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Getting the Essentials in Place: Using a Structured BA Protocol to Gain Proficiency

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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
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The COBRA trial

- Maximum of 20 Sessions over 16 weeks with option of 4 Booster Sessions
- Option of twice weekly sessions through the first two months and then weekly thereafter
- Final Sessions can be scheduled less frequently if clinically indicated

COBRA – Therapy Phase 1

Richards, D. A., Ekers, D., McMillan, D., Taylor, R. S., Byford, S., Warren, F. C., ... & Finning, K. (2016). Cost and outcome of behavioural activation versus cognitive behavioural therapy for depression (COBRA): a randomised, controlled, non-inferiority trial. *The Lancet*, 388 (10047), 871-880.

- Assessment and gathering information about presenting problem
- Describe BA Model
- Establish link between mood and behavior
- Develop functional analysis – linking to client specific BA formulation
- Set and review activity scheduling
- Use TRAP/TRAC method for introducing alternative behaviors

Ten Principles in BA

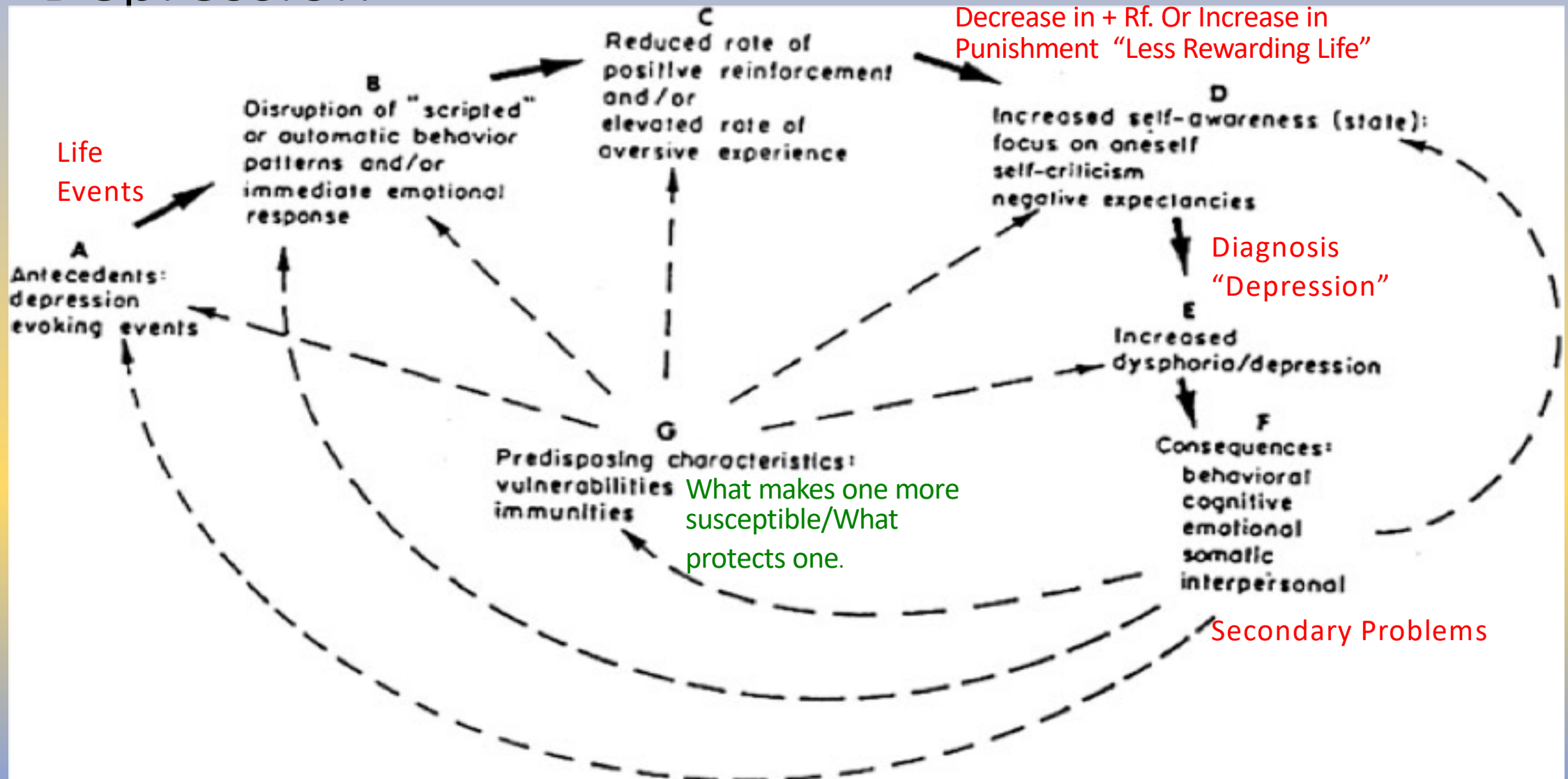
Principles 1 – 3 Assessment

- Principle 1: The key to changing how people feel is helping them change what they do.
- Principle 2: Changes in life can lead to depression, and short-term coping strategies may keep people stuck over time.
- Principle 3: The clues to figuring out what will be antidepressant for a particular client lie in what precedes and follows the client's important behaviors.

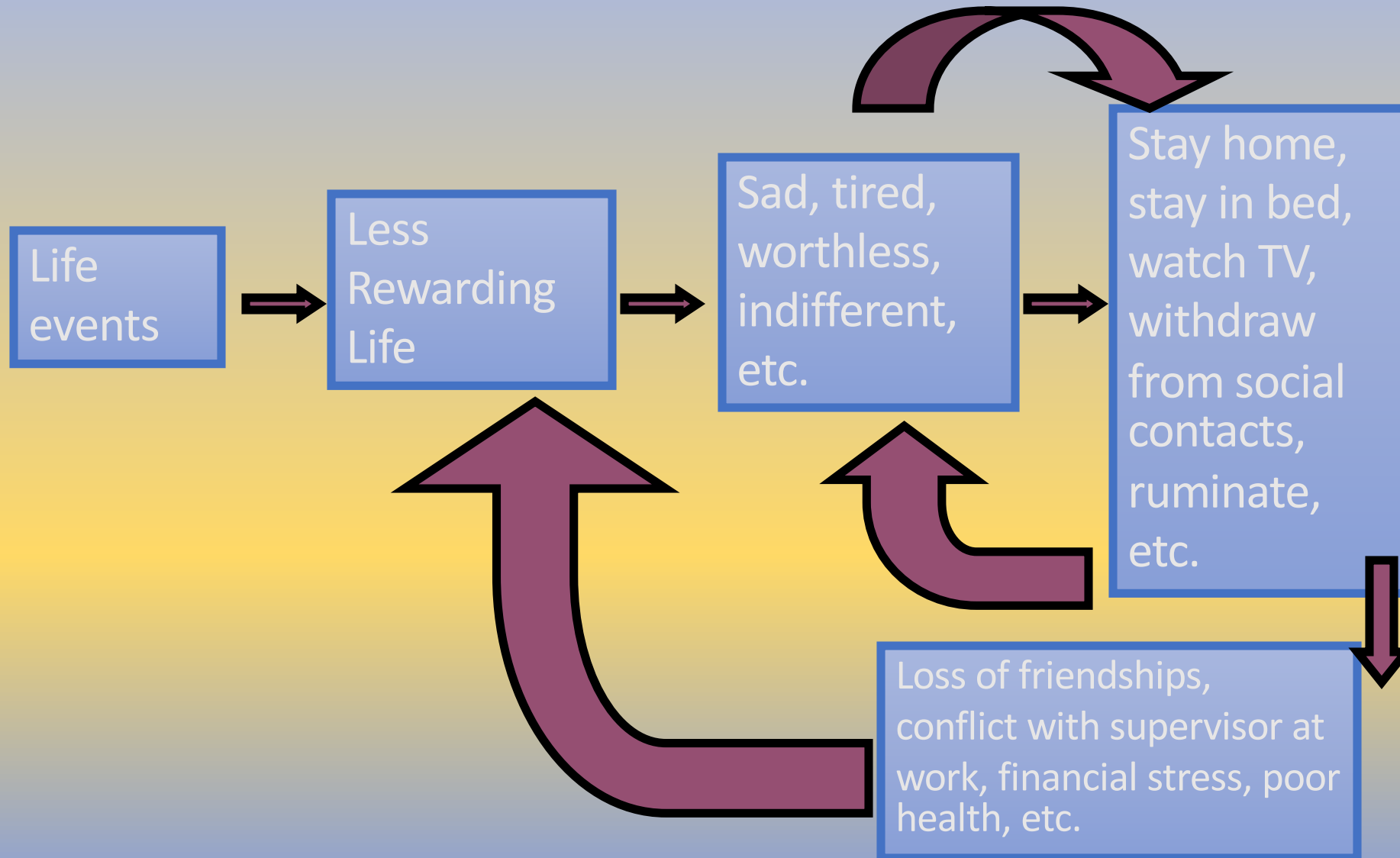
Individualizing the Principles and the Protocol

- Audience Participation:
 - How would the protocol function when trying to individualize treatment?
 - How do the first 3 principles help to individualize BA?

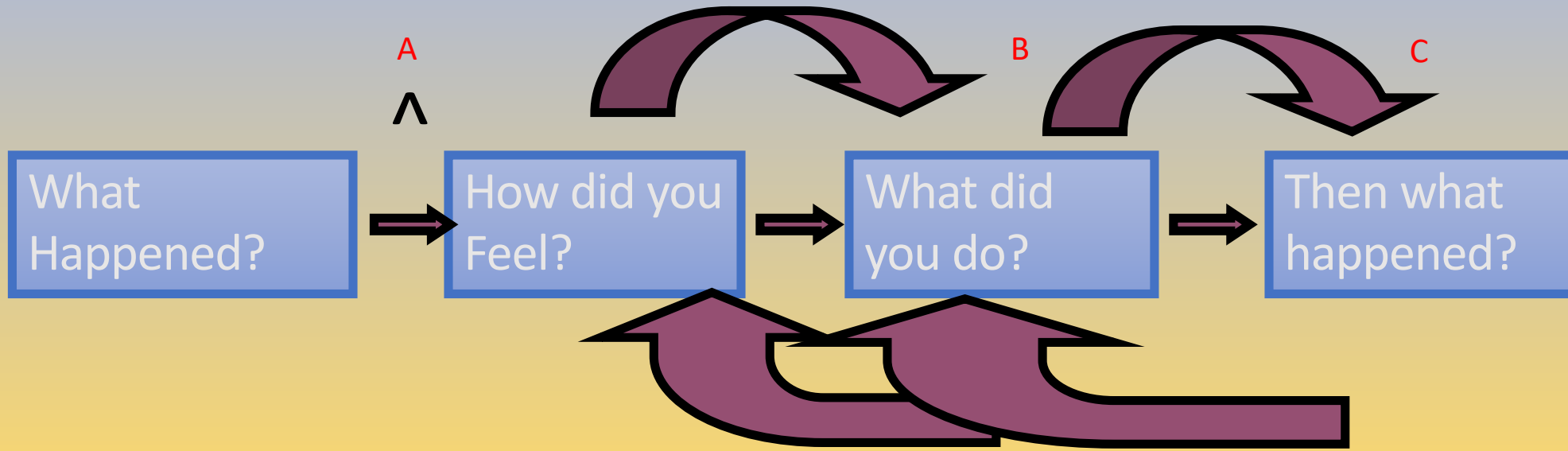
Lewinsohn, et al. (1985) Integrative Model of Depression



BA Case Conceptualization



Simplified Conceptualization



Key elements of BA

- Behavioral case conceptualization
- Functional analysis - what contingencies are maintaining depression (vs. primary focus on increasing pleasant events)
- Activity monitoring and scheduling
- Emphasis on avoidance patterns
- Emphasis on routine regulation
- Behavioral strategies for targeting rumination

Main strategies to Employ

- Bring client on board with case conceptualization
- Activity Monitoring (Value assessment?)
- Activity Scheduling
- Functional Assessment/Analysis
- Act from Outside-In
- Follow Plan not Mood
- Identify and Ameliorate Avoidance and Rumination

Ten Principles of BA

4 - 6

- Principle 4: Structure and schedule activities that follow a plan not a mood.
- Principle 5: Change will be easier when starting small.
- Principle 6: Emphasize activities that are naturally reinforcing.

Activity Scheduling

- Break into small, do-able units
- Be specific as to activity, date and time
- Rate mood during activity
- Remember the 5-Ws “What?” “When?” “Where?” “With Whom?”
- Assess client expectations of doing the activity – Not to test beliefs, but to plan ahead and increase commitment to action.
 - What might get in the way?
 - How does he/she think it will turn out?

TRAP/TRAC

- T - Trigger (*See photos of Ex on vacation on Facebook*)
- R - Response (*Sad, angry*)
- AP - Avoidance Pattern (*stay home, brood/ruminate, “stalk” Ex on Facebook*)
- T - Trigger (*See photos of Ex on vacation on Facebook*)
- R - Response (*sad, angry*)
- AC - Alternative Coping (*call a friend and invite them to go for a walk... or if late at night, listen to favorite music and sing along*)

COBRA Phase II

- Consists of mandatory and optional “modules.”
- Mandatory: Rumination and Problem-solving
- Optional: Functional equivalence, incorporating values, anxiety, punishment, communication and alcohol/substance use

Audience Participation

- How does “functional equivalence” get used in therapy?
- How do you “incorporate values” in therapy?
- What might a BA treatment that attends to anxiety look like?
- What the heck is punishment used in therapy for?
- Communication?
- Substance and Alcohol Dependence?

Rumination Subtypes

- Treynor, Gonzalez & Nolen-Hoeksema 2003.
 - Psychometric Analysis
 - Two Components: 1) Brooding 2) Reflection
 - Reflection Factor associated with less depression longitudinally although more depression concurrently
 - Brooding Factor associated with more depression both concurrently and longitudinally
 - Brooding Factor mediated gender differences in depressive symptoms (women > men)

Two ways to deal with rumination

- Martell, Dimidjian, & Herman-Dunn (2010) suggest two broad methods for dealing with rumination:
 - Teach Problem Solving
 - May enhance likelihood of adaptive, reflective behavior rather than brooding.
 - Use Attention to Experience
 - Brings client back into engagement with the present rather than emotional avoidance through brooding.

Problem-solving skills and more

- Use 2-minute rule, if you can't think of any possible solution within two minutes, you may be brooding over something that pulls you from moment – attend to experience
- Define the problem behaviorally
- Brainstorm as many solutions as possible
- Evaluate the solutions generated
- Commit to one and try it
- Assess the outcome and try something different if necessary

COBRA Phase III

- Maintaining progress and relapse prevention
 - Self-planning without clinical assistance
 - Identify relapse triggers
 - Review progress on goals and valued activities
 - Use TRAP and TRAC to plan further activity to increase access to mood enhancing activities and replacing avoidance behaviour

ENLIVEN therapy "E"

- Establish and Follow an Agenda:
 - Collaborative
 - Client Goal for Session ... moment-by-moment goals
 - If move off agenda, check in

ENLIVEN Therapy – “N”

- Nutures Activation
 - Use Activity/Mood monitoring and Scheduling
 - Encourage value-driven rather than mood-directed behaviors

ENLIVEN therapy – “L”

- Learns Together
 - Work in collaboration with client
 - All information is useful
 - Therapists are coaches not experts
 - Client invited and encouraged to take an active part in the learning process ... what makes life better, what makes one feel better, what makes one feel worse, what makes life more difficult, what can change, what may not change???

ENLIVEN Therapy – “I”

- Is non-judgmental
 - Behavior is just behavior
 - Client values may differ from therapist values
 - All information is useful
 - No preset plan for what is “good” for a client or what is “bad” for a client
 - (We don’t conflate values with morals)

ENLIVEN therapy – “V”

- Validate
 - Validate client emotional experience (Linehan, 1993)
 - Validate client behavior in terms of contingencies maintaining it
 - Validate client attempts at change
 - Validate difficulty of change

ENLIVEN Therapy - E

- Encourages
 - Remain hopeful, even when client is not
 - As a Coach, encourage client to take risks, experiment
 - Encourage clients to experience emotion that they may label as negative

ENLIVEN Therapy – “N”

- Naturally expresses warmth
 - Be present with client
 - Respond to client in moment
 - Don't use fake empathy
 - Don't use pat responses
 - Be real

Cobra Booster Phase

- Booster sessions are optional and flexible
- Review of previous modules may take place
- Review of relapse prevention may take place

Outcomes of the COBRA trial

- 221 Participants BA; 219 CBT
 - BA delivered by junior mental health workers
 - Test of Non-inferiority
 - Outcome measures: Primary: PHQ-9 at 12 months. Secondary: PHQ-9 at 6 onths and 18 months; DSM-IV MDD and Anxiety Disorder status (measured by SCID and GAD-7, and a 36-item health-related quality of life at 6, 12, and 18 months.
 - Modified intention-to-treat (miTT) and per-protocol (PP) analyses
 - BA was BA was non-inferior and more cost-effective than CBT.
 - Both treatments performed well. (two non-trial related deaths – 1 multidrug toxicity BA, one cancer CBT; and 15 depression-related by not treatment-related serious adverse events; 3 in BA, 12 in CBT occurred).
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- Richards, D. A., Ekers, D., McMillan, D., Taylor, R. S., Byford, S., Warren, F. C., ... & Finning, K. (2016). Cost and outcome of behavioural activation versus cognitive behavioural therapy for depression (COBRA): a randomised, controlled, non-inferiority trial. *The Lancet*, 388 (10047), 871-880.

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