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# Behavioral Activation Therapy in Treating Depression

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### Abstract

Depression is a prevalent psychological disorder worldwide, and a search for effective treatments—particularly for clients with minimal accessibility to therapy—has been popularized in the mental health community in the last half-century. Behavioral therapy has become very popular for treating depression, most notably by changing maladaptive behaviors and habits into effective behaviors (Gelder, Marks, & Wolff, 1967). Activation Therapy has come to the forefront of behavioral therapy, making use of activity scheduling, problem solving, self-monitoring, goal setting, and empowering clients to take charge of their treatment. Through restructuring behaviors, habits, reducing brain activity needed for productive thoughts, and alleviating rumination, Activation Therapy is now considered one of the most preferred treatments for clients with depression (Hopko, Lejuez, Ruggiero, & Eifert, 2003).

*Keywords:* Behavioral Therapy, Activation Therapy, depression

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## **Introduction**

Depression is a debilitating mental illness that affects millions of people annually (American Psychiatric Association, 2013). Depression is estimated to become the most burdensome disease in the world by 2030 (World Health Organization, 2008). Depression is characterized by feelings of worthlessness, helplessness, sadness, pervasive sleep and appetite problems, having a diminished ability to enjoy once pleasant activities, as well as a diminished ability to think or concentrate as effectively as normal (American Psychiatric Association, 2014). Behavioral Activation Therapy (BAT) can help treat depression for a number of reasons. First and foremost, Behavioral Activation Therapy is very practical and logical in nature, using simple activities to help alleviate depressive symptoms (Hopko, Lejuez, Ruggiero, & Eifert, 2003). An additional factor that makes Behavioral Activation Therapy applicable to treating depression is that it works by making therapy appealing in even the most remote locations, and needs fewer visits to offices for face-to-face therapy.

Activation Therapy works by increasing situations and behaviors that are most likely to bring the client into contact with reinforcing environmental experiences. By encouraging participation in activities previously enjoyed by the client, rumination on depressed thoughts decreases and those thoughts have been proven to be replaced with hope and an improved overall mood (McEvoy, Law, Bates, Hylton, & Mansell, 2013). By using logical and simple treatment techniques, Behavioral Activation Therapy has become a reliable and consistent modality for reducing symptoms of depression. Behavioral Activation Therapy allows depression to be treated in a unique, client-centered approach to alleviating depressive symptoms.

## Literature Review

### Depression

Depression is a psychological disorder that can affect all areas of a person's life: work, school, family, relationships, health, etc. Symptoms may include sleeping all day or never eating, having a diminished ability to enjoy once pleasant activities, as well as a diminished ability to think or concentrate as effectively as normal (American Psychiatric Association, 2013). The American Psychiatric Association (2013) reports a 12-month prevalence of depression of 7%, indicating that around 22 million Americans meet criteria for a diagnosis of a depressive disorder within a 12-month period. Major Depressive Disorder (MDD) often completely controls the lives of those affected. Hopelessness, motivational problems, and inactivity all increase with the severity of depression, making the search for important or pleasant activities for the client exceedingly important. Using tools such as family members, occupations, personal health, self-actualization, or other topics relevant to the client may help in motivating the client to more fully invest in Behavioral Activation Therapy (Kramer, Helmes, & Bengel, 2014).

There is no way of precisely determining what causes depression, but several risk factors have been identified over time. Biological differences, brain chemistry, hormones, and inherited traits have all been identified as factors that may lead to depression (Mayo Clinic, 2016). The American Psychiatric Association (2013) identified individual temperament and environment as additional risk factors for the onset of depression. Cultural issues regarding the diagnosis and prognosis of depression have been studied, with many suffering from depression in Eastern cultures presenting with more somatic symptoms such as loss of energy and insomnia (American Psychiatric Association, 2013). Regardless of culture or the way symptoms present themselves,

shame and fear of being ostracized or misunderstood is a characteristic common to people struggling with depression worldwide.

Depression diagnosis and treatment is markedly different when considering gender as a complicating factor. Gender differences in depression have been identified and studied extensively, with one in particular finding that females benefit more from action-prone coping skills (socializing, expressing concerns) and males benefit from utilizing more reflection-prone coping skills (self-exploration, contemplation) in order to prevent depression (Rodríguez-Naranjo, & Caño, 2016). Another study found that regardless of gender, people who are aware of and implement positive coping skills—such as seeking help and expressing concerns—have a higher life satisfaction and the perception of more self-control, all reducing depressive symptoms and lowering the risk factor of another depressive episode (Li, Delvecchio, Lis, Nie, & Di Riso, 2016).

### **Behavioral Therapy**

Behavioral treatment methods were popularized by B.F. Skinner in the 20<sup>th</sup> century. Clinicians who use behavioral methods concentrate on processes associated with overt behavior rather than thought processes or events that take place within the mind (Gladding, 2009). The ‘here and now’ is focused on in therapy, and the belief is held that since behaviors are learned, rewards and reinforcements can help clients learn new or altered behaviors to resolve the problems in their lives (Gladding, 2009). Behaviorists will often use not only symptom removal as a criteria for improvement, but increased activity and productivity, improved interpersonal relationships, and the ability to better handle conflict and stresses (Wolpe, 1958). One frequently used treatment method is systematic desensitization, which slowly exposes a client to a fear or

anxious situation over time, until the fear or anxiety is either manageable or completely gone (Wolpe, 1958). Systematic desensitization not only decreases undesired feelings more effectively than individual and group therapy, but it affects adjustment in returning to work and leisure activities better than individual and group therapy as well (Gelder, Marks, & Wolff, 1967).

As behaviorism and related behavioral therapies developed, different methods became more effective and more widely used to treat specific mental health issues. Cognitive-Behavioral Therapy has been developed and focuses on the influences mental processes have on mental health and behavior, and is used for treating depression, anxiety, PTSD, and many other mental illnesses. It blends Behavioral Therapy with the idea that how people think largely determines how they feel and behave (Gladding, 2009). Rational Emotive Behavioral Therapy helps clients think and behave more rationally and think less catastrophically, while helping people change self-defeating habits and behaviors, such as catastrophizing, cognitive distortions, and cognitive dissonance (Gladding, 2009).

### **Activation Therapy**

Activation Therapy attempts to increase behaviors that are most likely to bring the client into contact with reinforcing environmental experiences. By doing so, Activation Therapy aims to produce reinforcing pleasant thoughts, mood, and life enjoyment (Hopko et al., 2003). With clients suffering from depression, helping to identify one enjoyable thing in their lives that can be reintroduced as physical stimulus can help bring them out of their deep depression. By increasing physical activity, specifically in activities enjoyed by the client, rumination on depressed thoughts decreases and those thoughts can be replaced with hope and an improved overall mood (McEvoy, Law, Bates, Hylton, & Mansell, 2013). Many clients benefit from

therapy because they are engaging in familiar and enjoyable activities, while others end up with reduced depressive symptoms simply because they find it easier to adhere to a plan once enrolled in Activation Therapy (Weinstock, Munroe, & Miller, 2011). As Sturmey (2009) notes, there has been enough research done on Activation Therapy that it is now considered an evidence-based treatment for depression.

One of the most basic aspects of Activation Therapy is increasing the contact a client has with a pleasant or rewarding event (Sturmey, 2009). In a search for client interests, counselors complete an extensive assessment of what maintains the depressive symptoms and behavior for the clients and the needs and goals of the clients to target specific behavior that is likely to improve the quality of life for the client. Counselors using Activation Therapy do not make judgments or decisions as to what is an enjoyable or appropriate activity for the client, but rather allow the client to discuss what is pleasing to them, leading to a consequent reduction in depressive symptoms (Hopko et al., 2003).

In cases where clients may blame themselves for their depression, Cognitive Therapy often does not work. Cognitive Therapy, as well as Cognitive-Behavioral Therapy, places a great deal of emphasis on how clients interpret and take meaning from their situations. Some clients, however, feel that Cognitive Therapy places blame on them for the distress in their lives, and thus feel as if it dismisses the reality of their difficulties in life (Hopko, Magidson, & Lejuez, 2011). With Activation Therapy, misinterpretation of the situation is much less common, and clients feel more empowered in improving their quality of life, notably even in brief treatments (Coffman, Martell, Dimidjian, Gallop, & Hollon, 2007).

When done effectively, BAT allows new, favorable memories and habits to be formed in an attempt to replace old, often self-defeating habits. Even when someone suffering from

depression wants to change their habits and turn their life around, they often cannot because of a lack of support, initiative, or a program to follow. Clients with depression are often suffering financially in addition to their brain processes being slower, so BAT is often more attractive to depressed clients because it is a more affordable, less intense form of treatment as well as fairly simplistic (Soucy-Chartier & Provencher, 2013). With the added prefrontal cortex activity needed to complete everyday activities in depressed clients (Dichter et al., 2010), something such as going for a walk, doing the dishes, or going to the gym can have a huge impact on overall mood as well as trends in behavior.

### **Uses of Activation Therapy**

One aspect of Activation Therapy that makes it attractive to clients is the lack of complexity in setting up and implementing the treatment. Goal setting, self-monitoring, activity scheduling, and problem solving on their own can be very ambiguous and abstract concepts to grasp, especially for a severely depressed client. However, by setting simple and clear goals such as specific days and times for certain activities, clients can have a much better grip on initiating and handling their climb out of depression (Dimidjian et al., 2006). Working with depressed clients on finding pleasant, or even necessary activities, such as washing the dishes or going to get the mail, can help bring regularity back into their lives. Doing so can instill a sense of motivation in clients for establishing a routine, and scheduling events with motivational pieces is much more likely to have a positive effect on clients as young as adolescence (Gaynor & Harris, 2008).

Major Depressive Disorder (MDD) often completely controls the lives of those affected. From depressed clients sleeping all day or never eating, to having a diminished ability to enjoy

once pleasant activities, as well as a diminished ability to think or concentrate as effectively as normal, depression can affect all areas of their lives (American Psychiatric Association, 2013). Hopelessness, motivational problems, and inactivity all increase with the severity of depression, making the search for important or pleasant activities for the client exceedingly important. Using tools such as family members, occupations, personal health, self-actualization, or other topics relevant to the client may help in motivating the client to more fully invest in Activation Therapy (Kramer, Helmes, & Bengel, 2014).

A large benefit of Activation Therapy that has been repeatedly found is its use as a low-intensity depression treatment (Cuijpers et al., 2007; Dimidjian et al., 2006). It can be largely used to treat clients who may only visit the counselor once or twice each month, or even less. Certain clients, specifically those who are elderly or disabled, may have transportation issues, and even individuals who live in rural areas and have to travel long distances to reach a counselor could be attended to over the phone or via videoconference. This creates a large possibility for not only spreading the influence of who can be reached for counseling, but also can help put the power in the hands of the client. By using Activation Therapy as a form of client-empowering counseling, it could be very motivational for some clients to make positive changes in their lives (Soucy-Chartier & Provencher, 2013).

### **Activation Therapy on a Biological Level**

In a 2010 study, Dichter, Felder, and Smoski found that brief Activation Therapy decreased the overall prefrontal cortex activation needed to perform the same mental actions they performed before therapy. The study utilized fMRI scans, which differ from MRI scans that only obtain a functional snapshot for identifying injuries and peculiarities. The benefit of utilizing

fMRI scans rather than MRI scans is that they measure brain activity by detecting changes associated with blood flow. The Dichter et al. (2010) study tracked not only prefrontal activity, but also found decreased activity in the right paracingulate gyrus on clients, a part of the cerebral cortex that has been noted to increase thoughts of sadness, rumination, and even block the brain from easily creating happy thoughts. Not only did these clients have an easier time performing mental actions after Activation Therapy and have decreased “sad blocks”, but these improvements were also significantly better than those made by a non-depressed control group (Dichter et al., 2010).

Within the scope of Activation Therapy, there has been extensive research done on what specifically helps clients the most in recovering from their depression. One thing that is consistently effective for adults is activity scheduling. Activity scheduling varies in intensity depending on the severity of the depression in the client, but involves making a schedule to do either productive (organizing a desk or room) or enjoyable (walking the dog or working out) activities. Since its development, activity scheduling has been highly effective, with some studies seeing almost half of participants achieving sudden gains through treatment (Hunnicut-Ferguson, Hoxha, & Gollan, 2012). Using the Quick Inventory of Depressive Symptomatology–Self Rated, the Dysfunctional Attitudes Scale, and the Behavioral Activation Treatment Scale, Hunnicutt-Ferguson et al. (2012) found that nearly 46% of participants had significantly improved symptoms within ten weeks of beginning treatment. Separate studies done on the long-term effectiveness of Activation Therapy found effect sizes ranging from .54 to .88 at six-month follow-ups for depressed clients, indicating a high treatment retention (Cuijpers et al., 2007; Masterson et al., 2014).

Although maturity level was mentioned as a potential limitation of the study, college-level students were found to not respond as effectively to Activation Therapy as older adults, but their conditions still improved (Reynolds, MacPherson, Tull, Baruch, & Lejuez, 2011). Part of their study was integration of Activation Therapy into freshmen orientation classes as part of their examination on freshmen depression and alcoholism. While the integration with an orientation class may have helped with structuring and scheduling of the goals, behaviors, and other aspects of the Activation Therapy, including treatment as part of a class may have led to a lack of comfortability with the treatment on some level. As Dimidjian et al. (2006) claim, Reynolds et al. also suggest that purely behavioral interventions for depression may have more benefit than Cognitive Therapy in many.

### **Treatment Curriculum**

Multiple study designs have been combined and modified in order to create an integrated treatment curriculum for utilizing Behavioral Activation Therapy in depression treatment. As with many other studies, a 15-week treatment schedule will be followed in this curriculum. The length of time has been determined by previous studies that have demonstrated this length of time to be appropriate to determine treatment effectiveness. This treatment curriculum is intended to be a combination of various research and treatment resources into a synthesis of a treatment curriculum for training professionals and administering Behavioral Activation Therapy to clients with depression across a wide variety of platforms, including technology-based distance counseling. This curriculum is to be administered once the screening process has been completed and clients are determined to be a fit for undergoing the Behavioral Activation Therapy Depression Treatment Curriculum.

### **Professional Training**

Due to Behavioral Activation being unfamiliar to many practicing professionals in the field of counseling and therapy, training modules have been developed for professionals to gain competence in administering Behavioral Activation to clients across a variety of platforms. The three largest areas of need for professionals beginning the training for administration of Behavioral Activation have been identified as providing the rationale, assessment, and scheduling and reviewing activities (Puspitasari, Kanter, Murphy, Crowe, & Koerner, 2013).

A compilation of resources, including information and training on Behavioral Activation, has been put together and can be accessed online at

[https://eri.adobeconnect.com/\\_a986746226/ba-tt/](https://eri.adobeconnect.com/_a986746226/ba-tt/), courtesy of Kanter, Busch, and Rusch, (2009).

This resource is intended to be utilized not only in training professionals in the basics of Behavioral Activation, but making the same resources available to clients, including screening tools to help people determine if they may have depression and if BAT may be useful to their situation. The online resource can benefit both clients and professionals throughout the curriculum as a source of information, reference, and clarification on any unclear points.

### **Client Orientation**

In addition to the online resource, clients entering treatment where Behavioral Activation Therapy is to be administered will be given reading materials on Behavioral Activation to become familiar with the basic principles of BAT (Puspitasari et al., 2013). After a basic understanding of BAT has been gained, clients have three online training sessions within a week, each lasting 90 minutes, to work out any questions and cover what to expect upon entering the

BAT curriculum. During this first week's sessions, the client and therapist examined things such as behaviors, reward and reinforcement systems, and identify maladaptive tendencies and behaviors, as well as positive behaviors, activities, and reinforcement systems. Pleasurable activities as well as household chores were identified as activities that could be planned into participants' days.

One training module offered rationale to a client regarding BAT by stating, "The goal of BA is to help you reengage in healthy, desirable, and meaningful behaviors that are in line with your values to break this cycle of depression" (Puspitasari et al., 2013). By engaging the client and making the treatment process collaborative, clients feel empowered and the result is a uniquely individualized treatment plan. By discussing what activities the client is already engaging and not engaging in, enjoying and not enjoying, and hoping to re-engage in, counselor and client collaborate to create an activity schedule and treatment plan exclusive to the client.

The treatment curriculum can be easily administered in person or via Internet connection. At the beginning of each session during each of the 15-week meetings, counselor and client conduct a brief assessment to determine the effectiveness of the past week—assessing overall impressions, discussing charting of specific behaviors completed and not completed, and conducting the PHQ-9 and BDI-II as reference points across each of the 15 weeks. Discussions during each session then continue to how the treatment plan can or should be changed, to what, and goals are reviewed and modified in an attempt to ensure the client's needs are still being met. Following sessions, professional and client both complete questionnaires on the quality and usefulness of their session. Several studies have undergone similar protocols, with internal consistencies of each skill and total score values ranging from 0.78 to 0.98 for providing the

rationale, assessment, activity scheduling, and treatment plan review, (Dobson et al., 2008; Puspitasari et al., 2013).

### **Implementation of Curriculum**

Following the initial week's three sessions for orientation and subsequent weekly sessions reviewing treatment plans, activity scheduling, and reviewing assignments, counselor and client conduct continuous values assessments, where they collaboratively attempt to ensure the client's values are being implemented into treatment from various areas of their life—values from different areas in life are assessed and encouraged to be implemented, such as physical activity, mindfulness activities, spiritual activities, and intellectually stimulating activities (Dichter et al., 2010; Puspitasari et al., 2013).

Professionals are to keep avoidance behaviors in mind throughout the entire process, including from the onset of client training. Avoidance behaviors in BAT training consist of clients reverting to previously utilized coping mechanisms that reinforce security while simultaneously worsening depressive symptoms (Martell, Addis, & Jacobson, 2001; Puspitasari et al., 2013). While professionals are largely limited to what the clients are willing to discuss, identifying and removing avoidance behaviors has been shown to increase treatment efficacy (Martell et al., 2001).

### **Conclusion**

Behavioral Activation Therapy has been shown to be highly effective in treating depression, in large part due to its direct approach to alleviating depressive symptoms—looking

into activities previously enjoyed by the client, which leads to fewer depressed thoughts, renewed hope, and an improved overall mood (McEvoy et al., 2013). Additionally, its practical nature and ease of administration makes BAT a viable option for low-intensity depression treatment (Cuijpers et al., 2007; Dimidjian et al., 2006). Although it has been extensively researched in the last 20-30 years, Behavioral Activation Therapy is still a treatment method very much in its infancy. The expanding technology available to both clients and clinicians in the treatment world have made the implementation of BAT and remote therapy more feasible, but progress still needs to be made.

As noted with previous studies, maturity level—and overall age as well—may have an impact on the effectiveness of Behavioral Activation Therapy (Reynolds et al., 2011). Future research would benefit in considering whether the effectiveness of BAT is affected by age, gender, ethnicity, culture, socioeconomic status, and education level. Additionally, a study comparing highly versus minimally motivated participants with depression could provide insight into whether or not BAT is effective with participants who are not as motivated. Future research could also investigate the difference in effectiveness of technology-incorporated BAT treatment compared to technology-based—where technology is the only method compared to technology simply being incorporated into 1-on-1 sessions as well. Although there still is much progress to be made in regards to treating depression with Behavioral Activation Therapy, the future is likely going to only further expand its scope.

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