Behavioral Activation for Depression: Simple but Effective

Neil [Jacobson] criticized the prevailing treatments of depression as “defect models” because they located the cause of depression as internal deficits within individuals. In contrast, he sought to understand the person in the full context of the treatment of depression and encouraged us to look outside the individual in our effort to understand and treat depression. It was his supposition that the secret to alleviating depression lay in changing the conditions in people’s lives.

-Martell, Dimidjian, & Herman-Dunn, 2022

Origins of behavioral activation

What are the active ingredients of Cognitive Behavioral Therapy (CBT) for depression?

Are all of the strategies of CBT needed to produce positive outcomes?

Could the behavioral strategies of CBT alone account for the success of cognitive therapy?

Jacobson et al., 1996 sought to identify the active ingredients of CBT using what is called component analysis design (dismantling study).

The different components of treatment were isolated and compared to one another in an effort to identify which parts of CBT were active ingredients for alleviating depression.
RCT’s for behavioral activation

- Dimidjian et al., 2006
- Dobson et al., 2008

Meta-analysis for BA

- Mazzucchelli, Kane, & Rees (2009)

Thirty-four studies with 2,055 participants reporting symptoms of depression were included. The pooled effect size indicating the difference between BA and control conditions at posttest was 0.78. For participants who satisfied the criteria for major depressive disorder, the overall effect size of 0.74 remained large and significant. No differences in effectiveness between BA and cognitive therapy were found. BA may be considered a well-established and advantageous alternative to other treatments of depression.
The Effect of a Behavioral Activation Treatment for Substance Use on Post-treatment Abstinence: A Randomized Controlled Trial

Benefits of BA as a treatment
What behaviors contribute to depression?

- Increase in escape and avoidance behaviors (i.e., reducing an aversive emotional state aka seeking relief)
- Less rewarding activities in their daily life

Over time the lack of rewarding activities in their lives (getting laundry done, fun times with friends, getting things done at work) leads to those active, healthy behaviors becoming extinguished.

Doing active, healthy behaviors are no longer part of their daily regimen. They start to live a depressive lifestyle characterized by inactivity, avoidance, isolation, withdrawal, etc.
Goals of BA

1. Learn that your mood is a consequence of how you spend your time
2. Change your mood by changing how you spend your day
3. Identify your values and activities associated with them
4. Identify antidepressant activities (enjoyment, achievement, & meaning)
5. Identify avoidance patterns
6. Actively cope rather than avoid problems, uncomfortable emotions, and challenging situations
7. Engage in the present moment to reduce rumination so you receive the full benefit of antidepressant activities

Steps to a BA treatment protocol

Week 1
- Activity scheduling
- Focused behavioral activation
  (e.g., BA in CBT & BATD developed by Lejuez)

Week 2
- Values clarification

Week 3
- Activity hierarchy

Week 4
- Activity scheduling

Week 5
- Avoidance patterns & active coping

Week 6-7
- Present moment focus

Week 8
- Part of Jacobson et al. full model behavioral activation

Week 9
- Part of Jacobson et al. full model behavioral activation

Week 10
- Part of Jacobson et al. full model behavioral activation

Treatment rationale

- Changes in life are associated with depression and avoidant coping strategies may lead to more depression in the long term
- When people get depressed, they often stop doing enjoyable activities or activities that give them achievement and meaning in their day
- Focus on what is maintaining, or keeping a person depressed, rather than on what may have triggered their depression initially
- Feeling better and thinking more positively is a consequence of becoming more active and engaged in life and relationships
- It may be hard in the beginning to get active, but it can get easier as antidepressant activities lift mood and give more positive energy
Treatment rationale

- Depression can be caused by a sudden loss, not being able to attain a certain goal, difficulty coping with daily hassles, etc. Sometimes though there isn’t a clear reason that leads to depression. People are vulnerable to depression for a variety of reasons. Theories about internal causes are abound. By internal causes, mean that depression is essentially something inside the individual, like chemical imbalance, genetics, negative thoughts, etc. Yet depression can be caused by many different external reasons though. We believe that depression can be understood in the context of the individual’s life, their family, and their environment. Instead of looking internally for the cause of depression, we focus on what the person is doing that maintains their depression and what they can do to make it better. People who are depressed tend to act in ways that maintain their depression. In depression, many actions can be the result of a style of thinking or feeling, and keep the person stuck in a vicious cycle of depression, even though these behaviors may be adaptive in other situations. Behavior activation is about learning new action coping strategies. These strategies will help break the cycle of depression.

- People who struggle with depression have difficulty getting up the energy to be more active, whether that means physically active, socially active, more productive at work, or spending more time with loved ones. We will focus on improving your mood by increasing the activity of your life, increasing positive interactions and providing other activities that may be more effective at reducing stress, eliminating boredom, rewarding oneself, etc.

- You may not presently feel as though you are able to be as active as you would like or that you are always tired and lack motivation. You also may be waiting to feel better or think more positively before you become more active and start participating in activities that you once enjoyed. As you know, however, getting yourself to feel better is not an easy thing to do. Therefore, we’d like you to try something different. The idea of this treatment is that your thoughts and feelings are affected by your interactions with others and your overall quality of life. So, we believe that increasing positive interactions and reducing negative interactions will improve your mood and quality of life. The treatment requires you to work hard and understand that you will be evaluating your ability to make changes at this time in your life, but I will help you through this process, and we will work at a pace that you feel comfortable.

Activity & mood monitoring

Demonstrates the relationship between activity and mood

Helps patients see that what they do with each hour of the day has considerable influence over their mood that hour and beyond

Shows how mood is really a reflection of how you spend your day: Patterns of low mood = low (or “wrong”) activities

Mood is an indicator of what’s going on in your environment and you can influence your environment through activity

Recommendations: As close to daily as possible, completed during the day, make it simple so you do it, and less detail the better
Creating an environment that supports a healthy lifestyle

- Public commitments to make behavior change increase likelihood of a person following through.
- Have patient decide who in their support system that they will share their goals.
- Engage the support system so the patient receives encouragement and help in reaching their goals (e.g. see if a friend will be a gym buddy).
- “Set yourself up for success” by setting yourself up to start an activity or goal
  - Set out the gym bag
  - Put cleaning supplies on the counter
  - Schedule an activity with a friend
  - Open up the document on the computer so it’s ready
- Graduated task assignment
Activity scheduling

- Schedule activities into the week that are feasible and achievable (ideally specific time and day)
- Patients usually set too big of activity goals, don’t meet them, and then feel discouraged
- Graduated task assignment to break down bigger goals into smaller activities that can be scheduled into the week
- Balance the types of antidepressant activities (enjoyment, achievement, and meaning)
- Check to see what one’s mood is like after
- Check to see whether the activity helped achieve a goal or give a sense of accomplishment
- Imagine how one’s mood would have been if they had avoided or been sedentary
- See if energy increases or decreases with increased activity

- Remind the patient: “You won’t feel like it before you do the activity. That’s the depression talking. Do the activity anyway, because it matters to you. Most likely your mood will start to improve.”
- Act from the inside-out (do an activity first and then feel better on the inside)

- Just like depression contributes to a downward spiral, gradually adding in activities will lead to a positive cycle of increased energy and more motivation to do more activities. In short “It’ll get easier.”
Avoidance patterns & active coping
Present moment focus

...the stories we tell ourselves about our lives, allow us to reexperience emotions over and over again (Hayes, Barnes-Holmes, & Roche, 2001). BA emphasizes the process by which clients engage in negative thinking by focusing on the antecedents and consequences of negative thinking and the context in which it occurs.

For example, what happened before the client began thinking in this way? What happens when the client begins thinking in this way? Did it lead to effective problem solving (e.g., defining a problem, generating solutions, and arriving at a decision on how best to deal with the problem)? Did negative thinking lead to a sense of “spinning one’s wheels” (e.g., passively reviewing problems over and over without generating a solution)?

Martell, Dimidjian, & Herman-Dunn, 2022

Rumination

- Repeatedly reviewing one’s mind: negative events, their causes, and their consequences
- Feeling down
- Rumination
- Feeling worse
- Repeat the process

Rumination is associated with worse depression (Nolen-Hoeksema et al, 1993)

Brooding is the worst for mood: Comparing one’s current state to one’s ideal state (or prior better state)

Rumination is a behavior

Rumination may momentarily decrease pain of grief, loss, etc while worsening mood overall

Questions BA therapists ask:

– What triggered rumination?
– How did you feel during and after ruminating?
– Did rumination move you closer to your goal or help you solve a problem?
– Were you fully doing that activity or were you ruminating during the activity? How did ruminating affect the activity?
– Did you feel like you were working on a problem in the beginning but then end up where you started or no further along in solving your problem?
– What can you do to catch yourself ruminating?
– What can you do instead of ruminating?
– Is this way of thinking useful for me right now? What else could I be doing right now?

Keep thinking for 5 more minutes. If you aren’t any closer to solving the problem, you are ruminating and it’s time to change activities or get back into the moment.
Steps to a BA treatment protocol

Week 1: Activity scheduling focused behavioral activation (e.g., BA in CBT & BATD developed by Lejuez)

Week 2: Values clarification

Week 3: Avoidance patterns & active coping

Week 4: Present moment focus

Week 5: Relapse prevention

Week 6-7: Activity monitoring & mood

Week 8: Creating an environment that supports a healthy lifestyle

Week 9: Activity hierarchy

Week 10: Activity scheduling focused behavioral activation

Part of Jacobson et al. full model behavioral activation

BA in one handout
1. Depression interrupts a person's routine, and the activities they once enjoyed, become more difficult.
2. Because a depressed person doesn't feel like they have the energy to address the problems in their life, they often avoid them and then feel guilty about avoiding them as their problems grow.
3. Gradually adding enjoyable and meaningful activities into one's day (especially when someone doesn't feel like doing it) will eventually improve mood.

3. Start small with activities or break down problems into smaller chunks, so it's possible to chip away at them.
4. Mood improves after enjoyable and meaningful activities, so don't listen to depressed mood. Let values be the guide and take small steps towards them even when one doesn't feel like it.
5. Motivation and energy will eventually come after regularly doing antidepressant activities.
6. Feeling down is a sign from the body that the current routine isn't working and more antidepressant activities are needed.

Clinical demonstration

Clinical resources


https://www.therapistaid.com/therapy-worksheet/behavioral-activation
https://www.therapistaid.com/therapy-worksheet/activities-behavioral-activation
https://www.therapistaid.com/therapy-worksheet/activity-list