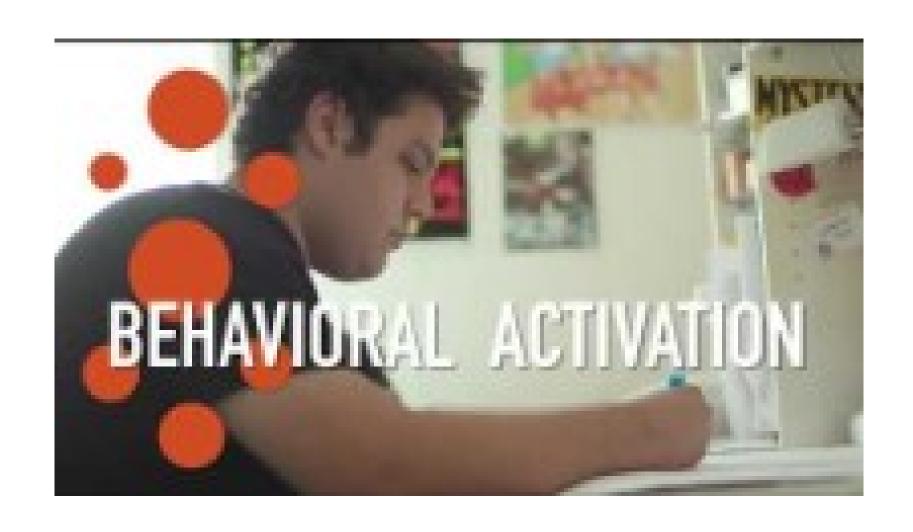


### Behavioral Activation Example



# **Behavioral Activation**

- Evidence based
- Focused on "external" factors rather than internal deficits of individuals
- Time sensitive

# What is Behavioral Activation?

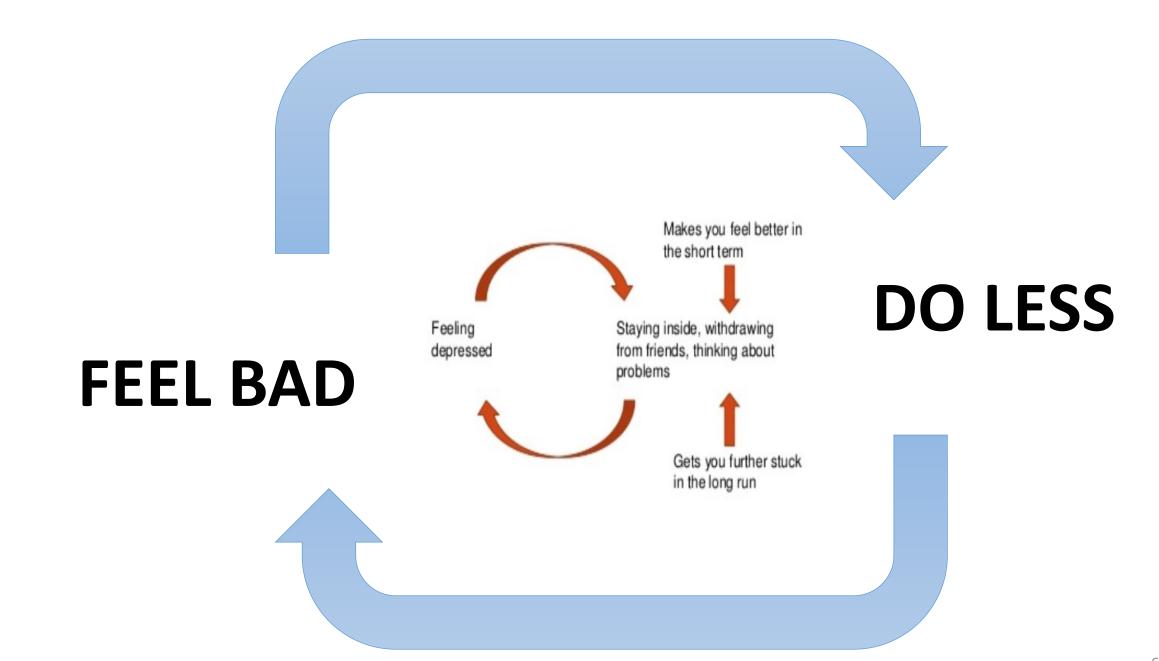
- Structured, brief psychosocial approach
- Based on premise that problems in vulnerable individuals' lives and behavioral responses reduce ability to experience positive reward from their environments
- Aims to systematically increase activation such that patients may experience greater contact with 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



#### When Do I use BA?



- Moderate to severe depression
- When patient lists too few pleasurable activities as a problem
- When patient's problem is outside of their control
- When the solution to patient's problem is noxious
- When patient insists they have no problems to work on



# **Activity Monitoring**

#### An Important First Step!

- In order to know how to fix a problem, we need to know what's going on!
  - While it doesn't resolve the depression, it can create understanding (the first step)

- To many, this might feel meticulous or unnecessary
  - However, people tend to learn a lot about themselves.

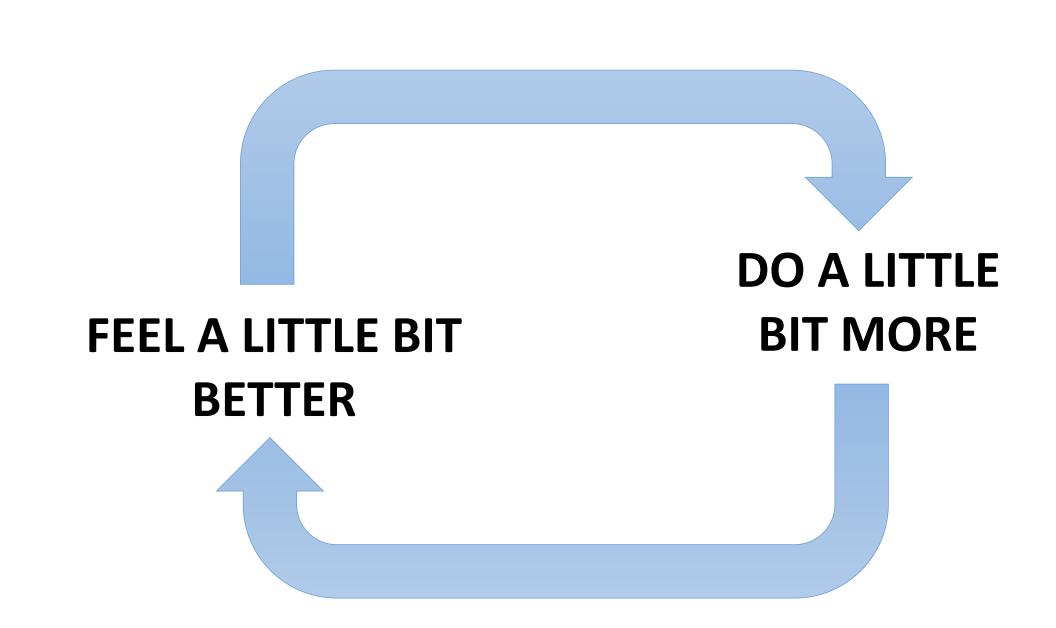
Activity Log						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda
25:						

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#### Tips:

- Provide worksheets
- Documentation can be simple
- Complete for ~1 week
- Review worksheet together

**Behavioral Activation Worksheet** 



#### **INSIDE-OUT**

Motivation must come first.

"As soon as I feel motivated,
I'll go for that walk I've been
meaning to take."

#### **OUTSIDE-IN**

Motivation follows action.

"I really don't feel like it, but I told myself I'd take that walk."

# Explore<br/>Values &<br/>Priorities

- What are you doing more or less of since (you lost your job, began dealing with chronic pain, got out of a relationship)?
- What are your goals/values?
- What do you see other people doing that you wish you could?
- What is the relationship between specific activities/life contexts/problems and mood?
- Explore what is getting in the way of acting differently or feeling better.

#### **Values**

- Our values reflect what we find meaningful in life. They are what you care about, deep down, and what you consider to be important.
- They reflect how we want to engage with the world, with the people around us, and with ourselves.
- Values are different from goals. Goals can be achieved whereas values are more like directions that we want to head in.

#### **Values**

Connecting activities to values can provide more positive reinforcement over time (and an urge to stick with it) than randomly selected activities



It can be helpful to have patients think through different *life areas*, and then consider their values, e.g.:

Spirituality

Physical well-being

Family relationships

Emotional health

**Employment** 

# Examples of Values

#### Family relations

- •Work on current relationships
- •Spend time with family
- •Take an active role in raising my children
- •Maintain consistent healthy communication

#### Marriage/couples/intimate relationships

- •Establish a sense of safety and trust
- •Give and receive affection
- •Spend quality time with my partner
- •Show my partner how much I appreciate them

#### **Pleasure**

This includes activities that we enjoy just for the sake of the activity itself (there is typically no greater goal or learning attached)

Hobbies, games, nature, friends, and some sensory activities (e.g. a warm bath)

## Mastery

• Skill development or accomplishment in a in particular area

 Example areas include completing a puzzle, organizing a drawer, working on an instrument, cooking a meal

<u>Pleasure</u>	<u>Mastery</u>
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
Valued	Activities
1	10011100
2	
3	
4	
5	
6	
7	

Work together to create a "Master List" of activities.
This will help prepare for the next step:
Activity Planning!



- List the specific steps creating the self management action plan!
  - Start with (SMART Goals) specific measurable – achievable - relevant timeline

# Don't Forget to Follow UP!

- Checking in communicates importance and value
- In the case of success, praising efforts can be very reinforcing and rewarding
- In the case of falling short:
  - This can be hard, and it's also okay! Try not to get discouraged
  - Opportunity to troubleshoot further:
    - 1. "What got in the way?"
    - 2. "What might work better?"
    - 3. "How is this activity goal feeling to you? Would you like to modify?"
- Now what?
  - This is a systematic, gradual process keep scheduling!
    - Continue doing the things that worked
    - Incorporate new activity goals to keep it fresh and to graduate up

## 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 their 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

ST.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

work your way up to more challenging activities.

DAY	MORNING	AFTERNOON	EVENING
Example	Wake by 8 AM Eat a full breakfast	• Go for a 15 minute walk	Call a friend     Practice guitar
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Caturday			

## 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

# Problem Solving Treatment

# How Does it Help?

- When we can't effectively solve stressful problems, this can lead to emotional or behavioral difficulties
- Focused on a current situation; solve current issues and set future goals that will support well-being
- Well-suited for primary care and can be done by phone
- Helps patients gain a sense of mastery and learn skills that can be used again in the future
- Can help prevent relapse
  - \*\*See Hand-out Packet titled, "Problem-solving Therapy Tool Packet"

# Sharing the Concepts of PST with Patient's

- Frame it: Learn a set of skills to solve problems for now and in the future, rather than just discussing problems
- Normalize: We all get stuck in problems and it can help to step back and try to solve from a new angle
- Emphasize: Structure, idea of 'homework,' and follow-ups
- Muscle building: As we practice, skills often become easier

Care Manager Tips: Ask permission and emphasize autonomy

#### Problem Solve Treatment



- 1. Compile a list of problems
- 2. Select and define the problem
- 3. Establish realistic & achievable goals
- 4. Brainstorm possible solutions
- 5. Weigh the pros and cons of each solution
- 6. Evaluate and choose the solution
- 7. Implement the solution
- 8. Evaluate the outcome



### Compile List of Problems

- 1. Job dissatisfaction
- 2. Isolation from family and friends
- 3. Loneliness
- 4. Weight problem
- 5. Lack of enjoyable activities

# 1. Select and define the problem

- #4 weight problem
- Explore and clarify the problem
  - Eating unhealthy because no time for shopping and not exercising because lack of structure for exercise
- Break down problem into small manageable parts
  - Focus on diet or exercise whichever is simpler
- State the problem in a clear and objective form
  - Lack of exercise



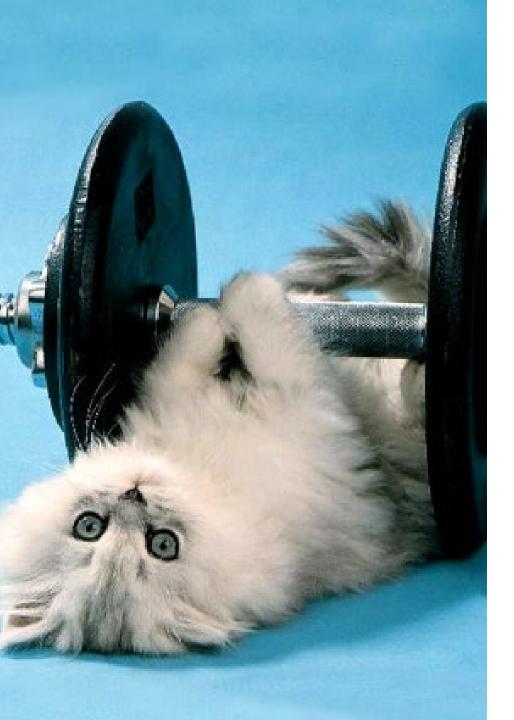
# 2. Establish realistic & achievable goals

- Exercise every morning at 5am
- Exercise everyday
- Exercise 5 days consecutively next week
- Exercise 2 days during the next week



# 3. Brainstorm multiple solutions

- Join a health club
- Establish an exercise program at home
- Buy exercise equipment
- Take walks with friends and co-workers



#### 4. Pros and Cons

#### Join a health club

- Pros
  - Exercise equipment readily available
  - Trainers on hand
  - Option during bad weather
- Cons
  - Membership fee
  - Time to go to and from club
  - Prefers a partner
  - Self-conscious



#### 4. Pros and Cons

- Taking walks with friends and co-workers
  - Pros
    - More fun to exercise with others
    - Company of others is motivating
    - Presence of others increases safety
    - No cost involved
    - Can walk during lunch
  - Cons
    - Has to find a partner
    - Coordinate with others

Review of progress during previous week:	
Rate how satisfied you feel with your effort (0 - 10) (0 = Not at all; 10 = Extremely):	
Mood (0-10):	

- 1. Problem:
- 2. Goal:
- 3. Solutions:

4. Pros vs. Cons (Effort, Time, Money, Emotional Impact, Involving Others)

1. 1103 vs. Cons (Error of Time, Money, Emotional Impact, Involving Others)				
a)	a) Pros (+)	a) Cons (-)		
b)	b) Pros (+)	b) Cons (-)		
c)	c) Pros (+)	c) Cons (-)		
d)	d) Pros (+)	d) Cons (-)		
e)	e) Pros (+)	e) Cons (-)		

## PST Worksheet

#### 5. Evaluate and choose the solution

- Taking walks with friends and co-workers
- Lack of money
- Low motivation exercising alone





### 6. Implement the solution

- Committed to start walking next Monday
- Speak with co-workers about their interest in walking
- Find a common time to walk
- Will buy walking shoes this weekend
- Goal changed to 3 days per week due to meetings



#### 7. Evaluate the outcome

#### Session 2:

- Follow-up on action plan:
  - Arranged to walk lunch hour with two co-workers
  - Walked on 2 days the first week
  - Walked on 1 day the second week
- Compliment on successes
- Analyze failure to meet goal:
  - Overlooked bi-weekly lunch meeting at work
  - Meetings scheduled too close to lunch
- Problem-solve obstacles:
  - Won't schedule clients past 11:30am
  - Skip walking on bi-weekly meeting days



## Facilitate Problem-solving

Modify patient's perceptions and beliefs

Patient's experience using problemsolving model

Review of progress, highlight of successes

Problems are a normal, predictable part of life

Everyone has the ability to solve most problems

Negative emotional/physical symptoms are cues

# Case Study – Application of PST

Mrs. Eleanor Rigby is a 28 year old female, who describes a long history of depression. She is currently single, and describe a number of unhealthy past relationships. Recently she has experienced increased depressive symptoms. She has been invited to a number of 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.

