

# Behavioral Activation: Evidence-based Treatment For Depressive Symptoms

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## BEHAVIORAL ACTIVATION

Learning Objectives

- Describe the Behavioral Activation model of depressive symptoms
- Describe how to develop a case formulation for a patient experiencing elevated depressive symptoms
- Describe how to evaluate the outcome of patients' efforts and problem solve barriers to action planning
- Apply compilation of rewarding activities list, activity scheduling, and homework review to model cases.

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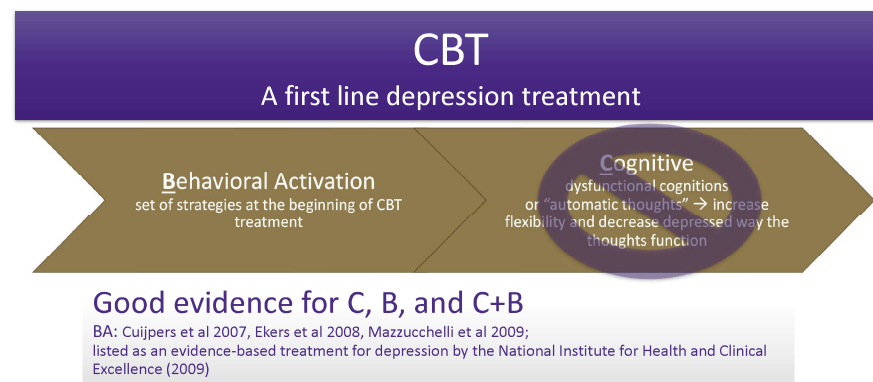
## What Is Behavioral Activation?

- An evidence-based, best practice for treating depressive symptoms
- BA targets patterns of avoidance, withdrawal, and inactivity
- BA is structured - a weekly plan is created
- BA is brief and easy to use
- BA helps depressed people improve their mood by engaging in pleasurable activities

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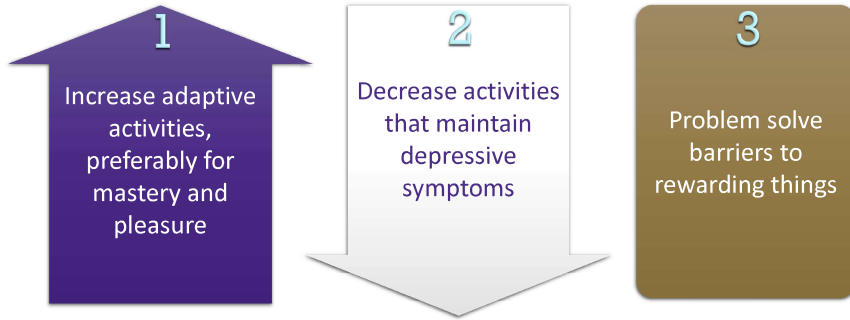
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## What is the difference between BA and CBT?



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### 3 GOALS OF BA



### BA: The 4 Steps

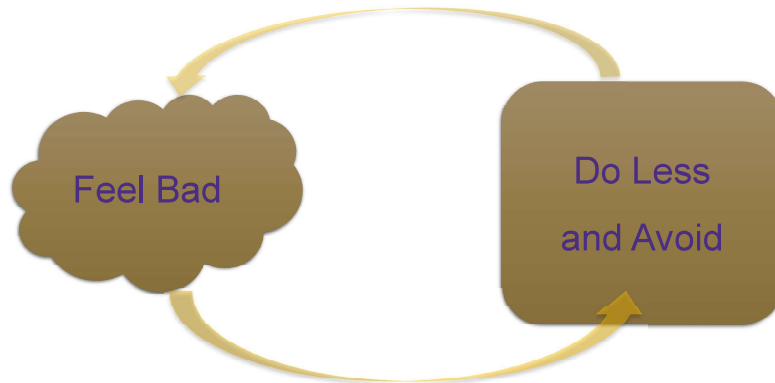
1. Explain the model

2. Ask lots of questions until you have a good formulation

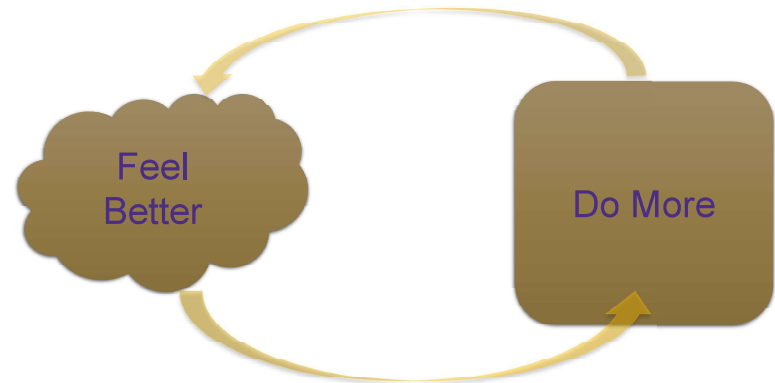
3. Select BA targets and make a plan

4. Follow-up: Evaluate the outcome and problem solve barriers

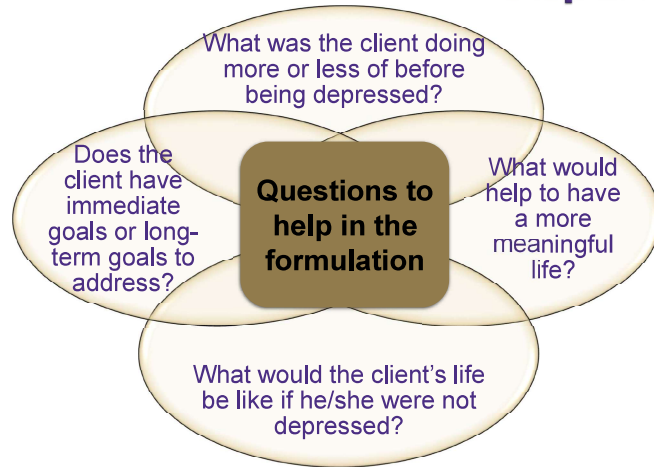
### Step 1. Explain the model: How depressive symptoms arise



### The model: How BA helps



## Step 2. Assess



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## The Role Of Avoidance

### What is it?

Discomfort experienced in a particular situation (physical pain, conflict, effort) is followed by behavior to feel better

### Why do it?

Short term gain, but long term loss

### What to do about it?

Identify the avoidance behaviors and help choose alternative coping behaviors

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## Targeting Rumination And Worry

- Rumination/worry can function as avoidance, can maintain depression
- Focus on context and consequences of rumination/worry, **not content**
  - When did you start thinking that?
  - How long did it last?
  - What were you doing while you were thinking that?
  - Did it interfere with your responsibilities and your engagement with other activities?
  - What were consequences of thinking so much about that?
- Ask: "What have you found helpful to deal with this"?

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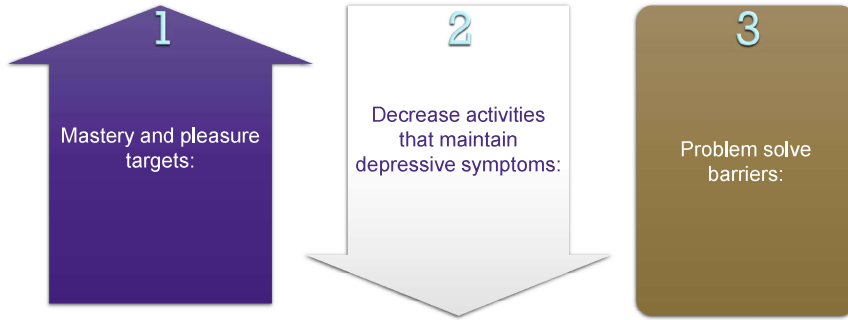
### List of Pleasant and Rewarding Activities

Instructions: List desired activities and rate the difficulty of each

	ACTIVITY	DIFFICULTY: E = Easy M = Medium H = Hard
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

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### 3 Goals Of BA:



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### Step 3. Select BA targets and make a *specific* plan

- The more detailed the plan, the more likely it will be followed.
- In the plan, consider:
  - Date or days of the week
  - What time of day
  - How long
  - With whom
  - What obstacles could come up? What is a Plan B?
- Ask patient:
  - How likely are you to do this? What will you do if you don't feel like doing it?

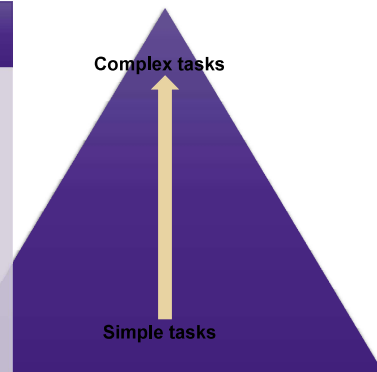


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### Avoiding Mount Everest

Start simple and move to harder tasks over time → ensures success

- Help break tasks down
  - Mastery and success of one small task will increase likelihood of completing other tasks
- Have them tell you what and how they'll do the task (Details! Details! Details! Have them walk you through it)
  - Help problem solve and ask how likely it is they will do it.
  - If it seems too challenging, it is! Break it down further.



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### 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.

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## BA Strategies for Ruminating/Worry

- Use “experience” strategies
  - focus on the present moment
  - notice colors, smells, noises, sights, etc. (grounding)
  - participate in a task (increases focus and engagement)
- Select high engagement activities
- Modulate the intensity of the setting/behavior

### Scheduling Activities

#### Pleasant – Social – Physical

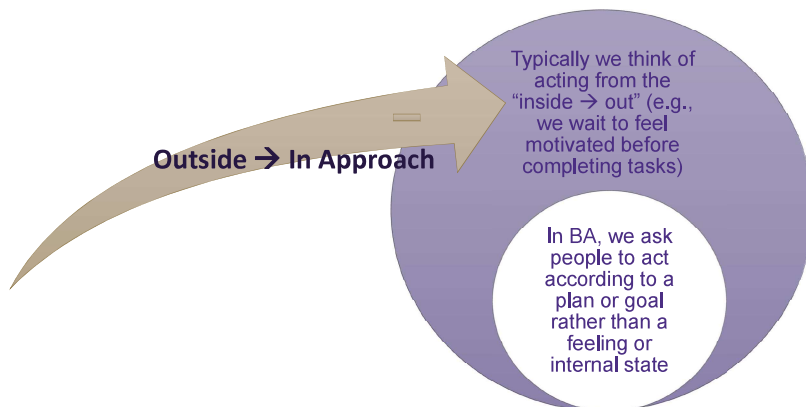
Plan at least one activity each day. It is an important way to deal with stress and depression. Schedule out a week's worth of daily activities.

Each day should contain at least one activity. These can be pleasant, social, or physical activities. For example, a pleasant activity might be reading a book or doing a hobby, a social activity might be calling or getting together with a friend, 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				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

## But I don't feel like it...



## 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 do the activities. Do not judge.

If goal not accomplished, ask 3 questions:

-  Do they have buy-in to the treatment?
-  Did they simply forget?
-  Was it a Mt Everest? (too hard)

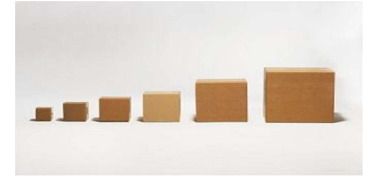
## Reframing “Failure” is Essential

- Wrong plan, pick another...learning what worked and what didn't work
- “Mistakes are portals of discovery.” – James Joyce



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## Building Success



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

Suggest patients act first and see what happens

Praise any success they make, even a small success

Go slow and start small

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## NEXT STEPS

- Practice and incorporate the 4 steps of BA with patients
- Use the handouts as your guide
- Include BA in future case presentations during monthly BHCM training calls.
  - BA is very appropriate for Telehealth appointments and to support patients experiencing stress related to Covid-19

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