

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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BEHAVIORAL ACTIVATION
FOR THE TREATMENT OF
DEPRESSION

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Empirically Supported Treatments for MDD

(Hollon & Ponniah, 2010)

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- Determination based on Chambless & Hollon (1998) criteria

Efficacious and Specific	Efficacious
Interpersonal Psychotherapy (IPT)	Mindfulness-Based Cognitive Therapy (MBCT)
Cognitive Behavioral Therapy (CBT)	
Problem Solving Therapy (PST)	
Behavioral Activation (BA)/ Contingency Management	

- BA meets criteria for the designation of being a “**well-established empirically validated treatment**” (Mazzucchelli et al., 2009)

Why BA?

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- More parsimonious than other treatment approaches
 - ▣ Theoretically, easier to train therapists to do and easier for patients to understand.
- Performs as well as, or better than, other psychotherapy approaches and equivalent to medications for severe depression (Cuijpers et al., 2007; Dimidjian et al., 2006; Dobson et al., 2008; Ekers et al., 2008; Mazzucchelli et al., 2009)
- **Destigmatizing** view of depression, evokes hope
 - ▣ Depression makes sense given your current life situation
 - ▣ To decrease depression, we can change the way you interact with your environment

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Behavioral Activation

Treatment for Depression

History of BA Approaches

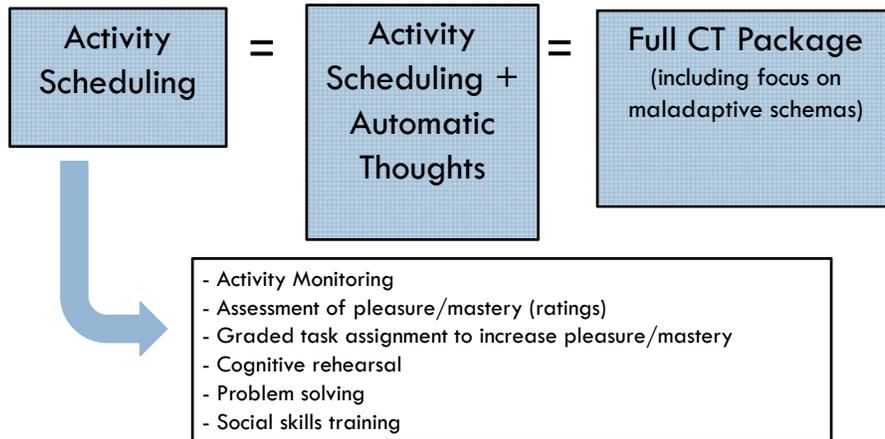
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1. Pleasant Events Scheduling (Lewinsohn, Biglan, & Zeiss, 1976)
2. Activity Scheduling in Cognitive Therapy (Beck et al., 1979)
 - ▣ *Jacobson's Component Analysis (1996)*
3. Behavioral Activation (Martell, Addis, & Jacobson; 2001)
4. Behavioral Activation Treatment of Depression (Lejuez, Hopko, & Hopko; 2001)
5. **Stepped BA** (Kanter, Busch, & Rusch, 2009)

All versions include **Activity Scheduling

Activity Scheduling in CT/Jacobson's Component Analysis (Jacobson et al., 1996)

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* Results maintained at 2-year follow-up (Gortner, Gollan, Dobson, & Jacobson, 1998)

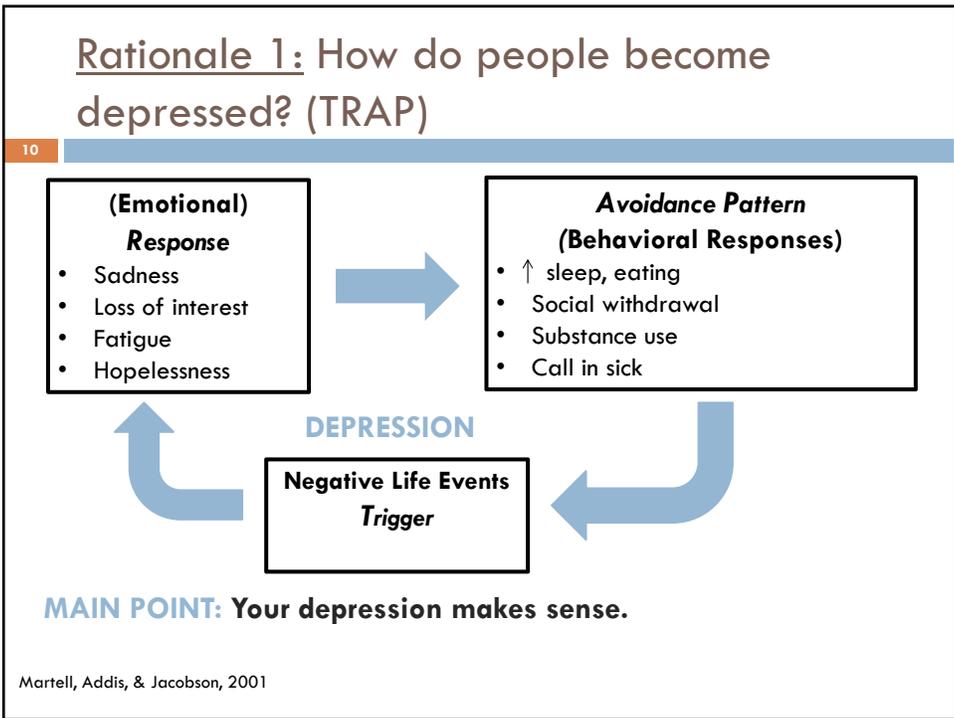
Time to Reevaluate!

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- BA was the most parsimonious condition in the Jacobson et al. (1996) study. Compared to CT, it is:
 - Easier for patients to understand
 - Easier to train treatment providers
- *Therefore, if outcomes are equal, why not use BA instead of CT?*
- **This idea led to the elaboration of BA techniques into the more modern versions and sparked a resurgence in research examining BA treatments.**

9 Rationale

How are Depression and BA Explained to Patients?



Rationale 2: How does BA work? (TRAC)

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(Emotional) Response

- Sadness
- Loss of interest
- Fatigue
- Hopelessness

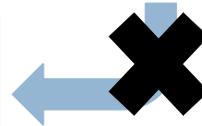


Alternate Coping (ACTIVATION)

- Decrease avoidance behaviors
- Work to solve problems related to the negative life events



Negative Life Events
Trigger



MAIN POINT: There are specific things we can do to reduce your depression.

GOAL: Diverse, stable sources of + reinforcement

Martell, Addis, & Jacobson, 2001

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Simple Activation

Basic Activity Scheduling Techniques

There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.

- JOHN F. KENNEDY (1917-1963)

What is Simple Activation?

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- **Primary component = activity scheduling,** which is common (with some variations) to all versions of BA

- This is the **core of BA treatment**
 - Strategies after simple activation are there to address roadblocks to completing simple activation effectively

Simple Activation: Targets

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- **Intervention = specific activation assignments**
 - **Activity Categories:**
 - Routine Activities
 - Pleasant/Enjoyable Activities
 - Values-Driven Activities
 - Organize these along an **Activity Hierarchy**

Simple Activation: Assessment

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Assessment Targets

1. Avoidance.
2. Activities the patient used to do but has stopped doing.
3. Enjoyable/pleasant activities (current, previous, or hypothesized).
4. Values and related goals.
5. Routine disruptions.
6. Relationships between activities and mood.
7. Triggers that may require problem solving/directed activation.

Activity Monitoring

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Please rate your mood for each activity (0 = least depressed, 10 = most depressed).

Date: 5.3.14	
8-9 am	Lay in bed 9
9-10 am	↓ 9
10-11 am	Talk on phone with friend 6
11-12 pm	TV 7.5
Etc.	

- Can also rate pleasure, mastery, pain, anxiety, etc.
- Good baseline data
 - **Look for avoidance!**
- Increase patient awareness of behavior. An intervention in and of itself!
- Use this to relate BA model to their experience

Kanter, J. W., Busch, A. M., Rusch, L. C., Manos, R. C., Weeks, C. E., & Bove, W. (2008). A functional approach to behavioral activation for depression. Full day workshop presented at the annual meeting of the Association for Behavior Analysis Convention, Chicago, IL.

Values Assessment

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Overview

- ▣ Adapted from Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999, 2011)
- ▣ Want activity scheduling to include meaningful/important activities, not just pleasurable ones
- ▣ **Values vs. Goals**
- ▣ Activities related to values more personally meaningful and reinforcing
- ▣ How is this different from **mastery**?
 - Explicit focus on the patient's values – they decide what they value and the therapist and patient collaboratively come up with activities to work toward the values
 - May look very similar in some cases. In others, may include activities not linked to a specific work-related skill (e.g., being a good friend)

Kanter, J. W., Busch, A. M., Rusch, L. C., Manos, R. C., Weeks, C. E., & Bowe, W. (2008). A functional approach to behavioral activation for depression. Full day workshop presented at the annual meeting of the Association for Behavior Analysis Convention, Chicago, IL.

Values Assessment Form

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Ranking

General

Specific,
measurable



Value

What type of person would you like to be in this area?

Immediate concrete goals?

Relations with family

2 I would like to get along better with my mom

- Do my chores on time
- Plan one activity per week just the two of us

Other Value Categories: relations w/ spouse/partner, relations with friends, religion + spirituality, meaningful work, education/learning, culture, hobbies/creativity/recreation, volunteer, physical health and well-being, security/safety, organization and time management, finances

Kanter, Busch, & Rusch, 2009

Activity Hierarchy

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- **Gradually increase difficulty** (challenging but manageable)
 - Want high probability that patient will successfully complete the assignment, and that it will be meaningful when they do
 - Assignments based on their *current* functioning level (low end of hierarchy)
 - Make sure they don't take on too much
 - Break down assignments into manageable steps (shaping)
 - *Goal: To decrease avoidance, and increase diverse, stable sources of positive reinforcement.*
- **Function over form!**
 - The same behavior that could be an activation assignment for one person may be avoidance for someone else
 - Example: going to a movie

Kanter, Busch, & Rusch, 2009

Activity Hierarchy Example

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Activity	Anticipated Difficulty	Activity Category (R = Routine, P = Pleasant, V = Values)
Get out of bed by 9:30 am	1	R
Shower every morning	2	R
Spend 5 min. picking up my room per day	3	R
Call best friend once per week	3	V
Take a 10 minute walk after school every day	3	P
Get out of bed by 8:30 am	3	R
Do yoga for 10 minutes at home	4	V
Work on one college application	6	V
Call to sign up for photography class	4	V
Watch football game with friends	5	P
Spend 20 min./day on college applications	6	V
Attend one photography class per week	7	P
Send in college applications	7	V

Dealing with Resistance

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- **“If I could just wait until I feel motivated, I could do these things”**
 - *Outside-in* vs. Inside-out approach
 - “Have you ever felt unmotivated but done something anyway?”

- **“I did the assignments for this week but did not enjoy them/still feel depressed”**
 - Importance of repetition – need to continue to do the assigned activities for some time before changes in mood follow
 - “If you did not do these activities, how do you think you would be feeling?”
 - Sometimes forget that although they are not feeling good currently, they may be feeling worse if they had not completed the assignments

Comparison with CBT: Content vs. Context

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- In BA, we look at the **context** of thoughts rather than content. A good example of this is BA’s approach to *rumination*.
 - “What were you doing before you started ruminating?”
 - “What else could you have been doing at that time?”

- What about thought challenging?
 - Viewed as unnecessary. Research found that adding thought challenging to BA did not improve outcomes.
 - As people get more activated and experience decreases in depressive symptoms, their thought patterns change (same result even without directly challenging thoughts)

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What if Activity Scheduling Isn't Working?

Functional Assessment and Additional Strategies

Functional Assessment

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- What is getting in the way of successful activation?
- **A-B-C Analysis**
 - **Antecedent:** something is getting in the way before the desired behavior (activation task) starts
 - *"I forgot"*
 - **Behavior:** something is going wrong with the behavior itself
 - *"I'm not capable of doing this well"*
 - **Consequences:** something is happening after the behavior that makes it less likely to occur again (not reinforced/is punished)
 - *"It was uncomfortable"*
 - *"Other people didn't notice/respond the way I had wanted"*

Kanter, Busch, & Rusch, 2009

Antecedent Problems

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- **Antecedent problems** = forgetting to complete assignments
- Treatment strategy = **stimulus control** (i.e., reminders)
- **Examples**
 - ▣ Post-it notes in places where patient will see them (TV remote, bathroom mirror, alarm clock, front of treatment binder, etc.)
 - ▣ Notes on the activity schedule
 - ▣ Desk calendar/planner
 - ▣ Emails/voicemails/memos to self
- **Placement of the reminders is important!**
 - ▣ Where will they be most likely to see it, and at the right time?
 - Post-it on a TV remote, bathroom mirror, alarm clock, front of treatment binder, etc.
- Can use more **staff assistance** in the beginning of treatment and then fade this out

Kanter, Busch, & Rusch, 2009

Behavioral Deficits

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- **Behavioral deficits** = the patient does not have the skills necessary to successfully complete the assignment
- Treatment strategy = **skills training**
- Behavioral deficits could be social or non-social in nature
 - ▣ **Social skills deficits** → social skills training
 - Discussion of social skills, modeling, role playing, specific homework assignments, etc. (not unique to BA – typical social skills training protocol)
 - ▣ **Non-social skills deficits** → general skills training
 - E.g., computer training, learning to cook/knit/etc.
 - Can develop earlier activity assignments to help patient acquire skills

Kanter, Busch, & Rusch, 2009

Consequences

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- **Consequence problems** = the patient remembers to complete the assignment and does it skillfully, but something negative occurs despite this.
- Consequence problems can be **public** or **private**
 - ▣ **Public** → non-depressed behavior is not reinforced, and/or depressed behavior is reinforced
 - Example: John comes home from work and tells his wife he is feeling very depressed. She tells him to rest in bed and she will bring him dinner and look after the kids for the evening. When he does not report feeling depressed, he is expected to help prepare dinner, clean up the dishes, and spend time with the children.

Kanter, Busch, & Rusch, 2009

Public Consequences

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- Treatment strategy = **behavioral contracting**
 - ▣ Use when the environment is not conducive to change (is reinforcing depressed behaviors)
 - ▣ Advantage: can provide natural and immediate shaping of non-depressed behavior
 - ▣ Disadvantage: requires someone to be available, willing, and do it properly
 - Can use self-contracting if nobody available
 - Premack principle
 - ▣ Fade out to allow for natural contingencies

Kanter, Busch, & Rusch, 2009

Private Consequences

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- **Private consequence problems** = private consequences maintaining the behavior (i.e., intolerance of negative affect)
- Treatment strategy = **mindful valued activation**
 - Most difficult technique
 - Activation assignments are often not immediately reinforcing and may have aversive consequences
 - Negative thoughts/emotions unavoidable. Need to be able to take those negative thoughts/emotions with us while we activate. Goal is to work from the “outside-in”. These negative thoughts/emotions will most likely decrease eventually with continued activation.
 - Same mindfulness techniques you may find in ACT, DBT, etc.

Kanter, Busch, & Rusch, 2009

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Case Example

Residential Program

Background

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- 18 year old white male from supportive, intact family
- Depressed mood for approximately 1.5 years.
 - Dropped out of college due to depression.
- Timeline
 - 3 inpatient hospitalizations due to SI and depressed mood. One of these followed a suicide attempt which was interrupted.
 - Admitted to partial hospitalization, experienced increased SI with a plan and intent and then had his 4th inpatient hospitalization.
 - Started residential treatment after the 4th inpatient hospitalization.
- Admitting Diagnoses
 - Mood disorder not otherwise specified
 - Cluster B traits
 - GAF = 41.

Treatment Targets for Monitoring

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- Avoidance and isolation
 - Had been spending significant amounts of time in bed
- Rumination
- Deflecting
 - Identified that he used sarcasm to deflect attention away from discussion of his symptoms or other serious topics.
- Comparing
 - Frequently compared his own abilities to others and was very competitive.

A Sample of His BA Assignments

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- Read a book for 10 minutes 3 days per week (1)
- Play a card game with peers 2 days per week (2)
- Complete 3 rounds on the exercise machines once weekly (2)
- Play guitar for 10 minutes, 3 days per week (3)
- Call sister once per week (4)
 - ▣ Related to value of improving family relationships
- Get a “how to” book on cooking (4)
- Research college classes of interest for 5-10 minutes twice per week and share with staff (6)
- Invite a friend to join a sports league with you (7)

Ratings on a 0 – 7 scale (7 = impossible, completely overwhelming).

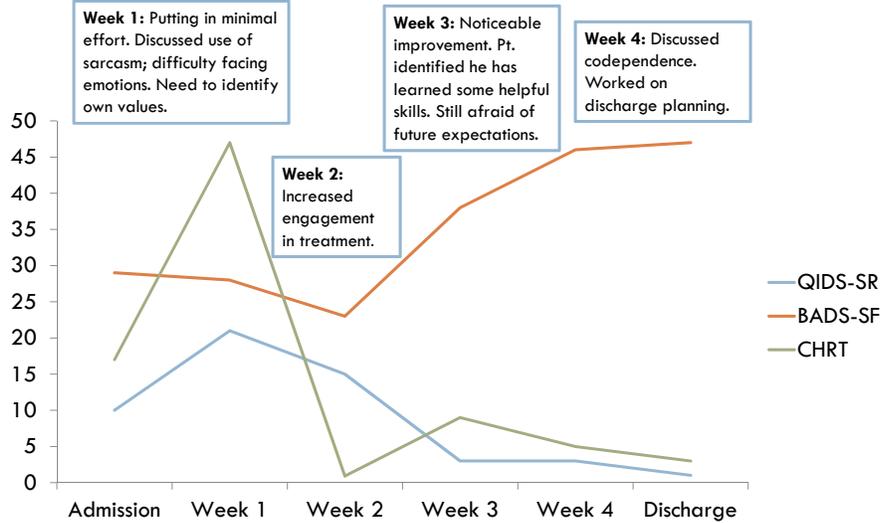
Additional Areas of Focus

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- Gaining independence
 - ▣ From parents as well as from romantic relationships
 - ▣ He recognized that he was very codependent
 - ▣ Worked to identify activities he values rather than those he thinks he should value because of others’ opinions.
 - Examples: yoga, golf, business major

Outcomes - Assessments

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Questions?

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