Behavioral Activation (BA) for Depression

Depression

- Very common
- Leading cause of disability in USA in ages 15-44
- Associated costs > 30 billion/year
  - high risk of relapse
  - Many don't get help
  - Inadequate care
  - Social stigma

Depression is widespread, debilitating, and costly

Major depression

(at least two weeks)

Highly debilitating

- Fatigue or loss of interest
- Insomnia or hypersomnia
- Feelings of worthlessness or guilt
- Markedly diminished interest or pleasure in almost all activities (called anhedonia)
- Impaired concentration
- Psychomotor agitation or retardation
- Significant weight loss or gain
- Recurring thoughts of death or suicide

Chronic depression

(dystymia) (more then two years)

- Persistent sad or empty feeling
- Insomnia or hypersomnia
- Feelings of helplessness, hopelessness, and worthlessness, guilt
- Loss of interest or the ability to enjoy oneself
- Loss of energy or fatigue
- Difficulty concentrating, thinking or making decisions
- Observable mental and physical sluggishness
- Significant weight loss or gain

Thoughts of death or suicide

Bipolar depression or manic depression: dramatic mood swings (oscillation between depression and mania)

Bipolar I

Mania

- Disconnected and racing thoughts
- Grandiose notions
- Inappropriate elation
- Inappropriate irritability
- Inappropriate social behavior
- Increased sexual desire
- Markedly increased energy
- Poor judgment
- Severe insomnia

Bipolar II

Hypomania

- Extreme focus on projects at work or at home
- Exuberant and elated mood
- Increased confidence
- Increased creativity and productivity
- Increased energy and libido
- Reckless behaviors
- Risk-taking behaviors
- Decreased need for sleep

Treatment

- Major depression:
  - Medication
    - TCAs (tricyclic antidepressants): Amitriptyline (Elavil, Tryptizol, Laroxyl), Nortriptyline (Pamelor, Aventyl), etc
    - SSRIi (selective serotonin reuptake inhibitors): fluoxetine (Prozac), sertraline (Zoloft), etc.
  - Cognitive and behavioral therapy:
    - Just as effective as medication
    - Significantly smaller relapse rates

- Therapy+ Medication: most effective

Chronic (Dystymia):

1. Medication
2. Therapy: most successful

Bipolar:

1. Mood stabilizers (lithium)
2. Antidepressants: little success
3. Therapy: most successful

Relapse

- 1 episode = 50% chance of relapse
- 2 episodes = 90% chance of relapse
- Therapy (with or without drugs) – reduces the risk of relapse.
- Medication alone:
  - high rate of relapse on termination.
  - Residuals symptoms
  - Prolonged use: significant side effects

Issues: with both therapists and psychiatrists, some are better then others, and this correlates with success.

Behavioral Activation (BA)

- Structured, brief psychosocial approach
- Focuses on behavior change
- Premise: behavioral responses to problems reduce the ability to experience positive reward from the environment
- The treatment is directly focus on:
  - Activation (increase pleasurable/productive experiences)
  - Inhibitory processes: decrease escape and avoidance behaviors and ruminative thinking

Basic science perspective

- We want to:
  - increase the frequency of desired behaviors
  - Introduce new behaviors in the person's repertoire
  - Decrease the frequency of undesired behaviors

Behavioral model of depression

- Depression is associated with particular behavior-environment relationships that evolved over time
- Behaviors & environment = broad constructs
- Emphasis: the contingent relationships between behaviors and environmental consequences.
- N.B. Behaviors are maintained by their consequences; all behaviors have been adaptive at one point (and some still are)

Ferster's Model

- Depression = result of a learning history in which:
  - actions do not result in positive reward
  - Some actions are reinforced because they allow escape/avoidance from aversive situations.

The decrease in response-contingent positive reinforcement has two consequences that facilitate depression

1. "turning inward": when efforts do not result in reward, people tend to become focused on responding to their own deprivation and less focused on sources of positive reinforcements in the environment.

2. Narrowing of the behaviors' repertoire of adaptive behaviors (fewer behaviors are maintained by positive reinforcement).

The increase in aversive consequences → focus on escape and avoidance and less focus on acquiring positive reinforcement from the environment.

Lewinsohn's Model

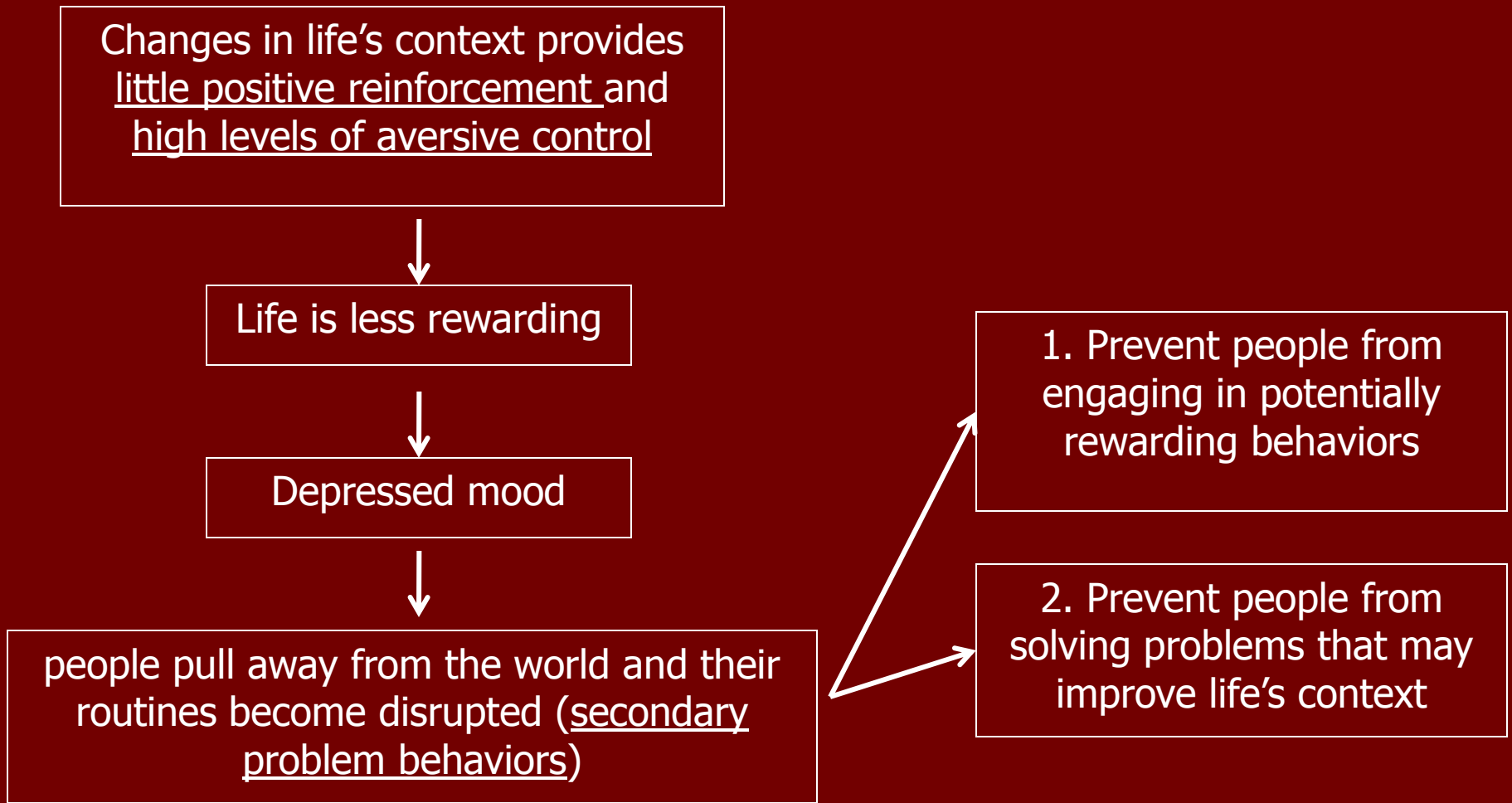
Similar to Ferster's, emphasizes the importance of response-contingent reinforcement; its rate depends on 3 factors:

- Number of potentially reinforcing events
- Availability of reinforcement
- The instrumental behavior of the individual

Social avoidance = core part of the model

Current version of BA

Focus on the life contexts that may have triggered depression and ways of responding to this contexts (behaviors that maintain depression)



Efficiency

- Efficient in major, chronic, and bipolar
- Enduring effects, small rate of relapse
- Just as effective as medication for severely depressed

Course of treatment

- BA – theory-driven (as opposed to protocol-driven)
- BA uses guided activation: behavior change strategies tailored for each individual.
- Follows general course, not a session-by-session format

Orienting the treatment

- Discuss the BA model, provide info on strategies, roles, and responsibilities.

- Potential problems:
  - many clients like biological explanations (Why do you think that is?)
  - Some clients end up believing that just going out more often and exercising are enough.
  - Some clients see improvement after a few sessions and drop out of therapy → relapse → conclusion: therapy doesn't work.

- Emphasis on:
  - Between-session practice
  - Collaboration

Developing goals

- First address avoidance patterns
- Secondly, formulate and address concrete, short-term, achievable goals (avoidance, withdrawal, routine disruption)
- Thirdly, long-term goals (life-changing goals)
- The progress toward short-term goals should not be influenced by the client's feelings. The point: try to change the pattern of having mood control behavior.

Individualizing activation and engagement targets

- No two people are the same
- Behaviors and contingencies must be carefully analyzed for each client.
- Important: therapist should help clients understand:
  - Variability in mood does exists and is not random
  - Moods are intimately linked to behaviors, contexts, and consequences.

Behavioral methods

Activity scheduling and self monitoring

- Most work – between sessions
- End of session: activity assn. + implementation strategies
- Very efficient for routine disruptions (e.g. sleeping, eating, etc.)
  - The correlation between intention-behavior = modest → contingency management (e.g. social)
    - E.g.: inform spouse of small plans for that day, or put the workout clothes before leaving work, call therapist when missing work (aversive)
  - Address incomplete assignments = important (obstacles, avoidance patterns, possible solutions)

Graded task management

- Key part of activity scheduling; brake down behaviors into specific, achievable units
- Goal = get started (introduce behavioral change) and disrupt avoidance patterns
- Accomplish one small part = rewarding (positive reinforcement) → increases the frequency of "doing that".

Avoidance modification and problem-solving

- Learning to:
  - recognize avoidance patterns
  - break down behaviors
  - adjust problem-solving strategies to new contexts and activities;

- Teach the client to recognize patterns and generate solutions ("teach a man to fish…")

Engagement strategies

- Ruminative behavior = behaviors that frequently prevent people from engaging fully with their activities and environments. (BA definition)
- destructive, especially for between-session assignment.
- Usually, they are a form of avoidance that needs to be addressed

Reviewing and consolidating gains

- Last sessions are focused on relapse prevention
- “What might trigger an episode and what can you do in such a situation?”