

Behavioral Activation A Brief Protocol

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What is Behavioral Activation?

Structured, brief psychosocial approach

Based on premise that problems in vulnerable individuals' lives and behavioral responses reduce ability to experience positive reward from their environments

Aims to systematically *increase activation* such that patients may experience greater contact with sources of reward in their lives and solve life problems

Focuses directly on activation and on processes that inhibit activation, such as escape and avoidance behaviors and ruminative thinking

Rationale for BA for Depression

- BA assumes a behavioral explanation for etiology of depression (Ferster, 1973)
- Examine events and individual's response
- Treatment had to be “outside-in”

Key elements of BA

Distinctly
behavioral case
conceptualization

Functional
analysis

Activity
monitoring and
scheduling

Emphasis on
avoidance
patterns

Emphasis on
routine regulation

Behavioral
strategies for
targeting
rumination

Full Course of BA

Establish good therapeutic relationship

Present model of BA

Goal setting

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

A Brief Course of BA

Components of a Brief Course of BA

Establish therapeutic relationship and present the BA formulation to get client "on board"

Identify secondary problems

Develop activation hierarchy and goals

Address Barriers to activation

Avoidance; brooding; external barriers (e.g. poor housing conditions, no income, etc.)

Session Structure

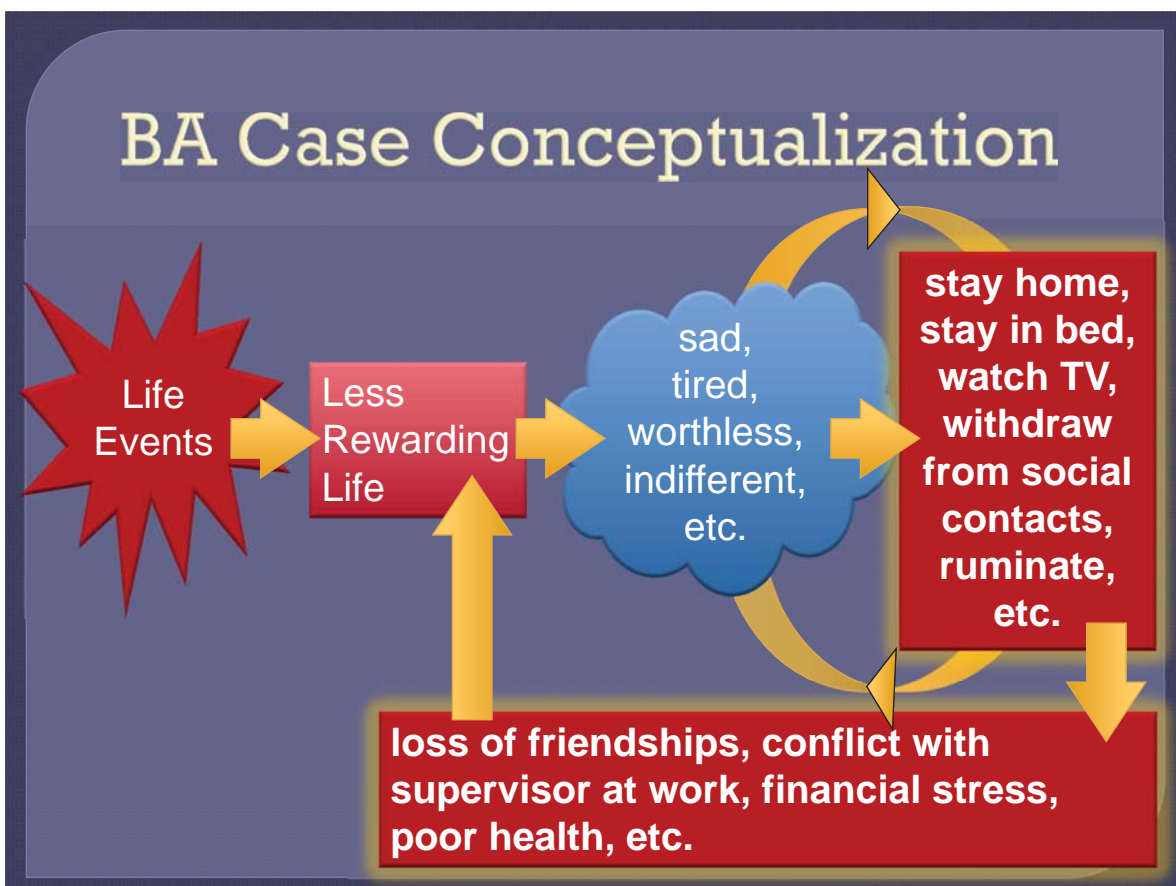
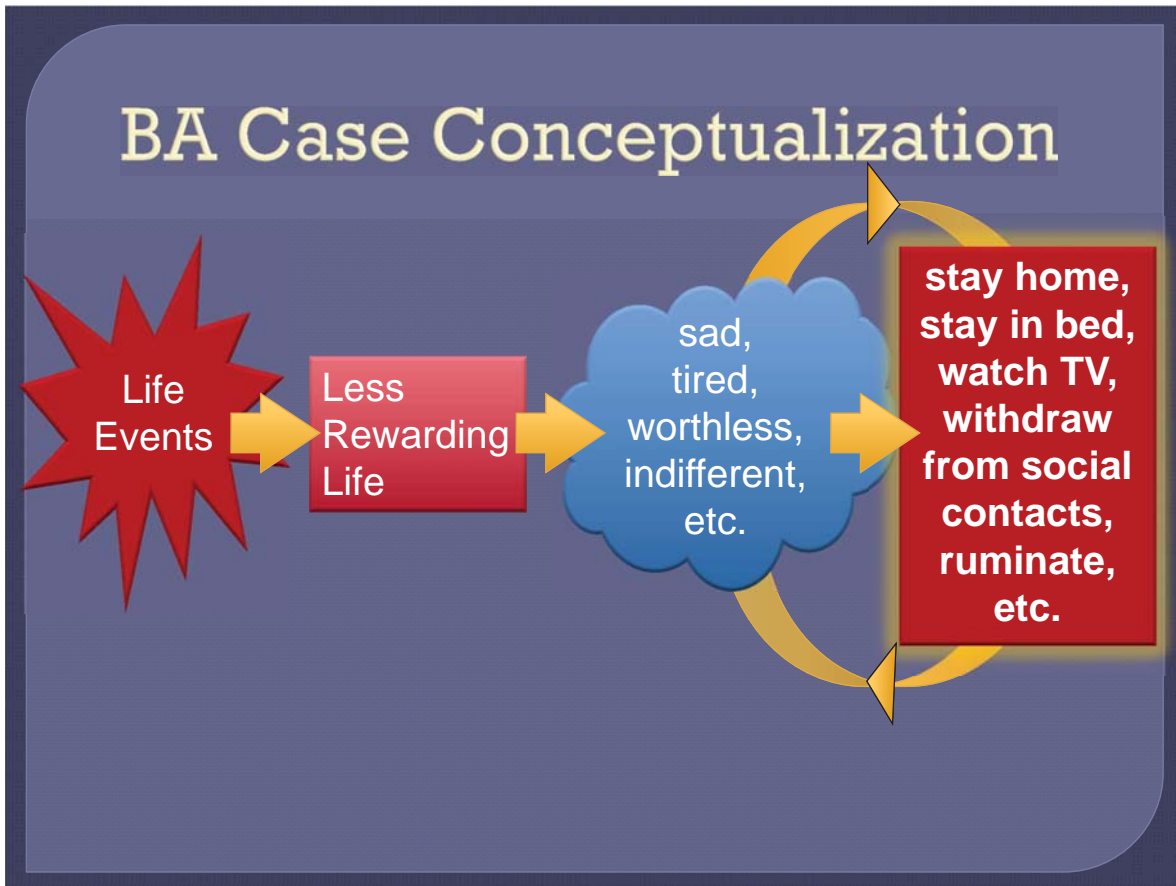
Set a mutually agreed upon agenda in the first few minutes of the session

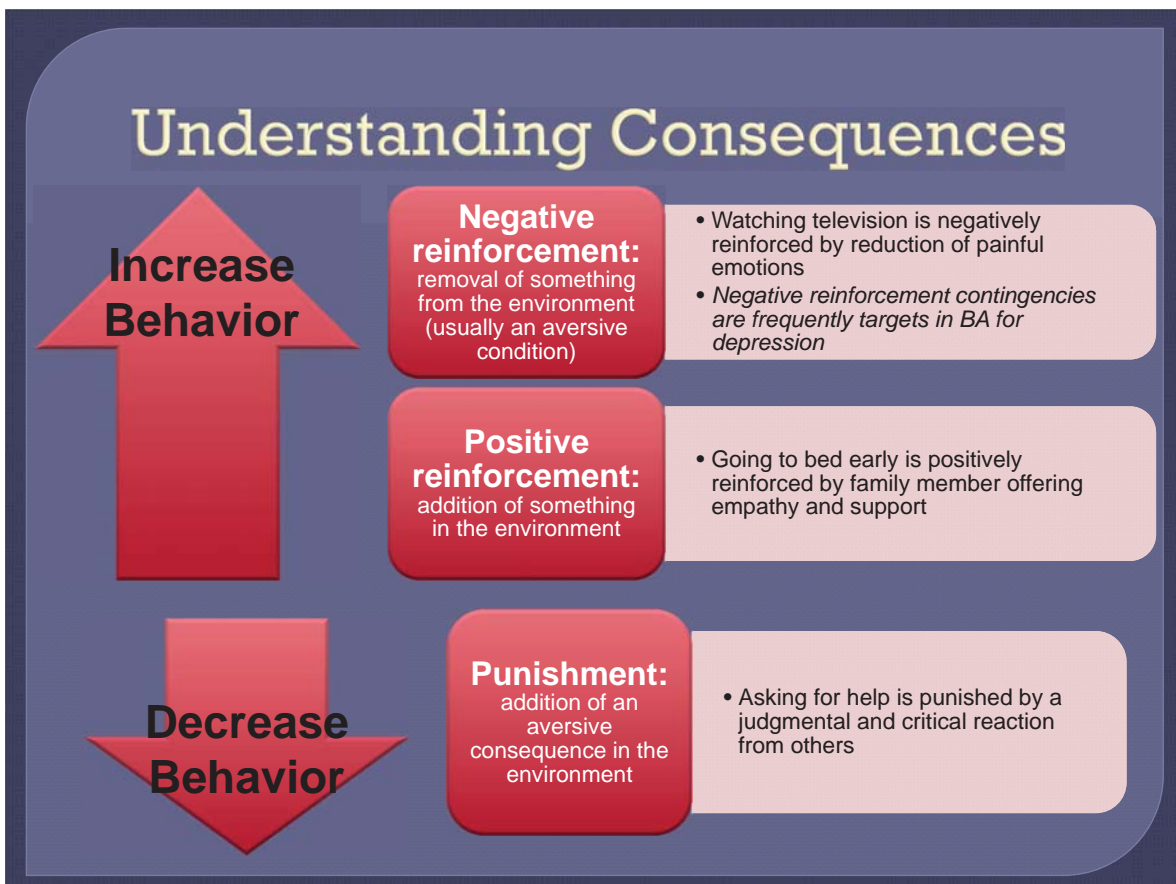
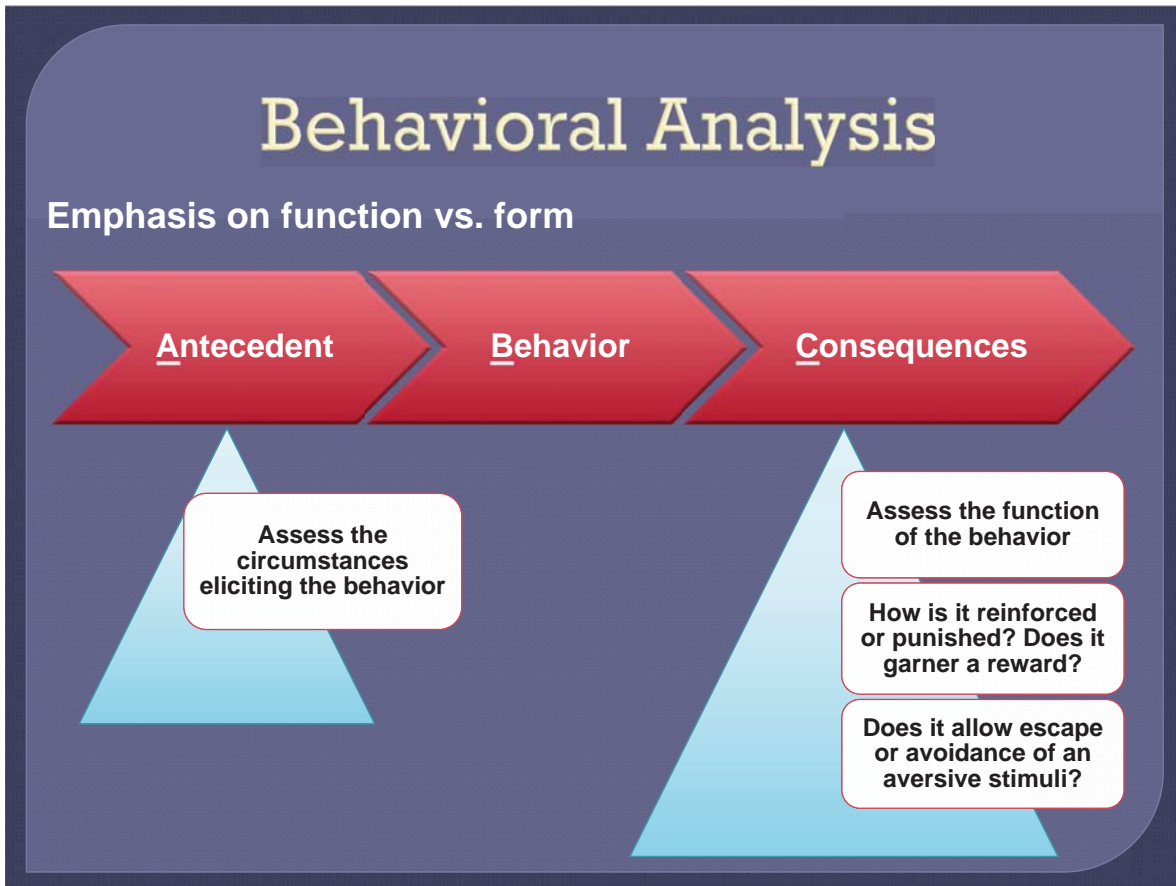
Review homework

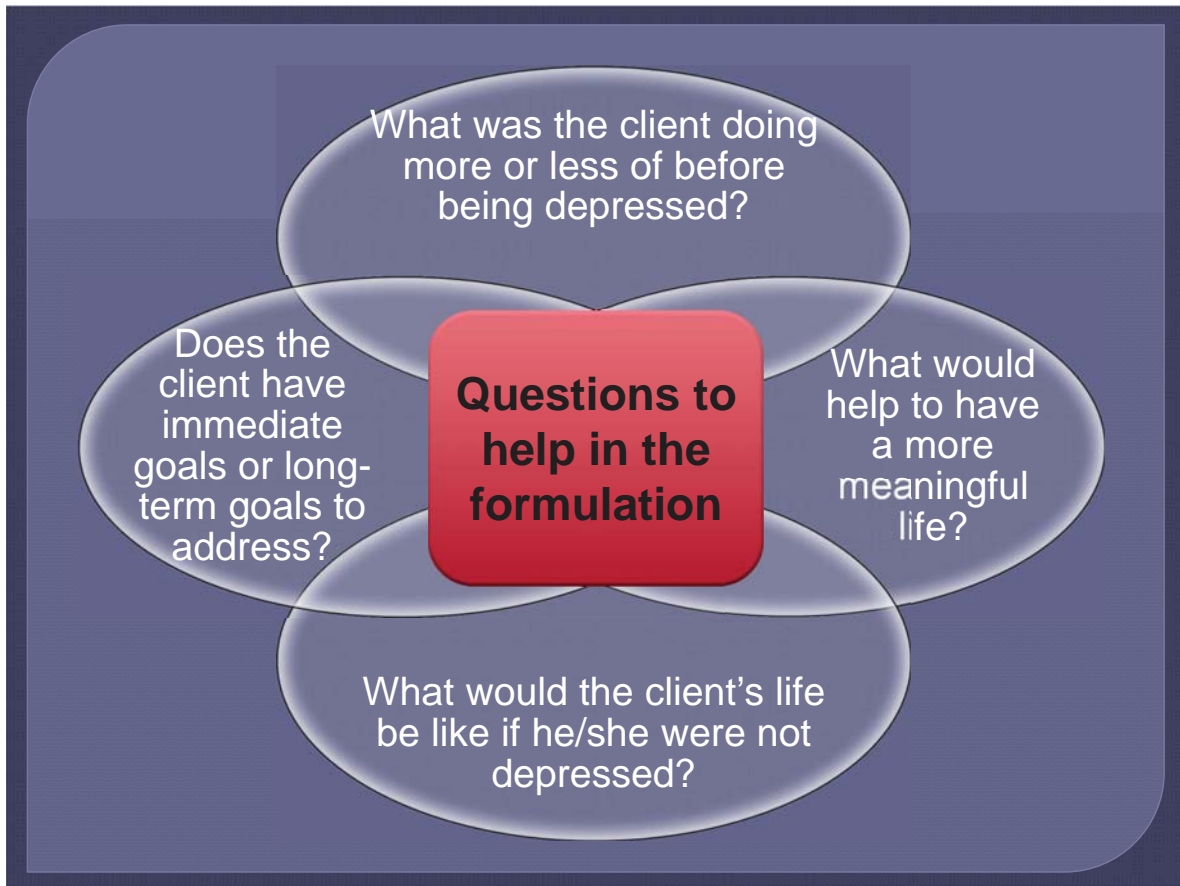
Problem-solve how to increase activity/deal with secondary problems

Assign new homework

Troubleshoot possible barriers to completing homework







Common Secondary Problems Behaviors to Identify

- Not opening mail/bills
- Sleeping late in the day
- Staying in bed when not asleep
- Excessive time spent in passive activities (watching television, computer games)
- Missing work/school
- Not calling friends/social withdrawal
- Calling friends but complaining to excess

Defining the Target: A 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-term but is problematic in long-term
- Assist patients in identifying the function of various avoidance behaviors and helping choose alternative coping behaviors

ACTION Strategy

Assess

- How will my behavior affect my depression? Am I avoiding? What are my goals in this situation?

Choose

- I know that activating myself will increase my chances of improving my life situation and mood. Therefore, if I choose not to self-activate, I am choosing to take a break.

Try

- Try the behavior I have chosen.

Integrate

- Integrate any new activity into my daily routine.

Observe

- Observe the result. Do I feel better or worse? Did this action allow me to take steps toward improving my situation?

Never

- Never give up.

Maximizing Activation

Outside → In
Approach

Typically we think of acting from the "inside → out" (e.g., we wait to feel motivated before completing tasks)

In BA, we ask people to act according to a plan or goal rather than a feeling or internal state

Increasing 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

BA Activity Charts

Functions of BA Activity Charts

- 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

ACTIVITY CHART

Note: 1. What were you doing? 2. What were you feeling? 3. Rate the Intensity: (0-10) or (1-100) scale

Time	Day 1	Day 2	Day 3	Day 4
6-7am				
7-8				
8-9				
9-10				
10-11				
11-12				
12-1pm				
1-2				
2-3				
3-4				
4-5				
5-6				
6-7				
7-8				
8-9				
9-10				
10-11				
11-12				
12-1 am				
1-2				
2-3				
3-4				
4-5				
5-6				

Some key feelings/emotions: **Mad, Sad, Glad, Afraid, Ashamed, Hurt**

Time	Activity	Mastery	Pleasure
6-7 am			
7-8 am			
8-9 am			
9-10 am			
10-11am			
11-12 pm			
12-1 pm			
1-2 pm			
2-3 pm			
4-5 pm			
5-6 pm			
6-7 pm			
7-8 pm			
8-9 pm			
9-10 am			
10-11 pm			
11-12 am			
12-1 am			
1-2 am			

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Activity Log

Mood/Activity	M	T	W	Th	F	S	S
Gardening						✓	✓
Walking dog		✓	✓			✓	✓
Bed by 10pm	✓	✓			✓	✓	✓
Auto meeting							✓
Call friend					✓		✓
List to Wife		✓	✓		✓		
Mood (0-10*)	6	5	5	7	3	3	2

* 0=mild/no depressed mood → 10=intense depressed mood

Time	Activity	Completed	Depression Rating
6-7 am		✓	
7-8 am	<i>Phone call with sister</i>		70
8-9 am		✓	
9-10 am	<i>Gardening</i>		50
10-11am			
11-12 pm			
12-1 pm			
1-2 pm			
2-3 pm			
4-5 pm			
5-6 pm			
6-7 pm		✓	
7-8 pm	<i>Go out for coffee with friends</i>		70
8-9 pm			
9-10 am			

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Tips to Maximize Activation/“Action Steps”

Planning Tips

Plan specific strategy for implementation (what, when, where, etc.)

Use public commitment – “makes one’s actions a matter of integrity in one’s own eyes and in those of others” (Locke & Latham, 2002)

Ensure that activities were adequately graded

Consider the use of arbitrary self-reinforcement

Aim for activities that have high likelihood of natural reinforcement

Bring behavior under the control of the environmental conditions

Therapist Tips

Highlight consequences of increased activation

Adopt a scientific/experimental attitude

Be alert for the “just do it” approach

Consider options for more regular check-ins

Assess degree of engagement in activity

Return to the rationale as needed (emphasis on goal directed behavior; clarify consequences of short vs. long-term goal focus)

Have client review homework plan before ending session; Identify barriers and problem solve; anything that might get in the way?

Be persistent! Come back repeatedly to the same targeted behavior and keep a problem-solving mindset

Common Problems

Common Problems and Solutions

Client thinks the case formulation is simplistic

- Incorporate some of the client's ideas...chemical imbalances, family history and so forth

Client doesn't think this applies

- Ask them to tell you if there are any aspects of it that do, what has helped them in the past?

Client insists that they need to feel better (e.g. happier, more motivated) before acting differently

- Encourage them to experiment with working from the "outside in"

Client doesn't complete homework

- Make sure the homework was graded adequately (i.e., was in small enough steps)
- Accept whatever client tried as an attempt and incorporate this behavior into new homework

References

- ◉ Addis, M. E. & Martell, C. R. (2004). *Overcoming Depression One Step at a Time: The New Behavioral Activation Approach to Getting Your Life Back*. Oakland, CA: New Harbinger.
- ◉ Jacobson, N. S., Martell, C. R. & Dimidjian, S. (2001). Behavioral activation for depression: Returning to contextual roots. *Clinical Psychology: Science and Practice*, 8, 255-270.
- ◉ Martell, C. R., Addis, M. E. & Jacobson, N. S. (2001). *Depression in Context: Strategies for Guided Action*. New York: W.W. Norton.
- ◉ Martell, C. R., Dimidjian, S., & Herman-Dunn, R. (2010). *Behavioral Activation for Depression: A Clinician's Guide*. New York: Guilford.