



Behavioral Activation

*A Brief Therapeutic Intervention for Behavioral
Health Care Managers*

NOVEMBER 18, 2020

Virtual Etiquette

Be an active participant by asking questions and responding to questions through the chat feature and responding to polls

Provide feedback

Video and Audio:

- ▶ Unless distracting, please turn video ON. This is crucial for building trust and engagement
- ▶ Test your video and audio before the meeting begins
- ▶ Try to look at the camera when talking (to mimic the feeling of in-person eye contact)
- ▶ Adjust your camera if it is too high or low

Environment:

- ▶ Be aware of your backgrounds to not be distracting
- ▶ Position yourself in the light
- ▶ Find a quiet place to join or mute yourself as necessary

This presentation is being recorded

Disclosures

Nursing:

- ▶ There is no conflict of interest for anyone with the ability to control content for this activity
- ▶ Successful completion of the includes:
 - ▶ Attendance at the entire session
 - ▶ Completion of the course evaluation
- ▶ Upon successful completion of the COCM BHCM Behavioral Activation webinar, the participant will earn 1.5 Nursing CE contact hour
- ▶ This nursing continuing professional development activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)
- ▶ ONA Activity #2020-0000000799

Social Work:

- ▶ Upon successful completion of the COCM BHCM Behavioral Activation webinar, the participant will earn 1.5 Social Work CE Contact Hours
- ▶ Michigan Institute for Care Management and Transformation is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved provider Number: MICEC 110216

Learning Objectives and Outcome

Learning Objectives:

- ▶ Describe the basic components and core principles of Behavioral Activation.
- ▶ Explain how to deliver Behavioral Activation as a patient intervention within the CoCM model.

Learning Outcome:

- ▶ Participants will self report an increase in knowledge of behavioral activation and be able to describe a plan for how they will use this knowledge in their practice.

What will we learn today?

- ▶ How was BA developed and what is the evidence behind it?
- ▶ How will I use BA in my role as a behavioral health care manager?
- ▶ What is Behavioral Activation?
- ▶ How BA addresses the cycle of depression
- ▶ BA step-by-step
- ▶ What are common barriers and how are they addressed?

Behavioral Activation: An Overview

- ▶ Evidence-based brief intervention for depression
- ▶ Research shows outcomes to be similar or superior to CBT
- ▶ Comparable outcomes to medication for depression (Dimidjian et al. 2006)
- ▶ Aim is to reverse patterns of avoidance and re-engage in reinforcing activities
- ▶ Focused on “external” factors rather than internal deficits of individuals
- ▶ Cost effective

The Development of Behavioral Activation

- ▶ Component analysis study of cognitive therapy (1996)
- ▶ The Seattle Study (2006)

Behavioral Activation in Integrated Care:

- ▶ Interventions of varying lengths have been proven effective
 - ▶ 24 50-min sessions over 16 weeks (Dimidjian et al., 2006)
 - ▶ 10 sessions; optional modification to 6-8 sessions with depression improvement (Lejuez et al., 2011)
 - ▶ One single structured session (Gawrysiak et al., 2009)
- ▶ Can be used as a manual or flexibly
 - ▶ BA can be used flexibly in clinical settings with the treatment shortened or extended based on the unique characteristics of the patient and the setting (Lejuez et al., 2011)
- ▶ Has also been shown to be deliverable in electronic format (Egede et al., 2009)

The Cycle of Depression



How Does it Work?

- ▶ Encourages re-engagement in enjoyable activities, thus decreasing depression
- ▶ Breaks pervasive patterns of avoidance
 - ▶ Withdrawal, isolation, and not participating in activities
- ▶ Helps to re-establish routines

Changes in life can lead to depression, and short-term coping strategies may keep people stuck over time.

The key to changing how people feel is helping them change what they do.

Breaking the Cycle of Depression



Focus on Action

- ▶ Focus is on altering behaviors that maintain and reinforce depression
- ▶ Distorted thoughts/beliefs are not targeted
 - ▶ BA takes a balanced approach of acceptance versus change
 - ▶ Patient is encouraged to acknowledge and accept negative thoughts/distortions
 - ▶ In CBT, the patient will spend more time identifying and working to alter cognitive distortions and schemas
- ▶ Examine context and consequence of thoughts versus content

The clues to figuring out what will be antidepressant for a particular client lie in what precedes and follows the client's important behaviors.

Working from the Outside – In

INSIDE-OUT

Motivation must come first.

“I’ll go for a walk as soon as I feel motivated”

OUTSIDE-IN

Motivation follows action.

“I really don’t feel like it, but I told myself I’d take that walk. I feel a little better now!”

Structure and schedule activities that follow a plan, not a mood.

Who can Benefit from Behavioral Activation?

- ▶ People with depression
- ▶ People with anxiety (in some cases)
- ▶ People who prefer non-pharmacological treatment
- ▶ People who are less active or social than they once were
 - ▶ “I used to like...”
 - ▶ “I used to do more of...”
 - ▶ “If only I could...”
 - ▶ “I wish I could just...”

Advantages of BA

- ▶ Evidence-based treatment
- ▶ Simple to deliver
- ▶ Patient-centered
- ▶ Cost-efficient

Review

- ▶ How BA was developed
- ▶ How BA can be used in an integrated care setting
- ▶ What the cycle of depression is and how BA can interrupt the cycle
- ▶ The “outside in” approach vs the “inside out” approach
- ▶ What patients might be a good fit for BA

What next?

Step 1: Orient Patient to Treatment

- ▶ Psychoeducation is key!
- ▶ Review the cycle of depression
- ▶ “Inside-Out” versus “Outside-In” approach
- ▶ Function of avoidance in depression
 - ▶ TRAP
 - ▶ TRAC

Avoidance in Depression

- ▶ Orient patient to avoidance (how it works in short run and long run)
- ▶ Identify behaviors that function as avoidance
- ▶ Help patient engage in alternative behaviors
 - ▶ Look for incremental steps to get out of entrenched patterns

TRAP & TRAC

TRAP

- ▶ Trigger
 - ▶ *Demands at work*
- ▶ R – Response
 - ▶ *Depression, hopelessness*
- ▶ AP – Avoidance Pattern
 - ▶ *Skip work, stay in bed*

TRAC

- ▶ T – Trigger
 - ▶ *Demands at work*
- ▶ R – Response
 - ▶ *Depression, hopelessness*
- ▶ AC – Alternative Coping
 - ▶ *Approach the situation with graded behaviors, such as starting with a small, manageable to-do list or talking with boss*

Step 2: Explore Values & Priorities

- ▶ BA is not *just* about getting active – it's about doing so in a meaningful way that provides positive re-enforcement
- ▶ Here, the spirit of Motivational Interviewing intersects
 - ▶ Open questions
 - ▶ Curiosity
 - ▶ Empathy
 - ▶ Partnership
 - ▶ Belief in the patient as expert

Exploratory Questions

- ▶ Imagine you woke up tomorrow and the (*depression/anxiety*) were behind you. Life is exactly as you wish. What would that look like?
- ▶ What is most important to you in life?
- ▶ What are you doing more or less of since (*e.g., you started feeling sad*)?
- ▶ What gives you meaning?
- ▶ What do you see other people doing that you wish you could?

Taking it Deeper: Finding the Core Values

What does health mean to you? If you're healthy, what will that allow you to do?
What does being successful in a career mean to you? What doors will that open?

Let's Practice!

- ▶ How would you explain the following concepts to patients?
 - ▶ The cycle of depression
 - ▶ The “outside-in” approach
- ▶ Share 1 – 2 personal values or priorities with your group
 - ▶ What is the core value?
 - ▶ What are some goals that reflect that value?
 - ▶ How might you engage your patients in this activity?

20 Minutes

Step 3: Set activity goals

- ▶ Key part of behavioral activation
- ▶ Work together to brainstorm a list of activities
 - ▶ Tool 1: Activity charting
 - ▶ Tool 2: Behavioral analysis
 - ▶ Tool 3: Understanding avoidance
- ▶ Remember, the patient is the expert – If they generate the activities, they're more likely to be successful

*Change will
be easier
when
starting small*

*Emphasize
activities that
are naturally
reinforcing*

Activity Charting

- ▶ Links behavior and mood
- ▶ Helpful for patients who may lack insight
- ▶ Requires a bit of homework, including real-time tracking
- ▶ Can aid in generating the list of activities, as well as scheduling

Don't just talk, do!

Time	Day and Date:
6:00 am	
Mood	
7:00 am	
Mood	
8:00 am	
Mood	
9:00 am	
Mood	

Behavioral Analysis

- ▶ A step-by-step analysis of a specific behavior
 - ▶ Can be done quickly in a primary care setting
 - ▶ Compliments activity charting
 - ▶ Patient and BHCM explore together in a nonjudgmental manner about the role a behavior serves
 - ▶ Helps determine anti-depressant behaviors from behaviors that reinforce depression or function as avoidance

Understanding Avoidance

- ▶ Help patients understand the cycle of avoidance, as well as what behaviors they engage in that might function as avoidance
- ▶ **Keep an eye out for behaviors that appear adaptive, but may be avoidant, such as “keeping busy”**
- ▶ Look for a new, non-avoidant behavior

Generate a list

- ▶ Goal: Come up with a maximum of five activities
- ▶ Let the values and priorities guide the list
 - ▶ *What have you enjoyed doing in the past?*
 - ▶ *What used to make you feel good?*
 - ▶ *What is a new activity that you've always wanted to try?*
 - ▶ *What's something that you've been meaning to do?*

Emphasize a problem-solving empirical approach, and recognize that all results are useful.



TIP

- ▶ Physical and social activities tend to provide the most positive reinforcement and boost in mood
- ▶ Consider activities that have a positive impact on mood – not just responsibilities
- ▶ Make sure no activities have an avoidance function

Remember!

The patient is the expert

Use Motivational
Interviewing skills to help
guide patients (remember
OARS)

Okay to share general
ideas



- | Pleasant Activities | | |
|-----------------------------------|---|------------------------------------|
| 1. Journal | 22. Play a board game/cards | 43. Visit the zoo |
| 2. Draw or paint | 23. Go for a jog | 44. Practice origami |
| 3. Cook a healthy meal | 24. Go to a movie | 45. Make a time capsule |
| 4. Visit a friend | 25. Garden at home | 46. Go geocaching |
| 5. Walk in the park | 26. Join a community garden | 47. Clean up the neighborhood |
| 6. Learn a new subject online | 27. Play an instrument | 48. Fly a kite/paper plane |
| 7. Read a book | 28. Go out to dinner | 49. Rearrange your furniture |
| 8. Exercise at home | 29. Do a craft | 50. Build a fort with your kids |
| 9. Go for a bike ride | 30. Play with your children | 51. Make a family tree |
| 10. Call a friend/family member | 31. Volunteer | 52. Go swimming |
| 11. Join a book club | 32. Go to the gym | 53. Play with shelter animals |
| 12. Do a puzzle | 33. Explore a museum | 54. Play Frisbee |
| 13. Knit/crochet/sew | 34. Visit the library | 55. Attend a community class |
| 14. Color | 35. Be a tourist in your hometown | 56. Have a snowball fight |
| 15. Go to church/place of worship | 36. Do a crossword | 57. Take a dance/exercise class |
| 16. Organize a room | 37. Pick up an old hobby you've stopped | 58. Have a barbecue |
| 17. Go to a support group | 38. Go to a concert | 59. Go to an aquarium |
| 18. Take a bubble bath | 39. Listen to a podcast | 60. Go to a yoga class |
| 19. Window shop | 40. Join a fantasy sports league | 61. Join a community sports league |
| 20. Bake a dessert | 41. Learn photography | |
| 21. Join a choir | 42. Start a blog | |

Refine and rank the activity goals

- ▶ It's good to start small – help the patient prioritize.
- ▶ Can provide psychoeducation that activities that are naturally reinforcing, like socializing and exercise, can be a nice place to start
 - ▶ Are there 1 or 2 things on this list that stand out to you?
 - ▶ Where do you think you might like to start?
 - ▶ What feels most important to you here?
- ▶ Once the patient has identified their top priority, it's time to start scheduling!



Act as a coach

Scheduling – Using SMART Goals

- ▶ SMART Goals:
 - ▶ Specific, Measureable, Attainable, Relevant, Time-Specific
- ▶ The more specific and manageable the goal, the more likely the patient can be successful.
 - ▶ Details to consider:
 - ▶ When? Where? With whom? For how long?
 - ▶ What other aspects need to be planned?
- ▶ Mentally rehearse the activity.
- ▶ Keep reinforcing that these goals are in place to help the patient break that cycle of depression/anxiety.

How could these activity goals be a little SMARTer?

“I’ll give my friend a call to catch up.”

- ▶ With whom? – My friend, Susan.
- ▶ When? – This Saturday morning, around 9:00AM.
- ▶ How long? – Will ask Susan if she has about 30 minutes to chat.
- ▶ Other aspects to plan? – Will ask my husband to keep an eye on the kids from 9-9:30AM.

“I’ll go on a hike tomorrow.”

- ▶ With whom? – My wife said she’d like to go with me.
- ▶ When? – Tomorrow after work, at 5:30PM.
- ▶ Where? – At the park that is on my way home from work.
- ▶ How long? – We will walk for aprox. 45 minutes.
- ▶ Other aspects to plan? – Will put dinner in the slow cooker in the morning so we don’t have to rush home to cook. My wife will meet me there.

Provide a Written Copy of the Goals

Day	Activity (What, where, when, and with who?)	How satisfied do you feel? (1 – 10)	
		Before	After
Example	Go for a walk in the park with my daughter in the morning.	4	7
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Case Example

Terry is a 45 yo female who was referred to you following a new diagnosis of depression. During your initial assessment, she reports that she has been furloughed from her job since March and does not know when she will be returning.

She reports that she has felt very isolated and down recently but has not had the energy to reach out to her close friends. She used to be very social and was in a book club and a yoga class with her friends but has not been interested in engaging with her friends virtually.

She also reports that her partner is encouraging her to look for work but she doesn't see the point because no one is hiring. She also doesn't feel safe working an in-person job as her partner has pre-existing conditions. Worrying about her partner has caused her significant stress and she states that she has difficulty focusing on a regular basis and this has significantly impacted her daily routine.

After discussing her values and priorities, she stated that she would like to be less tired and "contribute more in my relationships." She said that she values being a good partner and friend.

Let's Practice!

- ▶ How would you elicit activities from this example?
- ▶ What are possible activities you could suggest if requested?

- ▶ Review the provided list of activities. Which could be positive activities for Terry? Which activities may be functioning as avoidance for Terry?

20 Minutes

Step 4: Anticipate Barriers

- ▶ Barriers **will** arise
- ▶ Have a collaborative brainstorming session about what barriers might come up for the patient's activity goals
- ▶ What are some ideas for navigating these barriers?

Troubleshoot possible and actual barriers to activation.

Activity Goal

"I'll go on a hike after work with my wife, at 5:30PM. I'll have dinner in the slow cooker, ready to eat when I get home."

Troubleshooting Barriers

1. Get stuck at work late – Can go for a brisk 20 min. walk around the block at home.
2. Wife can't or won't come – Download a good podcast to listen to.

Setting Patients Up for Success

1. Engage social support
2. Write it down and/or add to calendar
3. Set an alarm
4. Start small and graduate up
5. Consider this a self-experiment
6. Don't forget: Outside-In approach!
7. Document results

Troubleshooting barriers

Possible Barriers

- ▶ “I felt lazy/too tired/too anxious. I didn’t do it”
- ▶ Fast-paced primary care settings
- ▶ Reaching patients for follow-up
- ▶ Readiness and stage of change

Troubleshooting

- ▶ “What got in the way?”
- ▶ “What might work better?”
- ▶ “How is this activity goal feeling to you? Would you like to modify?”

Step 5: Follow Up

- ▶ Were the goals met?
- ▶ Ensure you have documented the patient's activity scheduling
- ▶ Praise success
- ▶ Troubleshoot barriers
- ▶ Next:
 - ▶ Continue doing the things that worked
 - ▶ Incorporate new activity goals to keep it fresh and to graduate up

Step 6: Incorporate successes into the Relapse Prevention Plan

- ▶ Keeping track of activities that improved mood and had positive reinforcement effects is essential
- ▶ When the patient's symptoms have improved and/or they are in remission, engage them in Relapse Prevention Planning
- ▶ Consider incorporating Behavioral Activation goals into the Relapse Prevention Plan

Things I do to Prevent Depression/Anxiety

- 1.
- 2.
- 3.
- 4.
- 5.

Review

Components of Behavioral Activation

1. Orient the patient to the treatment approach
2. Explore values and priorities
3. Set activity goals
4. Anticipate and discuss barriers
5. Follow up on the patient's progress
6. Incorporate successes into the Relapse Prevention Plan

Resources

- ▶ [Pleasant Activity List](#)
- ▶ [Behavioral Activation Tools](#)

Thank you

Questions?

<https://mccist.org/about/contact-us/>

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