

# 1 Basic rationale of behavioural activation and other low intensity treatments

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University of Oxford

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# Introduction

Anxiety: "What if this happens?"

Me: "But it won't."

Anxiety: "But what if it does?"

Me:



[www.terezaruzi.com](http://www.terezaruzi.com)



**NEVYPUSŤ DUŠI**

nebojíme se mluvit  
o duševním zdraví



**Mind Ease**



**Effective Altruism**

# Lecture plan (some of it might change)

1. Basic rationale of behavioural activation (BA) and other low intensity treatments
2. Understanding BA from the perspective of learning theory and neuroscience
3. The practical methodology of BA and other low-intensity skills
4. Evaluating efficacy and areas of clinical application
5. Implementation and dissemination, challenges and solutions
6. Discussion, Q&A with a Psychological Wellbeing Practitioner from the UK

**Anonymous feedback form: <https://tinyurl.com/sr79zydk>**



# Baseline assumptions...

- It is useful to conduct experiments on psychotherapy, with the golden standard being randomised controlled trials
- It is useful to measure efficacy of psychotherapy with quantitative (as well as qualitative) methods
- Cognitive behavioural therapy is one of the most experimentally supported treatments, particularly for common mental health problems, i.e. depression and anxiety (but not the only one!)



# Mental health problems in the Czech Republic (in 2017)

- **22% experienced mental health disorder**
- **5% mood disorder**
- **7% anxiety disorder**
- **11% alcohol use disorder**
- **5% suicide risk**

**Formanek et al. (2019)**

Formánek, T., Kagström, A., Cermakova, P., Csémy, L., Mladá, K., & Winkler, P. (2019). Prevalence of mental disorders and associated disability: Results from the cross-sectional CZEch mental health Study (CZEMS). *European psychiatry*, 60, 1-6.

# Mental health problems in the Czech Republic (in 2020)

- **30% experienced mental health disorder**
- **12% mood disorder**
- **13% anxiety disorder**
- **10% alcohol use disorder**
- **12% suicide risk**

**Winkler et al. (2020)**

Winkler, P., Formanek, T., Mlada, K., Kagstrom, A., Mohrova, Z., Mohr, P., & Csemy, L. (2020). Increase in prevalence of current mental disorders in the context of COVID-19: analysis of repeated nationwide cross-sectional surveys. *Epidemiology and psychiatric sciences*, 29, e173.

# Treatment gap in the Czech Republic (in 2017)

- **60% mood disorders**
- **70% anxiety disorders**
- **90% alcohol use disorders**

**Kagstrom et al. (2019)**

**... don't receive treatment**

Kagstrom, A., Alexova, A., Tuskova, E., Csajbók, Z., Schomerus, G., Formanek, T., ... & Cermakova, P. (2019). The treatment gap for mental disorders and associated factors in the Czech Republic. *European Psychiatry*, 59, 37-43.



**What do you think are the main barriers to seeking mental health care?**

# Barriers to seeking mental health care

- **stigma (self & public)**
- **not identifying as having a mental health problem**
- **“my problem is not bad enough”**
- **too expensive (therapist qualification, insurance policies)**
- **too far to travel**
- **too impractical**
- **finding the right fit of therapy type and therapist personality**

*“Mental health care worldwide is at the start of a **revolution** that will change the shape of health care practice in the next two decades. We are at the **birth of a new era**—in the **development** of evidence-based therapies, in the **delivery** of mental health services, a new era oriented towards the **promotion** of psychological wellbeing on a **community**-wide basis.”*

- Oxford guide to low intensity CBT interventions

**Have you ever heard about low intensity treatments before this lecture?**

# Low intensity mental health treatments

**= effective treatments that require less time on the side of the specialist, use specialist time in a more cost-effective way (e.g. in a group context) or can be administered by a non-specialist**

**= still require substantial time on the side of the user, but may be accessed more flexibly**

**= significantly reduce financial costs and/or practical burden**

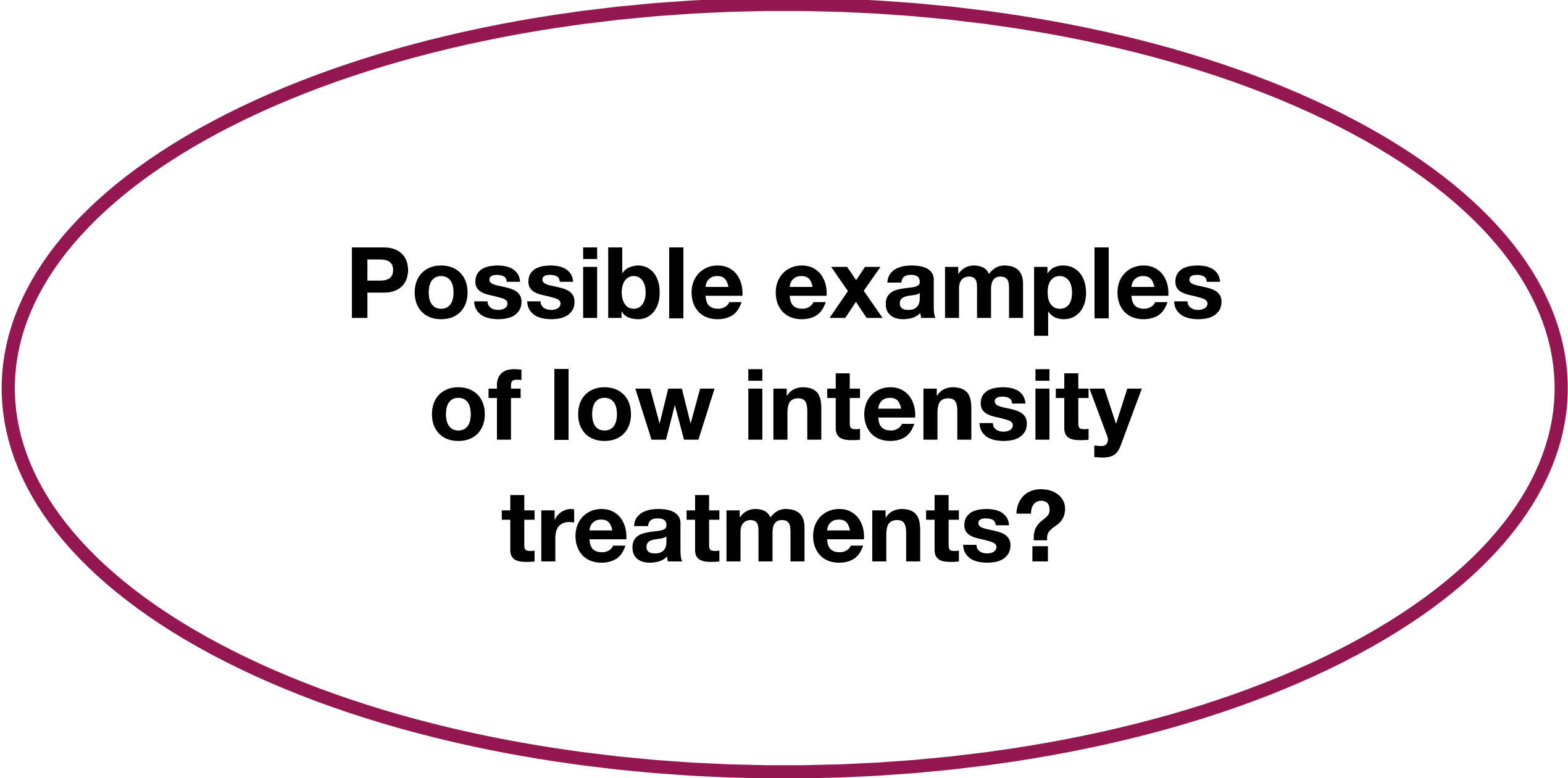


**Possible examples  
of low intensity  
treatments?**

# **Group therapy**

**Possible examples  
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**Group therapy**



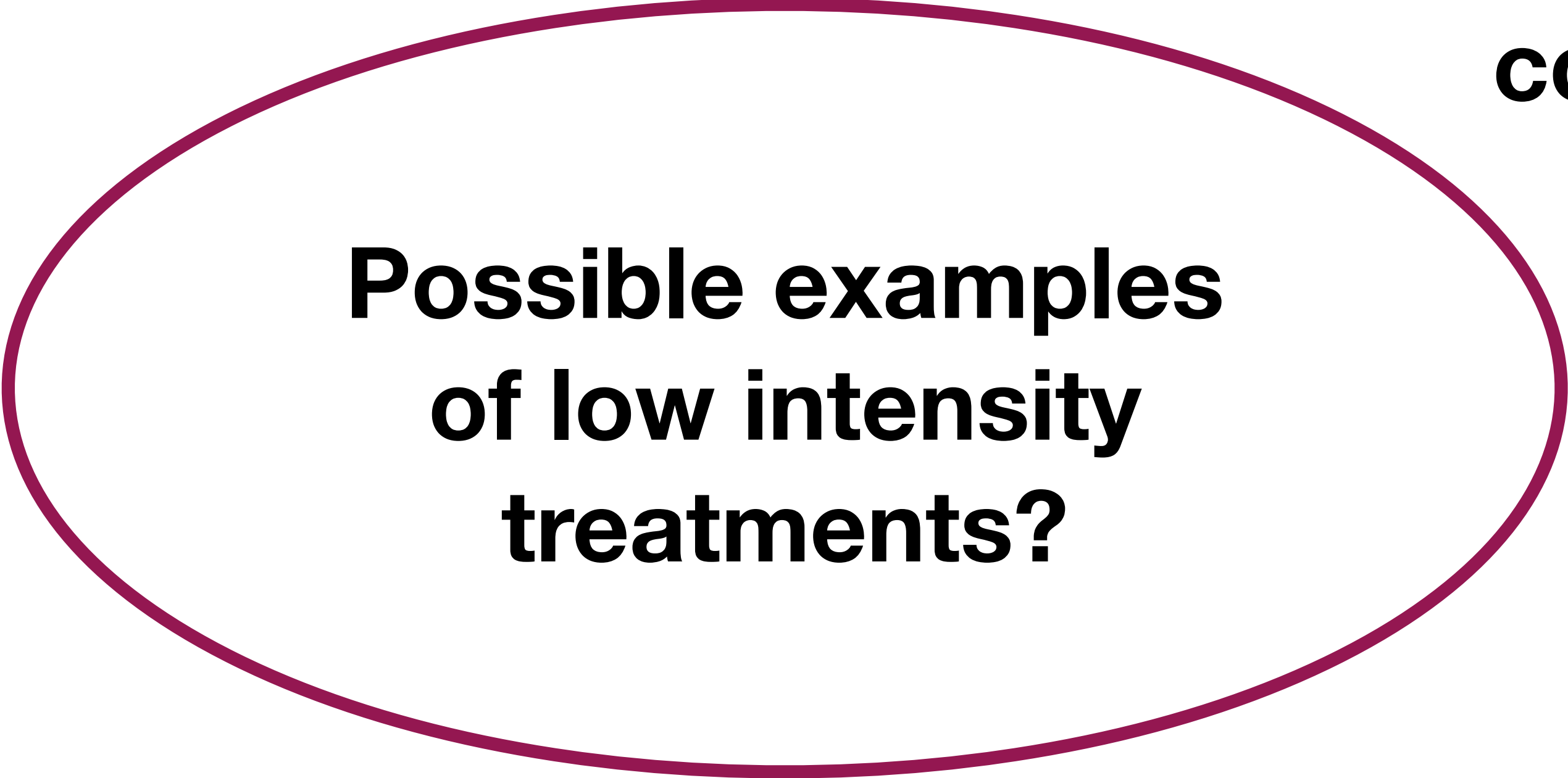
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**Web-based  
counselling**



**Group therapy**

**Brief school-based  
counselling**

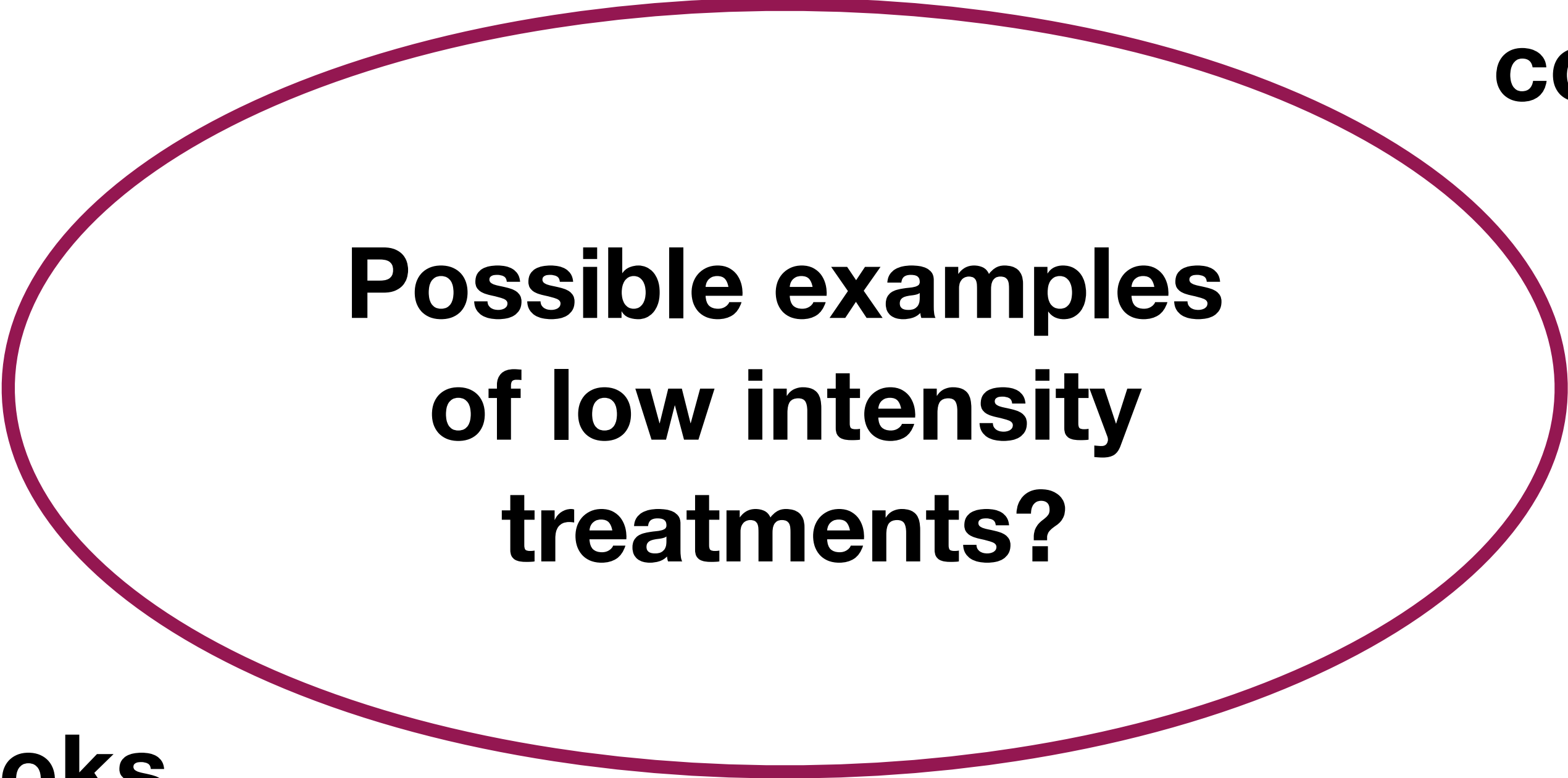


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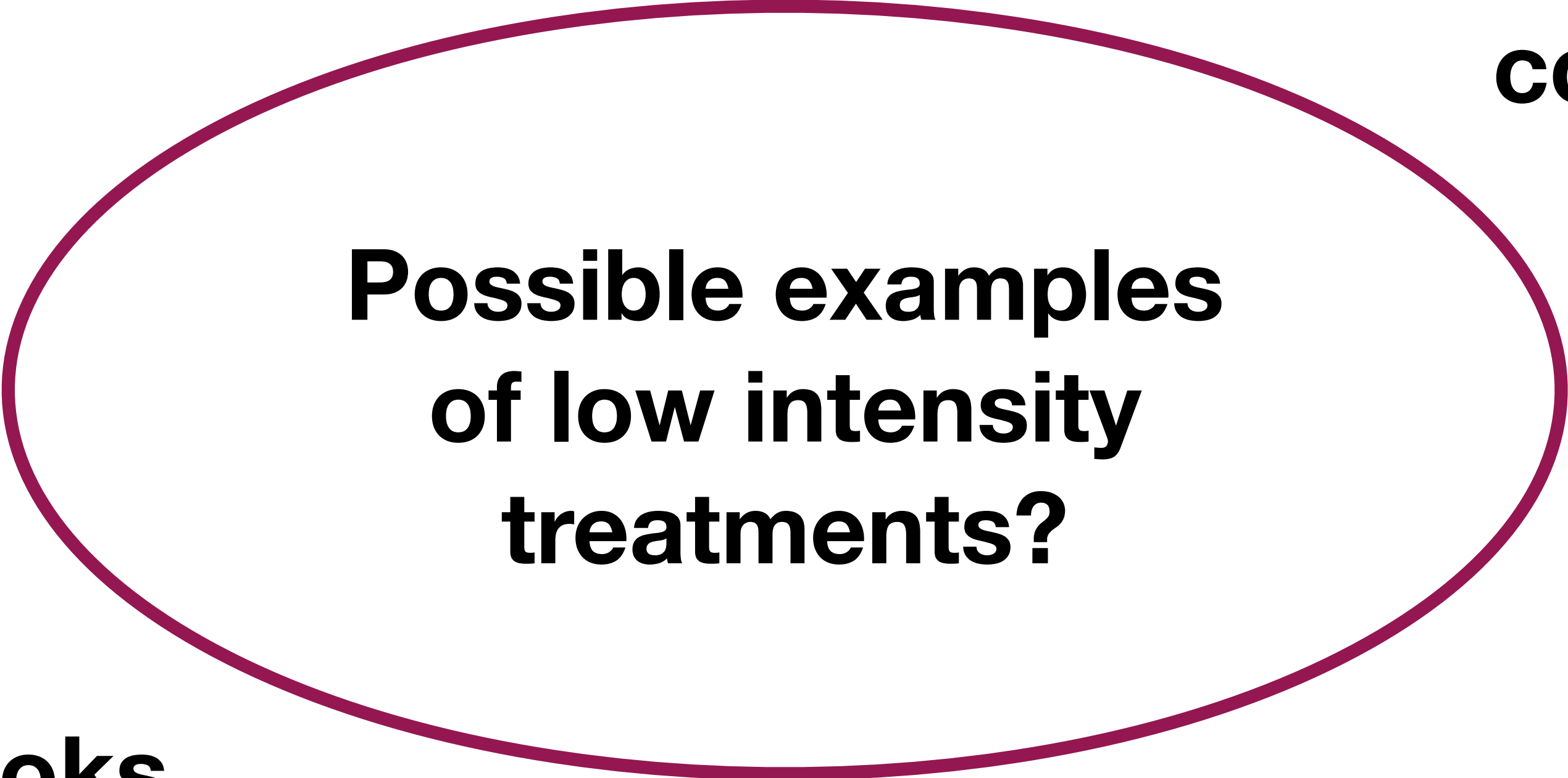
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GPs, nurses, teachers,  
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**Guided self-help**

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**Therapist robots?!  
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**Have you ever  
used or provided  
any of these  
interventions?**

**Psychological  
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**Self-help books**

**Peer support**

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- New models of health care
- The development of new services
- New ways of working and new workforces
- New ways of training and supervision
- New ways of engaging the public
- New ways of communicating

**Psychological  
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**Mental health apps**

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# Increased access

- New models of health care
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## Increased access

## Shorter treatments

- New models of health care
- The development of new services
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- New ways of communicating



**Increased access**

**Shorter treatments**

- New models of health care
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- New ways of communicating

**Higher cost-  
effectiveness**

**Increased access**

**Shorter treatments**

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- The development of new services
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**Higher cost-  
effectiveness**

**Greater choice**

**Increased access**

**Shorter treatments**

- New models of health care
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**Greater choice**


**Higher cost-  
effectiveness**

**Service flexibility**

**Lower unemployment rate?**

**Increased access**

**Shorter treatments**

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**Helping  
lower  
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**World peace?**

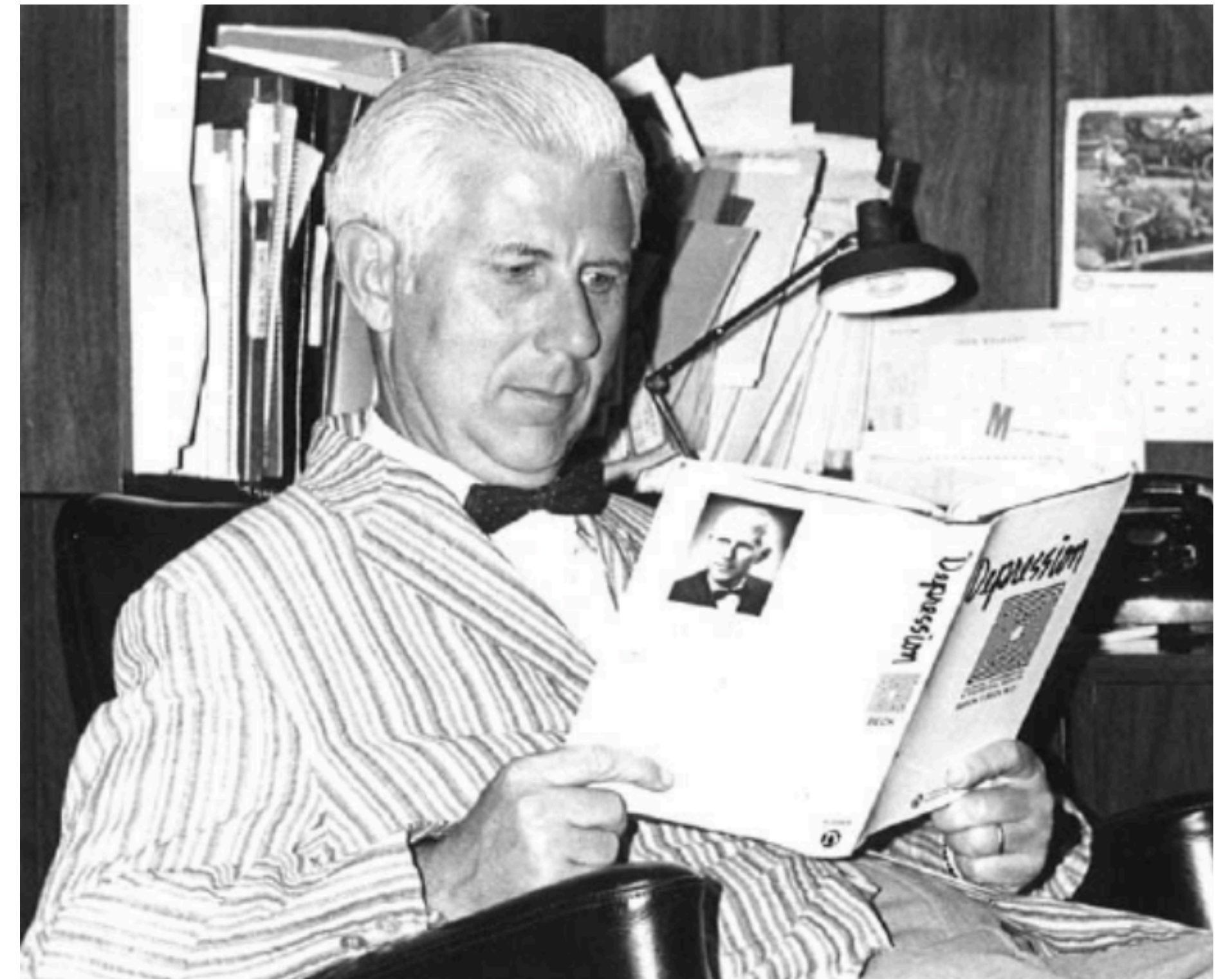
**Greater choice**

**Higher cost-  
effectiveness**

**Service flexibility**

# How have low intensity treatments come about?

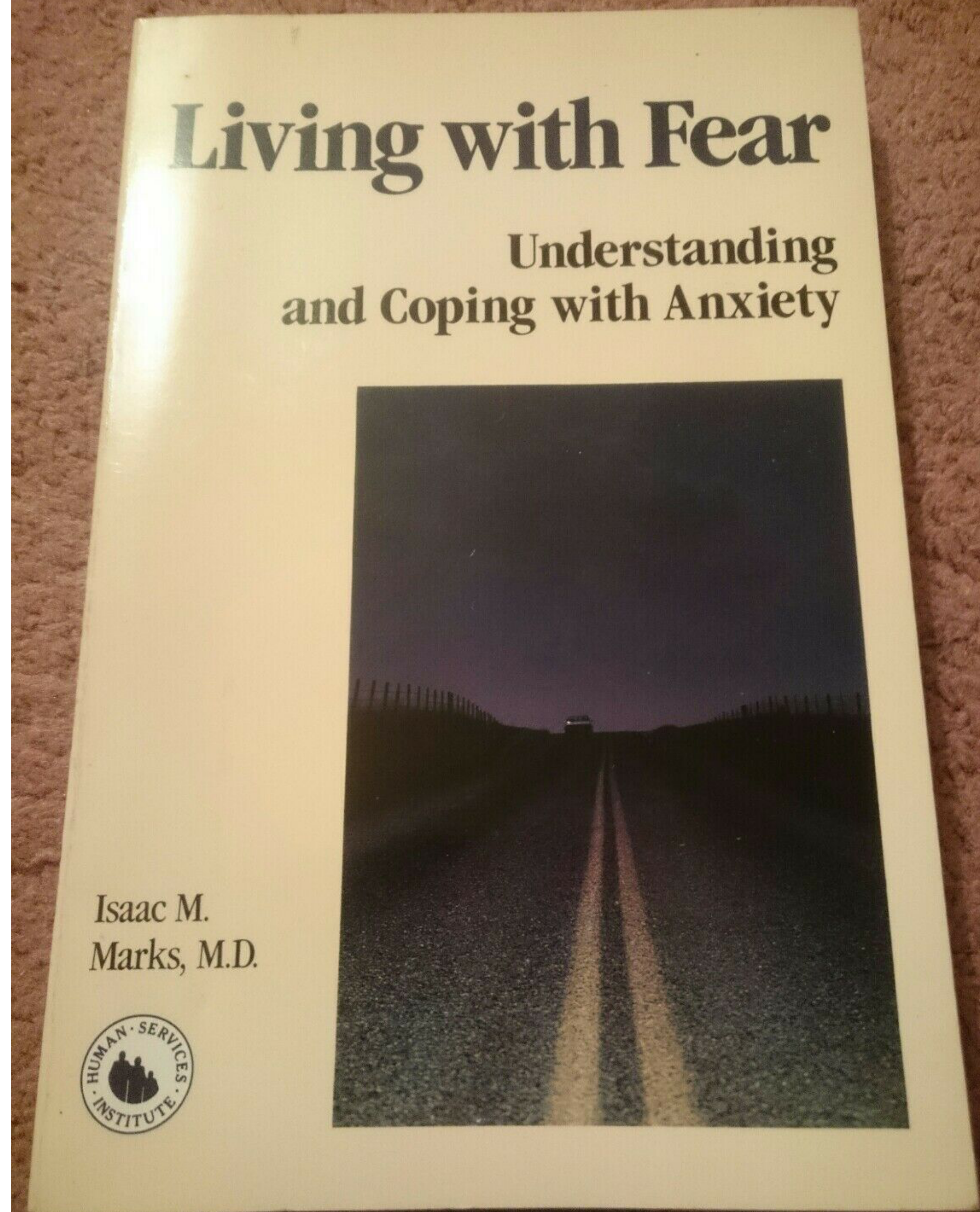
- **Treatment becoming shorter, effective and evidence-based**
- **But not nearly in enough provision to meet demand**



# 1978 - first ever self help book?



CBT can be delivered as effectively by mental health nurses (Marks et al., 1985)





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OVER

MOOD

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Way You Think

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Guide to CBT Using  
MIND OVER  
MOOD



Christine A. Padesky  
with Dennis Greenberger

1995

# How have low intensity treatments come about?

- **Treatment becoming shorter, effective and evidence-based**
- **But not nearly in enough provision to meet demand**
- **Mechanistic research - psychotherapy component studies**

# Jacobson et al. (1996) background

- **Cognitive model of depression (Beck et al. 1979)**

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  - **Stable negative cognitive schemas about the self, the future and the world**
  - **Lead to automatic negative thoughts (interpretations of life events)**
  - **Leads to depressive behaviour (avoidance)**

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  - **Stable negative cognitive schemas about the self, the future and the world**
  - **Lead to automatic negative thoughts (interpretations of life events)**
  - **Leads to depressive behaviour (avoidance)**
- **Cognitive treatment was assumed to be the main ingredient**
- **Rush et al. (1977)**

- **schema:**

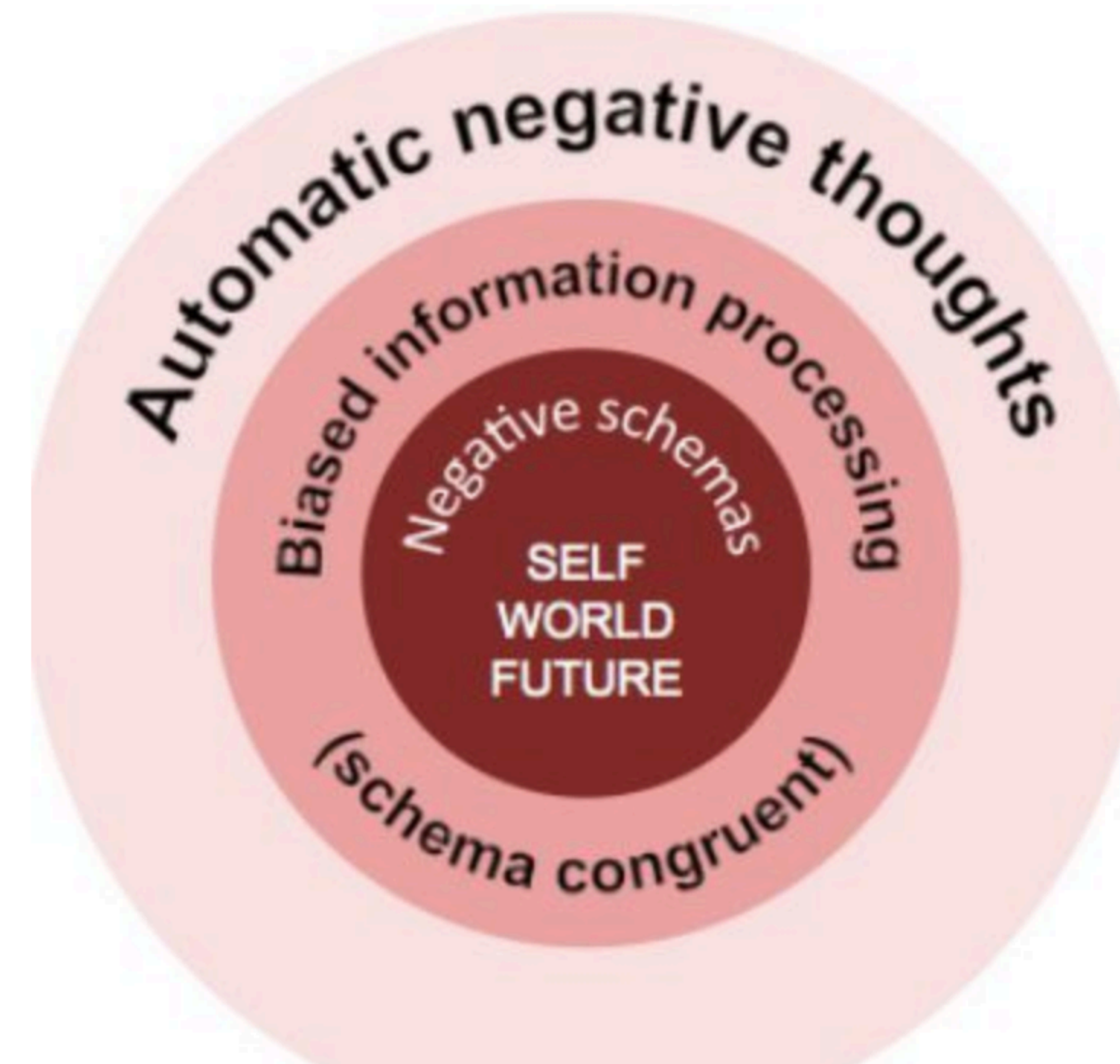
“I am unlovable”

- **biased information processing:**

- pays more attention to signs of rejection
- more likely to remember examples of rejection than acceptance

- **automatic negative thought:**

“He takes too long to text me back because he doesn't really love me. This always happens to me.”



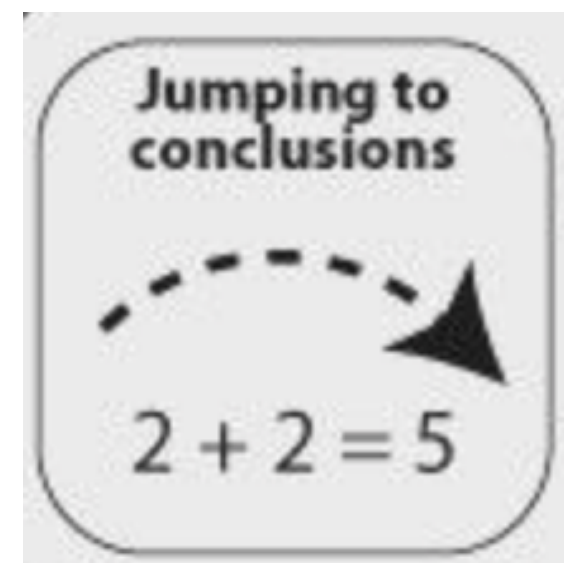
# cognitive distortions



“If he doesn’t text back quickly, he’s a bad boyfriend.”



“He never texts me back quickly”



“I’m sure he wants to break up with me.”



“This always happens to me with men!”



“I’m such an idiot.”



“He is probably mad at me because I screwed something up.”

# cognitive therapy

- monitoring automatic thoughts that trigger intense feelings
- finding more helpful thoughts (second wave of CBT)
- cultivating a new relationship towards thoughts (third wave of CBT)



- Is full cognitive therapy necessary?
- How important is the work on negative “cognitive schemas”?
- How important is behavioural activation?
- How important are coping skills, like assertiveness training?
- What about exposure treatment?
- What about relaxation exercises?



# Jacobson et al. (1996) study

- **Comparing full cognitive therapy (CBT), which included BA, AT and other techniques targeting deeper schemas**

**vs Behavioural activation (BA) only**

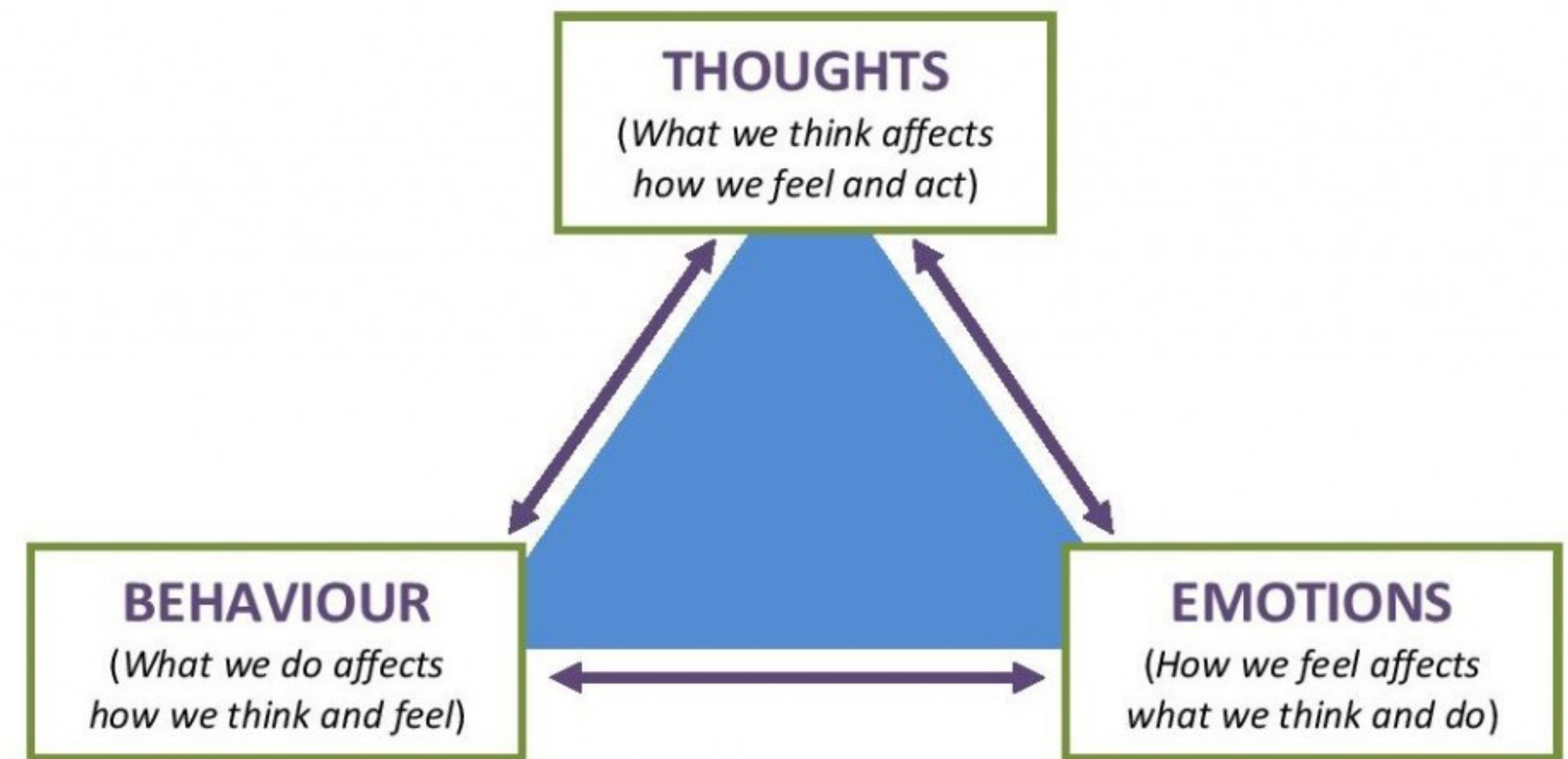
**vs Behavioural activation (BA) + Automatic thoughts intervention (AT)**

# Jacobson et al. (1996) study

- **152 participants**
- **Scoring at least 20 on Beck Depression Inventory**
- **Random allocation**
  
- **Four experienced cognitive therapists**
- **Three manuals created (CBT, AT, BA)**
- **12-20 sessions**

# Jacobson et al. (1996) results

- the 3 groups (CBT, BA, BA+AT) were **equivalent** in depression recovery after the intervention and at 6 month follow up
- equivalent effects also found on measures of dysfunctional thinking
- despite all therapists expecting full CBT to have the strongest effect (strongest allegiance)



**Hm, behavioural activation seems to work well enough on its own!**

**Wait, Tereza... you haven't actually explained what behavioural activation is!**

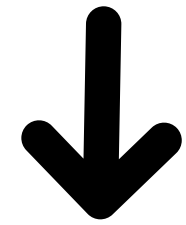
# The mechanism of depression onset & maintenance

**Something difficult happens**



# The mechanism of depression onset & maintenance

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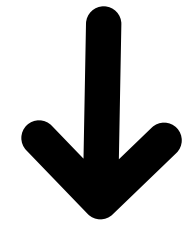
Sadness, lack of energy  
Interrupted routine





# The mechanism of depression onset & maintenance

Something difficult happens



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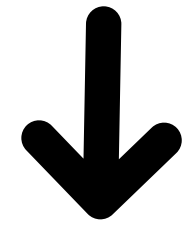


Anhedonia  
Lack of motivation



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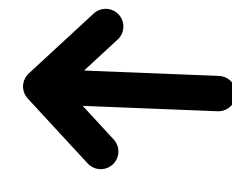
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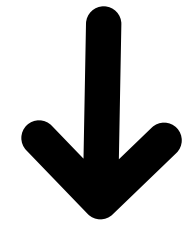


Lower activity

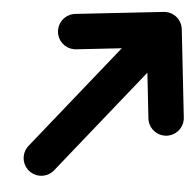


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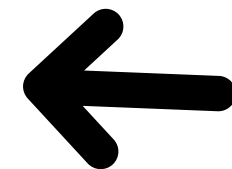
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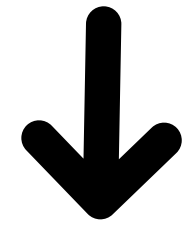
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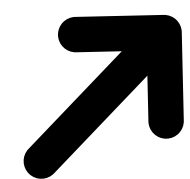
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Primary cause

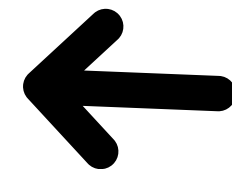
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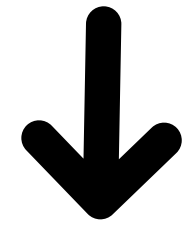
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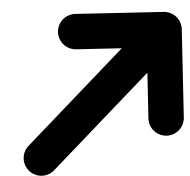


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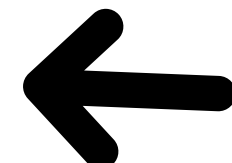


Anhedonia  
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Secondary  
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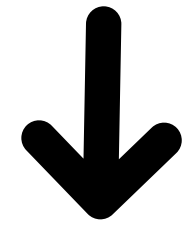
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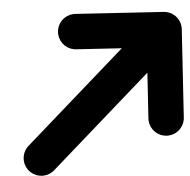


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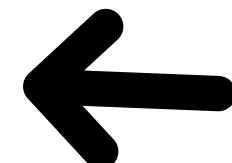


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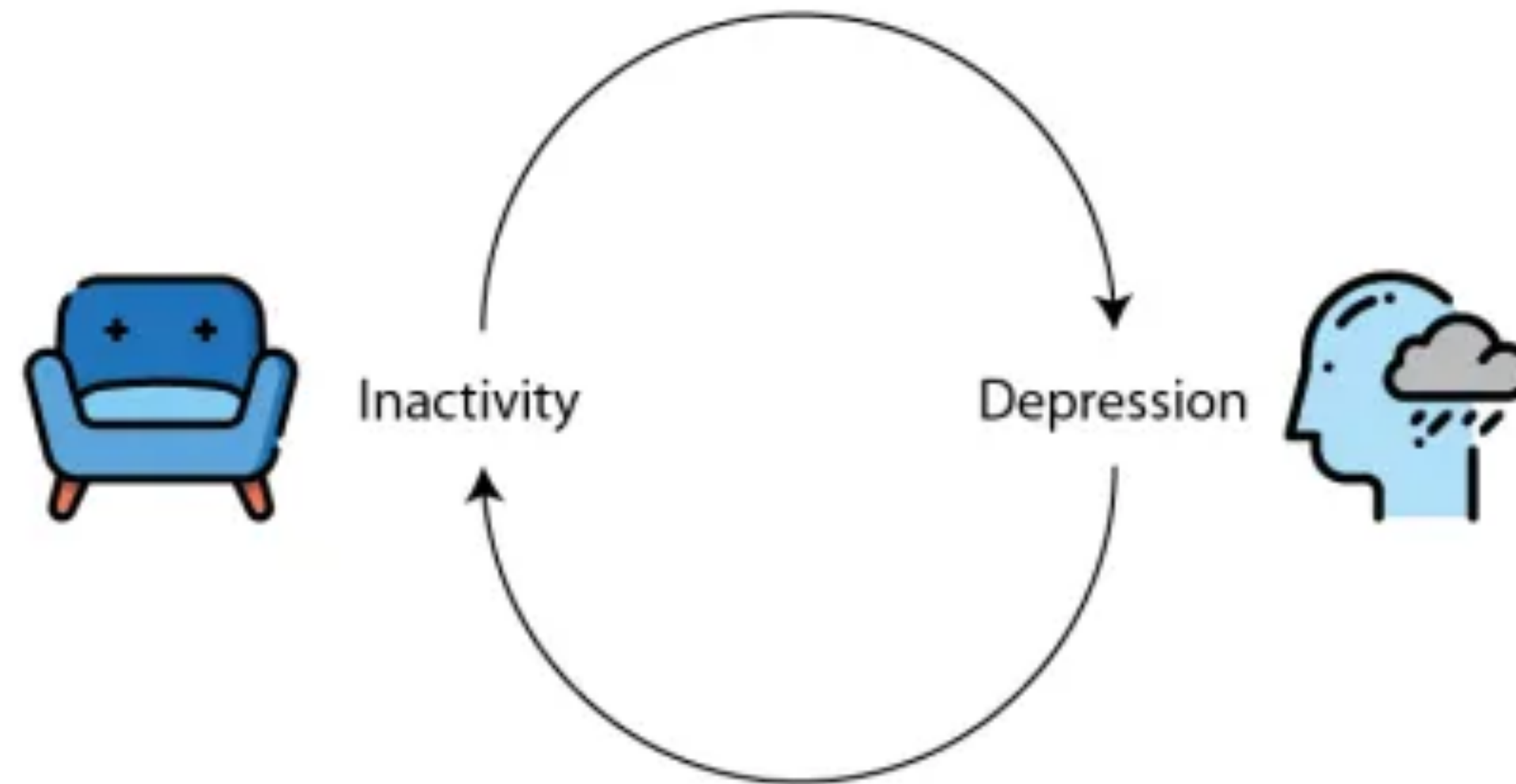


Lower activity



*John has recently gone through a breakup.*

**Primary cause**



**Secondary cause**

*John has become a lot more inactive.*

# The simple power of behavioural activation





# Behavioural activation

- small, measurable steps towards increased activity just above current level
- balance of routine, pleasurable and necessary activities
- acting before feeling (outside in / action first)
- avoiding boom and bust







# Youtube: Co můžete teď hned udělat proti depresi?

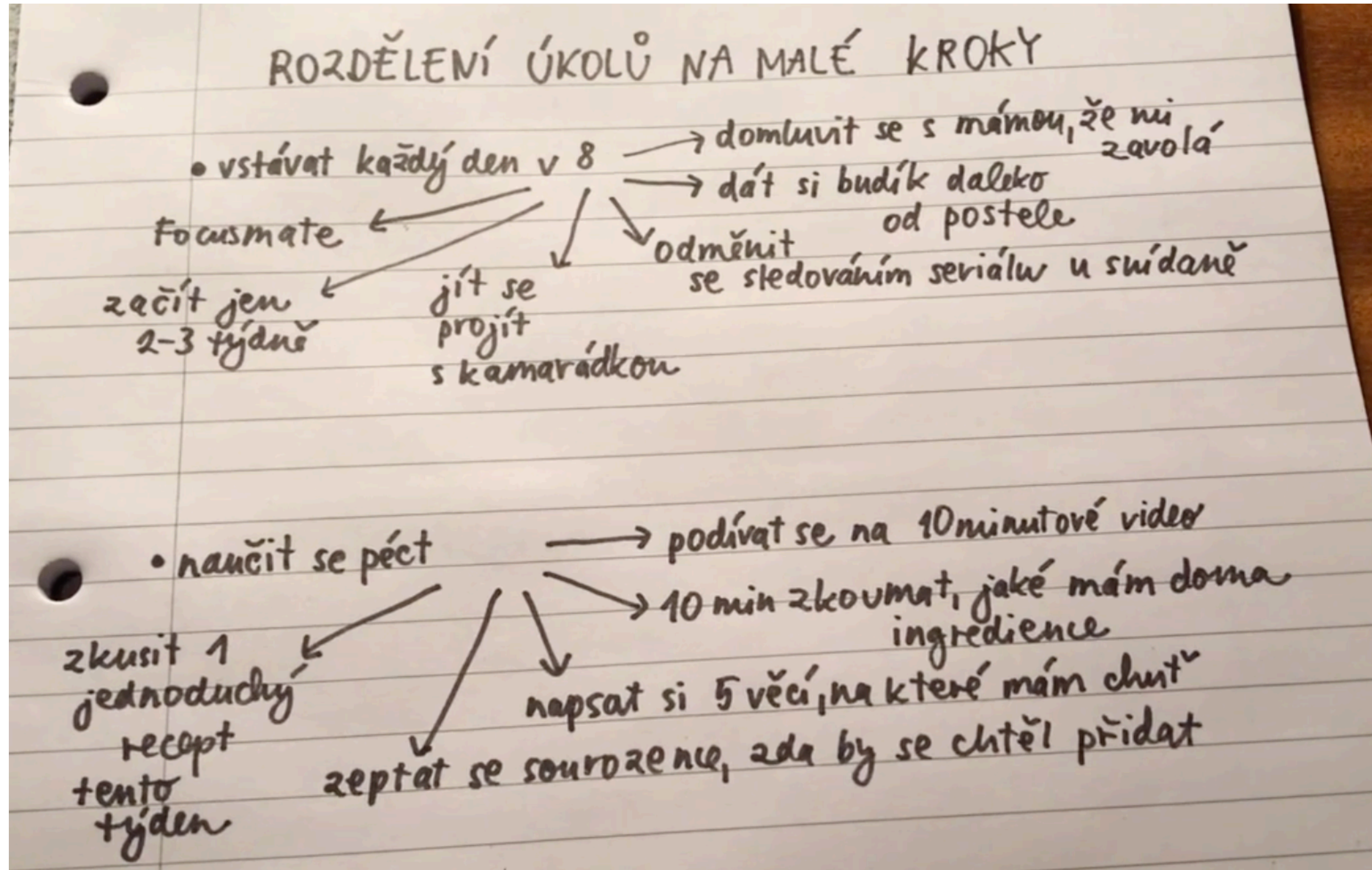
Jaké aktivity by mi mohly přinést radost / ulevit od stresu?

RUTINNÍ	PŘÍJEMNÉ	NUTNÉ
<ul style="list-style-type: none"><li>• vstávat každý den v 8 hodin</li><li>• každý den si užít čerstvého vzduchu</li><li>• každý den se obléci, učesat, upravit se</li><li>• číst zprávy jen jednou denně na půl hodinu</li></ul>	<ul style="list-style-type: none"><li>• jóga podle videa</li><li>• telefon s kamarádkou</li><li>• naučit se péct</li><li>• číst beletrii</li><li>• dát si vanu před spaním</li><li>• hrát na kytaru</li><li>• meditace / svalová</li></ul>	<ul style="list-style-type: none"><li>• zavolat na poštu</li><li>• pracovat na dokumentu do práce</li><li>• najít si terapeuta</li><li>• uklidit si v pokoji</li><li>• učit se programovat</li></ul>

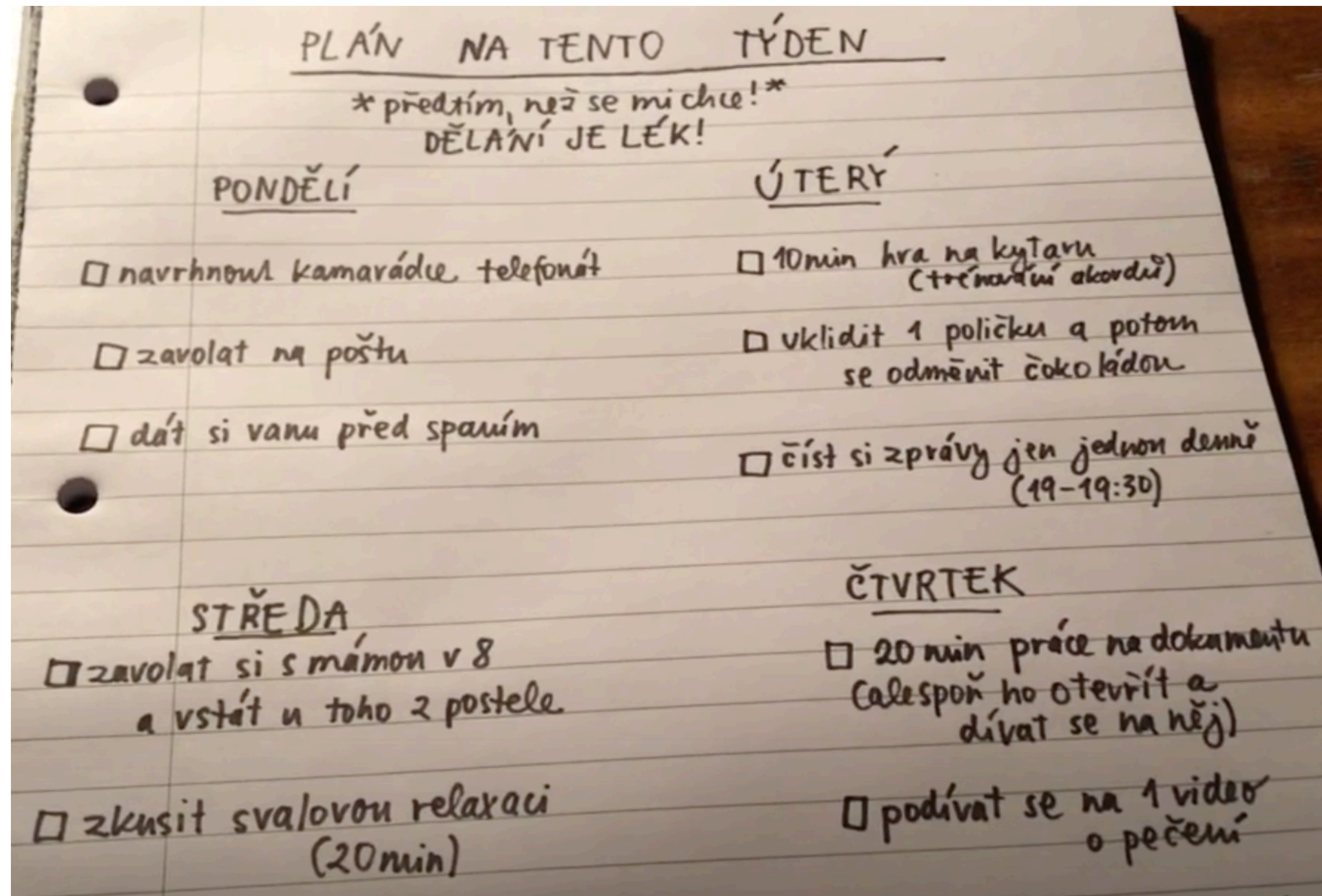
# Youtube: Co můžete teď hned udělat proti depresi?

NÁROČNOST ÚKOLU		
<u>malá</u>	<u>střední</u>	<u>velká</u>
<ul style="list-style-type: none"><li>- čerstvý vzduch</li><li>- vana před spaním</li><li>- meditace / relaxace</li></ul>	<ul style="list-style-type: none"><li>- upravit se</li><li>- vstávat v 8</li><li>- jóga</li><li>- zavolat kamarádce</li><li>- zavolat na poštu</li><li>- číst si</li><li>- uklidit si</li></ul>	<ul style="list-style-type: none"><li>- zprávy 1x denně</li><li>- naučit se péct</li><li>- hrát na kytaru</li><li>- dokument do práce</li><li>- najít si terapeuta</li><li>- programování</li></ul>

# Youtube: Co můžete teď hned udělat proti depresi?



# Youtube: Co můžete teď hned udělat proti depresi?



**What activities help  
you feel better?**





# Richards et al. (2016) study

- Randomised controlled non-inferiority trial
- Around 450 participants allocated to either BA or CBT (largest trial of BA to date)
- No differences found in efficacy but BA significantly more cost-effective
- This was driven by lower costs of junior mental health workers who administered BA

*“Our results, offer hope to many societies, cultures, and communities worldwide, rich and poor, struggling with the effect of depression on the health of their people and economies.”*

# Other low intensity interventions?

- **Problem solving**
- **Worry management**
- **Graded exposure**
- **Sleep management**
- **Motivational interviewing**
- **Physical exercise interventions**

# Problem solving

- First outlined by D'Zurilla and Goldfried (1971)
- Step-by-step system to approach and solve problems
- Aim to empower patients with skills

*adopted for the treatment of depression and anxiety across a variety of populations: older adults (Kirkham et al., 2016), veterans (Kasckow, et al., 2014), ethnic minorities (Unlu Ince et al., 2013) and patients with chronic-obstructive pulmonary disease (Lee et al., 2015) and cancer (Hopko et al., 2011)*



# How would you help this client?

## Problem statement:

Over the last few months I have been feeling stressed and overwhelmed due to lots of pressures at work.

I have been working long hours to try to help this, but this has meant that I am constantly tired and irritable. I have been seeing much less of my family and spending less quality time with my children.

I'm starting to feel depressed and unmotivated.  
I hardly ever do any relaxing activities.

