

BEHAVIORAL ACTIVATION

WHAT IS BEHAVIORAL ACTIVATION?

Based on premise that problems in vulnerable individuals' lives and behavioral responses reduce ability to experience positive reward from their environments

Aims to systematically increase activation such that patients may experience greater contact with sources of reward in their lives and solve life problems

Focuses directly on activation and on processes that inhibit activation, such as escape and avoidance behaviors and ruminative thinking

ORIGINS OF BEHAVIORAL ACTIVATION

BA as an application of reinforcement theory to the treatment of depression (e.g., Lewinsohn, 1974)

The behavioral component of cognitive therapy treatment for depression (Beck, 1976)

BA as an independently effective intervention for depression (e.g., Jacobson et al., 1996)

BA has evolved into a stand-alone behavioral treatment for Major Depressive Disorder

RESEARCH SUPPORT

Suggests BA alone is capable of both relieving overt and covert depressive symptoms

Affect, activity, quality of life
Maladaptive cognitions

Long-term follow-up suggest BA alone is as or more effective than CT

FUNCTIONAL ANALYTIC FRAMEWORK

BA sees depression not so much as a medical illness as a result of contexts a person is in

Looks outside the individual to establish relations between behavior and environment

Does not ignore biological or genetic vulnerabilities, but does not place them as the sole source of problematic behavior

BASICS OF BA

Triggers for a particular problem can be found in the life of the client, rather than the client

Much depressed behavior stems from avoidance and trying to cope with low positive reinforcement / high aversive control environment

BA attempts to reduce avoidance and increase positive reinforcement and routine

KEY ELEMENTS OF BA

- Behavioral case conceptualization
- Functional analysis
- Activity monitoring and scheduling
- Emphasis on avoidance patterns
- Emphasis on routine regulation
- Behavioral strategies for targeting worry or rumination
- Goals are specific to the individual (not necessarily pleasant events)

COURSE OF BA

- Orient to treatment
- Develop treatment goals
- Behavioral analyses
- Repeated application of activation and engagement strategies
- Troubleshooting
- Treatment review and relapse prevention

TREATMENT RATIONALE

- Emphasize relationships between environment, mood (or anxiety) and activity
- Highlight vicious cycle that can develop between depressed mood, withdrawal/avoidance, and worsened mood (or anxiety)
- Suggest activation as a tool to break this cycle and support problem solving

TREATMENT RATIONALE

Emphasize an “outside → in” approach: act according to a plan or goal rather than a feeling or internal state

This is distinctly different from the “inside → out” approach of CT

Will likely need to be repeated several times over the course of treatment

TREATMENT RATIONALE

Emphasize the importance of focused activation
Not random, but very purposeful activity *for that individual*

Conveying optimism during TR is important, especially with empathy for difficulty of changing behavior

Therapist takes more of a “coach” role than in other treatments

TREATMENT GOALS

Collaboration where the ultimate goal is to have clients engage the environment so that it is more positively reinforcing

Should be focused, specific, and operationally defined goals

With BA, focus is often on short-term goals within therapy, and long-term goals for after treatment

BEHAVIORAL ANALYSES

Focuses on contextual triggers for depression and responses elicited by them

Be sure to note those of low levels of positive reinforcement / aversive control

Analyses can be viewed as series of hypotheses, which can be generated via a series of specific questions

These, in turn, guide treatment planning

BEHAVIORAL ANALYSES

What triggered the depression?

What depressive symptoms is client experiencing?

How is client coping with depression?

How is avoidance maintaining the depression?

What routines have been disrupted?

ACTIVATION STRATEGIES

Focused activation

Stems from behavioral analysis, highly idiographic approach to finding pleasant behaviors

Viewed as experiments (based on those hypotheses generated) – does X help client function better or improve their mood?

Kept track of via activity charts/logs

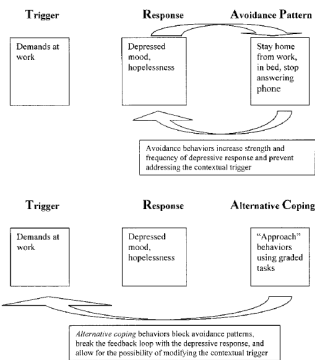
BA ACTIVITY CHART

- The central tool of BA, it is used to
- Monitor baseline assessment of activity
- Monitor mood and intensity ratings
- Monitor mastery and pleasure ratings
- Monitor breadth or restriction of activity
- Monitor range of feelings
- Schedule activation assignments
- Evaluate progress

ACTIVATION STRATEGIES

- Graded task assignment
- This is *how* you achieve focused activation
- Uses the process of shaping to move from easier tasks to those that are more difficult / require more participation
- Again, based on functional analysis and tailored to the client

AVOIDANCE MODIFICATION



ROUTINE REGULATION

Maintenance of a regular schedule of activities is an important piece of BA

- A** – assess what is making me depressed
- C** – choose to self-activate
- T** – try the new behavior
- I** – integrate new behavior into routine
- O** – observe the results
- N** – Never give up

ATTENTION TO EXPOSURE

Rumination is seen as blocking activation strategies for the client

Treated by developing behaviors that instead block it and maximize naturally reinforcing environments

Encouraged to focus on the environment, rather than rumination thoughts

OBSTACLES

Primary problem encountered is the passiveness of many depressed clients

Can be avoided by

- Having client agree with BA model of depression
- Suspend judgment until behavioral experiments have taken place
- Use activity charts to reinforce activity-mood connections

OBSTACLES

Follow a planned process

Determine if environment is preventing HW

See if patterns of avoidance are preventing completion of activities

Use between-session calls (sparingly) if needed

Use the graded task approach to HW
