

Brief Counseling Techniques for Your
Most Challenging Patients
Behavioral Activation Treatment:
Planning then Acting to Improve Quality
of Life

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Objectives

- Describe the rationale for behavioral activation
- Identify activities to help patients reconnect with their values across several life areas

Objectives (cont.)

- Use activity structuring and scheduling with patients to better engage in adaptive activities they associate with pleasure and/or mastery
- Identify ways to help patient's discover their barriers to engaging in adaptive activities in order to maintain and increase them

Overview of Behavioral Activation

- Help patients reconnect with their values by examining how they are currently living according to these values
- Help patients identify activities that fit their values
- Help patient utilize structure and planning to live a valued life on a daily basis.

Behavioral Activation: Guiding Principles for the Provider

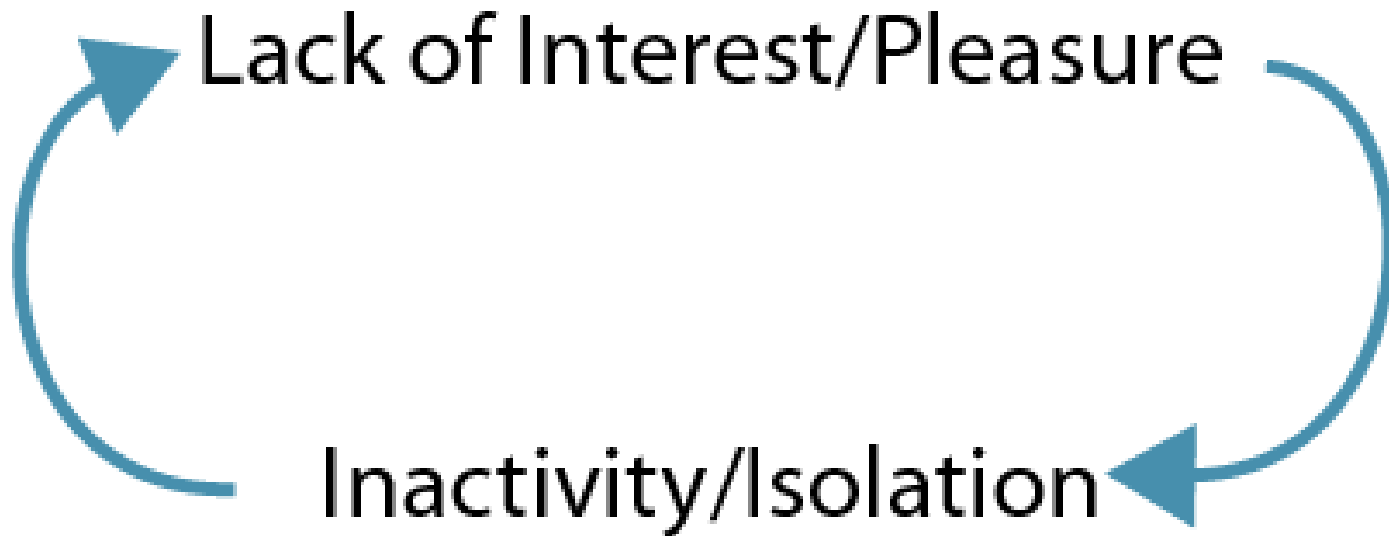
- Structure and schedule activities that follow a plan, not a mood
- Emphasize activities that are naturally reinforcing
- Emphasize a problem-solving approach where all results are useful
- Role of provider as coach
- Emphasize the motto “Don’t just talk, do!”
- Troubleshoot possible and actual barriers to activation

Process of Behavioral Activation

- Begin with rationale for behavioral activation
- Identify life areas, values, and activities
- Contract behaviors to increase social support
- Emphasize behavioral assessment through daily activity and mood monitoring to determine targets for intervention

Rationale for Behavioral Activation

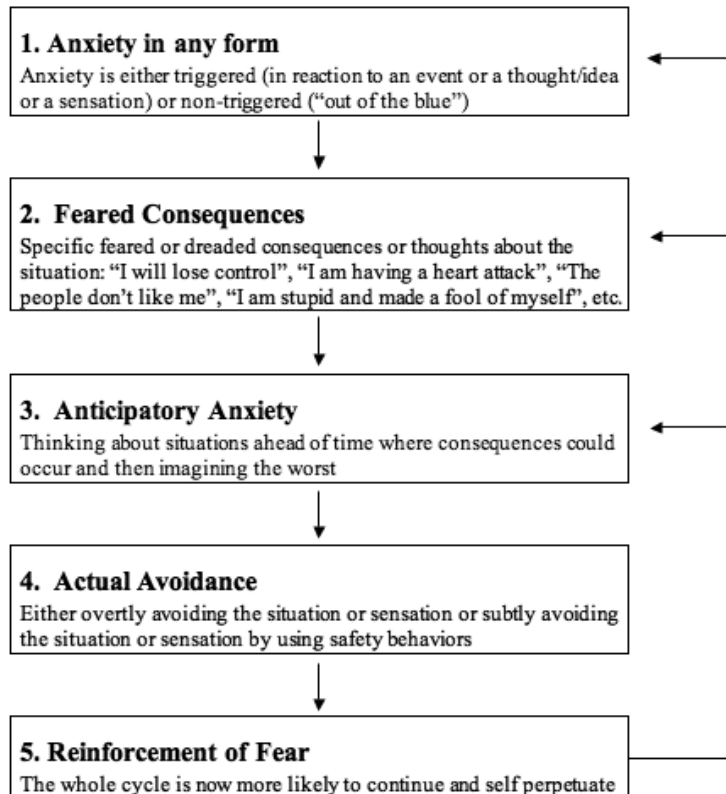
The less you do the more depressed you feel
The more depressed you feel the less you do



The Cycle of Fear and Avoidance

FEAR AND AVOIDANCE

THE CYCLE



Identify Life Areas

Life Areas

Life Areas Assessment

- **Family Relationships**
- **Hobbies/ Recreation**
- **Social Relationships**
- **Volunteer Work/ Charity/ Activism**
- **Romantic Relationships**
- **Physical/Health Issues**
- **Education/Training**
- **Spirituality**
- **Employment/ Career**
- **Psychological/ Emotional Issues**

Identify Values

- Values are how you want to live your life
- They are more general statements about what's really important to you
- Values should be determined for all life areas

Life Areas & Values Lead to Activities

Life Areas → Values → Activities:
Activities Checklist

Life Area: Family Relationships

Value 1: Be a good son	Enjoyment (1-10)	Importance (1-10)
Activity 1: tell parents I love them daily	10	10
Activity 2: write mom a letter	8	5
Activity 3: go out together to dinner	2	6
Activity 4: always be on time and reliable	3	10
Activity 5: ask for help with homework	4	10

Contract Behaviors to Increase Social Support

Recruit social support

Behavioral Contract

Name a person who can help you do enjoyable / important activities: _____

What is an activity you'd like this person to help you with:

What are the ways this person can help you with this activity:

1. _____

2. _____

3. _____

Behavior Monitoring

- Monitor current patterns of behavior
- Rate Importance / Enjoyment / Mastery
- Identify which activities patient might want to increase/decrease

Daily Monitoring

Daily Monitoring Form

Date: _____

Time	Activities	Importance (1-10)	Enjoyment (1-10)
7:00 – 8:00			
8:00 – 9:00			
9:00 – 10:00			
10:00 – 11:00			
11:00 – 12:00			
12:00 – 13:00			
13:00 – 14:00 P.M.			
14:00 – 15:00 P.M.			
15:00 – 16:00 P.M.			

Behavioral Activation involves Pleasant Activities

Increase activities associated with pleasure

- Re-introduce prior pleasant activities: Can you think of any activities or hobbies you used to enjoy but have now stopping doing?
- Introduce new pleasant activities: Can you think of any activities or hobbies you would like to do but have never done?

Types of Pleasant Activities

- Pleasant activities are ones that make you feel better because they are rewarding, meaningful, inspiring, relaxing or fun.
- They don't have to be special activities. In fact, most are everyday activities.

Remembering Pleasant Activities

- When a person is depressed, it's hard for them to remember any activities have ever been pleasant.
- Ask them what it is that they used to enjoy, no matter how long ago.

Go Slow

- Use activity structuring and scheduling to increase adaptive activities
- Consider difficulty of tasks and efforts needed to do them, then start slow to allow for early success

Pleasant Activities Are the Best First Step

- Pleasant activities are doubly beneficial to the patient as they increase activity and feelings of pleasure.
- Activities designed to overcome avoidance or increase a sense of accomplishment should be entertained as the first goals *only* if highly important to the patient or apparently salient to the attainment of future goals

Behavioral Activation involves Active Coping

- Active coping = taking some form of behavioral action to alleviate or reduce a life stressor.
- The goal of active coping is to decrease stress through accomplishment or overcoming avoidance.

Behavioral Activation involves Active Coping (cont.)

- Ask if there is something the patient needs to do that she/he has been unable to do or has been avoiding.
- Some patients may want to accomplish something rather than focus on doing something pleasant. (Examples: calling an estranged family member, cleaning out a messy closet, getting taxes done).

Behavioral Activation for Avoidance

- Where the activity itself is not reinforcing (pleasant) but feared.
- It is only in the completion of the task that the patient feels good (I faced my fear and nothing terrible happened)

Behavioral Activation for Avoidance (cont.)

- To effectively apply behavioral activation with anxious patients, it is important to *monitor anxiety* and combine behavioral activation with *relaxation techniques* to increase patient comfort and control.

Barriers

- Identify barriers to activation
- When barriers to activity arise, assess the function of the behavior and generate solutions for future activation assignments
- Use problem solving to alter contextual problems that may be eliciting or maintaining undesired behaviors

Behavioral Activation for Avoidance

- Be careful not to allow behavioral activation to further aid in the patient's avoidance of fearful situations (playing video games solo rather than engaging with family)

Setting a Plan into Action

- Identify specific, observable, measurable tasks
- Tasks are within the context of values and/or goals important to the patient
- Set realistic behavior requirements
- Break big tasks down into more simple ones

Setting a Plan into Action

- Role play / rehearse task in the office
- Use visualization / imagery
- Assign “homework” that is engaging and satisfying
- Set timeframe for monitoring progress

Setting a Plan into Action

- Identify possible facilitators of obtaining the goal (important people or situations that might aid the patient). Look for ways others can help
- Understand patient's confidence in reaching the goal in the timeline established. If confidence is low, alter the plan to increase chances of success.
- Teach skills patient might want to enlist to help reach goal (relation skills, problem solving skills, etc.)

Example of a Simple Action Plan

- Goal: Exercise on a recumbent bike a minimum of 20 minutes per session at least three times a week
- Timeframe: Patient will complete three bike-riding sessions over the next week

Homework Assignments

- What activities did you previously enjoy that you would like to start participating in again?
- List activities that you need to do to better your current situation (enroll in school, get your inspection sticker, etc.)
- Create a schedule of the new activities you will perform. Which ones did you accomplish? Were there any barriers? Why? How did you handle them?

Monitor Progress in Enjoyment and Mastery

Daily Activity Diary

1) Record: What were you doing during each time slot?

2) For each box rate ENJOYMENT and MASTERY from 0 (not at all) to 10 (a lot)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am to 9am	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
9am to 10am	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
10am to 11am	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
11am to 12pm	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
12 to 1	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
1 to 2	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
2 to 3	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
3 to 4	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
4 to 5	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
5 to 6	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
6 to 7	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
7 to 8	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
8 to 9	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
9 to 10	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=
10 to 12am	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=	E= M=

Don't forget to...

- Consolidate treatment gains
- Plan for relapse prevention

Selected References

- *Behavioral Activation for Depression: A Clinician's Guide* by Martell, Dimidjian, Herman-Dunn & Lewinsohn
- *The Origins and Current Status of Behavioral Activation Treatments for Depression* by Dimidjian, Barrera, Martell, Munoz & Lewinsohn
- *Behavioral Activation and Inhibition Systems and the Severity and Course of Depression* by Kasch, Rottenberg, Arnow & Gotlib