



Behavioural Activation for depression

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introductions



- ▶ Do you use Behavioural Activation in your work?



Agenda



- Underlying principles of behavior activation?
- Understanding Depression contextually
- Tea
- Applying behavioural activation as a psychological intervention



What is behavioural activation for depression?

- ▶ Well established (since the 1970s), B.A is an empirically supported, effective, brief, structured **standalone** treatment for depression with the potential to be helpful in the treatment of other disorders
- ▶ Not tied to any orientation, although considered important in CBT protocol for depression.
- ▶ Problems such as depression reduce the individual's ability to experience their environment in a rewarding way (most often by reduced activity)
- ▶ B.A Aims to increase client activation in specific ways that will increase rewarding experiences and thus maximise the client's engagement in his or her world
- ▶ The focus is on **processes** which inhibit engagement such as **escape and avoidance behaviours**

Historical influences on the development of Behavioural Activation 1973-1979

Fester	Lewinsohn	Rehm	Beck
Behaviour takes place in a context can be + or – reinforced.	Importance of understanding idiosyncratic reinforcement	Selective monitoring of - events	Integration of behavioural activation into larger CBT framework
Function over form	Introduced activity scheduling & monitoring	immediate rather than delayed consequence of the behaviour	Formalised monitoring and scheduling of activity (Mastery & Pleasure + Mood rating)
Individualised functional analysis	Developed 'Pleasant event' schedules	stringent self-evaluative criteria inaccurate attributions of responsibility	Stressed the role of behaviour in cognitive change
Importance of escape and avoidance in the maintenance of depression	Role of aversive control & excessive self focus	Insufficient self reward Excessive self punishment The importance of self-control	Responsible for far greater emphasis on BA in therapies



Newer behaviour therapies that use BA

Dialectical Behaviour Therapy (DBT) (Linehan, 1993). Integrates BA into core coping skills as 'opposite action'

Acceptance & Commitment therapy (ACT) Hayes et al., 1999)

Emphasis on breaking patterns of experiential avoidance + attention to values as a motivating force.

Unified Approach (Barlow et al., 2004)... sees the importance of BA as important in the toolkit for the treatment of a range of presenting problems.



Empirical support: Considerable evidence supports behavioural activation as a parsimonious brief effective therapy for depression (since 1974)

Key paper: Jacobson, N., Seattle, K., Dobson, K., Truax, P., Addis, M., Koerner, K., Gollan, J., Gortner, E., & Prince, S. (1996). **A component analysis of cognitive-behavioral treatment for depression.** *Journal of Consulting and Clinical Psychology*, 64, 295-304

Randomly assigned 150 depressed patients to 3 conditions over 20 sessions:

1. Exclusive focus on BA
2. BA + teaching skills to modify NATs (excluding Core Beliefs)
3. **Full** CBT protocol for depression (B.A. + NAT + underlying assumptions & core beliefs)

X4 experienced CT therapists with a clear bias in favour of CBT conducted all treatments

Results similar at termination and 6 month follow up

BA also resulted in similar + changes in cognition as the other 2 conditions



Behavioural Activation

- Understand the context/environment in which the depression occurs (outside-in focus)
- Functional analysis key.....link between context-mood-behaviour (maybe less emphasis on thoughts initially) What are the resulting “depressed behaviours” and what is their **function**?
- important to consider the role of negative reinforcement (what are the **benefits** of Increased avoidance and escape behaviours?)
- Decreased positively reinforced behaviours.

In summary Depressed behaviour is maintained by:

- A. Absence of +reinforcement for non depressed behaviour*
- B. -Reinforcement for depressed behaviour*
- C. A combination of A & B + historical antecedents*



What is depression?

According to DSM-5, Five or more of the following over the past two weeks constitute a Major Depressive Disorder:

- ▶ Depressed mood, most the day, every day (e.g. sad empty hopeless) or appears tearful to others
- ▶ Markedly diminished interest in pleasure in all, or almost all activities.
- ▶ + 5% weight loss or decrease/increase in appetite
- ▶ Insomnia or hypersomnia
- ▶ Psychomotor agitation or retardation (observable to others)
- ▶ Fatigue & loss of energy
- ▶ Feelings of worthlessness, or excessive inappropriate guilt
- ▶ Diminished ability to think and concentrate or indecisiveness
- ▶ Recurrent thoughts of death, recurrent suicidal ideation, with or without intent

Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Not better explained by substance abuse or another medical condition (adjustment, bereavement etc.)




- Deficit model , problem located in the individual

- Today's focus will place more emphasis on **contextual factors**

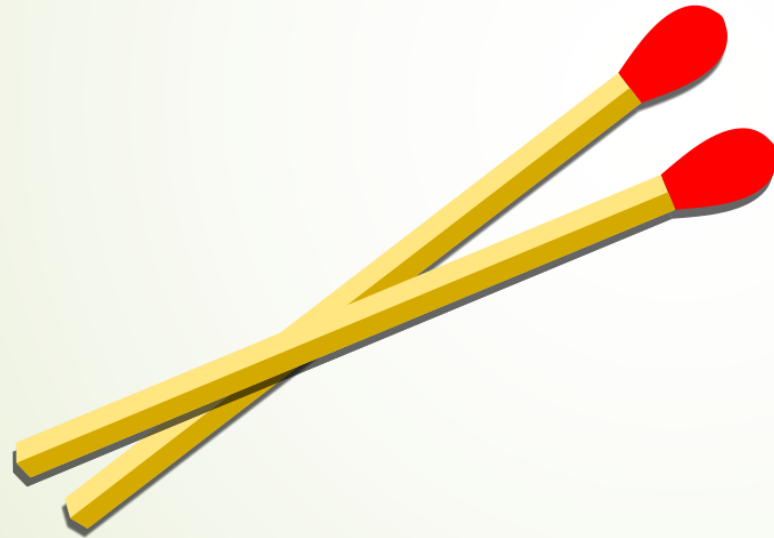


Caution re too much focus on 'causes'

- ▶ Trying to work out the exact cause can be an obstacle to engaging current problem solving.
 - ▶ Often 'causes' can be in 'unknown' territory and be a combination of many factors (genetic as in temperamental vulnerability, life experience resulting in individuals feeling unlovable, rejected, alienated, bullied or pushed down)
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Useful metaphor

Finding the match that started the fire



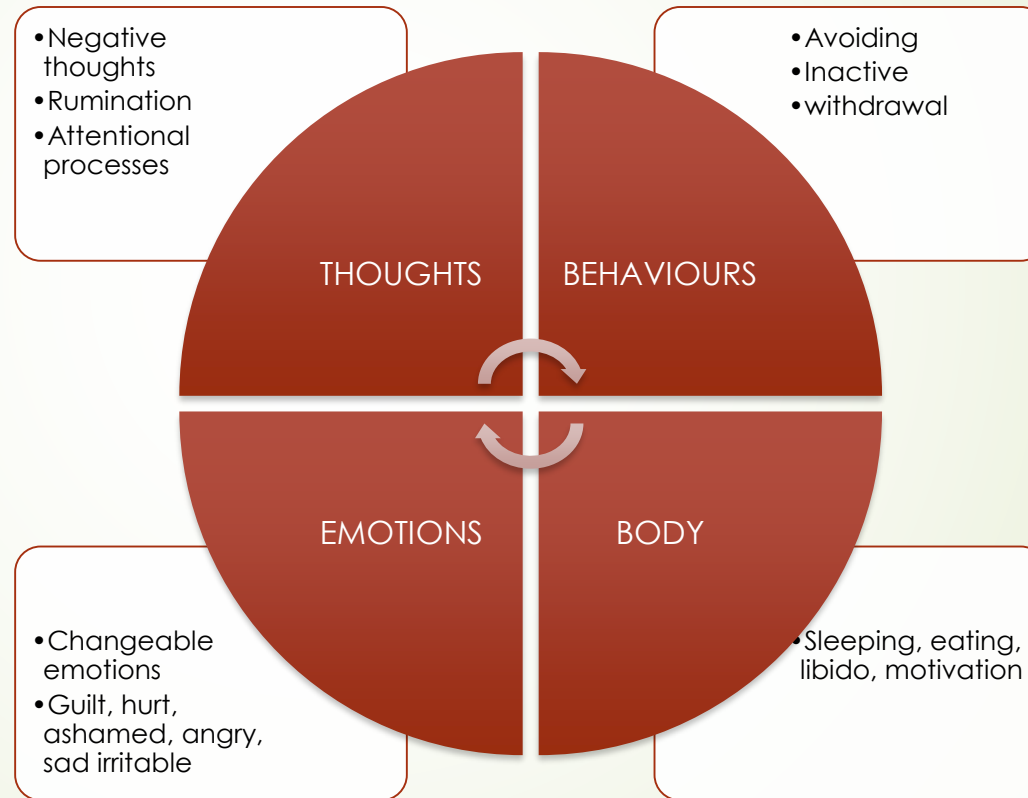


More useful to consider contextual triggers for depression

- Loss (death, relationship breakup, financial)
- Changes in life role (moving jobs, children leaving home, birth of a child)
- Conflictual relationships
- a sense that things are missing from life
- Failure
- chronic pain, physical illness
- Disrupted sleep, jetlag

These are characterized as **primary problems** and are very often beyond the client's control

Effects of depression






Behavioural Activation: Core principles

1. The key to changing how people feel is helping them to change what they do
2. Changes in life can lead to depression, and short term strategies (avoidance) that may keep people stuck over time
3. The clues to figuring out what will be antidepressant to a particular client lie in what precedes and follows the client's important behaviours
4. Structure and schedule activities that follow a **plan not a mood (outside-in)**
5. Change will be easier when starting small (graded task assignment)
6. Emphasise activities that are naturally reinforcing (Socialising, exercise, eating healthy food)
7. Act as a coach/cheerleader
8. Emphasise a problem solving empirical approach and recognise that all results are useful (Behavioural experiments)
9. Don't just talk, do!
10. Troubleshoot barriers.



Behavioural Activation: Key elements of the intervention

1. Functional analysis: idiosyncratic understanding the client
2. Provide a rationale for behavioural activation, Sell behavioural activation
3. Identify idiosyncratic **values** to provide direction
4. Discuss and conceptualise avoidance
5. **Monitor activity (raising awareness)**
6. **Analyse results: what have we learned?**
7. **Plan activities and set up goals, short medium and long term consistent with valued direction (commit to action)**
8. **Start small**
9. **Trouble shoot and problem solve obstacles**
10. **Repeat 5,6,7,8,&9 if necessary**
11. Relapse prevention



1. Functional analysis: idiosyncratic understanding the client

- ▶ Understanding and validating the client's experience
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1. What happened?

2. What was the effect?

In what way were rewards limited or stressors increased?

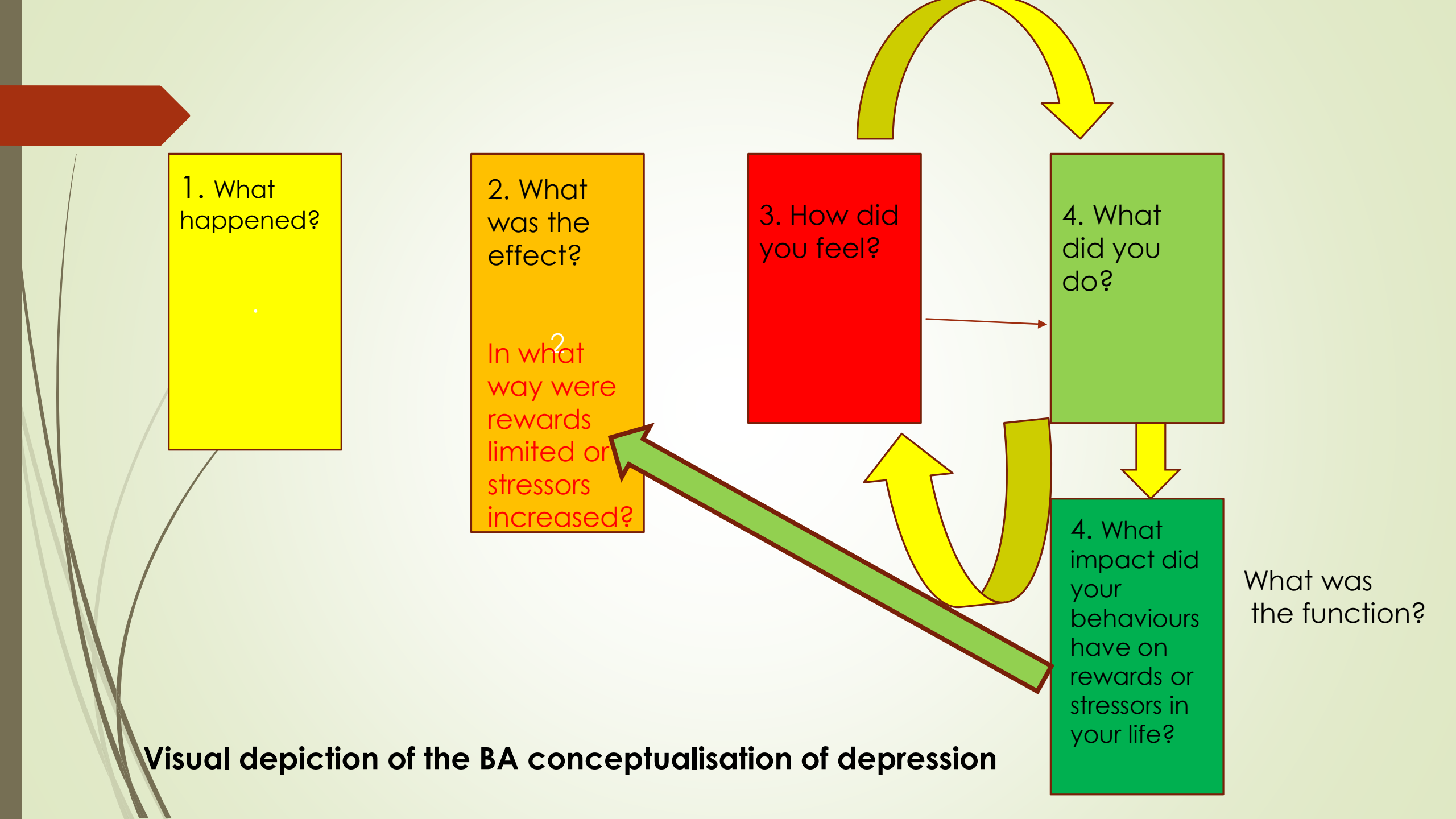
3. How did you feel?

4. What did you do?

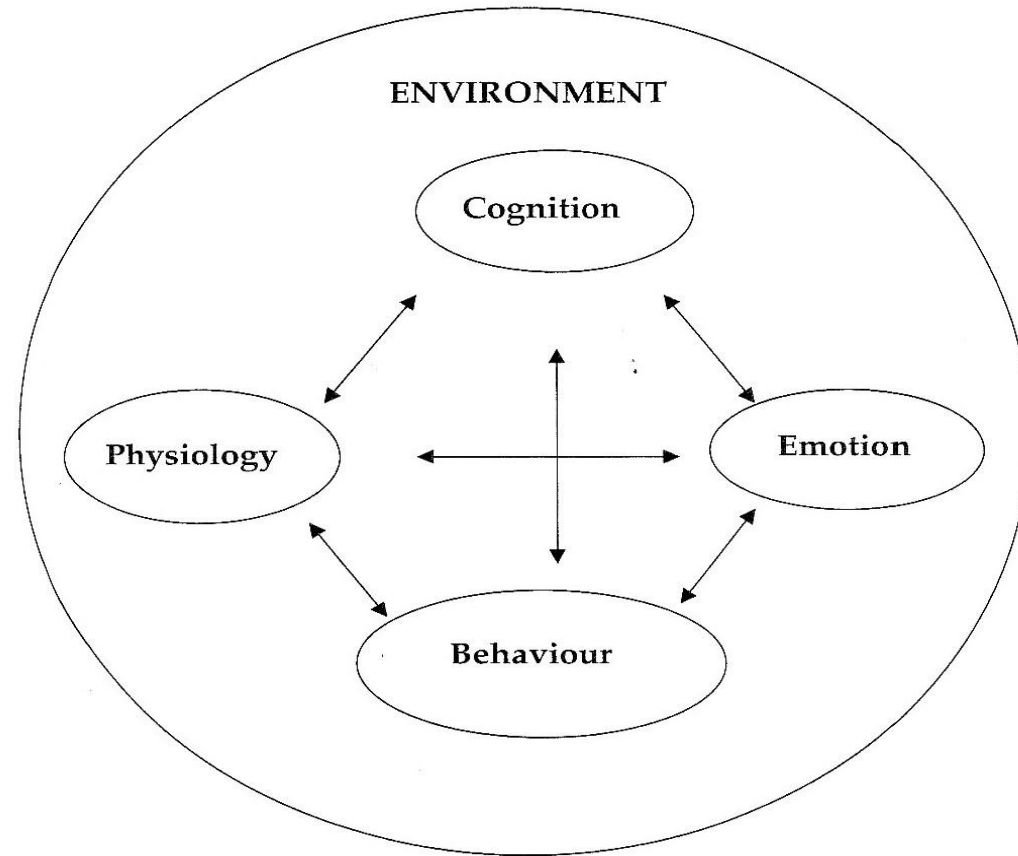
4. What impact did your behaviours have on rewards or stressors in your life?

What was the function?

Visual depiction of the BA conceptualisation of depression



COGNITIVE THERAPY THE FIVE PART MODEL





Remember the A-B-C

Antecedent

- **What is the context?**
- When did it happen?
- Whom were you with?
- What were you doing?
- What were you thinking, feeling?

Behaviour

- What were you saying?
- What were you doing ?
- What were you thinking?

Consequence

- What happened, result?
- Pleasant/ Unpleasant?
- Reaction; Others? Self?



Change?

Antecedent

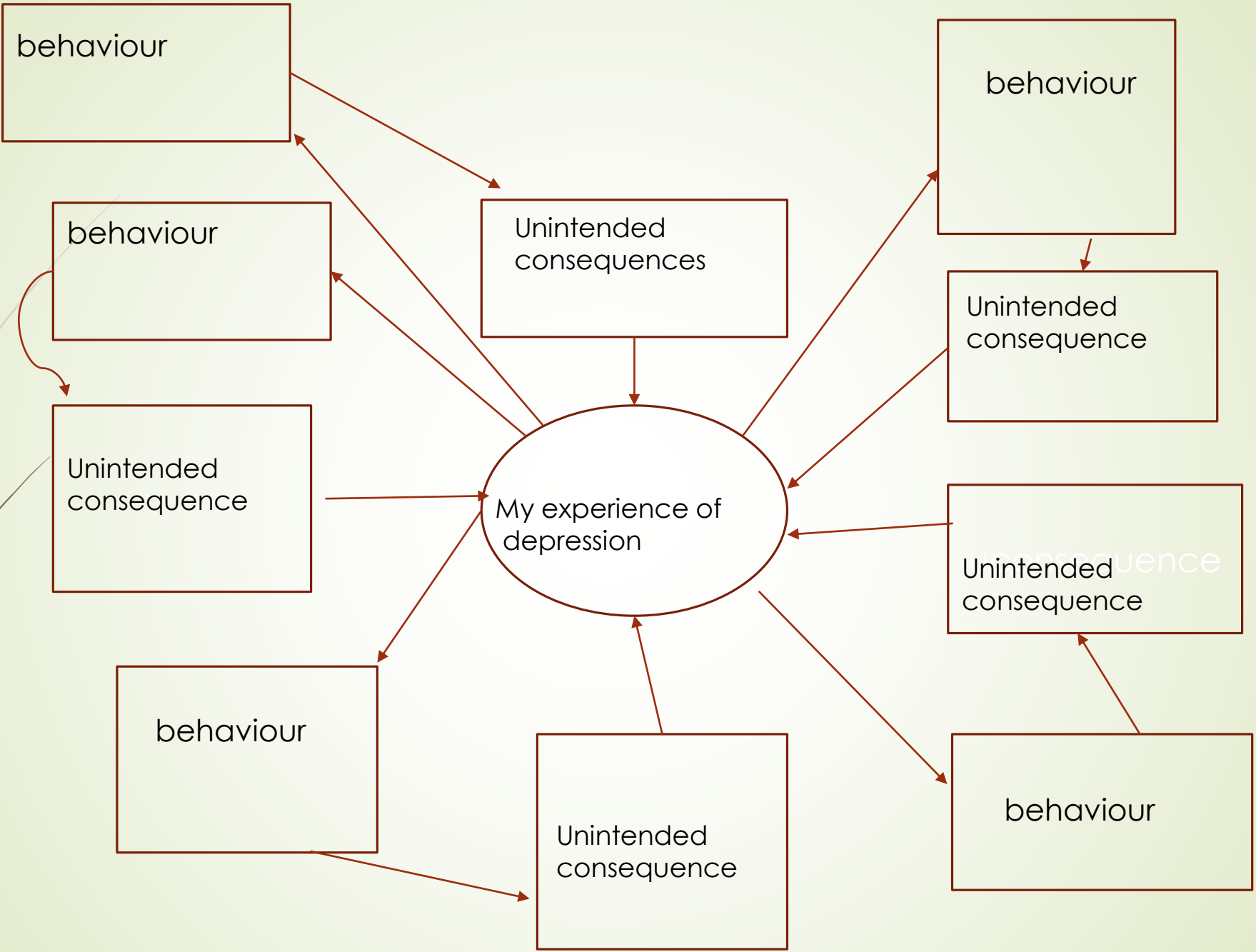
- Change context
- Change triggering events for a behaviour that lead to the wanted behaviour, or remove antecedents that lead to an unwanted behaviour

Behaviour

- You can change actions, thoughts, feelings or behaviours by practicing desired acts or substituting desired alternatives for undesired actions

Consequence


- You can change the events that follow your behaviour to reinforce desired acts, and not reinforce undesired actions.





Exercise 1: functional analysis (15 minutes)

- ▶ Read the vignette detailing Tim's current situation
- ▶ In pairs use the BA visual model to develop a functional analysis of Tim's depression maintaining behaviours (worksheet 1)
- ▶ Use worksheet 2 to link the behaviours to unintended consequences



Understand the problem in terms of function not content

E.g. Losing your job because of a national financial depression is a primary problem

vs

losing your job because you arrive late, don't complete tasks and miss appointments is a secondary problem

2. Provide a rationale for behavioural activation & sell behavioural activation

Remember it is obvious to most people that doing more is supposed to be beneficial (you need to do more than tell clients to keep busy and build in pleasure!)

- ▶ Validate contextual factors
- ▶ When people's lives are low in positive reinforcement depression is often the result
- ▶ People experience their actions as resulting in 'punishment'
- ▶ A quick fix is to escape by avoiding a punishing environment
- ▶ Therefore they pull back from life & stop engaging (these attempts at coping make things worse)
- ▶ The less one does the less one wants to do = increased problems = downward spiral

Validate with compassion





Establishing the therapeutic relationship and presenting the model

- ▶ Encourage questions and doubts
- ▶ Highlight the relationship between mood, activity and environment
- ▶ Demonstrate vicious cycle (depressed mood-decreased activation-withdrawal, avoidance and worsened depression)
- ▶ Introduce activation as a way to break the cycle
- ▶ Behaviour should be goal directed rather than mood directed (changes in behaviour precede change in mood)
- ▶ Outside-in
- ▶ Importance of focussed activation (what behaviours are positively reinforcing-individualise)
- ▶ Convey a sense of optimism and demonstrate empathy regarding the difficulty of the task.



Frequently asked questions

- Isn't depression a chemical imbalance in my brain?
- what about medication?
- Isn't this approach too simple?
- This activation business seems impossible, I can barely get out of bed!
- Isn't it faking to act like I'm not depressed when I am?
- How can I add more activities when I'm already so busy and that is why I'm so depressed?
- Can BA work when other treatments have failed

Role play: present rationale for BA using your functional analysis




3. Help the client connect with idiosyncratic values to provide direction

- What do you want your life to stand for?
- When you are depressed your behaviour is often inconsistent with your values
- Values provide us with direction





area	Valued direction: what is important?
Intimacy?	how you act in an intimate partner?
Family relationships?	How you act as mother, father sister brother, son, daughter etc
Social relationships?	Good friend?
Work?	What sort of employee, achievement?
Education and training?	Improvement, prospects
Recreation?	Interests, sports, hobbies
Spirituality?	What direction or meaning
Voluntary work?	Helping the larger community
Health & physical well-being?	Care of body
Mental health?	
Any other valued directions?	

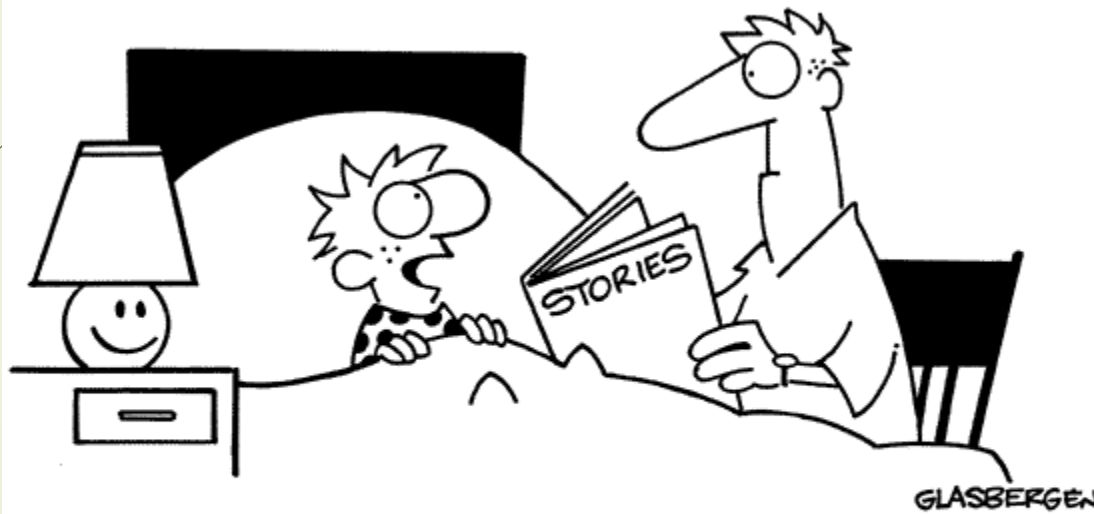


4. Discuss and explain avoidance as maintaining factor

- **Primary problems (triggers for depression)**
- Loss, change, trauma, conflict etc
- Often beyond the client's immediate control
- **Secondary problems**
- Ways in which the client attempts to cope in the short term
- Withdrawal, avoidance, unhealthy distraction
- We cannot tackle the primary problems until the secondary problems have been addressed
- Here we uncover the function of these 'coping strategies'

Validate the power of avoidance & the challenge of change

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**“Snow White was poisoned by an apple,
Jack found a giant in his beanstalk, and look
what happened to Alice when she ate the mushroom!
And you wonder why I won’t eat fruit and vegetables!?”**

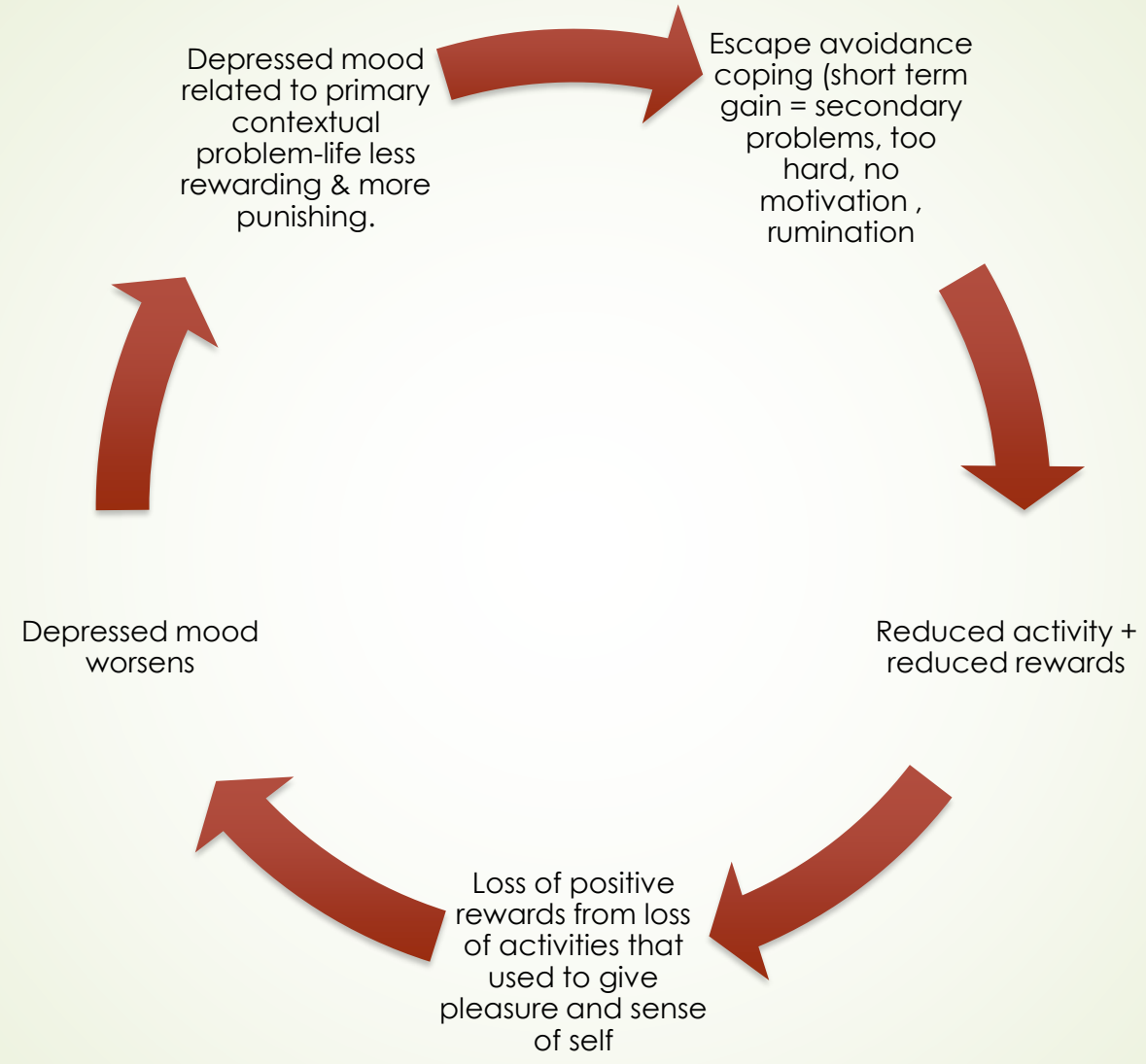
Remember
there are good
reasons why
clients get
stuck in a
cycle of
depression



discuss

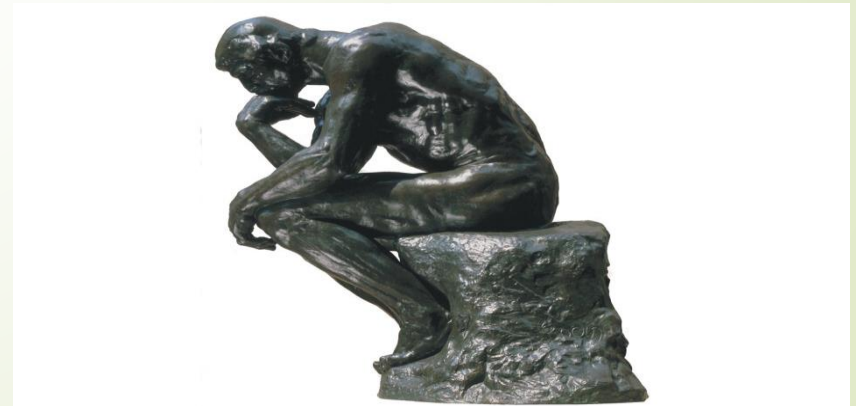
- ▶ Depressed individuals have genuine difficulties with problem solving (internal attribution, negative focus, extreme self-criticism and self-evaluation etc)
 - ▶ Discuss the negative impact of some widely held cultural values eg “bootstrap” philosophy, “just get on and do it” etc.
- 

Vicious cycle of depression



Attention to experience of rumination (secondary problem)

- Become aware of the effects of rumination- repeatedly reviewing the same thing
- What is the function of rumination? (what if? Why?)
- Pay attention to sensory experience-
what is going on outside of me?
- Problem solve, generate soothing & distracting activities
- Refocus on the task at hand
- mindfulness





Act from the outside in

- ▶ Follow the plan NOT the mood
- 



Modifying avoidance

- Define problem in specific behavioural terms
- 



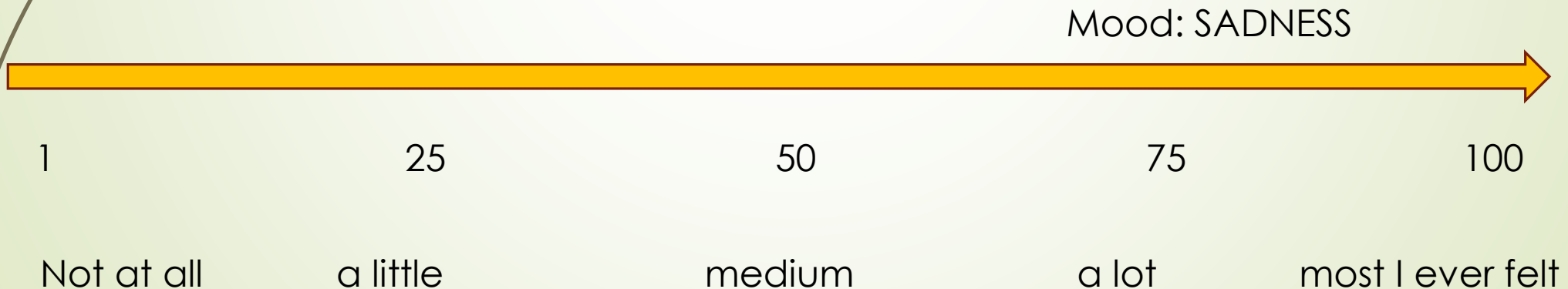
Questions to identify patterns of reduced activity

- ▶ Not getting up or going to bed at a regular time?
- ▶ Stopping or reducing doing hobbies you previously enjoyed?
- ▶ Getting out of meeting friends
- ▶ Eating poorly
- ▶ Brooding over things
- ▶ Always watching TV
- ▶ Not working or doing things you value
- ▶ Failing to keep up with housework
- ▶ Not answering the phone or door when people visit
- ▶ Putting off things you should do- paying bills, opening letters
- ▶ Paying less attention to self-care

Useful to use an avoidance checklist

5. Monitor activity: the activity schedule, diary or log

- ▶ This raises awareness
- ▶ Connect activity to mood
- ▶ Use an anchored Visual analogue scale
- ▶ Work out how often the client will complete the form.
- ▶ Ask for practical obstacles that may interfere with the client completing the activity.
- ▶ Problem solve



WORKSHEET 10.4: Tracking Activities—Weekly Activity Schedule

Write in each box: (1) Activity. (2) Mood ratings (0–100). (Mood I am rating: _____)

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6–7 A.M.							
7–8 A.M.							
8–9 A.M.							
9–10 A.M.							
10–11 A.M.							
11–12 P.M.							
12–1 P.M.							
1–2 P.M.							
2–3 P.M.							

Activity Schedule

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9	Breakfast D=60%	Bed D=70%					
10	TV D=75%	Bed D=80%					
11	Walk D=50%	Friend dropped in D=60%					
12	Lunch D=55%	Out for lunch D=50%					
1	Bed D=80%	Home couch D=60%					
2	Bed D=85%	e mailing D=55%					
3	Pick up kids D=60%	Pick up D=kids 50%					

Mood to be rated (Depression).....



Role Play : Introduce activity schedule 20 minutes

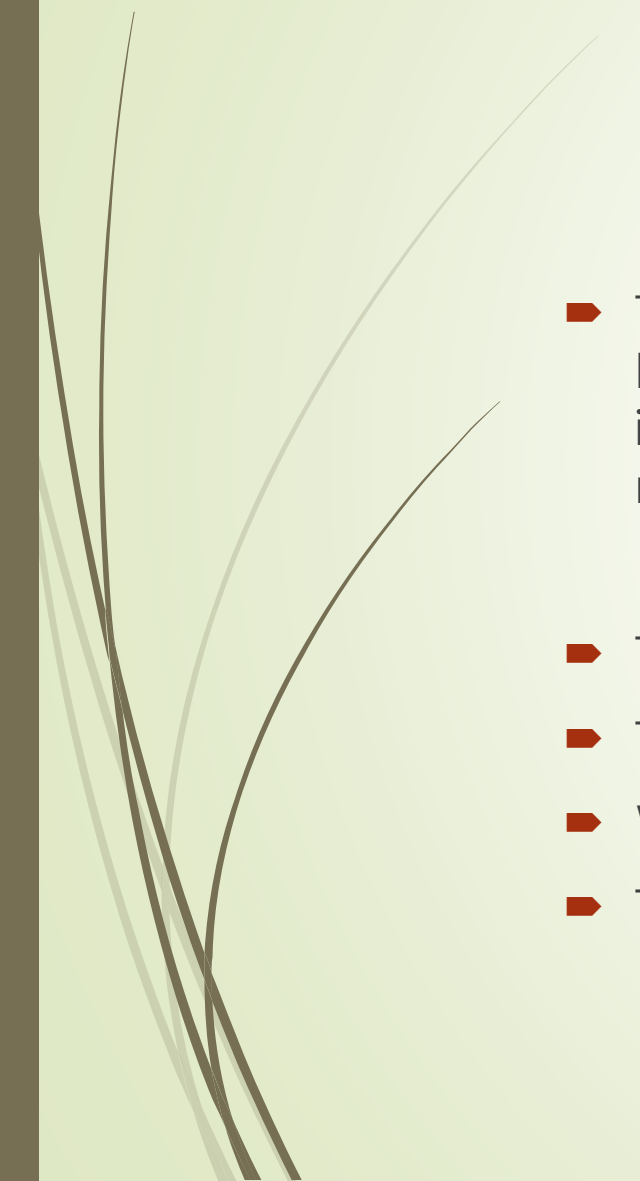
You have previously discussed the rationale


Tasks:

1. Develop an anchored Visual analogue scale to use in conjunction with activity
2. (Just one mood for this exercise)
3. Begin the chart in session
4. Assign for homework



6. Review and analyse results

- ▶ The first task is to find out exactly what the client is doing, and then later build on what you discover. The data provided in this initial collection is invaluable, and subsequent changes in the client's activities often improve mood
 - ▶ The things you have done that make you feel good
 - ▶ Things you are doing now that give you a boost
 - ▶ Ways of rebuilding your routine
 - ▶ Things you are avoiding that will cause greater problems down the road!
- 



Questions to guide review

- ▶ Did my mood change during the week? If so how?
- ▶ Did my activities affect my mood? If so how?
- ▶ What was I doing when I felt better? Are these activities in my best long term interest?
- ▶ What was I doing when I felt worse? Are these activities in my best interest?
- ▶ Were there certain times during the day when I felt worse?
- ▶ Are there any things I could do to make myself feel better during these times?
- ▶ Were there certain times of the day when I felt better? Can I learn anything helpful from these?
- ▶ Looking at these discoveries are there any activities I can plan next week which would make me feel better?

Greenberg & Padesky, 2016

Functional analysis

Activating event (situation or context of event or ruminating)

Behaviour (including ruminating, worrying & self-attacking)

Consequences (immediate) which provides a payoff. What happens next? What effect does this have on your thoughts and feelings?

Unintended consequences (in the long term) what effect does it have on yourself and others? What effect on your thoughts & feelings?

Valued directions. What directions could you take that would be in keeping with your values & give you better feelings?

Effect of valued directions. What effect does taking your valued direction have on yourself & the community in the long term?



7. Plan activities, set up goals and begin scheduling

- ▶ Use pleasant event schedules?
- ▶ Include activities that are known to be antidepressant (exercise, relaxation, mindfulness, social connection)
- ▶ Include routine activities and 'hard to do' activities
- ▶ Little or no regular exercise, poor sleep hygiene, drinking too much alcohol, illegal substance use, engaging with pornography, & poor diet are all secondary problems related to the individual trying to 'cope' with depression... these can also be addressed in the context of BA.



Treatment focus

- Eliminating reinforcement for depressed behaviour
- Increasing reinforcement for non depressed behaviour
- Note +reinforcement needs to be immediate (exercise)
- +therapeutic relationship therefore very important (compassion & trust)
- Program should not precede the client having the opportunity to express & describe his/her feeling & experience of depression
- Client should also be given the opportunity to re evaluate goals.
- And time to express ongoing life concerns.



Developing treatment goals

- ▶ Collaborative
- ▶ Engage in life to modify their environment to increase contact with positive sources of reinforcement (goals need to be specific and not global...."I want to be happy!"
- ▶ Short and long term goals
- ▶ Goals should be behavioural
- ▶ Generally the focus is to decrease avoidance



Activity Scheduling

- ▶ Multiple uses
- ▶ Record of activity
- ▶ Finding patterns
- ▶ Rating mood
- ▶ Mastery
- ▶ Pleasure
- ▶ Scheduling new activities: pleasurable, necessary, difficult etc.
- ▶ Schedule known antidepressant activities



Activity Scheduling

- ▶ Use to schedule certain (pleasurable, routine or functional) activities
- ▶ Use it as a plan for the week – including doing homework, therapy, exercise, etc.
- ▶ Decide on frequency, duration and intensity of the activity
- ▶ Decide on specific days and times for the activity
- ▶ Use graded task assignment and cognitive rehearsal (start small)
- ▶ Explore obstacles & problem solve
- ▶ Therapist emphasises
 - ▶ No-one accomplishes everything they plan
 - ▶ Type of activity not how much
 - ▶ Trying to do plan as important as success
 - ▶ Regularity in planning helpful



Present behavioural activation as an experiment

Then ask :

- What did you make of that result?
- What did you learn?
- Will it make a difference to the way you think, feel, behave?

8. Overcoming obstacles

Present as experiment: test out hypothesis
go back to functional analysis : How is the environment preventing the client from completing homework?

Start in session

Encourage

Invite others to support

Explore values



Teach problem solving

Validate difficulty

Prioritise goals

Counter hopelessness by adopting a coaching, cheerleader stance

'teach' traditional problem solving



Problem solving

- Define the problem in behavioural terms (counters being overwhelmed)
- Brain storm as many solutions as possible without judgement
- evaluate in terms of pros and cons
- select a solution
- Evaluate the solution
- troubleshoot



Introduce acronyms **TRAP** VS **TRAC**

T=TRIGGER

R = RESPONSE

AP = AVOIDANCE
PATTERN

T = TRIGGER

R = RESPONSE

AC = ALTERNATIVE COPING



If necessary introduce 'Traps' or obstacles to activity

- The comfort trap
- The guarantee trap
- Pride
- The "if only" trap
- The "yes but " trap
- The "to be on the safe side" trap
- The perfectionism trap
- The "I've tried it all before " trap
- The trap of having "good reasons to be depressed"



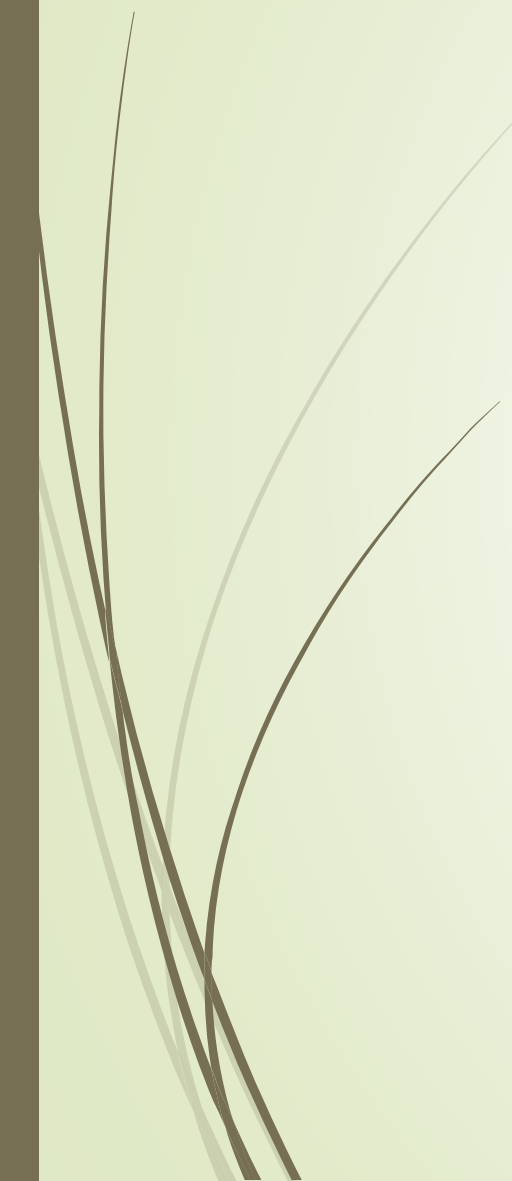
Routine regulation: **ACTION**

Need to follow a regular routing for basic life activities e.g. eating, working and sleeping

- ▶ A= ASSESS: ask self if “what am I doing is going to make me more depressed”; “Is this avoidance?”
- ▶ C = CHOOSE: choose to self activate by behaving in a way that will increase my chances of improving my life situation (or choose not to self-activate & remain depressed)
- ▶ T= TRY: try the behaviour I have chosen (experiment)
- ▶ I = INTEGRATE the new behaviour of activity into daily routine
- ▶ O = OBSERVE the result by asking “Do I feel better or worse after trying this activity?”
- ▶ N = NEVER give up – taking a scientific approach means trying again!



Relapse prevention

- ▶ What contexts increase my vulnerability to depression? (functional analysis)
 - ▶ What behaviours keep the depression cycle going? (escape avoidance, secondary problems)
 - ▶ What antidepressant behaviours do I need to maintain or increase?
 - ▶ What can I do to increase my chances that I will follow through?
- 



questions



Workshop reflection & feedback

