UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

STEPPED THERAPY: BEHAVIORAL ACTIVATION

KARI STEPHENS, PHD

AND

BARBARA MCCANN PHD

UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

SPEAKER DISCLOSURES

✓ Any conflicts of interest?

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

Mark Duncan MD
Rick Ries MD
Kari Stephens PhD
Barb McCann PhD
Anna Ratzliff MD PhD
Betsy Payn MA PMP
Esther Solano
Cara Towle MSN RN

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OBJECTIVES

1. Describe origins of BA for treatment of depression
2. Present the rationale and method of BA
3. Describe BA within a stepped care model

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ORIGINS OF BEHAVIORAL ACTIVATION

- Beck's Cognitive Therapy (CT)
- How does CT work? Are all components necessary?
- The Jacobson et al studies of 1996, 1998
- The Seattle Study
- Recent support for BA

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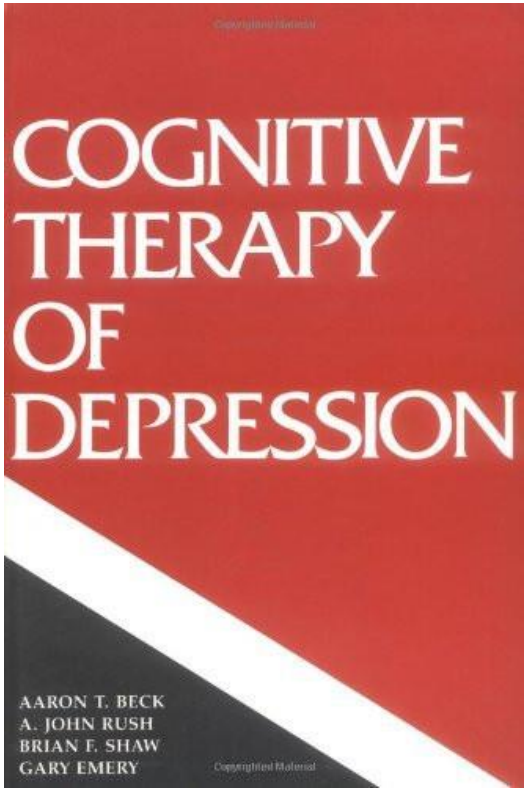
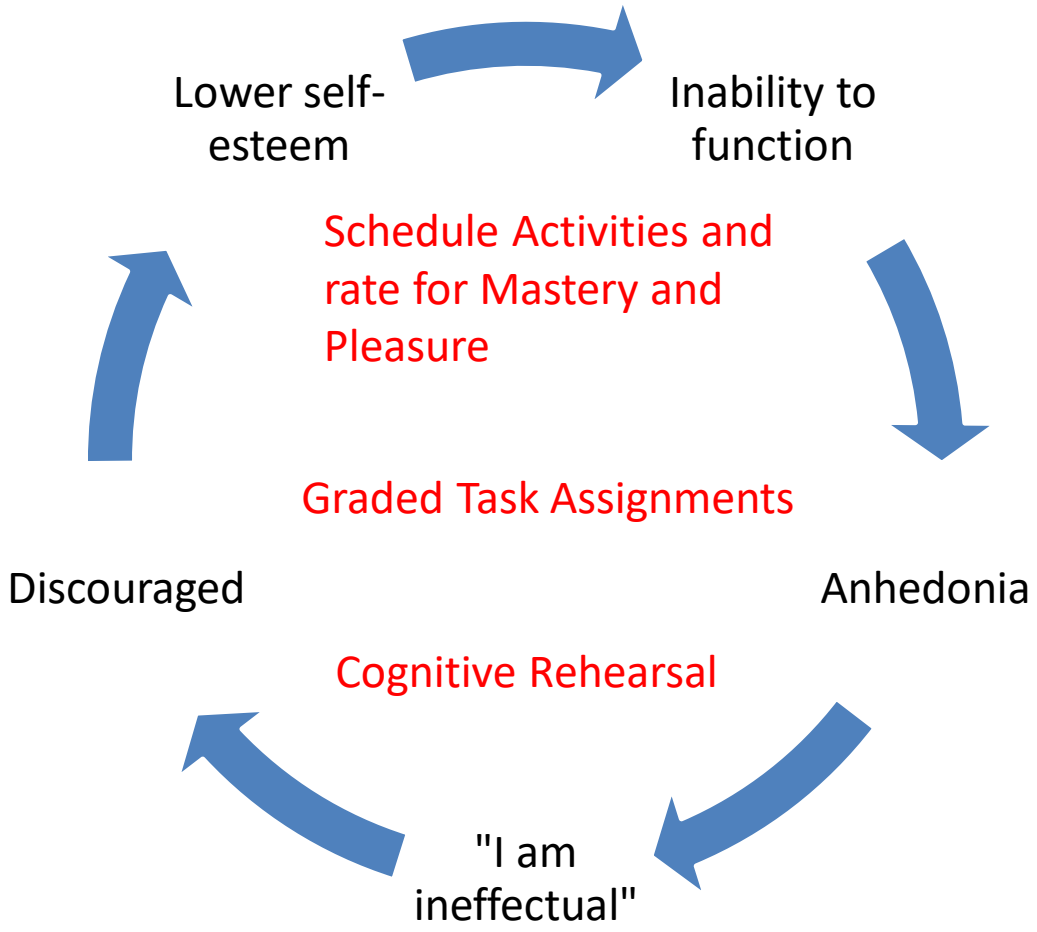
COGNITIVE THERAPY: ENGAGING IN DIFFERENT BEHAVIORS PRODUCES COGNITIVE CHANGE





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NEIL JACOBSON AND COLLEAGUES

- Why does CT work?
- Component analysis
- Finding of equivalence
- Implications of BA as a stand-alone treatment

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RATIONALE AND METHODS OF BA

- Focus on behavior and reinforcement
- Assessment to individualize treatment (overarching goal = greater contact with sources of reward)
- Activity Monitoring
- Activity Scheduling
- Identify Avoidance Patterns
- Problem Solving

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RATIONALE AND METHODS OF BA (CONTINUED)

- Values identification
- Therapy Termination and Relapse Prevention

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STEPPED CARE APPROACH TO BA

- Outpatient
- Day hospital
- Inpatient

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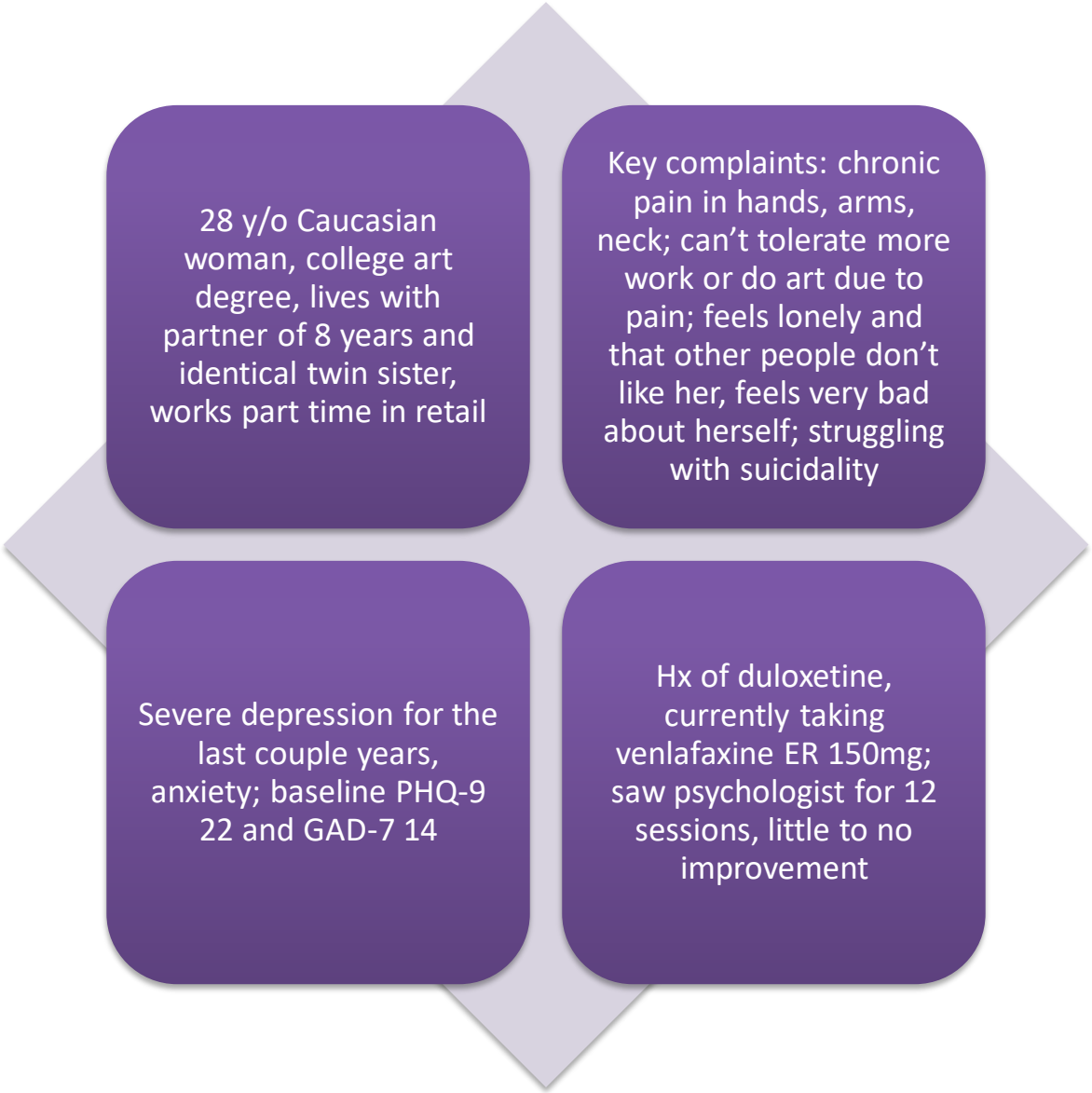
CASE STUDY



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What Is Behavioral Activation?

- An evidence-based, best practice for treating depressive symptoms
- BA targets patterns of avoidance, withdrawal, and inactivity
- BA is structured - a weekly plan is created
- BA is brief and easy to use
- BA helps depressed people improve their mood by engaging in rewarding activities

What is the difference between BA and CBT?

CBT

A first line depression treatment

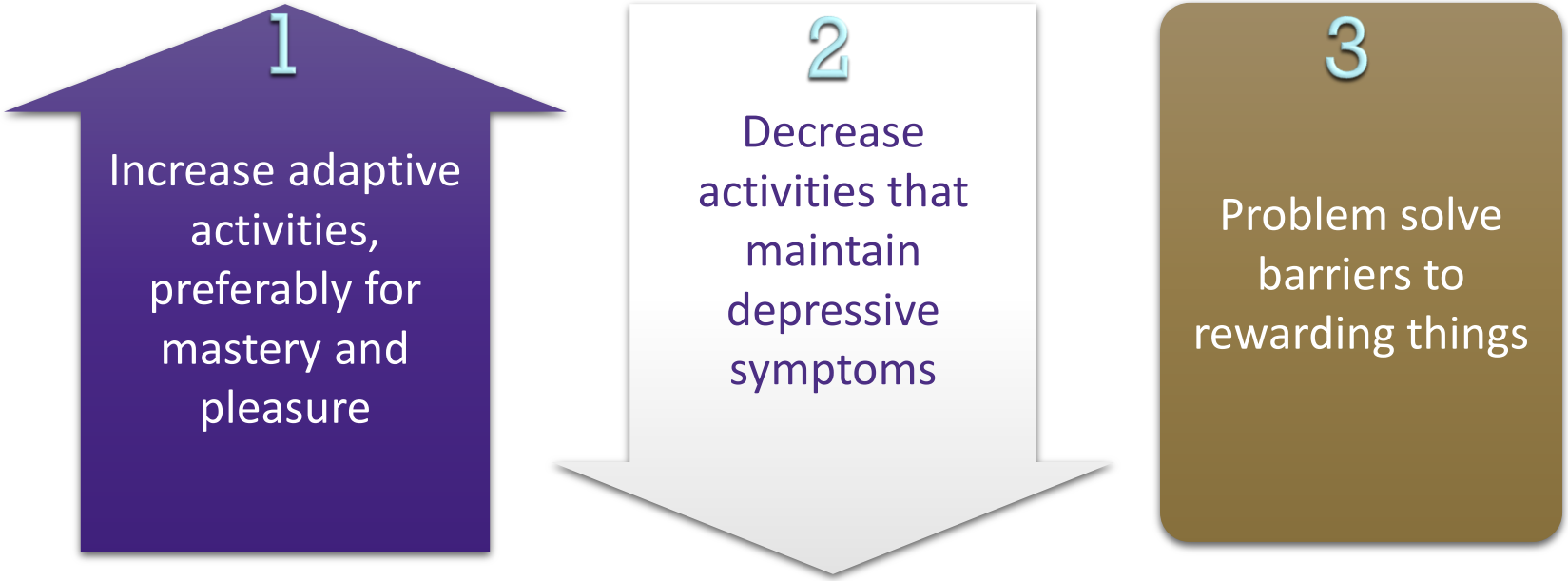
Behavioral Activation
set of strategies at the beginning of CBT treatment

Cognitive
dysfunctional cognitions or "automatic thoughts" → increase flexibility and decrease depressed way the thoughts function

Good evidence for C, B, and C+B

BA: Cuijpers et al 2007, Ekers et al 2008, Mazzucchelli et al 2009; listed as an evidence-based treatment for depression by the National Institute for Health and Clinical Excellence (2009)

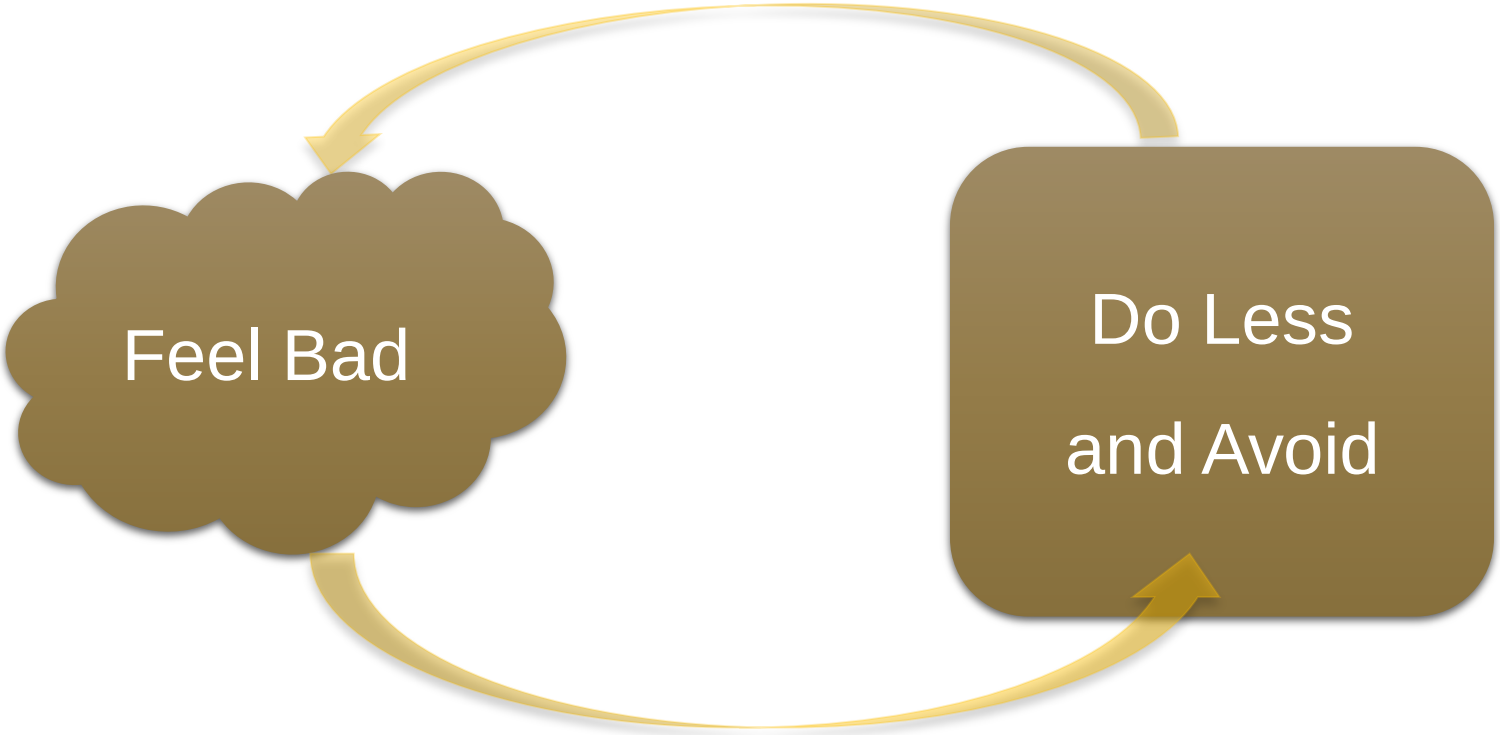
3 GOALS OF BA


1
Increase adaptive activities, preferably for mastery and pleasure
2
Decrease activities that maintain depressive symptoms
3
Problem solve barriers to rewarding things

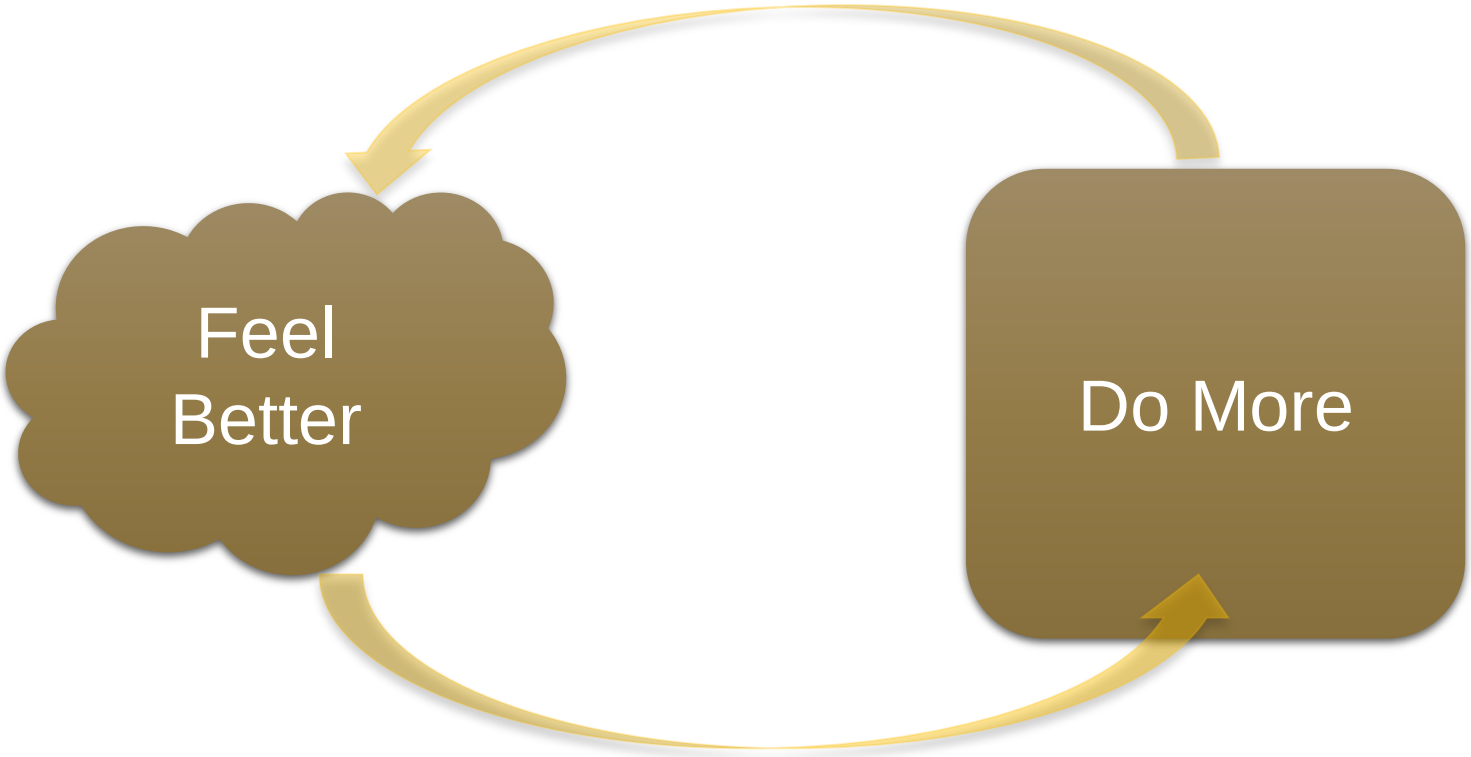
BA: The 4 Steps

1. Explain the model
2. Ask lots of questions until you have a good formulation
3. Select BA targets and make a plan
4. Follow-up: Evaluate the outcome and problem solve barriers

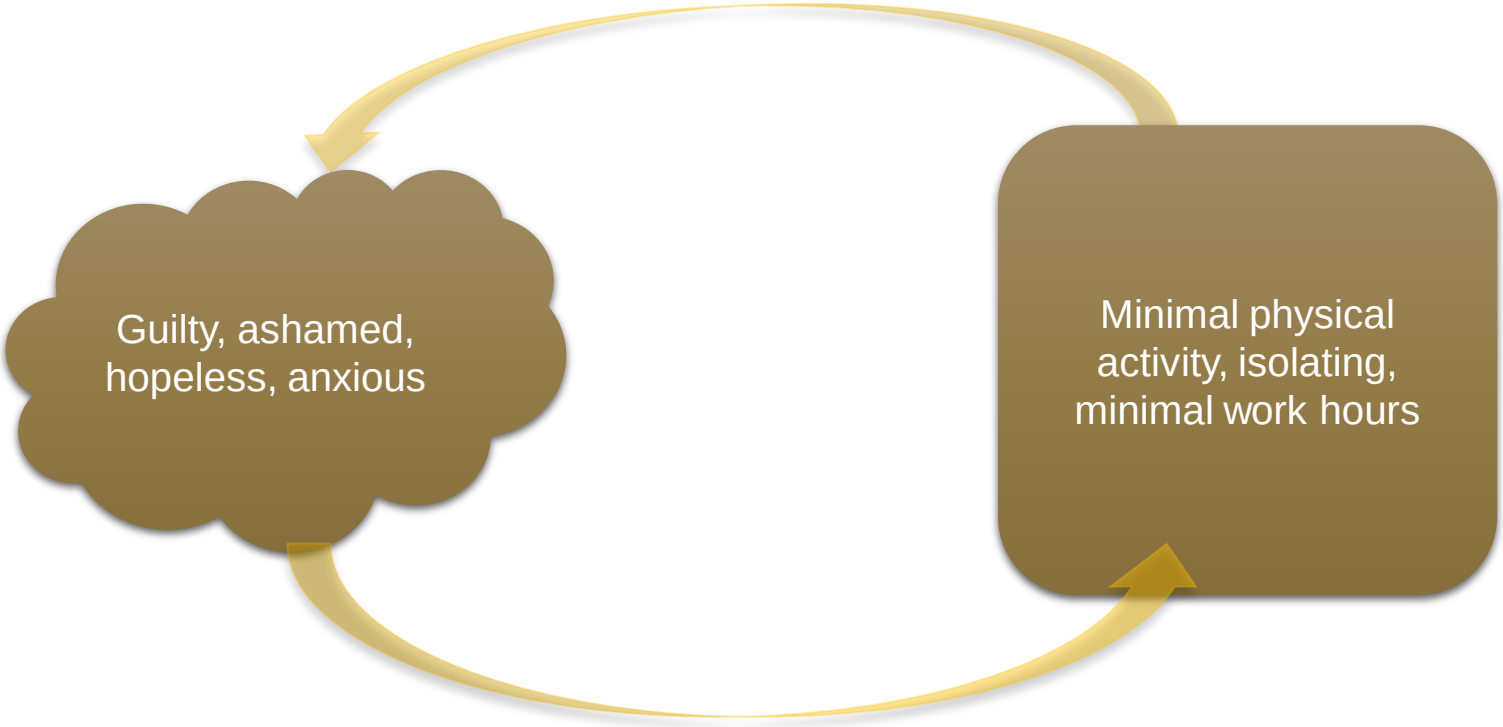
Step 1. Explain the model: How depressive symptoms arise



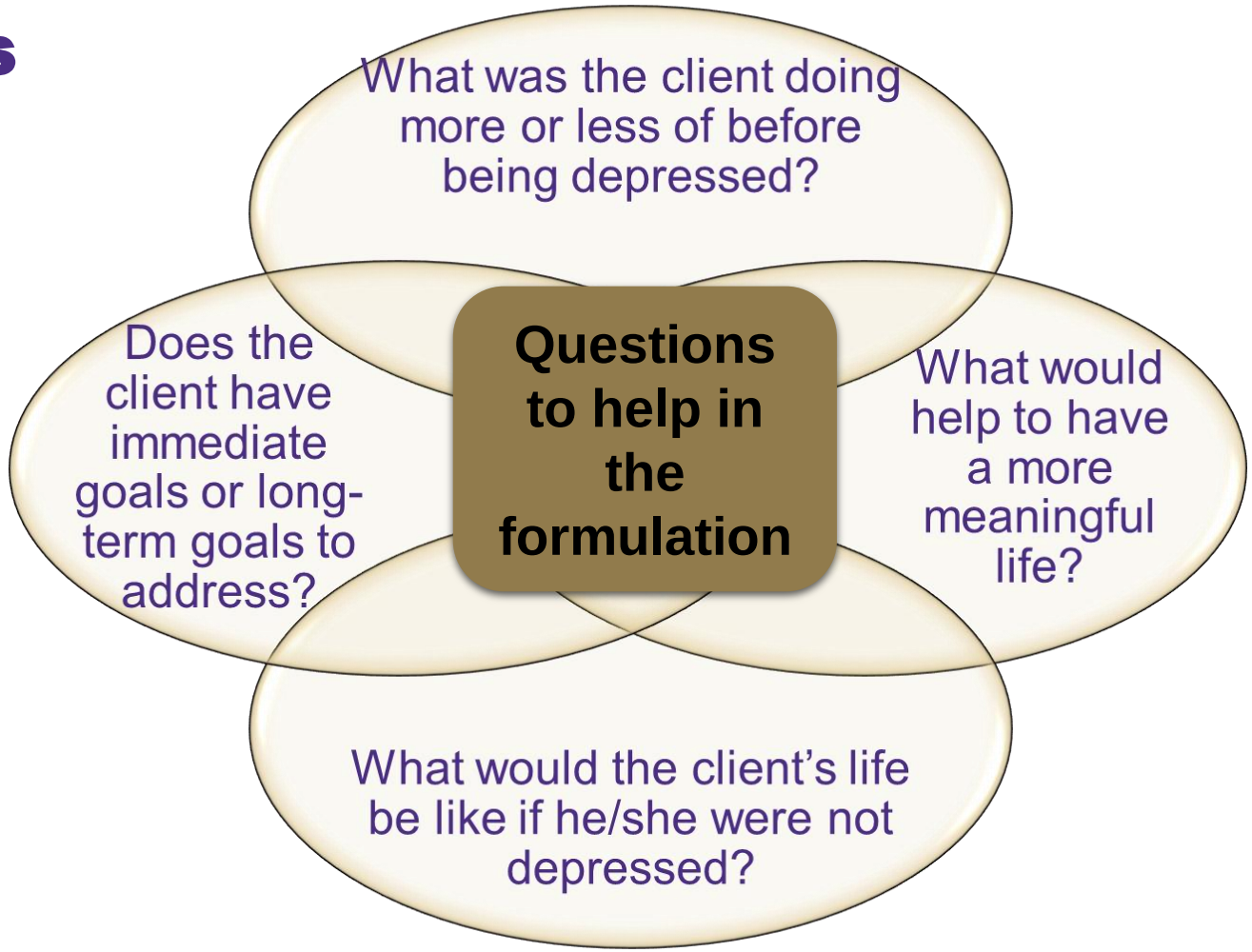
The model:
How BA helps



Step 2. Develop a case formulation by asking questions



Assess


What was the client doing more or less of before being depressed?
Does the client have immediate goals or long-term goals to address?
Questions to help in the formulation
What would help to have a more meaningful life?
What would the client's life be like if he/she were not depressed?

The Role Of Avoidance

What is it?

Discomfort experienced in a particular situation is followed by behavior to feel better

Why do it?

Short term gain, but long term loss

What to do about it?

Identify the avoidance behaviors and help choose alternative coping behaviors

Case Example: K's avoidance

- She avoided socializing, talking with family
- Stopped art practice
- Avoided asserting herself with other people

Step 3. Select BA targets and make a *specific* plan

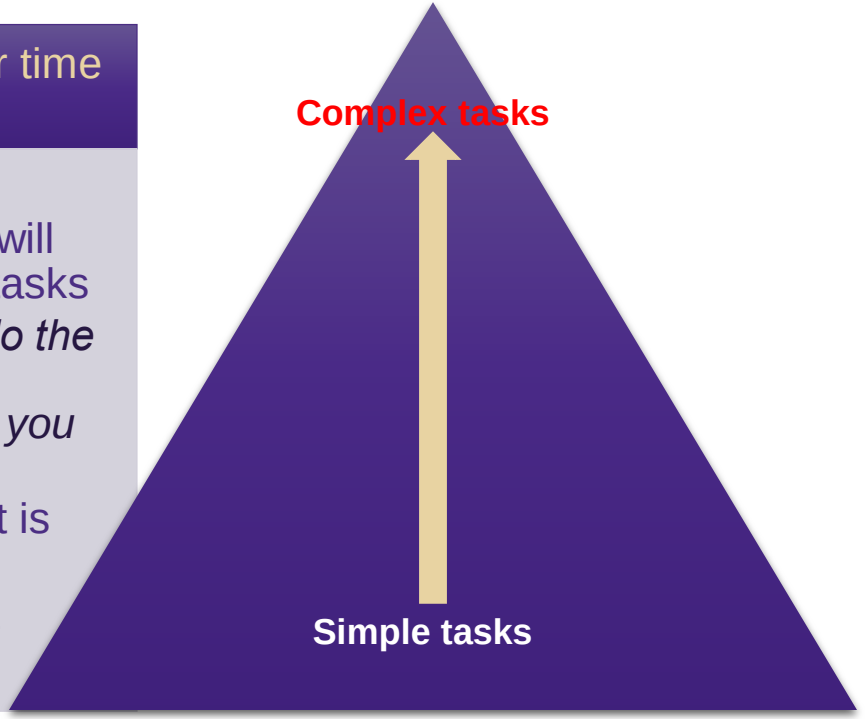
- The more detailed the plan, the more likely it will be followed.
- In the plan, consider:
  - Date or days of the week
  - What time of day
  - How long
  - With whom
  - What obstacles could come up? What i

- Ask patient:
  - How likely are you to do this? What will you do if you don't feel like doing it?

Avoiding Mount Everest

Start simple and move to harder tasks over time
→ ensures success

- *Help break tasks down*
  - Mastery and success of one small task will increase likelihood of completing other tasks
- *Have them tell you what and how they'll do the task*
  (Details! Details! Details! Have them walk you through it)
  - Help problem solve and ask how likely it is they will do it.
  - If it seems too challenging, it is! Break it down further.



Scaling Back to Ensure Success

Acknowledge “difficult” enjoyable or rewarding activities (e.g., gardening, crafting, working), but…

Help patient scale back and set a *feasible* short term plan (e.g., clean up small area to create space for crafting, practice a song).

Success at small goals builds confidence and sense of mastery and control.

Exceeding a goal is great! Encourage patients to note any accomplishments and discuss at next meeting.

Case Example: K's BA targets

- What are some ways to replace these avoidance behaviors?

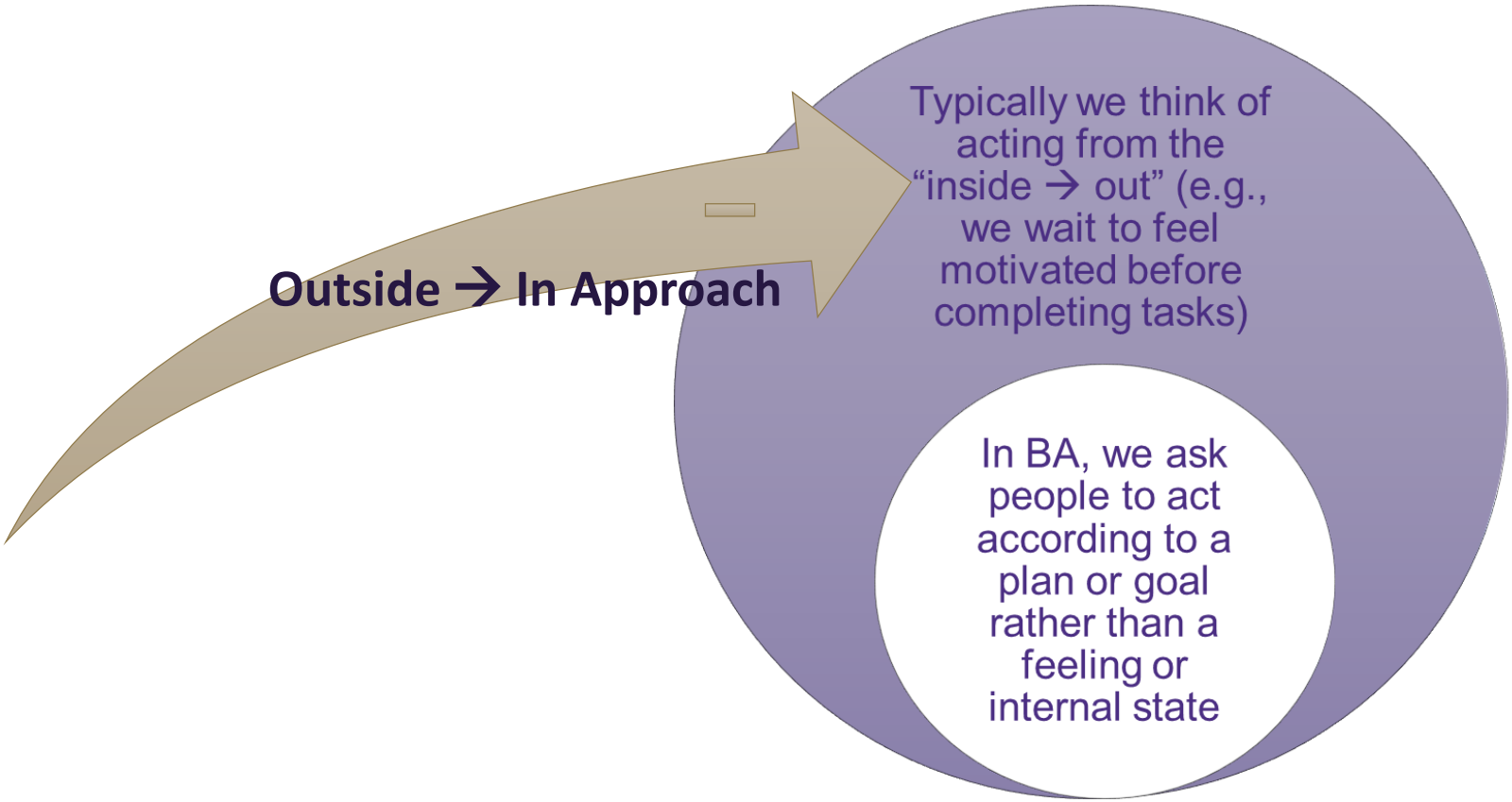
Avoided socializing	Stopped art practice	Won't assert herself with others
• ??	• ??	• ??

Case Example: K's BA targets

- What she and I worked on…

Avoided socializing	Stopped art practice	Won't assert herself with others
• Emailed friends • Scheduled social events with friends and family • Called up an old mentor from college • Went bouldering	• Cleared basement • Completed small crafting projects as gifts • Organized inventory for vintage business • Brought in hand made jewelry to session	• Set boundaries with others • Voiced asks to other people

But I don't feel like it…



Step 4. Follow-up: Evaluate the outcome and problem solve barriers

ALWAYS ask about target behaviors at follow up meetings.

Expect that patients might not do the activities. Do not judge.

If goal not accomplished, ask 3 questions:

Do they have buy in to the treatment?

Did they simply forget?

Was it a Mt Everest? (too hard)

Case Example: K's BA barriers

- What barriers did we address…

Avoided socializing	Stopped art practice	Won't assert herself with others
• Broke down tasks! • Defined what she wanted to do and with whom	• Broke down tasks! • Gave herself permission to start again	• Practiced identifying her own needs • Learned DEARMAN skills to make asks skillfully

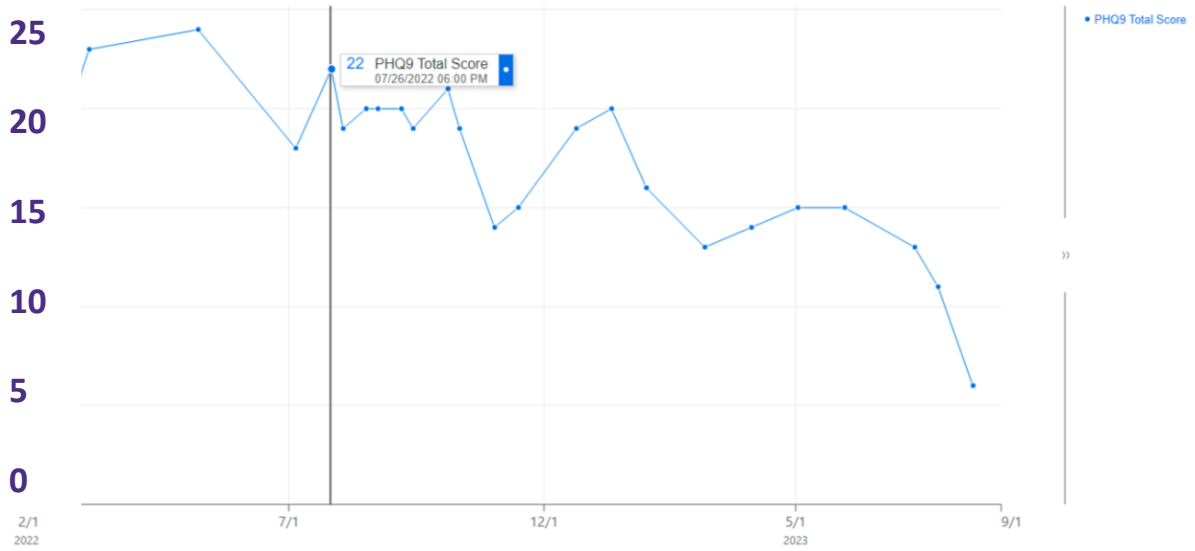
Reframing "Failure" is Essential

- Wrong plan, pick another…learning what worked and what didn't work
- "Mistakes are portals of discovery." – James Joyce

Building Success

- It's an experiment, a trial, it's not forever
- Suggest patients act first and see what happens
- Praise any success they make, even a small success
- Go slow and start small

K's symptoms over 18 months



PHQ-9
Baseline: 22
Current: 6

GAD-7
Baseline: 14
Current: 4

RESOURCES

- **Recorded webinar free to access at the Northwest Mental Health Technology and Transfer Center Network:**
  https://mhttcnetwork.org/centers/northwest-mhttc/product/brief-behavioral-skills-behavioral-activation

- **UW AIMS Center:**
  http://aims.uw.edu/training-support/behavioral-interventions/behavioral-activation-BA

- **Summary of the history of BA:**
  https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/behavioural-activation-history-evidence-and-promise/28347FA380E03B3066B4C8AFAC867B34

- **Couple recent randomized control trials in the VA to treat depression and PTSD in primary care with brief treatment (2 and 8 sessions):**
  https://pubmed.ncbi.nlm.nih.gov/33516082/ (2021 - Depression)
  https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800572 (2019 - PTSD)