



Utilizing Behavioral Activation

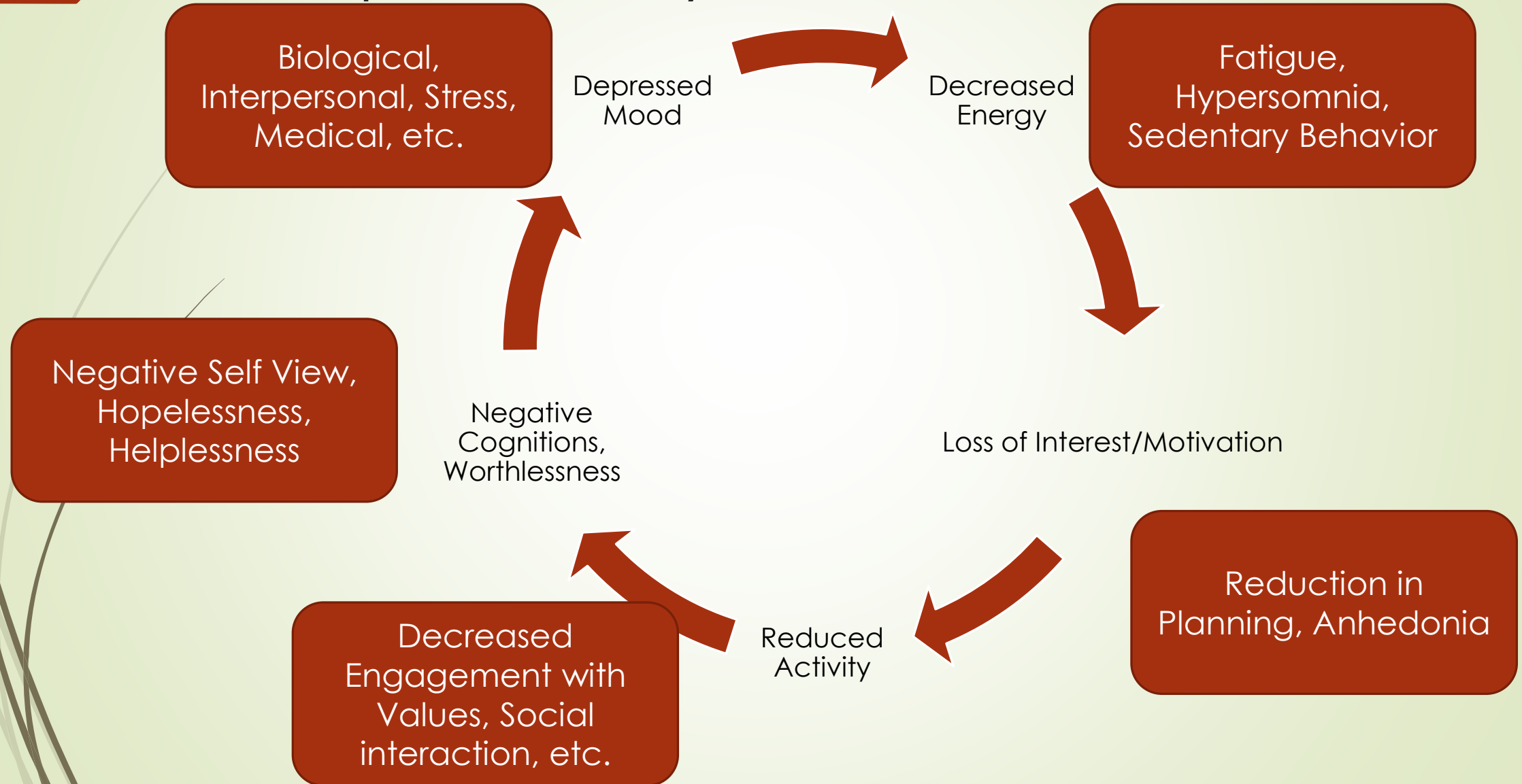
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Why do people remain depressed?

- Depression is complex
 - Biological factors
 - Behavioral factors
 - Cognitive factors
 - Psychosocial/ Interpersonal factors
- Depression “maintains itself”
 - Depression leads to a depressed outlook
 - Depression leads to changes in behavior that maintain depression
 - Maladaptive coping may have been functional

Depressive Cycle





What is BA?

- Supporting a Patient to increase behaviors in important areas of their life in an attempt to increase natural forms of positive reinforcement
 - Systematically increasing valued and enjoyable behavior despite symptoms
- Structured, brief intervention
- Works to reduce avoidance and escape contingencies present in most mental health conditions
 - Avoidance/ escape often provides short term benefit but increases distress in the long term
- Outside → In approach
 - Focused on a plan of action not a emotional state or feeling

Behavioral Activation (BA) Underlying Theory

- Behavioral Model
 - Depression and other mental health issues are (primarily) due to behavior
 - Behavior can be changed with out requiring cognitive changes
 - Action precedes emotion
 - Increasing activity in order to increase contact with positive reinforcement contingencies
 - By helping patient to make changes to their behavior we can influence their cognitions and mood





Why do BA?

- BA is an empirically supported treatment for depression that has been shown in some studies to be as effective as Cognitive Behavioral Therapy, and Anti-Depressant medications (Dimidjian et al., 2006)
- Evidence for treatment of anxiety related disorders. (Jakupcak, Roberts, Martell, Mulick, Michael, et al., 2006; Turner & Leach, 2009)
- Covert Behavior (thinking) does not have to be directly addressed
- Can be implemented independently of other treatments (CBT, Behavioral tx, etc.)
- Can be explained and implemented simply, in short periods of time, by various providers
- Objective changes that can be measured



Who is appropriate for BA

- BA can be appropriate for a variety of patients/ diagnoses
 - Strong evidence for depression, and anxiety
 - Can be a good tool for dealing with other challenges
- Patients with limited exposure to pleasurable/ valued activities
- Patients unable to control sources of distress
 - Including mental health issues
- Patients who feel “stuck” or are unable to generate ideas on how to address sources of distress.
- Patients who have limited insight into sources of distress



Outside In vs Inside Out

Inside Out

- Motivation is required for change
- Symptoms must be addressed before changes can be made
- Waiting for emotions to change or motivation to develop

Outside In

- Motivation is a response to action
- Action to address sources of distress is likely to be helpful for reducing sources of distress
- Engaging in activity despite emotional state/motivation

Evidence suggests that BA treatment alone can reduce maladaptive thought process (Jacobsen et al 1996)



Behavioral Targets

➤ Common Depressive Behavior

- Social Isolation
- Rumination
- Reduced Activity/ Sedentary Behavior
- Substance Use
- Avoidance
- Focusing on Distress

VS

➤ Common Adaptive Behavior

- Social Interaction/Support
- Positive Self Regard
- Valued/ Pleasurable Activities
- Addressing problems
- Physical Activity

***Positive Replacement
Behavior***

Values

- Values: The things which provide meaning in our life
 - Unique to each individual
 - Not always known or fully understood
 - Change over time
 - Important in identification of behavior that is likely to lead to enjoyment/pleasure
 - Not internal states or things to achieve (not goals)
 - Examples" Physical well-being, Family Relationships, Intimacy, Community, Health, Spirituality, Social Relationships, Career, Learning, Recreation
 - Can often be translated into specific activities
- Values tend to be more stable than emotion or mood





Mastery

- Mastery relates to activities in which patients have the ability to develop skills or progress.
 - Provide a sense of accomplishment
 - Promote positive self view
 - Increase positive emotions
- Examples:
 - Creative Activities (Art, Music, Home Improvement, etc..)
 - Task Accomplishment (Cleaning, Work Projects, Puzzles, etc..)
 - Skill Building (Weight lifting, Sports, Learning)

Pleasure

- Pleasure: Activities that we engage in for the sake of the activity itself
 - Hobbies
 - Games
 - Social interaction
 - Play
 - Sensory (Food, Art, Touch, Etc.)
 - Automatically Reinforcing





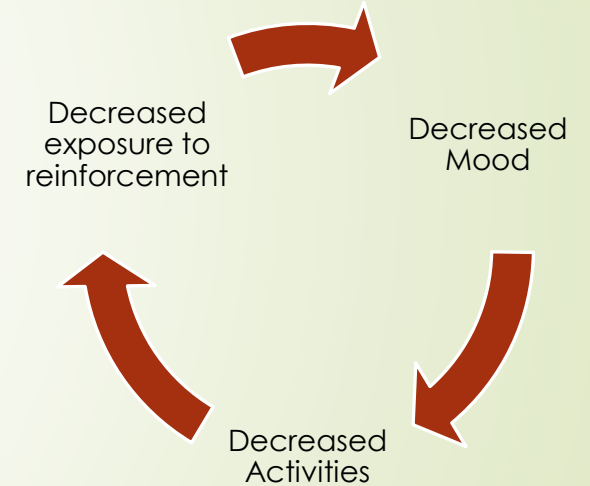
BA Process



- Orient patient to rationale for treatment
 - Importance of activation in the treatment of depression
 - Role of provider
- Develop treatment goals
- Identify individual targets
- Application (Repeated)
- Troubleshooting
- Review

Step 1: Provide Rational

- Orient patient to treatment process and provide a rational for treatment.
 - Review Depression Cycle
- Utilize MI skills to illicit examples from the patient if possible
- Normalize response
 - Discuss effect of activating
 - It is often helpful to discuss if the patient has seen this connection in the past
- Key Factors: Developing patient wiliness to attempt, may not be effective right away, normalize the process.
- <https://www.youtube.com/watch?v=CvMnf2MwBcE>



Use of Activity Log

- Initially to track current behaviors
- Implement and review
- May help to develop insight into connection between depressed behavior and mood
- Have patients write it down
- Rate mood 0-10
- What activities improved mood, what decreased mood (up and down)
- Will be used again for pleasant activity scheduling

Weekly Schedule for Behavioral Activation

Create a schedule of activities that will lead to you having positive experiences in your day. If you are feeling depressed or unmotivated, it might be difficult to complete large or complex tasks. If this is the case, start with simple goals and work your way up to more challenging activities.

DAY	MORNING	AFTERNOON	EVENING
<i>Example</i>	<ul style="list-style-type: none">• Wake by 8 AM• Eat a full breakfast	<ul style="list-style-type: none">• Go for a 15 minute walk	<ul style="list-style-type: none">• Call a friend• Practice guitar
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			



Role Play: Providing Rational

- ▶ Please consider how you would go about providing rational for behavioral activation?
- ▶ Case Study
 - ▶ Mrs. Eleanor Rigby is a 28-year-old female, who describes a history of depression. She is currently single and describe several unhealthy past relationships. Recently she has experienced increased depressive symptoms. She has been invited to a few her friends' weddings and feels "left to pick up the rice." She desperately wants increased social interaction, and frequently worries that she will "die and be buried along with her name." She states that she often imagines what her life could have become, stating that she "lives in a dream." Despite her depressed mood she works a full-time job and has advanced in her career. She feels as though her life is not moving forward at the current time, and describes depressed mood. She describes problems that include decreasing social supports, low mood, dissatisfaction with work, and few leisure activities. She also reports that she has been sleeping more and recently stopped going to the gym.



Step 2: Identify Behavioral Targets

- Attempt to elicit activities that the patient may be willing to engage in
 - What activities did the patient enjoy in the past?
 - Are there hobbies that the patient used to engage in?
 - Can the patient identify interests despite low mood?
 - Remember to consider values, pleasure, and/ or mastery?
 - “What do you want your life to look like?”
- Have Patient write down these items
- Key Factors:
 - Truly important to patient not “what they think they should do”
 - What is most likely to help a patient feel better
 - Valued activities vs. Fun

Group Exercise: Asking the Right Questions?

- What questions could be asked to a patient in order to support them in identification of Behavioral Targets?
- What do you want to live for?
- What is important to you?
- What has made life with living?
- What provided joy in the past?
- What has changes in mood cost you?

**TO ASK THE RIGHT
QUESTION IS ALREADY
HALF THE SOLUTION OF
A PROBLEM.”**

CARL JUNG

EST. 2014 | VALOURINE



Step 3: Develop a Plan

- Identify a specific task(s) that the patient is willing to engage in between treatment sessions
- Plan should be specific, measurable, and behavioral (observable) in nature (S.M.A.R.T. Goals)
- Can be helpful to order activities from easiest to most difficult
- Patient should have confidence in ability to implement the task
 - Start easy... don't increase distress
- Complete activity log

Key Points: We want patient to be successful (make it easy), encourage variability, you can always build up

Pleasant Activity Schedule

- Work with patient to develop a list of “potentially enjoyable activities to engage in between sessions”
 - It is often helpful to be specific about implementation
 - Be realistic, start small

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Developing a Plan Role Play

- Using the previously provide case study we will now role play plan development.



Step 4: Review and Adjust

- ▶ Review progress over the last week
 - ▶ Discuss assignments and activity logs
- ▶ Work to help patient connect mood to behavior
 - ▶ Focus on short term
- ▶ Highlight avoidance/escape
- ▶ Make changes as needed
 - ▶ Break down Problems
 - ▶ Use problem solving and or motivational interviewing skills
- ▶ Change goals as needed
- ▶ REWARD!!!
- ▶ Keys Points: Support small changes, simple is better, focus on accomplishments that are likely to be maintained

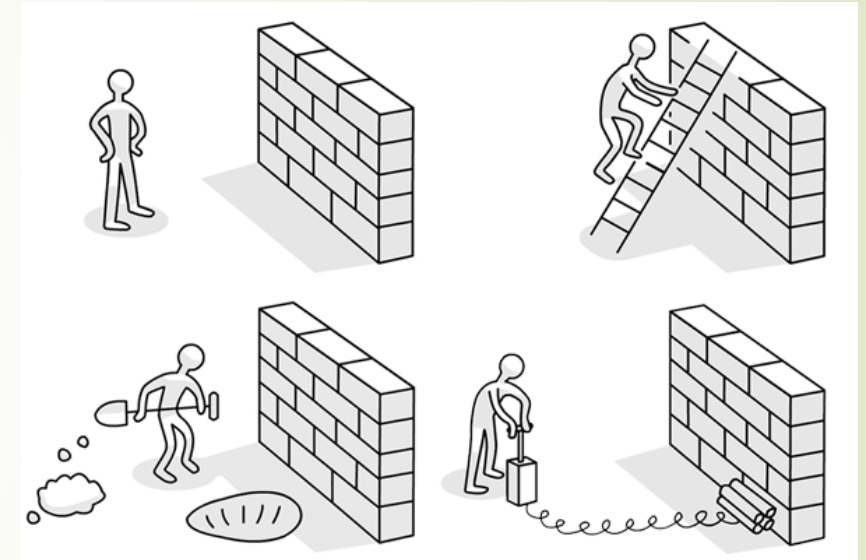


Review Role Play

- The patient returns to treatment and reports....

Barriers

- Avoidance
 - Patients may be hesitant to address sources of distress or make changes
- Focus on situational stressors
 - Discuss what the patient has the ability to control, while situational stressors may need to be addressed activation is likely to remain helpful
- Negative Prediction
 - Strong tendency to have negative expectations when depressed
- Unrealistic Expectations
 - Provide reinforcement for small changes... they add up





Small Group Role Play

- MICCSI Staff will play to role of the following patient, please work as a team to direct the patient through the BA process.
 - Prudence a 46 year old female presents with a history of depressed mood. She describes severe depression that began after she began to have right knee pain and was no longer able to run or do physical activities. Previously she had been very active. She state in the past she was active and states that she would “greet each brand new day.” Lately she feels little motivation for any task. She spends her time indoors, watching TV or sleeping. She feels that pain is barrier for her past physical activities. She states that she rarely communicates her friends who were important to her in the past. She also is frustrated that she does not receive calls from her two grown children regularly. She reports that she wants to “just feel better.”



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