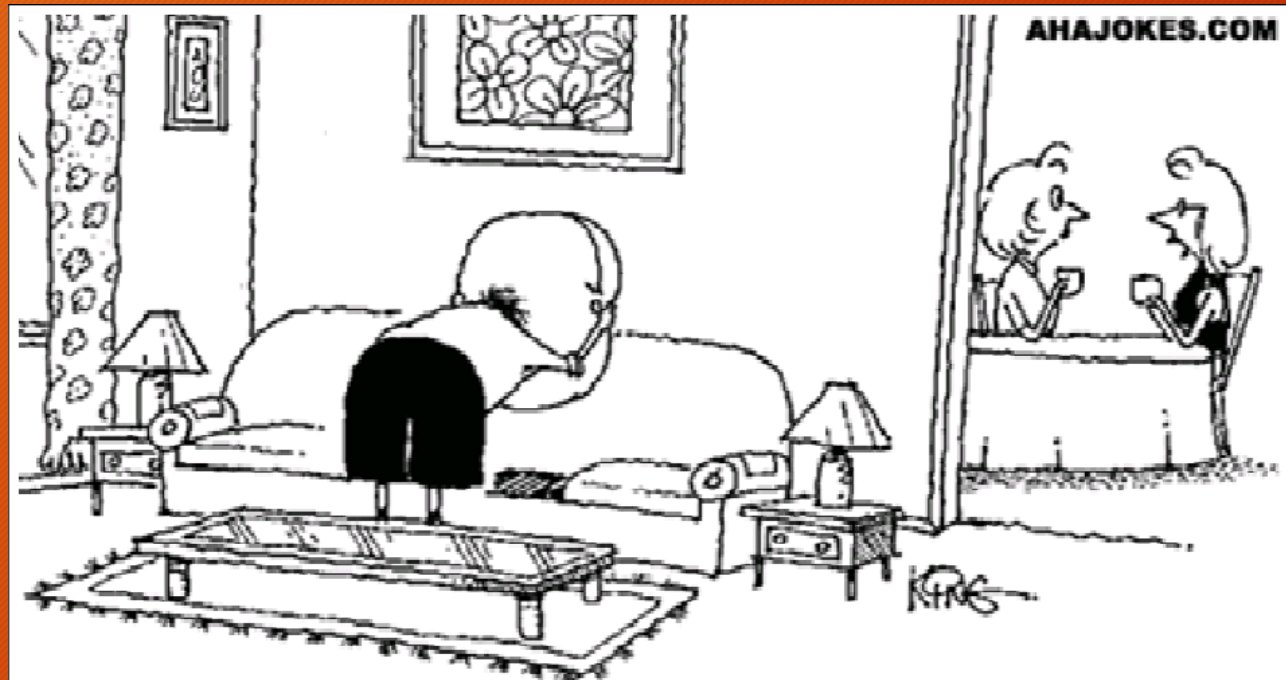
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Additional Resources – Cont 2



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- Hegel, M.T., Barrett, J.E., and Oxman, T.E. (2002) Predictors of Response to Problem Solving Treatment of Depression in Primary Care. Behavior Therapy 33, pp 511-527.
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Thank you! (Just a little humor)



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