



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

Behavioral Activation for Patients with Mental Health and Opioid Use Disorders

Tracy Simpson, PhD UW, VA Center Of
Excellence For Substance Addiction
Treatment And Education

Paul Barry, LICSW, UW AIMS Center



SPEAKER DISCLOSURES

- ✓ The speakers have no conflicts to declare

LEARNING OBJECTIVES

By the end of this session, participants should be able to:

- Recall how behavioral activation is useful in the treatment of OUD
- Describe the three primary BA treatment targets
- Recognize ways activity scheduling can support recovery

RESEARCH EVIDENCE FOR BA

- There is good evidence that BA is helpful for those with
 - Depression
 - PTSD
 - Pain
 - Substance Use Disorders
- Work is underway evaluating BA for those with
 - Generalized Anxiety Disorder

Chen et al., 2013; Daughters et al., 2018; Lejuez et al., 2011; Martell et al., 2001; Plagge et al., 2013 ; Wagner et al., 2019

DEVELOPMENT OF CHAMP BA



*Collaborating to Heal Addiction and
Mental Health in Primary Care*

- Three aims of CHAMP study
 - Universal screening to detect OUD in patient panel
 - Collaborative Care for joint treatment of co-occurring OUD and MH disorders
 - What implementation strategies sustain this intervention
- CHAMP Behavior Activation
 - Testing uptake of BA with explicit focus on OUD
 - MOUD remains primary OUD treatment
 - And CHAMP patients only part of Care Manager's caseload

<https://champ.psychiatry.uw.edu/>

<https://aims.uw.edu/>

TREATMENT DEVELOPMENT/TRAINING TEAM

- Tracy
 - Co-occurring disorder treatment and behavior activation expertise
- Paul
 - Collaborative care and OUD care navigation clinical training/practice coaching experience
- Larger CHAMP team provided guidance and feedback
 - Drs Mark Duncan, Andy Saxon, Anna Ratzliff, Joe Merrill, John Fortney

BASIC RATIONALE FOR CHAMP BA

- New tools for Behavior Health Care Managers in primary care
 - Who may have had little previous SUD experience
- Evidence-based MH intervention
 - Wide application beyond OUD
- Fairly low bar, low burden intervention
- Patient registry is central to Collaborative Care
 - CHAMP registry tracks both MOUD treatment and uptake of BA elements

CHAMP BA

Stress
Trauma/Loss
Physical
Injury
Pain

Opioid
Use

**Pull away
from usual
activities**

Because of
depression,
fear, & pain
functional
limitations,
cravings,
focus on
opioids
withdrawal
etc.

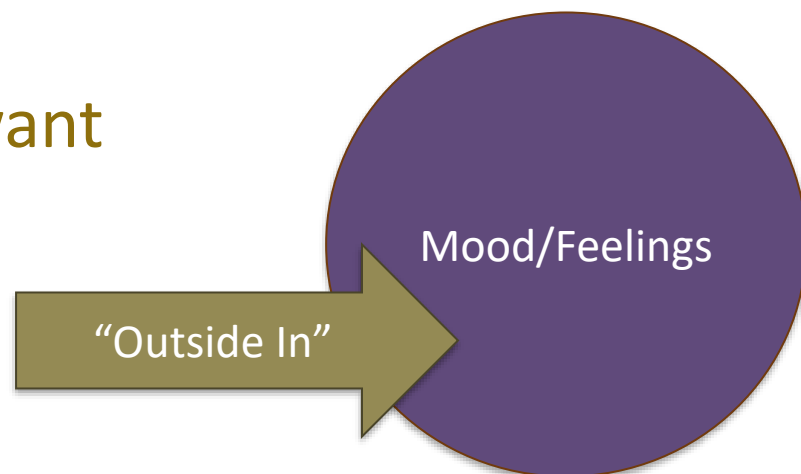
More fear,
sadness,
anxiety, use,
anger etc.

Stay home
stop
socializing
dwell on
problems
etc.

Lose
friendships,
conflict with
supervisor,
money stress,
poor health,
etc.

“OUTSIDE IN”

- Mood follows behavior – *not* the other way around
- Can’t wait to act until feel better or until feel confident won’t be tempted to use again
- Can’t change the past – only the present
- Build motivation and momentum by focusing on patient’s own values
 - Not what they “should” want
- Feedback is ongoing



TRANSLATE YOUR PATIENT'S WISHES AND VALUES INTO THERAPEUTIC ACTION

What's important for my patient?



Broad actionable goals



Scheduled activities



Connection between
activities and mood

OVERVIEW OF “TOOL KIT”- FORMS

- Values and Priorities Inventory
 - *What do you want from our time together?*
- Goals List
 - *What concrete goals reflect your values*
- Weekly Schedule for CHAMP
 - *What kind of activities will help you move towards your goals?*
- Daily Activity and Mood Monitoring Form
 - *How does getting these things done make you feel?*

BA CASE FORMULATION: WHAT'S IMPORTANT TO THIS PERSON?

- What's the big picture for this person?
- How does this person feel about treatment?
- What are they struggling with now?
- What is hindering and what is supporting this person's sense of mastery, pleasure, and enjoyment?
- What are their strengths?

BA TARGET: PLEASURE

- Pleasure = enjoyment, fun, satisfaction
- Stressors can lead to loss or lack of pleasure and can increase risk for SUD and mental health challenges
 - Losses (death of a loved one, relationship break-up, job loss)
 - Changes in routine
 - Poor health or pain
 - Unable to cope or socialize without substance
- Important to identify ways to build in some pleasure, fun, satisfaction **EVERY DAY**

**DO MORE
OF WHAT
MAKES
YOU
HAPPY!**

BA TARGET: MASTERY

- BA Mastery = the ability to do certain things well enough to feel a sense of accomplishment
- Mastery goals need to be meaningful to patient NOW
 - Consistent with current value system
 - May need to let go of things were good at
 - Illegal or substance focused
- Patient's experience with mastery
 - Past mastery or clear current strengths
 - May be building skill from scratch



BA TARGET: AVOIDANCE

- Avoidance is something we all do
 -AND it interferes with building mastery and pursuit of healthy pleasures
- Common underlying causes of avoidance
 - Fear of failure, unsure how to be effective in challenging situations
 - Unwanted feelings (including boredom)
 - Risk of returning to substance use
 - Physical pain or worries about making pain worse
 - Mood (depression, anxiety, PTSD)
 - Self-medication

BA GOAL SETTING

- “What would you like to see happen for yourself during this treatment?”
 - In general? With regard to OUD?
- Identify valued goal(s)
 - Make it into a series of “Mole-Hills”
 - Aim for explicit, concrete goals and steps
- Remember that a goal can’t be too small
 - Builds confidence and sense of mastery
 - More pleasure from goals that can be accomplished



IMPORTANCE OF MOTIVATIONAL INTERVIEWING STANCE

- MI and BA are closely aligned with regard to their shared focus on values
 - MI was intentionally engineered into CHAMP BA to facilitate
 - Consistent attention to patient-centered focus
 - Clinician “letting go” of specific outcomes
 - Working constructively with ambivalence about stopping substance use

AV'S BA GOALS

AV would like to see the following for herself:

- To be sober, which for her means no opioid use and only infrequent cannabis use (1x per week)
- To behave responsibly to earn her family's respect and be seen as an Elder in her community
- To be a good parent to her grandson
- To make concrete steps towards moving into her own place (she has some land and has secured a permit for a prefab house)
- To take care of her legal issues

AV'S BA GOALS ARE PRETTY BIG....

- Let's take one and break it down into a series of "mole hills"
- What sort of pleasurable self-care might AV engage in daily to help her maintain balance and perspective?
- How could you coach AV to identify
 - Her series of "mole hills"?
 - A daily self-care routine that boosts pleasure?

Weekly Schedule for CHAMP

Create a schedule of things you tend to put off or that you know would be helpful to you. If you are feeling depressed or anxious, you may find it difficult to accomplish big tasks. We can work toward this! If you feel this way now, start with simple goals and work your way up. Be sure to include a list of people you could do some of these activities with, if that would help you to ensure you can do them!

Day	Morning	Afternoon	Evening
<i>Example</i>	<ul style="list-style-type: none"> • Meet with walking buddy • Coffee at coffee shop 	<ul style="list-style-type: none"> • Email to nephew • Play guitar 	<ul style="list-style-type: none"> • Grocery shopping for the week • Dinner with neighbor
Monday	Have coffee with sister Go grocery shopping	Go to grandson's practice Beach walk alone	Help grandson with homework Work on paddle
Tuesday	Attend an NA meeting	Beach walk	Help grandson with homework Attend tribal council meeting
Wednesday	Coffee with sister Beach walk	Attend grandson's practice Go to town for beading supplies	Clear space for beading project
Thursday	Attend NA meeting Map out beading project	Beach walk Start beading	Show grandson beading basics

TAKE AWAY POINTS

- Remember to start with small activities!
- Make sure any activities you encourage the patient to do mirror their broader goals/values
- Forms can be very helpful to structure the session
 - but base their use on patient/counselor preference/comfort

Questions & Discussion



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