



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

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WELCOME!

Today's Topic:

Behavioral Activation:

Weaving Behavioral Activation Into Your Clinical Practice

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WEAVING BEHAVIORAL ACTIVATION INTO YOUR CLINICAL PRACTICE

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GENERAL DISCLOSURES

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GENERAL DISCLOSURES

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of Washington

SPEAKER DISCLOSURES

- ✓ I have no conflicts of interest to report

SPEAKER DISCLOSURES

- ✓ No conflicts of interest

PLANNER DISCLOSURES

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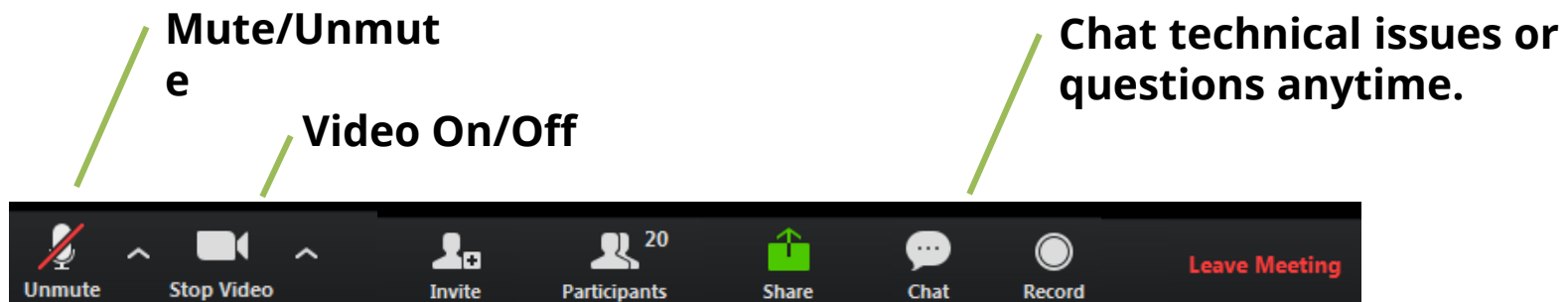
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ZOOM HOUSEKEEPING

- This call is being recorded
- Please be mindful to not share PHI or information that could inadvertently identify a patient
- Please mute when not speaking
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LEARNING OBJECTIVES

After this training, you should be able to:

- Understand the Behavioral Activation (BA) model of depressive symptoms
- Describe how to develop a case formulation for a patient experiencing elevated depressive symptoms
- Explain the role of avoidance in maintaining depressive symptoms
- Describe how to help patients select activities and make a weekly plan
- Explain how to evaluate patients' outcomes and problem solve barriers to their action planning

Case Example: AR

43 y/o Caucasian man, single,
unemployed, some college

Key Complaints

“Not sure if meds working anymore;
depressed; not connected to others;
no purpose”

OUD. Heroin use.

Longstanding depressive symptoms.

Baseline PHQ-9 = 17 (moderately
severe depressive symptoms)

Buprenorphine-Naloxone 8-2mg qd

Sertraline 200mg qd

Gabapentin 300mg tid

What Is Behavioral Activation?

An evidence-based, best practice for treating depressive symptoms

Brief and easy to use

How Does It Work?

Targets patterns of avoidance, withdrawal, and inactivity

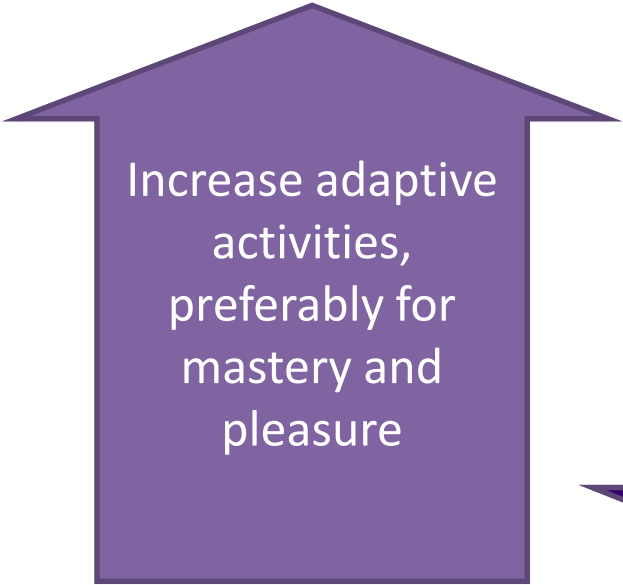
Adds structure to patients' lives through weekly planning

Helps people experiencing depression improve their mood by engaging in pleasurable activities

The Difference Between BA and Cognitive Behavioral Therapy (CBT)

- CBT is a first-line depression treatment
- BA is the first part of CBT
 - Does not include cognitive techniques of CBT
- BA alone can be as effective as CBT for depression
 - In the literature: *Cuijpers et al, 2007; Ekers et al, 2008; Mazzucchelli et al, 2009*
 - Formally recognized as an evidence-based depression treatment in 2009

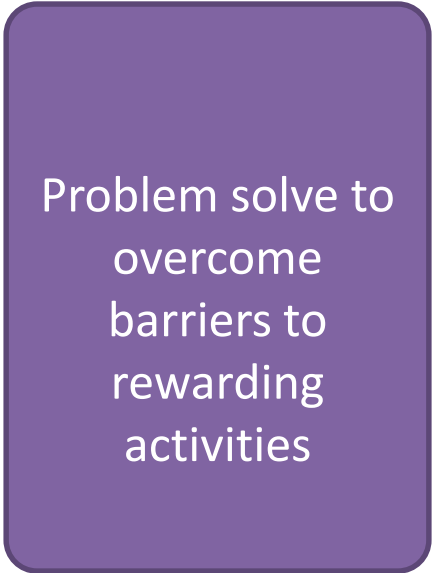
THREE GOALS OF BA



Increase adaptive activities, preferably for mastery and pleasure



Decrease activities that maintain depressive symptoms



Problem solve to overcome barriers to rewarding activities

The Four Steps of BA


1. Explain the BA model



2. Develop a case formulation by asking questions

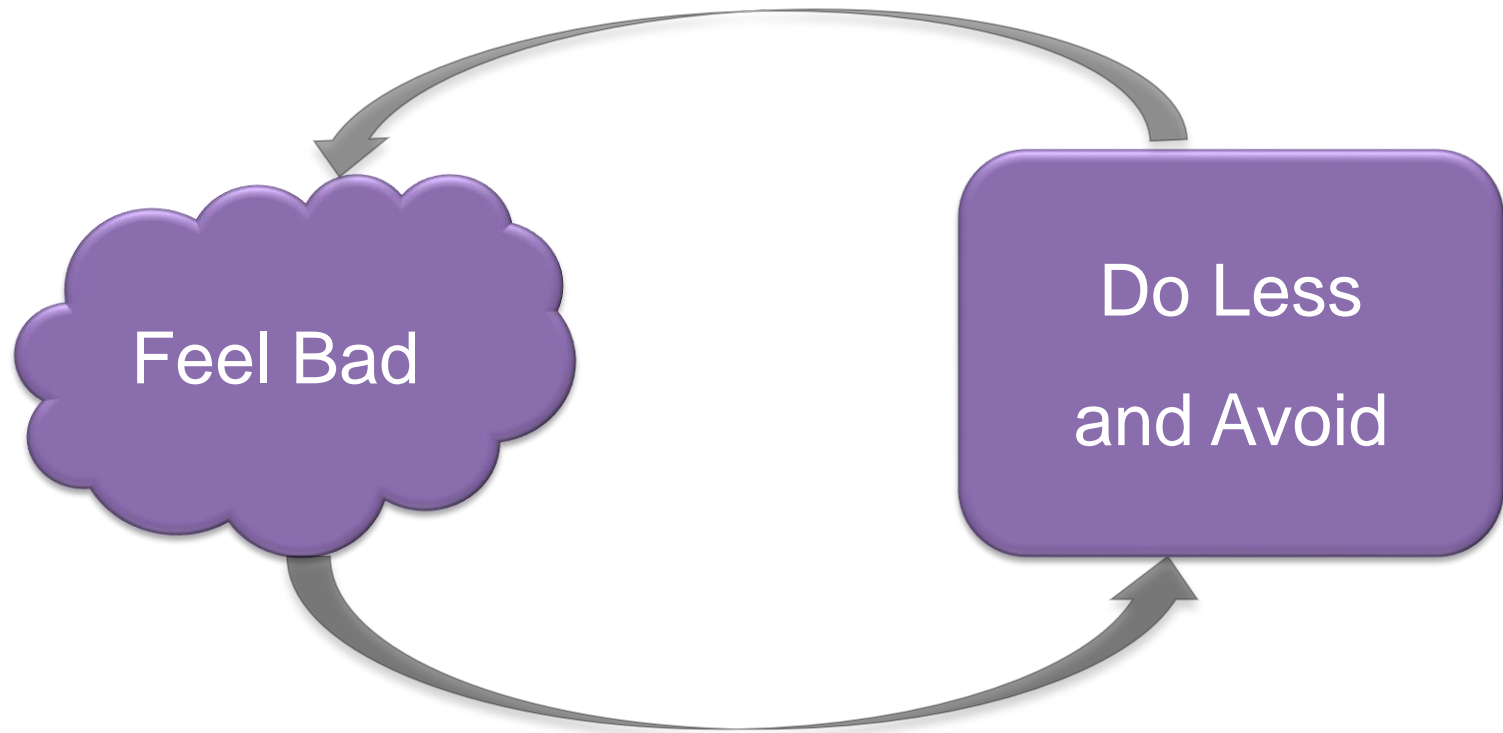


3. Select BA targets and make a specific plan

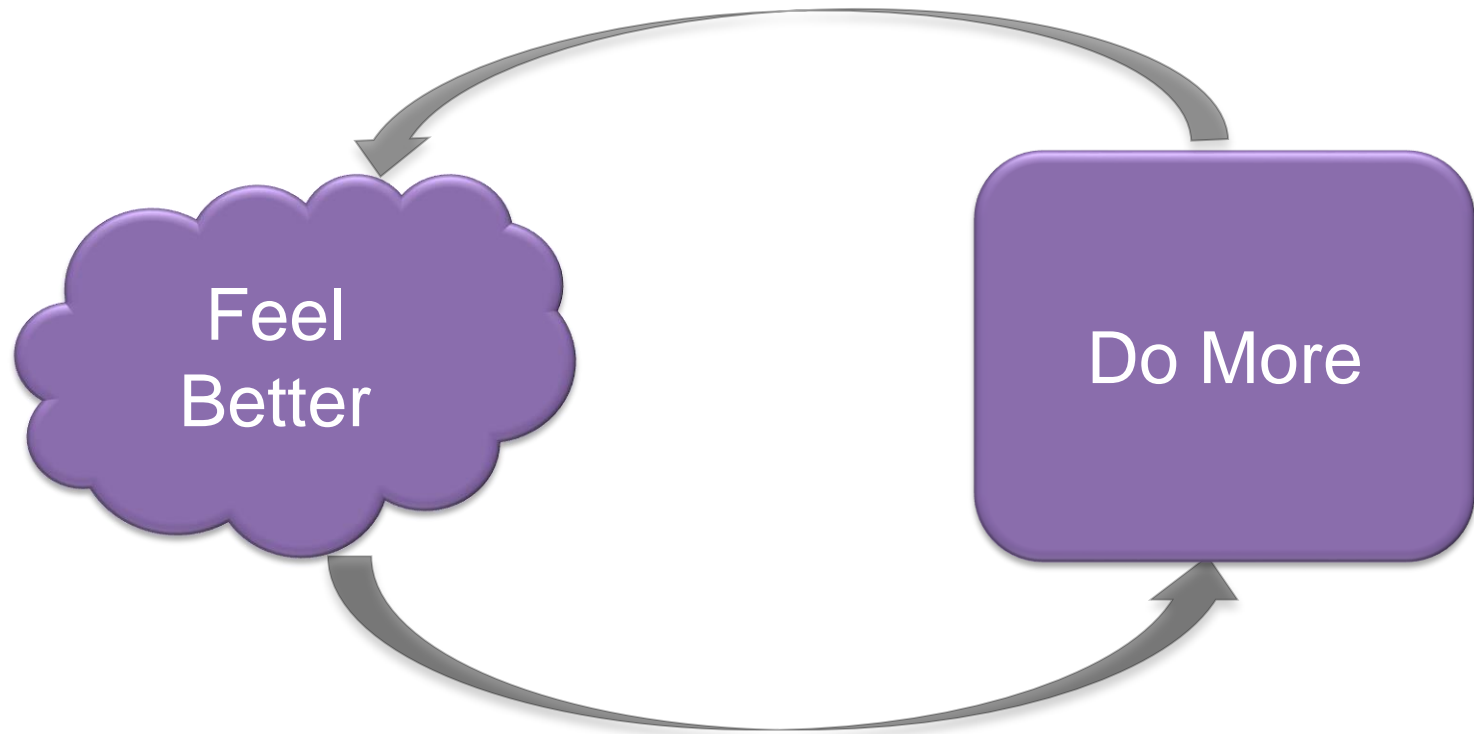


4. Follow-up, evaluate the outcome, and problem solve barriers

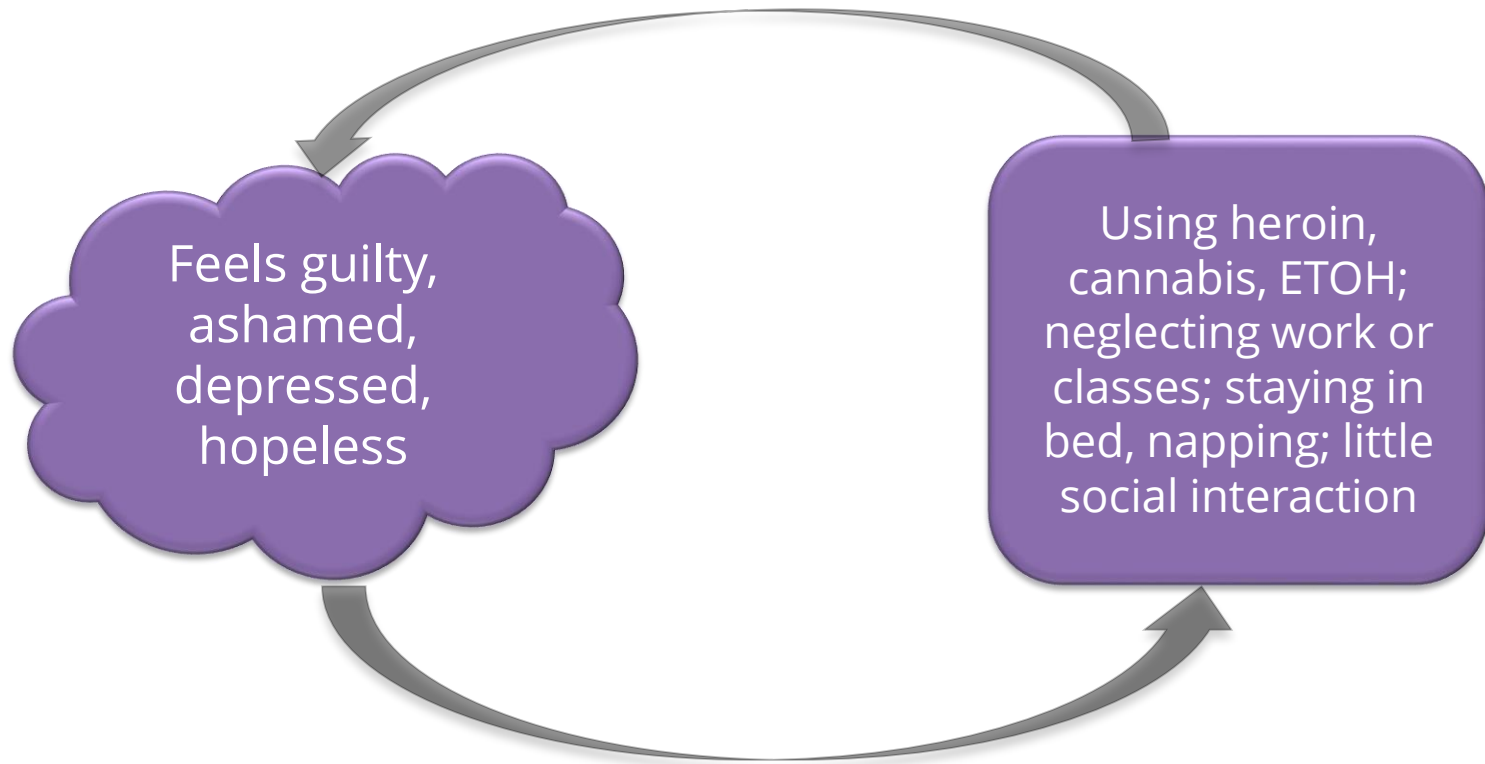
Step 1: Explain The BA Model



Step 1: Explain the BA Model (cont'd)



Step 2: Develop A Case Formulation By Asking Questions (1/3)



STEP 2: DEVELOP A CASE FORMULATION BY ASKING QUESTIONS (2/3)

- What was the client doing more or less of before becoming depressed?
- Does the client have short- or long-term goals?
- What would help the client's life feel more meaningful?
- What would the client's life be like if he/she were not depressed?

The Role Of Avoidance

What is it?

Not facing an uncomfortable task or experience.

Why do it?

Short-term gain from escaping discomfort
(but long-term loss)

What to do about it?

Identify the avoidance behaviors and help choose alternative coping behaviors

The Role of Avoidance: AR's Case

- He would like to look for work and pursue classes, but has difficulty feeling motivated
- He has stopped doing many self-care activities
- He has stopped reaching out to friends and family



STEP 2: DEVELOP A CASE FORMULATION BY ASKING QUESTIONS (3/3)

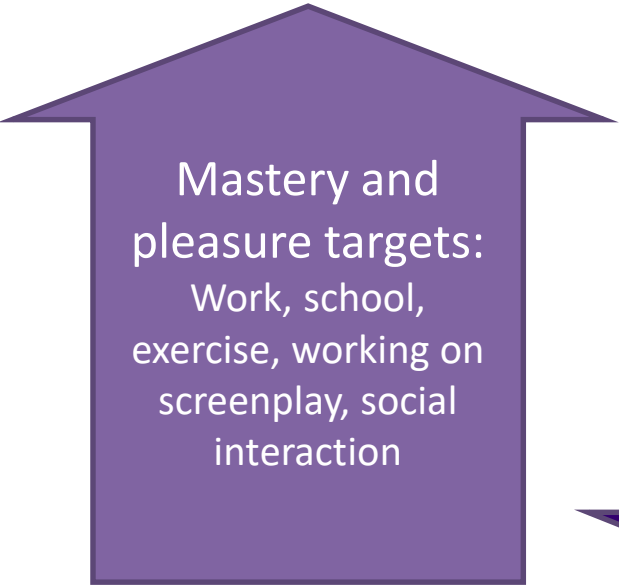
- Brainstorm with client
 - Which activities are rewarding or pleasurable?
 - How difficult are they to accomplish?

Form C **List of Pleasant and Rewarding Activities**


Instructions: List desired activities and rate the difficulty of each.

	ACTIVITY	DIFFICULTY: E = Easy M = Medium H = Hard
1.	Apply for a job	H
2.	Talk to ex-workers about job openings	E
3.	Look online for job openings	E
4.	Sign up for a business class	H
5.	Research class options and cost	E
6.	Bike around neighborhood	E
7.	Bike to the lake	M
8.	Bike around with friend	M
9.	Make a healthy meal	E
10.	Getting together with friends	M
11.	Calling or texting friends	E
12.	Work on art	E
13.	Read novel	E
14.	Declutter apartment	M
15.		

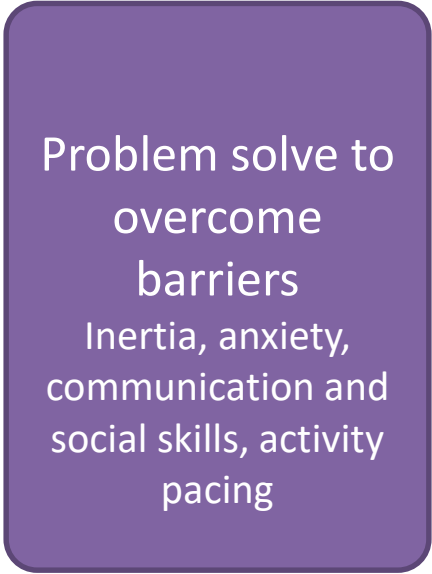
THREE Goals Of BA: AR's Case



Mastery and
pleasure targets:
Work, school,
exercise, working on
screenplay, social
interaction



Activities that
maintain
depressive
symptoms
Napping, substance
use, withdrawal



Problem solve to
overcome
barriers
Inertia, anxiety,
communication and
social skills, activity
pacing

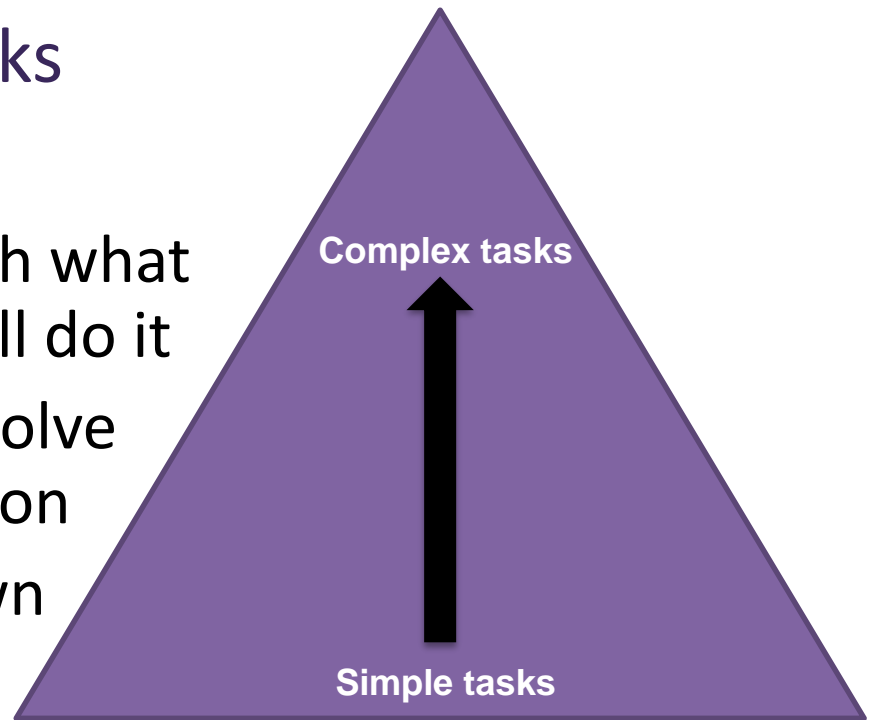
Step 3: Select BA Targets and Make a *Specific* Plan

- When planning, consider:
 - Date or days of the week
 - Time of day
 - For how long?
 - With whom?
 - What is Plan B?
- Ask patient:
 - How likely are you to do this?
 - What will you do if you don't feel like doing it?
- The more detailed the plan, the more likely it will be followed



Avoiding Mount Everest

- Starting with simple tasks increases likelihood of completing complex tasks
- Ensure success by
 - Having client talk through what they'll do and how they'll do it
 - Helping client problem-solve barriers to task completion
 - Helping client break down big or complex tasks



SCALING BACK TO ENSURE SUCCESS

Acknowledge “difficult” enjoyable or rewarding activities (e.g., going to the gym for 2 hours), but...

Help patient scale back and set a *feasible* short term plan (e.g., walk around the neighborhood for 15 minutes, walk around the house for 5 minutes)

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

Selecting AR's BA Targets and Making His Plan (1/3)

- What are some ways to replace these avoidance behaviors?

Won't pursue work or school

- ??

Stopped self-care activities/exercise

- ??

Reduced social interactions

- ??

SELECTING AR'S BA TARGETS AND MAKING HIS PLAN (2/3)

Won't pursue work or school

- Talk to friends about job openings
- Research school class options
- Problem solve:
 - Inertia (cues, reminders, support)
 - Anxiety (relaxation strategies)

Stopped self care activities/exercise

- Bike riding
- Eating a healthier diet
- Problem solve:
 - Activity pacing (gradual goals)

Reduced social interactions

- Reach out to friends, ride bikes with friends
- Reach out to family
- Problem solve:
 - Inertia (cues, reminders, support)
 - Social skills and anxiety (relaxation strategies)

SELECTING AR'S BA TARGETS AND MAKING HIS PLAN (3/3)

Form D

Scheduling Activities Pleasant – Social – Physical

Plan at least one activity each day. It is an important way to deal with stress and depression. Schedule out a week's worth of daily activities.

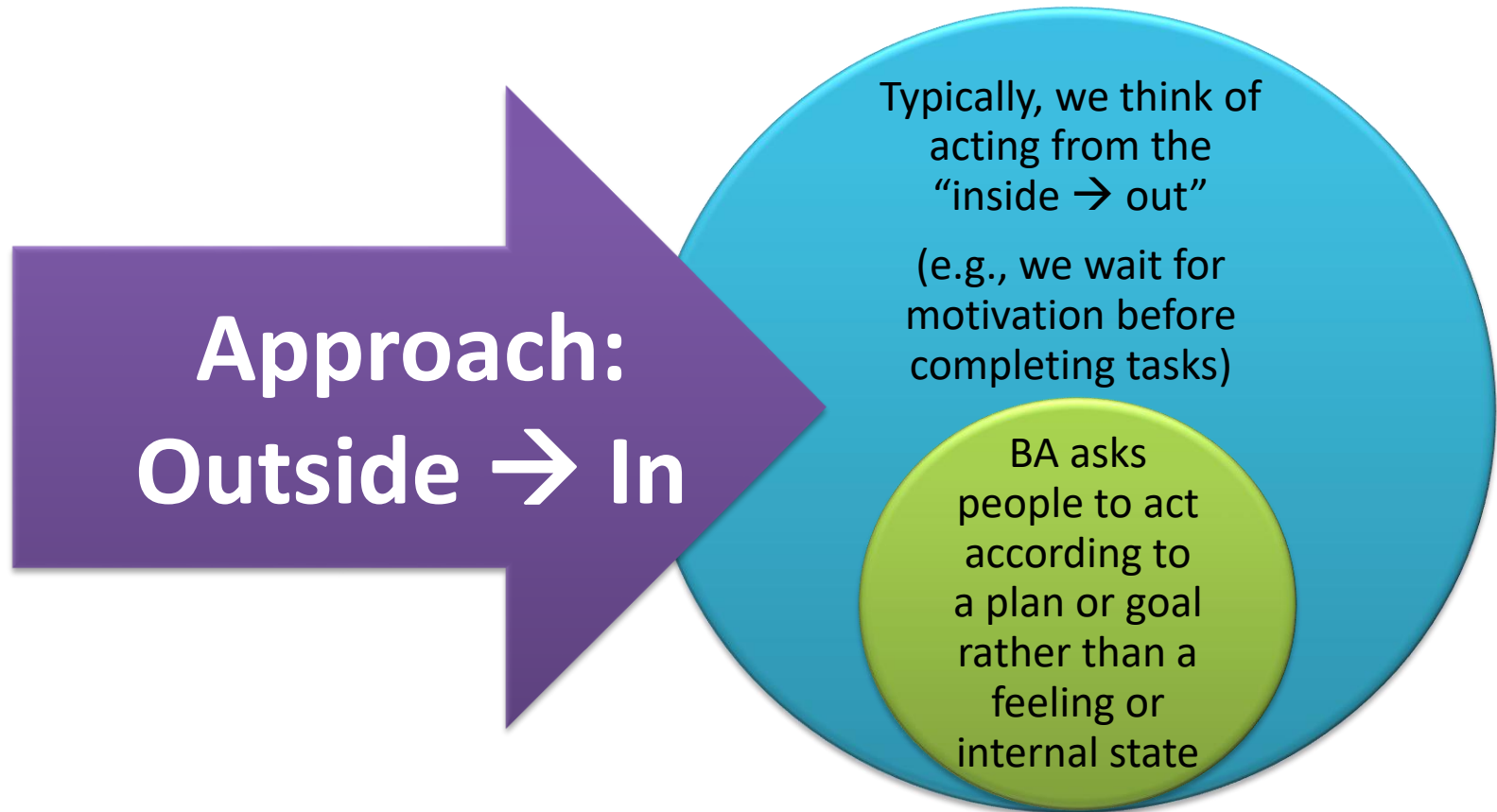
Each day should contain at least one activity. These can be pleasant, social, or physical activities. For example, a pleasant activity might be putting together a puzzle or some hobby, a social activity might be having tea with a neighbor, and a physical activity might be going for a walk.

Rate how satisfied you felt after doing the activity.

Daily Activities			How satisfied did you feel? Rate from 0 to 10: 0 = Not Satisfied At All 10 = Extremely Satisfied	Completed ✓
Day	Date	Activity (What? Where? With Whom?)		
Monday		Start reading novel, ~1/2 hour at night (instead of TV)		
Tuesday		Make a healthy dinner		
Wednesday		Text or call a friend. Catch up and ask about weekend plans.		
Thursday		Call up 1-2 ex-coworkers to ask about job openings (after dinner)		
Friday		Bike around neighborhood ~1/2 hour before lunch		
Saturday		Work on art in the morning.		
Sunday		Meal out with a friend.		

“But I Don’t Feel Like It...” Struggling with Motivation

- Think “outside-in” rather than “inside-out”



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 complete the activities
 - Do not judge them!

- If they don't accomplish their goals, ask these three questions:



Do they have buy in to the treatment?



Did they simply forget?



Was it a Mt Everest?
(too hard)

REFRAMING “FAILURE” IS ESSENTIAL

- Wrong plan? Pick another!
 - Opportunity to learn what worked and what didn’t work
- *“Mistakes are portals of discovery.”* – James Joyce



BUILDING SUCCESS



It's an experiment/trial, it's not forever

Suggest patients act first and see what happens

Praise any success they make, no matter how small

Go slow and start small

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