BEHAVIORAL ACTIVATION

NIRMALA DHAR, LCSW
OREGON HEALTH AUTHORITY
OLDER ADULT BH SERVICES COORDINATOR
LEARNING OBJECTIVES

Describe
- Describe the rationale for behavioral activation

Identify
- Identify activities to help clients connect with their values

Use
- Use activity structuring and scheduling to engage in activities associated with pleasure and or mastery

Identify
- Identify ways to help your clients discover barriers to engaging in activities in order to maintain and increase them
THE WHY AND THE WHAT

- Everyday since 2011, 10,000 American (Baby Boomers) have been turning 65 years old.
- By 2030, one in five Americans and Oregonians will be age 65 or older.
- This demographic transition has huge implications for our society.
- By 2030, 15 million older adults will have a mental health issue – this number will equal the younger age cohort.
- Depression and anxiety are common among community dwelling seniors.
- Rate of depression is high for seniors in long-term care settings.
- Untreated or undertreated depression in older adults can have a detrimental effect on their overall health, their functioning, and their quality of life.
Depression affects nearly 20% of Americans aged 65 or older.
AT THE BEGINNING

IT IS IMPORTANT TO ASSESS COGNITIVE ABILITY AND TO EVALUATE WHETHER A PATIENT HAS SUFFICIENT MEMORY FUNCTION AND COGNITIVE PROCESSING SKILLS TO BE ABLE TO PARTICIPATE IN ANY KIND OF PSYCHOLOGICAL THERAPY SUCH AS CBT, INTERPERSONAL THERAPY (ITP), BEHAVIORAL ACTIVATION (BA) PST (PROBLEM SOLVING THERAPY)
“Wow, now that’s what I call self-help! Has it helped your wife’s depression, too?”
THE “THIRD WAVE”

BEHAVIORAL ACTIVATION, ACCEPTANCE AND COMMITMENT THERAPY AND DBT ARE ALL CONSIDERED THIRD WAVE TREATMENTS FOR DEPRESSION.

FOCUS IS ON A FUNCTIONAL ANALYSIS OF DEPRESSION BASED ON SKINNERIAN PSYCHOLOGICAL MODEL OF BEHAVIOR CHANGE REFERRED TO AS APPLIED BEHAVIOR ANALYSIS.
BEHAVIORAL MODEL OF DEPRESSION

DECREASED FREQUENCY OF POSITIVELY REINFORCED ACTIVITY AS THE “COMMON DENOMINATOR” AMONG INDIVIDUALS WITH DEPRESSION (FERSTER 1973)

DEPRESSION IS THE RESULT OF A LOSS OR LACK OF RESPONSE CONTINGENT POSITIVE REINFORCEMENT OFTEN ACCOMPANIED BY STRESSFUL AVERSIVE LIFE EVENTS THAT DISRUPT DIALY ROUTINES AND ACTIVITIES (LEWINSOHN ET AL)
INDIVIDUALS WITH DEPRESSION ENGAGE IN FEWER OVERT BEHAVIORS THAT PROVIDE PLEASURE OR ENJOYMENT THAN INDIVIDUALS WHO ARE NOT DEPRESSED.

IN ADDITION INDIVIDUALS WITH DEPRESSION ENGAGE IN A HIGH FREQUENCY OF BEHAVIORS THAT FUNCTION TO ESCAPE OR AVOID AVERSIVE STIMULI SUCH AS STAYING IN BED ALL DAY TO AVOID ATTENDING A SOCIAL EVENT.
What is Cognitive Behavior Therapy

CBT developed by Dr. Aaron Beck, a psychiatrist from Philadelphia.

Identified negative cognitive triad - negative thoughts about one’s self, about one’s experiences and about the future. By identifying and challenging these, people can reduce their symptoms of depression – this is called cognitive reframing.

Since Beck’s early work, a second key element has been added to CBT – behavioral activation – it involves identifying which particular activities, situations, and people are associated with positive mood and scheduling those on a daily basis.
Robust effects found in reviews of behavioral activation for depression (see Dimidjian et al, 2011 for most recent).


Large scale treatment studies with younger persons found BA to be more effective than cognitive therapy and equal to medication for treating depression. (Spates, Pagoto & Kalata, 2006; Dimidjian et al, 2006)

Research with older adults found similar results (Gallagher-Thompson, Hanley-Peterson & Breckenridge, 1987; Thompson, coon et al, 2001).
A successful community-based program that incorporates four evidence-based components into the ongoing delivery of care/case management.

1. Screening and assessment

2. Education about depression

3. Referral and linkages

4. Behavioral Activation
THEORY OF BEHAVIORAL ACTIVATION

- Not enough environmental reinforcement
- Too much environmental punishment
- Contributes to depression
- Goal of BA - Increase environmental reinforcement and reduce punishment.
- Key - Actions seen as a cause of emotions
CORE TARGETS FOR BA TREATMENT

BA TARGETS INERTIA – DEPRESSION ZPAS MOTIVATION, THE BA APPROACH IS TO WORK FROM THE OUTSIDE-IN, SCHEDULING ACTIVITIES AND USING GRADED TASK ASSIGNMENTS TO ALLOW THE CLIENT TO HAVE A CHANCE OF HAVING ACTIVITY POSITIVELY REINFORCED.

BA TARGETS ESCAPE AND AVOIDANCE BEHAVIORS AS PRIMARY

BA IS SHORT TERM
WHAT IS BEHAVIORAL ACTIVATION?

INCREASE CLIENT’S ENGAGEMENT IN ACTIVITIES THAT PROVIDE ENJOYMENT AND OR A SENSE OF ACCOMPLISHMENT

BEHAVE FIRST, FEEL LATER – AN “OUTSIDE-IN” APPROACH

PLAIN ENGLISH – ACT ACCORDING TO THE PLAN OR GOAL, NOT ON FEELING OR HOW YOU ARE FEELING

HELPS CLIENTS CONNECT WITH THEIR VALUES AND UTILIZE STRUCTURE AND ACTIVITIES TO LIVE A VALUED LIFE
GUIDING PRINCIPLES

- BEHAVE FIRST, FEEL LATER
- EMPHASIZE MOTTO “DON’T JUST TALK, DO!”
- ROLE OF PROVIDER AS COACH
- TROUBLESHOOT POSSIBLE AND ACTUAL BARRIERS TO ACTIVATION
BEHAVIORAL ACTIVATION STEPS

STEP 1. RATIONALE – EXPLAIN THAT WHEN WE FEEL DOWN, WE SOMETIMES STOP DOING MANY ACTIVITIES THAT WE USED TO LIKE TO DO – PSYCHOEDUCATION IS IMPORTANT.

STEP 2. SELECT ACTIVITIES THAT INCREASE PLEASURE/ENJOYMENT AND OR SENSE OF MASTERY – ASK THE CLIENT ABOUT ACTIVITIES THEY USED TO ENJOY AND ANY ACTIVITY THEY ALREADY DO AND WOULD LIKE TO DO MORE OFTEN (TALKING WITH FRIENDS). YOU MAY ASK IF THERE IS SOMETHING THAT THEY NEED TO DO THAT THEY HAVE BEEN UNABLE TO DO OR ARE AVOIDING.

STEP 3. IN FOLLOW UP VISITS THE CLINICIAN REVIEWS PROGRESS ON GOALS REINFORCES POSITIVE BEHAVIOR AND RESETS GOALS AS NEEDED.
RATIONALE FOR BA IN DEPRESSION TREATMENT

• EXPLAIN BEHAVIORAL ACTIVATION TO YOUR CLIENT

• THIS APPROACH IS BEHAVIORAL AND ENVIRONMENTAL IN NATURE WHICH MEANS IT TARGETS CHANGES IN YOUR ENVIRONMENT AND PERSONAL BEHAVIOR AS A METHOD FOR IMPROVING YOUR THOUGHTS, MOOD AND OVERALL QUALITY OF LIFE

• ALTHOUGH THE FOCUS IS ON BEHAVIOR WE ARE NOT IGNORING THOUGHTS AND FEELINGS.

• IN FACT WE SUGGEST THAT NEGATIVE THOUGHTS AND FEELINGS WILL CHANGE ONLY AFTER POSITIVE EVENTS AND CONSEQUENCES ARE EXPERIENCED MORE FREQUENTLY
WHY WE GET STUCK

The less we do, the more depressed we become.

The more depressed we are, the less we do.

Lack of interest/pleasure = inactivity/isolation.
EXAMPLE

NEGATIVE BEHAVIOR – SLEEP UNTIL NOON EVERY DAY TO AVOID STRESS AND NEGATIVE FEELINGS

IMMEDIATE CONSEQUENCE – MISS BREAKFAST, NO TIME FOR EXERCISE, NO TIME FOR DAILY CHORES

RESPONSE – INCREASED STRESS DUE TO UNADDRESSED RESPONSIBILITIES, GUILT ABOUT WORSENING HEALTH DUE TO LITTLE ACTIVITY, REDUCED ENERGY DUE TO POOR DIET
PREPARING FOR TREATMENT

• ACCURATE ASSESSMENT OF OUR DAILY SCHEDULE OF ACTIVITIES

• CREATING AN ENVIRONMENT THAT SUPPORTS HEALTHY BEHAVIORS - ASK FAMILY AND FRIENDS TO HELP YOU BY NOT FOCUSING ON YOUR DEPRESSIVE SYMPTOMS BUT ON YOUR EFFORTS TO ENGAGE IN HEALTHY BEHAVIORS. KEEP YOUR DEPRESSION FROM BEING THE FOCUS OF YOUR SOCIAL INTERACTIONS. EG. YOU MAY ASK YOUR FRIENDS NOT TO ALLOW YOU TO SPEND MORE THAN 25% OF YOUR TIME TOGETHER TALKING ABOUT WHAT IS GOING WRONG IN YOUR LIFE TO ALLOW MORE TIME TO DEVELOP AND DISCUSS POSITIVE EXPERIENCES.

• CREATE A FORMALIZED BEHAVIOR CONTRACT
Identify Values

- Values are how you want to live your life.
- They are statements about what is really important to you.
- Values should be determined for all areas of your life: family, social, romantic, education, hobbies, volunteer work, spiritual, physical, psychological/emotional.
It is difficult to feel depressed and have low self-esteem if you are regularly engaging in activities that bring you a sense of pleasure and accomplishment.

Increased healthy behaviors + decreased depressed behaviors = positive experiences = improved thoughts and mood.
AN OUTSIDE-IN APPROACH

• TYPICALLY WE THINK OF ACTING FROM THE INSIDE OUT
• WE WAIT TO FEEL MOTIVATED BEFORE COMPLETING TASKS, OR WE RESPOND TO OUR INTERNAL STATES SUCH AS SITTING IN FRONT OF THE TV WHEN BORED
• IN BA, WE ASK PEOPLE TO ACT ACCORDING TO A PLAN OR GOAL RATHER THAN A FEELING
• “DON’T JUST TALK, DO”
INCREASE ACTIVITY FROM THE OUTSIDE

1. FOLLOW A WRITTEN PLAN (AN ACTIVITY SCHEDULE)
2. MONITOR PROGRESS
3. HIGHLIGHT CONSEQUENCES OF INCREASED ACTIVITY
4. EXPRESS YOUR INTENTION TO ANOTHER PERSON. PUBLIC SUPPORT CAN HELP GET THE JOB DONE.
• NAME A PERSON WHO CAN HELP YOU DO ENJOYABLE/IMPORTANT ACTIVITIES____________________

• WHAT IS AN ACTIVITY YOU WOULD LIKE THIS PERSON TO HELP YOU WITH:__________________________________

• WHAT ARE THE WAYS THIS PERSON CAN HELP YOU WITH THIS ACTIVITY:
  • 1.___________________________________
  • 2.___________________________________
  • 3.___________________________________
### GETTING STARTED

<table>
<thead>
<tr>
<th><strong>Identify Potential Activities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities should be observable and measurable – therefore a goal like “thinking more positive” is not appropriate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Create an Activity Hierarchy</strong> - Rank Them for Ease and Reward</th>
</tr>
</thead>
<tbody>
<tr>
<td>“What activities did you previously enjoy that you would like to start participating in again”?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>List Activities That You Need to Do to Better Your Current Situation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“List activities that you need to do to better your current situation”?</td>
</tr>
</tbody>
</table>
IMPLEMENTING THE BA PLAN

- Role Play/Rehearse Task
- Use Visualization/Imagery
- Assign "Homework" that is engaging and satisfying
- Set time frame for action
- Help identify possible people who might help with obtaining the goal – look for ways others can help
- Teach skills to help reach goals – problem solving, relaxation
When a person is depressed it's hard for them to remember any activities that have been pleasant. Ask them what is it that they used to enjoy? Pleasant activities are doubly beneficial to the client as they increase activity and feelings of pleasure. Start slow to allow for early success.
GRADED TASK ASSIGNMENT

Based on Functional Analysis and Goals

Assign increasingly more difficult tasks to move towards full participation

Help break down tasks into manageable components

Engage in mental rehearsal – troubleshoot by anticipating obstacles.
AVOIDANCE AND ESCAPE BEHAVIORS IN DEPRESSION

- Depressed individuals tend to substitute behaviors that provide immediate relief for behaviors that might cause short-term discomfort but are not helpful in the longer term.

- Example: Avoiding contact with the social community by staying in bed all day can function to avoid exposure to situations that elicit aversive thoughts and feelings in the individual.
AVOIDANCE MODIFICATION

- Understand the discomfort in a particular situation that is followed by some action by the client to mitigate or extinguish the aversive experience.
- Avoidance serves an adaptive function in the short term but is a problem in the long term.
- Assist the person in identifying the functions of various avoidance behaviors and help choose alternative coping.
TRAP AND TRAC

TRAP

- TRIGGER
- RESPONSE
- AVOIDANCE PATTERN

TRAC

- TRIGGER
- RESPONSE
- ALTERNATIVE COPING
TRAP & TRAC

**TRAP**
- TRIGGER – DEMANDS AT WORK
- RESPONSE – DEPRESSED MOOD/HOPELESS
- AVOIDANCE- STAY IN BED/DON’T ANSWER PHONE

**TRAC**
- TRIGGER – DEMANDS AT WORK
- RESPONSE – DEPRESSED MOOD/HOPELESS
- ALTERNATIVE COPING – APPROACH BEHAVIOR USING GRADED TASKS.
ROUTINE REGULATION IS ESSENTIAL

• HELP CLIENT DEVELOP AND FOLLOW A REGULAR ROUTINE FOR BASIC LIFE ACTIVITIES – EATING, SLEEPING, WORKING, CHORES, FAMILY TIME

• EVALUATE NEW BEHAVIORS AFTER SOME TIME – MAKE THEM ROUTINE BEFORE EVALUATING

• USE ACTIVITY LOGS AND ACTION PLANS
**ACTION STRATEGY**

| **ASSESS** – HOW WILL MY BEHAVIOR AFFECT MY DEPRESSION? AM I AVOIDING/WHAT ARE MY GOALS IN THIS SITUATION? |
| **CHOOSE** - ACTIVATING MYSELF WILL INCREASE MY CHANCE OF IMPROVING MY LIFE SITUATION AND MOOD. CHOOSING NOT TO SELF ACTIVATE COULD BE A PROBLEM |
| **TRY THE BEHAVIOR I HAVE CHOSEN** |
| **INTEGRATE NEW ACTIVITY INTO MY DAILY ROUTINE** |
| **OBSERVE THE RESULTS – DO I FEEL BETTER OR WORSE? DID THE ACTION IMPROVE MY SITUATION?** |
| **NEVER GIVE UP!** |
RUMINATION

Depressed people often think about the misery of life, mull over events and do not problem solve.

Rumination refers to the way certain animals such as cows eat storing their food partially digested in a special stomach called a rumen to be brought back up later and chewed.

The constant rehashing of memories serves to feed and prolong depression.

Rumination leads to withdrawal, inactivity and more rumination.

Function may be escape or avoidance.

BA treats rumination as a behavior rather than engaging or challenging the content of their ruminative thought.
RUMINATION AND DEPRESSION – DANGER OF DWELLING

Likely to focus on the negative both in the recall of their past and perception of current events and envision the future in a negative way. These negative thoughts make us feel more depressed.

Rumination impacts your social support network.

Rumination impairs ability to problem solve, even if you come up with a solution, self-doubt prevents us from carrying out the plan.

Rumination creates self-doubt that prevents us from carrying out the plan.
<table>
<thead>
<tr>
<th>FOCUS ON CONTENT (COGNITIVE)</th>
<th>FOCUS ON CONTEXT (BA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I WAS DEPRESSED ALL DAY YESTERDAY BECAUSE I WAS THINKING HOW MY SISTER DOES NOT LOVE ME</td>
<td>• I WAS DEPRESSED ALL DAY YESTERDAY BECAUSE I WAS THINKING HOW MY SISTER DOES NOT LOVE ME</td>
</tr>
<tr>
<td>• WHAT IS THE EVIDENCE THAT THIS THOUGHT IS ACCURATE?</td>
<td>• WHEN DID YOU START THINKING THIS WAY?</td>
</tr>
<tr>
<td>• WHAT WOULD IT MEAN IF IT WAS TRUE?</td>
<td>• HOW LONG DID IT LAST?</td>
</tr>
<tr>
<td>• CAN YOU THINK OF ANOTHER WAY TO INTERPRET WHAT YOUR SISTER SAID?</td>
<td>• WHAT CONSEQUENCES DID IT HAVE? WHAT MIGHT BE THE FUNCTION?</td>
</tr>
<tr>
<td>• WHY MUST EVERYONE LOVE YOU?</td>
<td>• WHAT ELSE COULD YOU HAVE DONE DURING THIS TIME?</td>
</tr>
</tbody>
</table>
TARGETING RUMINATION

• LEARN TO BLOCK AVOIDANCE FUNCTION OF RUMINATION BY MINDFULNESS EXERCISE (NOTICE COLORS, SMELLS, NOISES, SIGHTS)

• RUMINATION AS A CUE TO GET ACTIVE - RCA
FOLLOW UP

AT THE BEGINNING OF EVERY SESSION THERAPIST SHOULD CHECK HOW PLAN IS GOING TO HIGHLIGHT IT’S IMPORTANCE

SUCCESSES SHOULD BE MET WITH PRAISE

FAILURES SHOULD BE ADDRESSED WITH PROBLEM SOLVING – PERHAPS THE ACTIVITY WAS TOO DIFFICULT?

WHEN MOTIVATION AND MOOD IMPROVE, TRANSITION TO MORE CHALLENGING POSITIVE ACTIVITIES
IN CONCLUSION

BA HELPS CLIENTS REESTABLISH Routines of engaging in activities they were avoiding through engaging in these activities and interests your client will experience increased pleasure, diminished depressed mood and over time increased motivation to engage in valued activities. BA creates an upward spiral.
REFERENCES

• A BRIEF BEHAVIORAL ACTIVATION TREATMENT FOR DEPRESSION – C.W. LEJUEZ; DEREK HOPKO; SANDRA HOPKO – Beh Mod, Vol. 25 no. 2, April 2001 255-286

• THE PSYCHOLOGY OF DEPRESSION, NEW YORK, NY WILEY 1974 – A beh approach to Depression, P.M. Lewinsohn

• PLEASANT ACTIVITIES AND DEPRESSION – P.M. LWEINSOHN. Journ of Consult Psych 1973: 41:261-268


• BEHAVIORAL ACTIVATION FOR DEPRESSION IN OLDER ADULTS: THEORETICAL AND PRACTICAL CONSIDERATIONS – POLENICK, C, FLORA, STEPHEN – The Behavior Analyst 2013, 36, 35-55, No.1, (Spring)
THANK YOU

- NIRMALA.DHAR@STATE.OR.US
- 503 945 9715