This is a chapter excerpt from Guilford Publications.
Behavioral Activation for Depression: A Clinician's Guide, Second Edition.
Christopher R. Martell, Sona Dimidjian, and Ruth Herman-Dunn. Copyright © 2022.
Purchase this book now: www.guilford.com/p/martell2

2

The Core Principles of Behavioral Activation

> We are the ones we've been waiting for. We are the change that we seek.
>
> —Barack Obama

Copyright © 2022 The Guilford Press

Addilyn dreaded getting out of bed every morning. Some of her friends had been divorced, but she faulted herself for leaving her marriage after only 4 years. She blamed herself for having chosen someone who ended up being so difficult. Furthermore, her ex had provided the only source of financial stability after Addilyn had been laid off from her job just prior to their divorce. It was difficult to make ends meet. Six months after the divorce, she had to sell her condominium and rent a smaller apartment. Having moved a month ago, Addilyn believed she would have more energy and hope once she settled into her new place and found a well-paying job. Such a job was not forthcoming, however. She was looking for a good IT position, but she ended up settling on a temporary job updating websites for a small company. The position did not pay well, and she was thoroughly bored by the tasks. Her supervisor seemed to have little interest in Addilyn's work or schedule, and there was little consequence when Addilyn arrived at work as much as 2 hours late; so, she stayed in bed.

The drudgery of her work was not the only problem. She also was experiencing a great deal of worry and anxiety. She had experienced such feelings before being laid off; in fact, she had occasionally missed work previously after having lost sleep worrying about her marriage through much of the night and thought this may have led to being laid off. Now she worried more nights than not, and her worries focused on how badly she felt and about whether she would be able to pay the bills and succeed in life. Most frequently, however, she worried about how

much her moods undermined her relationships with friends and family, and whether she would always be alone.

Changes in Addilyn's life multiplied, and her mood worsened as she began to disengage from people and activities that used to bring pleasure and stimulation to her life. Since moving into the smaller apartment, Addilyn had stopped inviting any of her friends to visit. She was embarrassed by the size of the unit and the cheap construction of the building. Her neighborhood was safe but in an undesirable section of town that she and her friends used to snicker at and referred to as "the runway" because it was near the airport. She had lived in this same neighborhood for a year after finishing college, never dreaming she would go backward in her life, returning to the small, cheerless dwellings that looked like converted motels. She also dreaded the inevitable conversation about employment. Feeling envy over her friends' relative good fortune also felt bad; so, it was easier for her to avoid the contact altogether. Unfortunately, a few of her friends had taken Addilyn's distance personally after she canceled on three or four events; they no longer called her. She missed them but could not muster the nerve to call and explain her behavior.

Addilyn's experience of rejection by her friends felt particularly intolerable in the context of the dissolution of her marriage and her history of interpersonal problems within her family. These problems ultimately led to her mother kicking her out of the house 2 months after her 17th birthday. At that time, Addilyn lived with friends and did not talk to her mother for over 3 years. She described this as a very sad and "nerve-wracking" time of her life. She often thought there must be something wrong with her that made her ex-husband and her mother so mean to her. Perhaps, she wondered, they saw flaws in her that brought out the worst in them. Addilyn worried that maybe it was the same with her friends now.

Although there are many roads to depression, readers may find the types of things that have happened to Addilyn common in the lives of their depressed clients. Addilyn had indeed become depressed and met the criteria for a major depressive disorder. Her medical doctor suggested that she take an antidepressant medication to treat her depression and anxiety. "Great. Now I'm crazy as well as broke," she thought. When she vehemently refused to take "crazy drugs," her doctor asked her to have at least a few visits with a psychotherapist. Without health insurance, the cost of any treatment seemed prohibitive. Addilyn agreed to meet a therapist but only for a few visits. The doctor referred her to someone known for her skill at brief interventions.

Addilyn was surprised by the way the therapist interacted with her in the first session. She had expected the woman to sit back quietly and

Copyright © 2022 The Guilford Press

nod as she poured out her life story. The therapist, Mei, instead asked about her sleep and eating habits, her mood, level of enjoyment of activities, use of alcohol or drugs, and social interactions. Mei also focused on how life was prior to Addilyn's job crisis. What were Addilyn's plans for her life? What had she expected things to be like at this time?

Answering such questions was painful. Addilyn had expected to sell her condo and buy a house, not to sell her condo and rent a lousy apartment. She thought she might be dating someone rather than barely holding onto a handful of friends who remained committed to her. When Mei pointed out to her how unrewarding her life had become, Addilyn could not agree more. Mei also explained that the feelings of sadness, fatigue, and hopelessness were natural and often experienced when life is unrewarding. She explained that these feelings often followed periods of anxiety and worry, and that they certainly were understandable after losing a good job. Mei also said that staying in bed actually made sense when one felt these feelings. Addilyn was curious. She often told herself (and heard in the advice shared by her family members) that her behavior made no sense at all. If she was having a hard time, she asked herself, why not just try a little harder instead of staying in bed all morning? Getting a new job could not be that hard, she said to herself—countless times a day.

Mei proposed BA as the plan of treatment. "The goal is to get you reengaged in the activities that once brought pleasure and satisfaction to you, even though the circumstances of your life have changed," she explained. "This may also help in problem solving the worrisome situations you find yourself losing sleep over." Addilyn thought, "I can't imagine feeling much pleasure or satisfaction about anything, and certainly can't imagine not worrying about it all." When Mei asked if she was willing to try six sessions to evaluate whether this approach proved helpful prior to committing to a longer course of therapy, Addilyn concluded that she had nothing to lose by trying.

Copyright © 2022 The Guilford Press

INTRODUCTION

As Addilyn's therapist, Mei, introduced the basic concepts of behavior therapy for depression, she connected Addilyn's goals with the BA interventions that have been a core component of behavioral and cognitive-behavioral treatments for depression for decades and that have strong evidence as a stand-alone treatment for depression. What accounts for the rising interest in BA among Mei and dedicated therapists like her? As we discussed in Chapter 1, there are two likely explanations. First, the principles underlying BA are simple, and the treatment procedures used

in BA are straightforward. Second, the empirical studies conducted to date suggest that BA works.

This book is designed to give you the information you need to implement BA with the depressed clients that you treat. Whereas other published manuals address the theoretical background and conceptual model of BA (Martell et al., 2001), in this book, we focus on identifying the core principles and putting them into practice. We first discuss how a BA therapist structures therapy and the general style of a BA therapist. We then discuss how to identify primary treatment targets in BA through the use of behavioral assessment and the development of a case conceptualization. Next, we turn to the primary treatment procedures relevant to increasing activation, decreasing avoidance, and addressing ruminative thinking. Our goal is to provide a comprehensive guide to the variety of techniques that help clients get active and engaged in their lives.

We will discuss these techniques in the context of our work with specific clients in research studies and in real-world clinical settings. We also draw on the history of behavior therapy and the scientific support from clinical research and other related areas of psychology to orient you to the evidence base for this treatment. Having a solid knowledge of this evidence can help you, as scientists and practitioners, to explain fully the rationale for the treatment among the clients you treat. Ultimately, we hope this book will help you conceptualize the problems of the clients you see, develop treatment plans, and implement strategies in as effective a fashion as possible.

Copyright © 2022 The Guilford Press

WHAT IS BA FOR DEPRESSION?

BA is a brief focused treatment for depression that aims to activate clients in specific ways that will increase rewarding experiences in their lives. All of the techniques of BA are used in the service of the fundamental goal of increasing activation and engagement in one's world. Toward this end, BA also focuses on processes that inhibit activation, such as escape and avoidance behaviors. BA is based on the premise that problems in vulnerable individuals' lives reduce their ability to experience positive reward from their environments, leading to the symptoms and behaviors that we classify as depression. In order to alleviate depression, BA assumes clients must be assisted in engaging in behavior that they will ultimately find pleasurable or productive or that will improve their life situations in such a way as to provide greater rewards. Sessions in BA are action-oriented and focused on problem solving. In fact, the bulk of the work in therapy happens outside of the therapist's office. Each week,

therapists and clients work together to develop activation assignments to be completed between sessions and to troubleshoot any barriers to activation that may arise.

Within this framework, BA is highly individualized. Early in therapy, the client and therapist work together to identify behavior patterns related to depression. These patterns can vary substantially between clients. In this book, you will learn how to identify these patterns and use this understanding to develop effective activation plans accordingly. For example, some clients spend time involved in passive behaviors, such as sleeping excessively, watching television, or drinking, which help them to dull negative feelings. Other clients are active and have no difficulty completing daily tasks; yet they find themselves caught in an endless cycle of ruminative thinking and experience little pleasure in the activities they are involved in. Based on an analysis of particular patterns of behavior, a select number of treatment targets are identified; subsequent sessions focus on the ongoing process of changing behavior in these areas.

Because BA is tailored to the individual needs of each client, a wide range of treatment targets can be addressed. For example, a successful course of BA with one man aimed to increase the time he spent with his children and his degree of engagement when he was with them. His focus of activation thus was structuring his time around parenting and learning to focus his attention away from ruminative thoughts and toward the experience of fatherhood. A woman who sought treatment with BA was helped to learn to allow negative feelings to be present and specifically to grieve a lost relationship that was very important to her. Thus, her activation was learning to approach her sadness and take steps toward reinitiating old and building new relationships in her life. Another client began to take steps to find a new job through updating her résumé, calling former colleagues to ask about job leads, and practicing job interviews. During this time, they also started a schedule of exercising and woke up at a consistent time each day.

Copyright © 2022 The Guilford Press

THE 10 CORE PRINCIPLES OF BA

Clearly, clients can benefit from BA in many ways. What unifies these different courses of treatment, however, is a consistent focus on getting active and engaged in one's life. Therapy focuses on figuring out what patterns are maintaining depression and what areas of change will likely improve a client's mood, and then repeatedly and persistently making changes in these areas. Within this basic structure, the BA therapist is guided by a set of simple principles (see Table 2.1).

TABLE 2.1. The 10 Core Principles of Behavioral Activation

Principle 1: The key to changing how people feel is helping them change what they do.

Principle 2: Changes in life are associated with depression, and short-term coping strategies may inadvertently maintain depression over time.

Principle 3: The clues to figuring out what will be antidepressant for a particular client lie in the ABCs.

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.

Principle 7: Be a compassionate coach.

Principle 8: Emphasize a problem-solving empirical approach and recognize that all results are useful.

Principle 9: Listen, understand, and remain action oriented.

Principle 10: Troubleshoot possible and actual barriers to activation.

Copyright © 2022 The Guilford Press

> *Principle 1:* The key to changing how people feel is helping them change what they do.

Typically, people wait to act until they feel a sense of motivation, or at least inclination, to do something specific. When given free choice on a weekend, a person goes to a movie because they feel a sense of interest or climb a mountain because they feel adventurous. We refer to this as acting from the "inside-out" because the motivation to engage in activity originates from inside. Most of our daily routines, however, include activities for which there is little choice, such as going to work every morning or taking care of family or household responsibilities. When people are not depressed, they typically do these tasks regardless of whether or not they feel like it. On a cold, dreary morning, for example, one may feel no motivation to get dressed and go to work, but one does the necessary tasks and gets to work. Once there, one often finds that a sense of interest and accomplishment follows. We refer to this as acting from the "outside-in": engage in an activity, and the feelings follow (Martell et al., 2001). When presenting this idea at a recent workshop, one participant described it as the "field of dreams" approach to change: build a life that is rich and rewarding, and the positive feelings will come.

People also act in ways that are consistent with what is important to them in life, or according to what they value. We can ask about what is or was important to clients, essentially coming to an understanding with them of what they value in their lives. Currently, a lot of attention

has been given to values in psychotherapy (e.g., Plumb, Stewart, Dahl, & Lundgren, 2009). When one behaves consistently with one's values, the things they do are likely to "feel" right and to more likely occur again (hence, to have been reinforced). However, we also have found that too much emphasis on the word *values* itself may be confusing to some clients or may seem too personal to people from non-Western cultures. The simple question "What has been important to you in your life?" can suffice to uncover what the client values. Understanding the kind of person a client wishes to be, or how they wish to live their life, gives direction to the change in activities that can be associated with improved mood.

> *Principle 2:* Changes in life are associated with depression, and short-term coping strategies may inadvertently maintain depression over time.

BA is based on specific assumptions about what keeps people stuck in depression and what can help people move in the direction of more satisfying and rewarding lives. Specifically, in BA, we focus on the specific ways that life events (ranging from daily hassles and minor ongoing stressors to major life changes) can lead to decreases in positive reinforcement or increases in punishment that can result in general dysphoria and withdrawal from normal activities. These problems can be considered the primary problems in the client's life. Poor living conditions, unhappy relationships, difficult jobs, and ongoing disappointments are all examples of the kinds of problems that can result in the primary problem of low levels of positive reinforcement or high levels of punishment. What often happens for people, however, is that they respond to these primary problems with behaviors that keep them stuck. As an individual engages in fewer activities that were once pleasurable, engages in escape or avoidance behaviors, or responds mostly to behaviors that bring immediate relief from difficulty despite future adverse consequences, such actions become secondary problems in and of themselves (Jacobson et al., 2001; Martell et al., 2001). In a cycle of feeling down, pulling away from one's world and doing less, and as a consequence feeling more down, depression is thus maintained. Caught in this cycle, people avoid potential sources of antidepressant reinforcement in their lives because they experience such contact as more painful or difficult in the short term, relative to avoiding and withdrawing. These strategies may inadvertently maintain depression over time, even though people coping with major depressive disorder most certainly are not choosing to avoid difficulties in life or maintain the cycle of depression. The behaviors that function as avoidance when people are depressed provide short-term relief and

Copyright © 2022 The Guilford Press

maintain depression over the long term, both because rewards are not experienced and because stressors in life become worse over time.

Early in therapy, BA therapists present a conceptualization of depression to clients utilizing Principle 2. Some clients will have preconceptions and questions about their depression based on other explanations and information they have heard in their lives or perhaps in prior therapies. Differing conceptualizations can coexist, and conceptualizing a client's presenting problem using the principles of BA clarifies and reinforces the interventions that will be employed in BA. Therapists may keep in mind that the principles of BA are not assumed to replace other models of depression, such as cognitive, interpersonal, or biological models. There are solid clinical research studies that support treatments based on such models (e.g., Clark & Beck, 2010; Hames, Hagan, & Joiner, 2013; Hollon, Thase, & Markowitz, 2002), and it is prudent for the BA therapist to be informed about such approaches in order to discuss them with clients. Also, the BA conceptualization and treatment strategies may not apply to all clients, or a client may wish to consider other options. The BA conceptualization and model do not need to be seen as contradicting other conceptualizations or to discredit a client's ideas. They provide a framework for the treatment and are part of the rationale for specific interventions that the therapist and client will utilize.

Often clients will be curious specifically about the use of medication. The BA conceptualization of depression acknowledges that biochemical factors or familial transmission may increase vulnerability to depression and that biological changes are an essential component of the phenomenology of depression. At the same time, there are multiple ways to diminish depression and to minimize the risks of future depressive episodes. The BA conceptualization is chiefly a clinical tool. We often tell clients that the aim of BA is to find the exact ingredients for a "behavioral antidepressant" that will influence their mood as effectively as a pharmaceutical antidepressant. We also describe the data supporting BA, highlighting research studies such as those presented throughout this book, which have found that BA works as well as medication and yet avoids the unfavorable side effects common to many drugs. Unlike medication, BA also teaches skills that may offer enduring protection from depression.

Other clients may be curious about the similarities and differences between BA and cognitive therapy. We generally explain to clients that the two approaches share a similar structure but that they emphasize different methods of changing depression. One of us (S. D.) once gave a detailed explanation of these differences to a client, who responded immediately, "So, are you saying that cognitive therapists believe that the head teaches the hands, whereas the BA approach assumes that the

Copyright © 2022 The Guilford Press

and trying out potential solutions. As such, it requires the therapist to adopt an ongoing problem-solving empirical approach. We encourage an experimental approach that focuses on trying a behavior and observing the outcome. In BA, the experiments are based on functional analyses of past behavior and hypotheses regarding potentially reinforcing activities for each client.

For instance, a therapist might assume that a client who was socially anxious prior to being depressed but who enjoyed working on cars is more likely to be rewarded by going to an antique car show or fixing a lawn mower than going to a party. This assumption would need to be tested, given that it is not possible to know beforehand what will reinforce a particular behavior or whether the environment will provide appropriate reinforcement for any class of behaviors. And, of course, it is preferable to test out behaviors more than once. Just as laboratory experiments need to be conducted and then replicated, so do experiments in therapy. BA therapists and clients work to plan activities on multiple occasions and try a variety of activities, evaluating the impact on clients' mood, productivity, or satisfaction with their lives prior to determining whether or not any behavior is worth continuing.

While clients in BA can become discouraged when they plan and try activities and still don't feel better, it is important for therapists to remain positive and hopeful. We learn by our successes and by our failures. When a client complains that trying an assignment didn't help, the problem-solving attitude of the BA therapist suggests a different approach. The therapist may say: "Now we know something new. We know that there is never a guarantee that changing a specific activity will help, and now we can guess that this particular activity you tried did not succeed. So, let's discuss some alternatives for the next week." The therapist would then continue a discussion about what actually happened. In some cases, a client may report they really tried to engage but in fact made only a half-hearted attempt. In other cases, the activity seemed potentially useful but ultimately wasn't effective in changing mood. Another possibility is that the environmental conditions in which the behavior occurred did not provide adequate reinforcement. For example, a client with a plan to talk to a friend for 20 minutes may have called the friend during a time when the friend had a head cold and was distracted. There is something to be learned from all client behaviors. The therapist's stance of remaining curious about all that can be learned from these experiences and maintaining an attitude that problem solving, rather than instant success, is key to keeping therapy moving forward both help clients to remain hopeful about making changes in their lives.

Copyright © 2022 The Guilford Press

Principle 9: Listen, understand, and remain action oriented.

Activity is the heart of the BA approach. Thus, homework is required in each and every session. It is the crux of every treatment strategy; yet, it can be the bane of the therapist's (and client's) existence. To begin with, the word *homework* is often associated with something aversive, and so it may more usefully be referred to by another name—such as "between-session assignment" (Martell et al., 2001) or "home practice." Most adults are not fooled by a mere name change, though. Homework requires clients to engage in an activity between sessions, and, for depressed clients, this is often not easy to do. Above all else, homework needs to be developed *in collaboration with* the client. There are several guidelines that can help maximize success.

In setting up homework assignments with clients, the task(s) must be kept realistic. Clients also cannot be expected to simply rely on willpower to engage in an agreed-upon assignment. It is important to take time to discuss a plan of implementation with the client. The more specific and detailed the plan, the better! What will they need in order to be more likely to engage in the task? In the example of Addilyn taking her dog for walks, a strong homework assignment will include the specific times of day to take her walks and specify the length of the walks. The length and times of the walks should be reasonable, given her current schedule. Also, it is helpful to write down the planned walk on an activity chart or in a personal calendar. Ensuring practical resources are available often is critical as well. Addilyn will need to make sure that she has comfortable walking shoes available and that the dog's leash is handy at the times of the walks. Likewise, she will need to have comfortable clothing (appropriate for a variety of weather conditions) clean and on hand. Finally, having a public commitment to another person can also increase the likelihood that an assignment will be completed. Addilyn can either simply tell a friend that she plans to walk on a particular morning and commit to calling the friend when the walk is completed, or she can make a date to walk with a friend, increasing the obligation and, ultimately, the potential for actually engaging in the task.

A fundamental error that therapists make when assigning activities between sessions is to neglect to review them in the following session. Homework compliance may be extinguished if it is not rewarded. If it is assigned, it needs to be reviewed. When a client reports failure to complete an assignment, the therapist and client need to conduct an analysis of the problems that resulted in the task not being completed. If the report is that the client was successful, this provides a great opportunity to discuss increasing the frequency or intensity of the activity during the next week.

Copyright © 2022 The Guilford Press

Principle 10: Troubleshoot possible and actual barriers to activation.

Although it would be a wonderful achievement for us to say that we had discovered the way to motivate all clients, guarantee that all will complete all homework, and all will remain fully engaged in treatment, we have not yet discovered such a magic formula for each and every client. BA, like all other therapies, requires persistence and creativity on the part of the therapist and the client. It is a basic principle of BA that problems will arise and that troubleshooting possible and actual barriers to activation is essential. Therapists promote activation by anticipating barriers to activity assignments and monitoring tasks and by troubleshooting when a difficulty has occurred in order to reduce the likelihood that the same problem will continue in the future.

SUMMARY

The 10 principles describe the basic guidelines to BA therapy. BA therapists firmly subscribe to the principle that changing what clients do will have a positive impact on their feelings (Principle 1). Therapists present clients with an initial case conceptualization and seek their buy-in for the treatment, using the framework that changes in life can lead to depression and that there are natural reactions to life changes that result in coping efforts that keep people stuck (Principle 2). By monitoring the client's behavior and mood connections closely, therapists focus on keys to behavior change by noticing what precedes and follows important behaviors (Principle 3), structuring and scheduling relevant activities (Principle 4), making small changes and building on those (Principle 5), and targeting behaviors that are likely to be naturally rewarded in the client's environment (Principle 6). BA therapists act as a coach who helps to plan the steps that clients will ultimately be responsible for playing out (Principle 7), and the overarching goal is for clients to become their own coach. As BA is a solution-focused therapy, the therapist takes a problem-solving stance. Both therapist and client collaborate in an experimental approach to trying new behaviors and discovering important results of behavior change (Principle 8). BA is an active therapy. What happens between sessions is of greater importance in many ways than the actual therapy hour itself. BA is not about talking about problems; rather, it is about engaging in activities that can lead to improvements in life situations or moods (Principle 9). Finally, BA therapists and clients continue to work together to identify possible barriers to activation or

Copyright © 2022 The Guilford Press

actual problems that have occurred and to troubleshoot methods for resolving difficulties (Principle 10).

Putting the Principles into Practice

This book is intended to be one you keep readily available on your desk, occasionally consulting it before sessions to plan interventions. The following chapters will help you to identify treatment targets and conduct a functional analysis as part of assessment and treatment, thereby providing concrete applications for Principles 1–3. Throughout the book, we will refer to examples from Addilyn's story as well as brief examples from others. The story of Addilyn is not intended to represent a session-by-session protocol, and examples are used to illustrate various interventions rather than to describe what therapy looks like from beginning to end. Examples of therapy from start to finish can be found elsewhere (Dimidjian, Martell, Addis, & Herman-Dunn, 2008; Martell et al., 2001). We devote a fair amount of attention to activation strategies such as activity monitoring and activity scheduling, which are the foci of Principles 3, 4, 5, 6, and 9. We present how to take a problem-solving stance and troubleshoot when the treatment does not seem to be going as planned, which follows the overarching Principles 7, 8, and 10. Because avoidance behavior is so prevalent in depression and breaking patterns of avoidance is so essential to BA, avoidance modification strategies will be considered repeatedly. Also, as support for working with clients who are stuck in negative thinking, we explain how to do so from a behavioral perspective by considering thinking as a problematic behavior. We devote an entire chapter (Chapter 7) to the important topic of treating the act of ruminating as a target of the intervention. In Chapter 8 we discuss BA as a transdiagnostic treatment strategy now that data has accumulated over the last decade in support of BA as more than a treatment for depression. In Chapter 9 we discuss treatment termination, and finally we conclude with problems that can arise in BA and possible ways to confront them (Chapter 10).

Copyright © 2022 The Guilford Press

TAKE-HOME POINTS

- BA is a brief, focused treatment for depression that aims to activate clients in specific ways that will increase rewarding experiences in their lives.

- Because BA is a treatment that relies on an understanding of the personal experiences of each client, which will differ, the treatment will

emphasize different strategies depending on the person. Thus, we identified 10 principles that, when followed, ensure that therapists are conducting therapy that is consistent with BA as developed.

- The first three principles have more to do with assessment and treatment planning, identifying the specific circumstances that have contributed to low mood and difficulties for the particular client.

- The remaining seven principles guide treatment and strategies used throughout the treatment.

Copyright © 2022 The Guilford Press

Copyright © 2022 The Guilford Press.
No part of this text may be reproduced, translated, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, microfilming, recording, or otherwise, without written permission from the publisher.
Purchase this book now: www.guilford.com/p/martell2

Guilford Publications
370 Seventh Avenue
New York, NY 10001
212-431-9800
800-365-7006
www.guilford.com