Behavioral Activation

Decrease in Pleasant Events

Lewinsohn (1974)
- Depression arises when one's actions do not result in positive reinforcement
- One's environment is filled with low rates of positive reinforcement and increasing rates of punishment
- Treatment focuses on increasing rate of pleasant events as well as an appreciation for the contingencies that lead to the arising of those pleasant events.

Functional analysis of depression

Ferster (1973)
- Proposed functional analytic model for the arising and maintenance of depression
- Emphasized that depression arises and is maintained through negative reinforcement as behaviors
  - Behaviors gain strength in a repertoire for their escape and avoidance function
  - These behaviors are emitted to the exclusion of behaviors likely to result in positive reinforcement
  - Like anxiety disorders, depression based on avoidance
History: BA/BT as a part of Cognitive Therapy (CT)

Beck and colleagues (1979)
- Purely behavioral approaches did not endure and over time, cognitive interventions were integrated.
- Explicit aim of modifying internal cognitive structures (automatic thoughts, schema, core beliefs).
- BA strategies within CT package: “the ultimate aim of these techniques in cognitive therapy is to produce change in the negative attitudes” (p. 118).

Cognitive Therapy of Depression

Beck, Rush, Shaw, & Emery (1979)
- First manualized treatment
- First few sessions of CT are behavioral activation
  - Suite of behaviorally oriented, non-cognitive skills
    - monitoring of daily activities
    - assessment of pleasure and mastery
    - role-plays and cognitive (imaginal) rehearsal of activities

Cognitive Therapy of Depression

- Cognitive therapy (CT) has been shown to be a highly effective, short-term therapy for the treatment of depression
- Investigators are starting to question whether cognitive interventions are actually responsible for positive outcome
Dismantling CT of Depression


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Dismantling CT of Depression

- Equivalent post-treatment recovery rates across conditions (62%; Jacobson et al., 1996)
- Equivalent well weeks through 2 years post-treatment (75%; Gortner et al., 1998)
- Flexibility confers more protection over relapse as compared to optimism (Fresco et al. 2005)

Implications

- CT components equivalent in recovery from- and prevention of MDD

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Explanatory flexibility and explanatory style:

Modality-specific change when comparing behavioral activation with and without cognitive interventions

David M. Fresco
Jeremiah A. Schumm
Keith S. Dobson
Fresco et al. (2008)

• Secondary analysis of 111 participants with complete ASQ data
  – BA (n = 42)
  – AT (n = 28)
  – CT (n = 41)

• Post-treatment ASQ data missing on 41 participants
  – No differences between ASQ completers and non-completers

Hypotheses and Design

1. Recovery from MDD with BA associated with increased explanatory flexibility
2. Recovery from MDD with AT associated with decreased explanatory style
3. High post-treatment explanatory flexibility predicts low depression during no-treatment follow-up for BA responders
4. Low post-treatment explanatory style predicts low depression during no-treatment follow-up for AT responders

Analyses

Recovery from Depression
1. Tx. Condition (3: BA, AT, CT) by Response Status (2: Yes/No) MANCOVA with explanatory flexibility and explanatory style as dependent measures
2. Follow-up Tx. Condition by Response Status univariate ANCOVAs
3. One-way ANCOVAs for each Tx. Condition examining explanatory flexibility and explanatory style as dependent measures
Recovery from MDD Findings

MANCOVA

• Findings indicated a significant Tx. Condition by Responder Status interaction
  \[ F(4, 208) = 2.56, p = .04, \text{Cohen's } f = .23 \]

Univariate ANCOVAs

• Explanatory Flexibility \[ F(2, 100) = 3.49, \]
  \[ p = .07, \text{Cohen's } f = .23 \]
• Explanatory Style \[ F(2, 100) = 10.02, \]
  \[ p = .002, \text{Cohen's } f = .32 \]

Note. Cohen's \( f \): Small = .10, Medium = .25, Large = .40

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Recovery from MDD Findings

Time 2 FLEX by Condition by Responder Status

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<th>Responder</th>
<th>Condition</th>
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<td>1, 36</td>
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<td>1, 24</td>
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<td>1.50</td>
<td>0.38</td>
<td>1, 36</td>
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Recovery from MDD Findings

Time 2 GENBAD by Condition by Responder Status

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Durability of Treatment Gains

Follow-up Depression

1. Survival analysis using post-treatment explanatory flexibility, explanatory style to predict number of well-weeks in the 2-year follow-up (104 wks maximum)

2. Hierarchical linear regression analysis using post-treatment explanatory flexibility, explanatory style, and their interaction to predict number of well weeks

Survival Analysis

Behavioral Activation:
Depression in Context

Christopher Martell
Sona Dimidjian
University of Washington
Rationale for Behavioral Activation

- BA assumes a behavioral explanation for etiology of depression (Ferster, 1973)
- Life has gone awry - adverse life circumstances viewed as critical causal factors
- Examine events and individual’s response
- Behavior functions as avoidance behavior (withdrawal, inertia)
- Tx had to be "outside-in"
Key areas of expansion

- Distinctly behavioral case conceptualization
- Emphasis on avoidance patterns
- Emphasis on routine regulation
- Focused activation approach
- Behavioral strategies for targeting rumination

Jacobson, Martell, & Dimidjian, 2000
Martell, Addis, & Jacobson, 2001

Targets of BA

- Inertia
- Avoidance behaviors
- Routine disruptions, connection between routine and mood
- Individual environments and relationship between activity and mood
Course of BA

- Establish good therapeutic relationship
- Present model of BA
- Monitor relationship between situation/action and mood using activity logs and functional analysis
- Apply new coping strategies to “larger-life issues”
- Treatment review and relapse prevention

Key Elements of BA

- Baseline assessment of activity
- Understand range of feelings
- Mastery and pleasure ratings
- Observe breadth or restriction of activity
- Guided activity
- Monitor avoidance behaviors
- Evaluate progress toward life goals
Outside In

- Typically we think of acting from the “inside/out”
- We wait to feel motivated before completing tasks, or we respond to our internal states such as sitting in front of the television when we feel bored
- In BA, we ask people to act according to a plan or goal rather than a feeling

Increase acting from the “outside”

- Follow a written plan (e.g., activity schedule)
- Monitor progress
- Highlight consequences of increased activation
- Express your intention to another person, public support can help to get a task done
- Use of arbitrary self-reinforcement is sometimes useful (e.g. allow yourself to have a small snack only after completing housework or yard work)
Graded Task Assignment

• Based on functional analysis and goals
• Assign increasingly more difficult tasks to move toward full participation in activities
  – Help break tasks down into manageable components
    • Mastery and success of one component will increase likelihood of completing other components
  – Engage in mental rehearsal
    • Troubleshoot by anticipating obstacles and evaluating whether likely to be successful
    • If too challenging, can break down further

Avoidance Modification

• Understand the discomfort experienced in a particular situation that is then followed by some action on the part of the client to extinguish aversive experience
• Avoidance serves adaptive function in short-run but is problematic in long-run
• Assist the person in identifying the function of various avoidance behaviors and helping choose alternative coping behaviors
  – TRAP (Trigger, Response, Avoidance Pattern)
  – TRAC (Trigger, Response, Alternative Coping)

TRAP/TRAC

- T- Trigger (demands at work)
- R- Response (depressed mood/hopelessness)
- AP- Avoidance Pattern (stay home in bed, don’t answer phone)
- T-Trigger (demands at work)
- R- Response (depressed mood/hopelessness)
- AC- Alternative Coping (approach behaviors using graded tasks)
Routine Regulation

- Work with patient to develop and follow regular routine for basic life activities—eating, working, school, sleeping.
- Can only evaluate new behaviors after implemented for a period of time—make them routine, then evaluate
  - Use activity logs
  - Use the ACTION strategy

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- Use activity logs
- Use the ACTION strategy
ACTION Strategy
Assess
• How will my behavior affect my depression?
• Am I avoiding? What are my goals in this situation?
Choose
• Activating myself will increase my chances of improving my life situation and mood.
• Choosing not to self-activate = choosing to take a break.
Try the behavior I have chosen.
Integrate any new activity into my daily routine.
Observe the Result.
• Do I feel better or worse?
• Did this action help me improve my situation?
Never Give up

Targeting Rumination
Depressed individuals often think about misery of life, ruminate about symptoms, and do not problem solve
Rumination often leads to withdrawal, inactivity, and ultimately more rumination
Function may be escape or avoidance
BA treats ruminating as a behavior rather than engaging or challenging the content of ruminative thoughts
A Focus on the **Content** of Thinking (Cognitive Therapy)

“I was depressed all day yesterday because I was thinking about how my sister really doesn’t love me.”

- What is the evidence that this thought is accurate?
- What would it mean if it were true?
- Can you think of another way to interpret what your sister said?
- Why must everyone love you?

A Focus on the **Context** and **Consequences** of Thinking

“I was depressed all day yesterday because I was thinking about how my sister really doesn’t love me.”

- When did you start thinking that?
- How long did it last?
- What were you doing while you were thinking that?
- What consequences did it have? What might be the function?
- What else could you have done during that time?

**Targeting Rumination**

Block avoidance function of ruminating

- Attention to Experience Interventions:
  - Notice colors, smells, noises, sights, relation to others etc. (Mindfulness)
  - Notice elements of tasks (parenting, work)
- RCA: Rumination as a Cue to get Active
  - Rumination
  - Cues
  - Action