



Need CE credit for
this session?

Please don't forget to
sign in to have your
attendance tracked



Behavioral Activation: A Third Wave Cousin on a Journey Around the World

Christopher R. Martell, Ph.D., ABPP

University of Massachusetts, Amherst

Invited Address: ACBS World Conference 16

July 26, 2018 Montreal, Canada

Disclosures (support):

Christopher R. Martell, Ph.D., ABPP

Relevant Financial Relationships:

- Receive royalties from New Harbinger publications for a book co-written on a topic similar to the subject of this presentation
- Receive royalties from Guilford press for a book co-written on a topic similar to the subject of this presentation
- Receive royalties from W. W. Norton press for a book co-written on a topic similar to the subject of this presentation

BA and the First Wave

- Pleasant Events Scheduling was an initial behavioral treatment for depression
- Social Skills Training, Problem-Solving also early Behavioral Treatments
- Ferster wrote about functional analysis of depression in 1973 and 1974

BA and the Second Wave

- Clinical Behavior Therapy expanded to include cognitions as a legitimate treatment target
- Beck's cognitive therapy for depression includes specific behavior therapy elements ... in particular activity scheduling and graded task assignments

BA and the third wave

- Implicit acceptance component
- Attention to Experience

Is BA a Third Wave treatment?

- BA – a cousin to the third wave
 - BA, DBT, FAP all developed in labs at Univ. of WA, and some of the leaders in ACT were also Seattle based.
 - BA focuses on in-session behavior and the relationship, but not to the same extent as FAP
 - BA has implicit acceptance but still has more of a change agenda – i.e. no “creative hopelessness.”
 - BA encourages goal dependent rather than mood-dependent behavior – but not as focused on affect regulation as DBT
 - BA attends to value-driven behaviors, came to values later in the game (except for Lejuez and Hopko BATD who included values worksheets from the beginning)

Developing the Protocol

- Jacobson's (1996) Component Analysis Study
 - Don't do Cognitive Therapy
- The Treatments for Depression Study (Dimidjian, et al., 2006)
 - Based on Behavioral Principles
 - Collaborative process between therapists and researchers

Contextualism in BA

- BA looks at the individual in context – considers environmental factors and the functional analysis
- While studied as a treatment for depression (and in some studies PTSD) the principles of BA allow flexibility for the many different client experiences of what is diagnostically called “clinical depression.”

BA going around the world

- BA a basic, transdiagnostic process, that is acceptable in different cultures.
- BA texts have been translated into Swedish, Danish, Dutch, French, Spanish, German, Japanese, Simplified Chinese, and Korean.

Moradveisi, Huibers, Renner, Arasteh & Arntz (2013)

- Iranian Patients with MDD between ages of 18 – 70, N=100
- 16 Sessions of BA (N=50)
- Antidepressant medication (Sertraline at increasing dosage) (N=50)

Moradveisi, et. al (2013) Cont.

- BA conducted by three psychologists
- 20 hours of training in BA over 2-weeks
- 6 years clinical experience on average
- Antidepressant medication provided by four Board Certified Psychiatrists with average of 5 years experience

BA in Iran compared to Jacobson's Studies

- 16 sessions rather than 24
- 12 weeks rather than 16
- Focus on behaviors and environmental contexts (consistent)
- Acting according to goals not feelings (consistent)
- Use activity charts to schedule activities and follow relationship between activities and mood (consistent)
- Identify secondary problems like avoidance or rumination (consistent)
- Treat rumination as behavior not attending to content of thoughts (consistent)

Moradveisi, et. al (2013) Cont.

- Results:
- Stronger symptom reduction in the BA group at 13 weeks
- Within-condition changes showed better response to BA at 13 and 49 weeks
- Response (substantial symptomatic improvement) and remission (return to within normal limits) rates at 13 weeks:
 - BA: Overall response: 97.8% Remission 91.1%
 - Sertraline: Overall response: 94.3% Remission 63.6%

Total of 87 patients available for assessment at 49 weeks.

BA: 65.9% Remission and 88.6% Response rates.

Sertraline: 27.9% Remission and 46.5% Response rates

For those remitted 27.8% BA relapse; 60.0% Sertraline relapse at week 49.

Why BA in Iran?

- The remission and response rates were higher in this study than in the original Treatments for Depression Study (Dimidjian, et al., 2006). The authors suggest that BA is a particularly good fit with Iranian culture.
- The BA therapists had the impression that the BA strategies for modifying rumination fit particularly well with Iranian culture and led to strong reduction in depressive symptoms.
- Psychological Treatment is less stigmatized in Iran than taking pharmacological medication.

BA in India

- The Maradveisi et al study in Iran demonstrated that BA could be efficacious when conducted by psychologists with minimal training in BA, not trained by BA experts.
- A study in Goa demonstrated that BA could be conducted by lay counselors.

Chowdhary et al, The Healthy Activity Program

- Lay Counsellors
- Three stages of Study:
 - 1. Identify potential treatment strategies;
 - 2. Formulate treatment framework;
 - 3. acceptability, feasibility and impact.

Treatment strategies

- Supportive counseling
- Psychoeducation
- Problem-Solving
- Enlisting Social Support
- Relaxation
- Physical Exercise
- Addressing interpersonal triggers
- Activity Scheduling
- Graded task assignment
- Treatment planning

The HAP Program

- Explaining the HAP model
- Assessing activity and mood
- Structuring and scheduling activity
- Solving problems (including mobilizing social supports)
- Building skills to support activation and problem solving

Proposed mechanisms of change in HAP

- Increased recognition of link between activities and mood and impact on life challenges generally
- Increased activation and engagement
- Enhanced problem-solving and social supports
- Increased activation and reduction in avoidance

BA as a “best fit”

- In the Chowdhary et al study, an international group of psychotherapy experts recommended BA as the Best Fit in India because of:
 - Culture and context in which treatment was considered
 - Captured most of the strategies identified
 - The importance of understanding context in depression fit with patient concerns with family, financial, and social problems and with stigma and discrimination.
 - Using activity and social context to promote recovery was closely aligned with patient reports of using activities and social support as coping strategies.

Treatment Framework

- Four domains of strategies:
 - Engagement (psychoeducation, family psycho-ed., and treatment planning)
 - Activation (graded tasks, activity scheduling, physical exercise)
 - Need-based strategies (interpersonal trigger, problem-solving, relaxation, enlisting social support)
 - Social integration, (reintegrating individuals into the community)

Acceptability and feasibility: What participants found helpful

- Completing daily activity chart
- Spending time with friends and relatives
- Sharing one's thoughts and emotions
- Doing things one enjoys

Chowdhary et al

- 271 participants included 30 treated by specialists
- 49% dropout after first session
- Most common challenges were practical: Needing to attend to work, difficulty with transportation
- Treatment was modified to have a choice for home-based care
- A small RCT was also conducted with 54 participants (Enhance usual care n=31 and HAP, n=24) and found that prevalence of depression was significantly lower for HAP than EUC. Treatment remission higher in HAP than EUC

BA similarities to other treatments

- BA utilizes strategies that are consistent with some other third wave therapies:
 - A good BA therapist validates client's emotional experiences and the logic of contingency based behaviors (even those not working for client) ... similar to DBT, ACT, FAP
 - A good BA therapist is awake to client behavior and finds opportunities to get clients activated and engaged during the session ... similar to FAP and DBT [but different]
 - A good BA therapist structures sessions and collaborates with the client to “learn together” ... similar to standard CBT
 - A good BA therapist allows room for emotions that clients may experience as distressing and works with clients to not push them away or engage in avoidance behaviors to manage them, but to commit to actions that will make life better (and may improve mood as well) ... similar to DBT and ACT

Wave Surfing

- BA is just good behavior therapy (First Wave)
- BA doesn't use cognitive interventions per se, but clients still learn a different conceptualization of depression and a new rubric for behavior ... “when depressed, stay engaged” similar to CBT generally (Second Wave)
- BA emphasizes acceptance of moods as fluctuating events, remaining focused in the present, not brooding about the past or living in one's head worrying about the future, committing to acting in ways consistent with one's values and goals (Third Wave)

Will BA take over the world?

- Simple concepts go far
- BA can be a process that doesn't need to be a new therapy
 - Include in case conceptualization
 - Recognize that BA skills are different than BA treatment
 - BA is pragmatic

Thank You!

Need CE credit for
this session?

Please don't forget to
sign out to have your
attendance tracked

