

3 LI interventions in healthcare & practical methodology of behavioural activation

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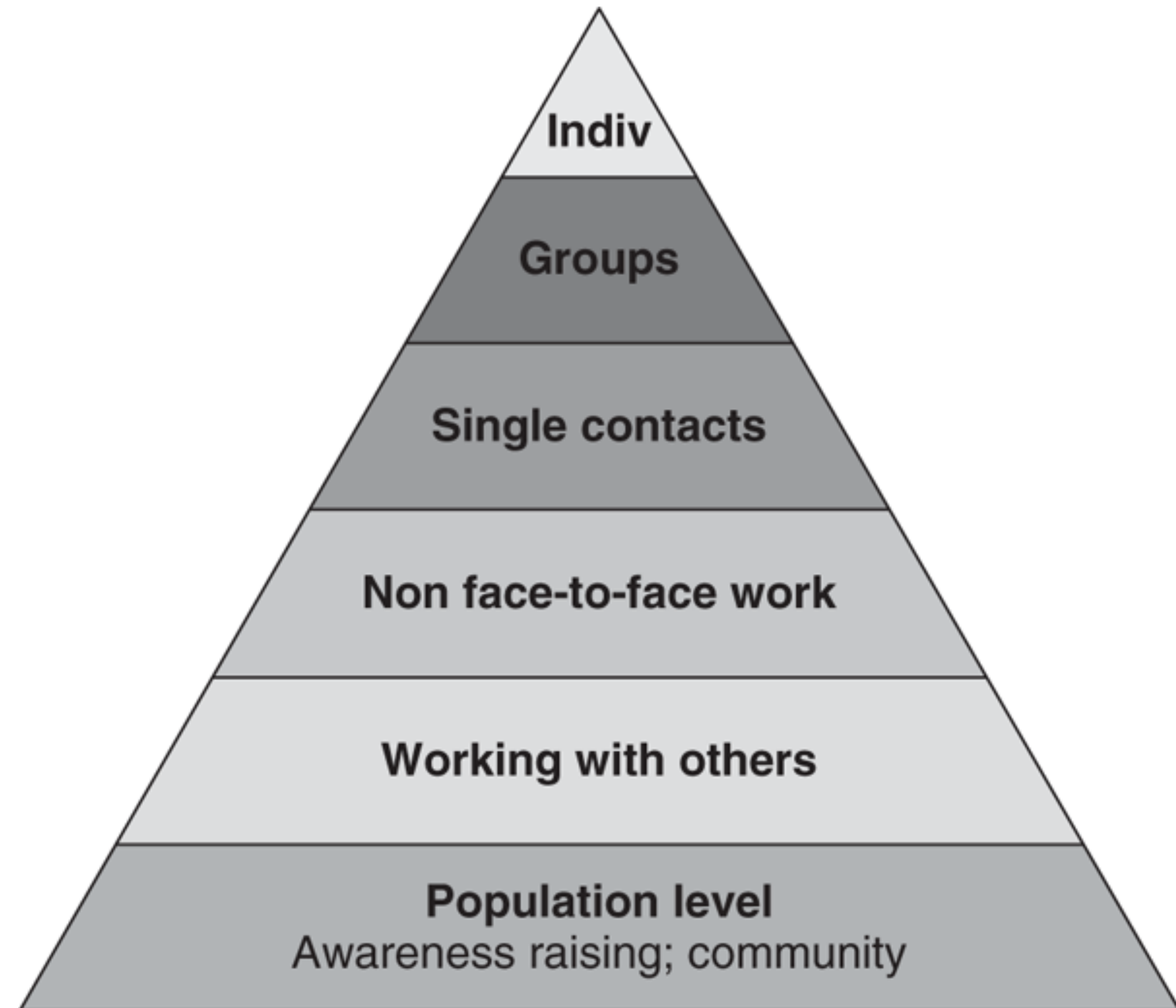
30th March 2023



Integrating LI interventions into the healthcare system

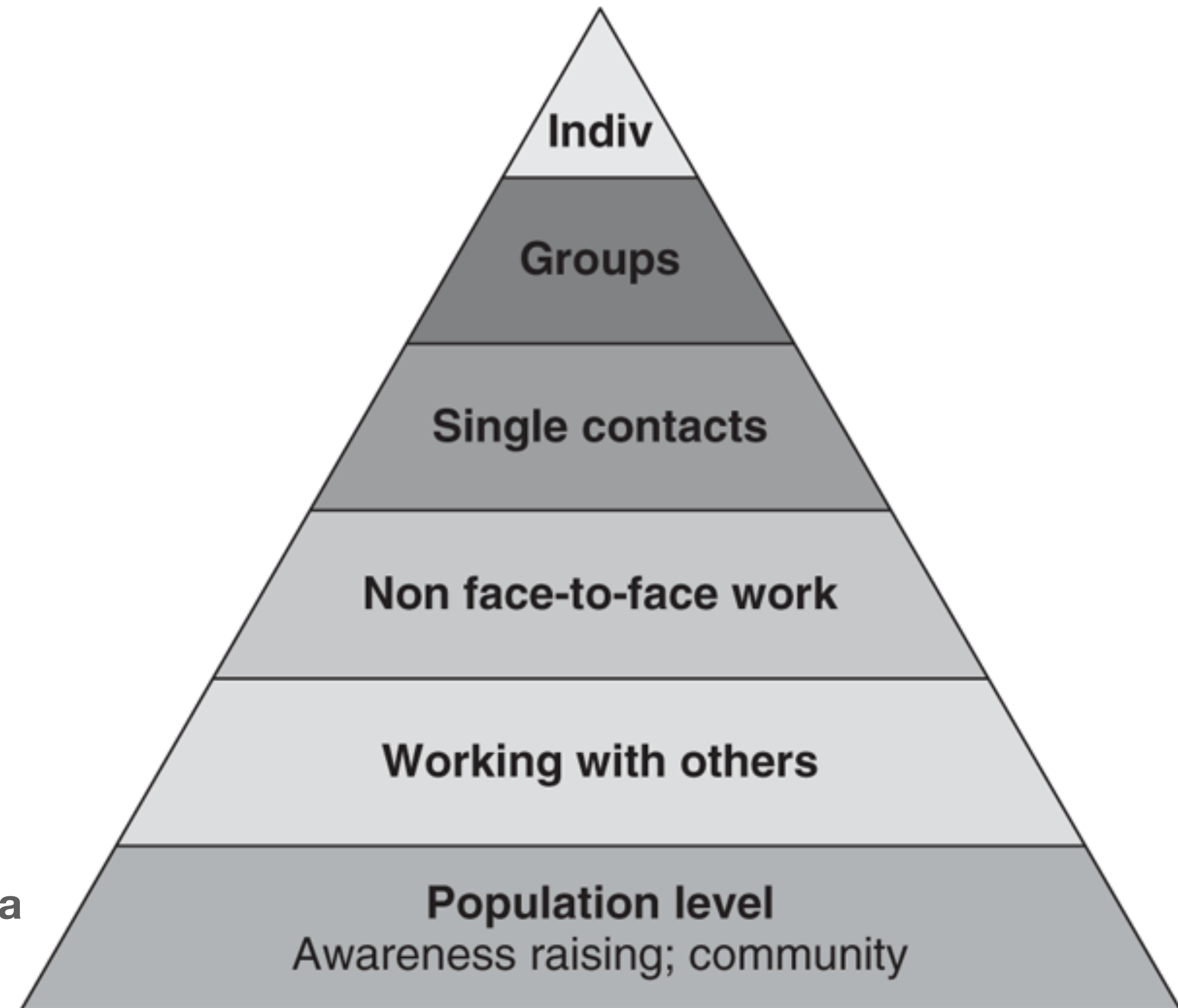
STEPS system

- intervene early
- support prevention
- distribute resources efficiently



STEPS system

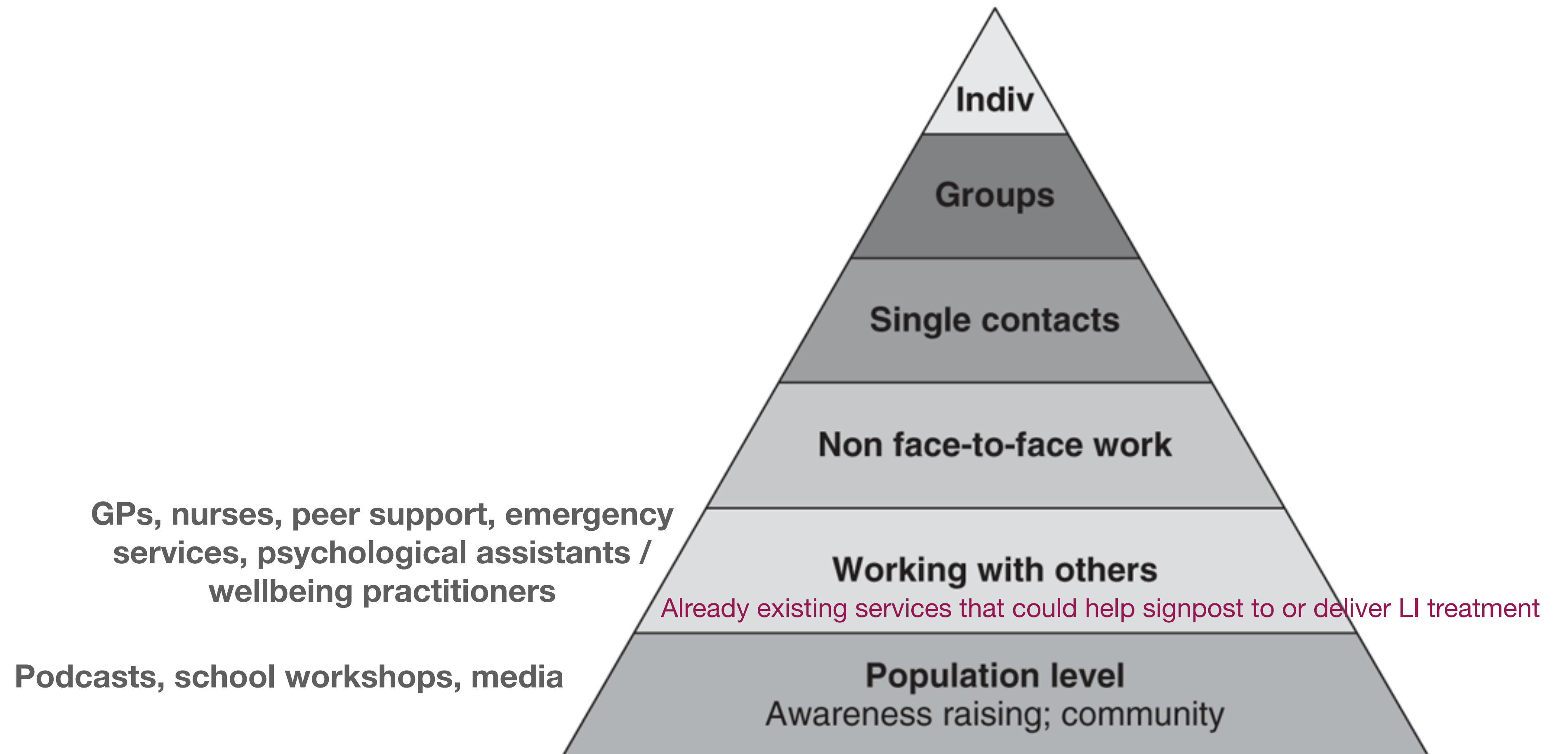
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Podcasts, school workshops, media

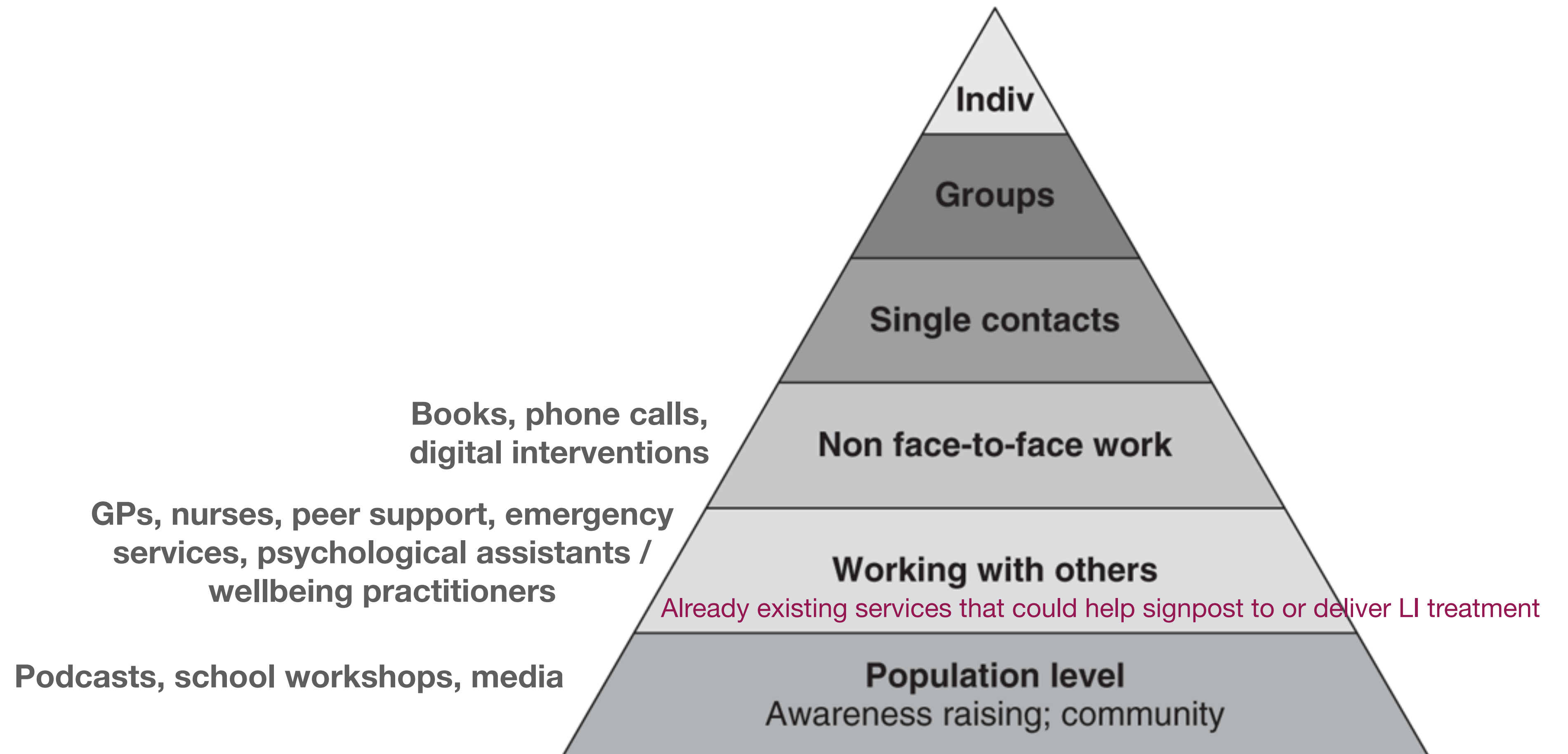
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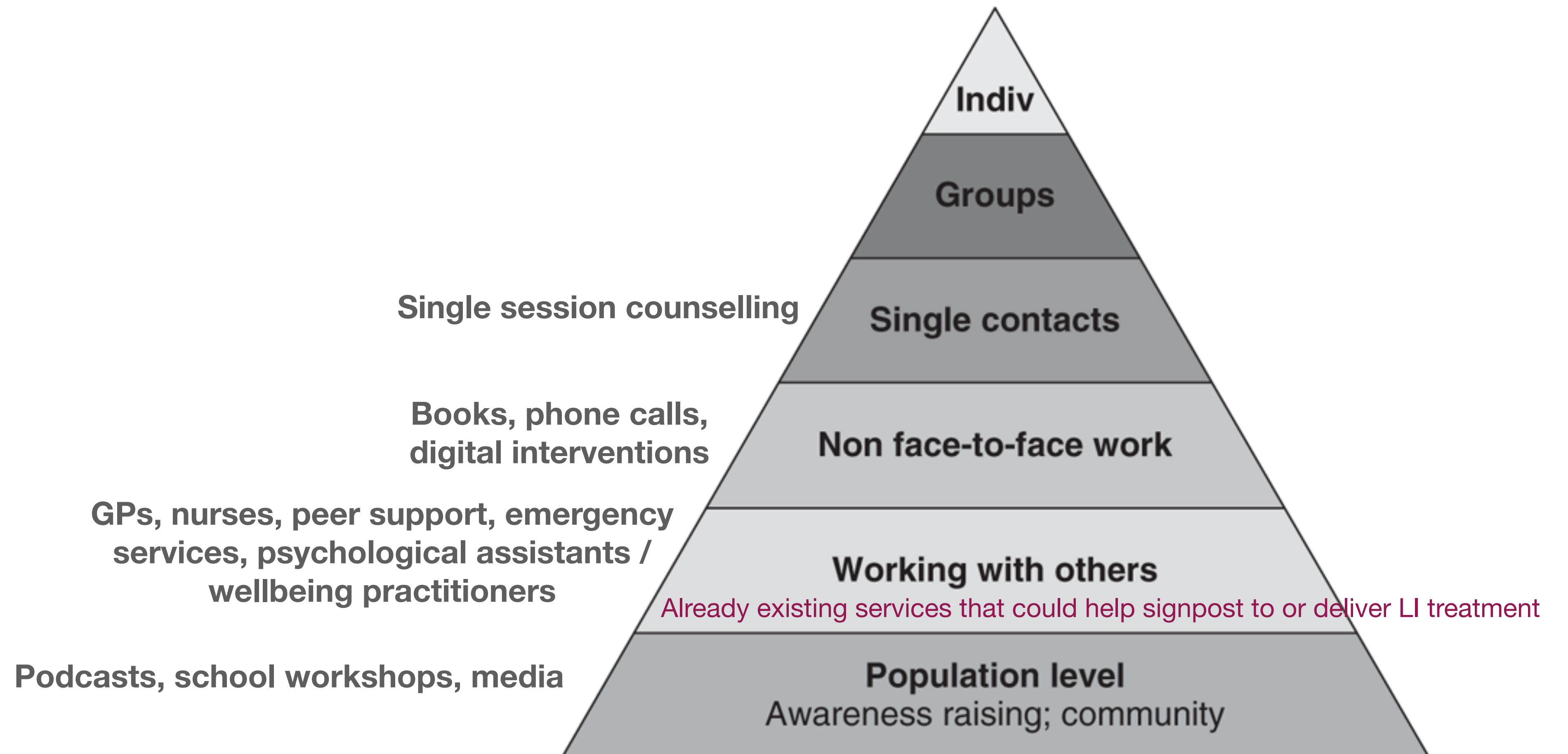
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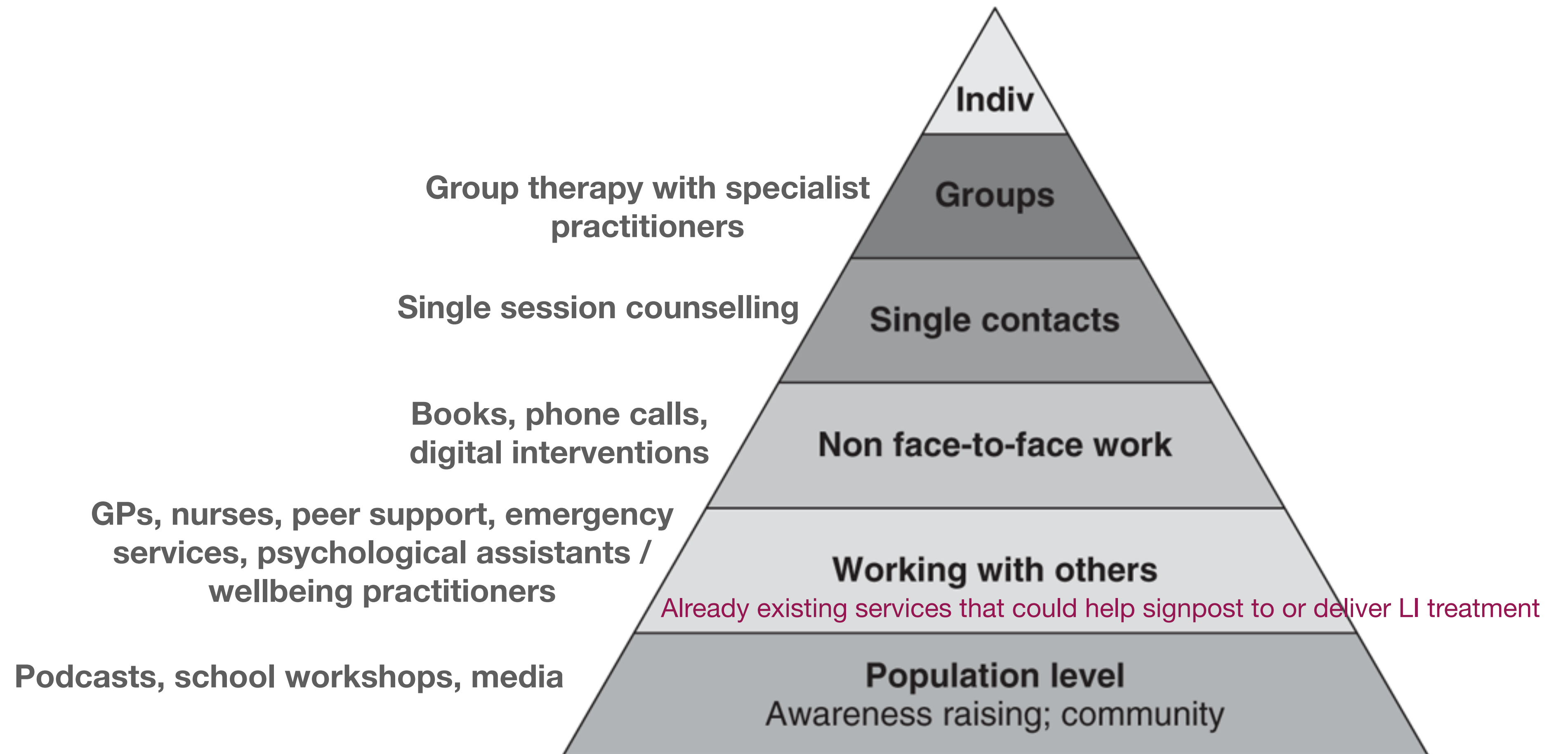
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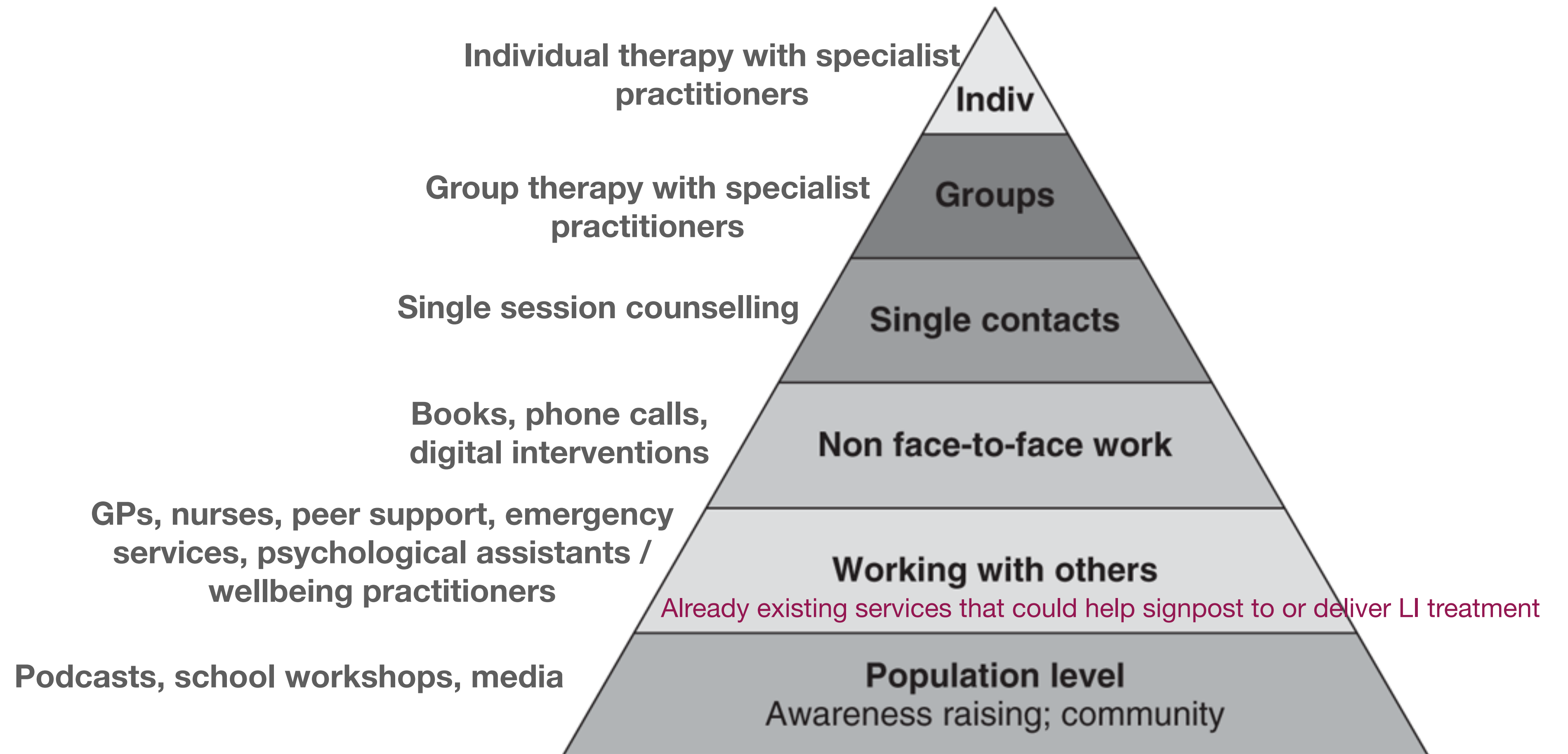
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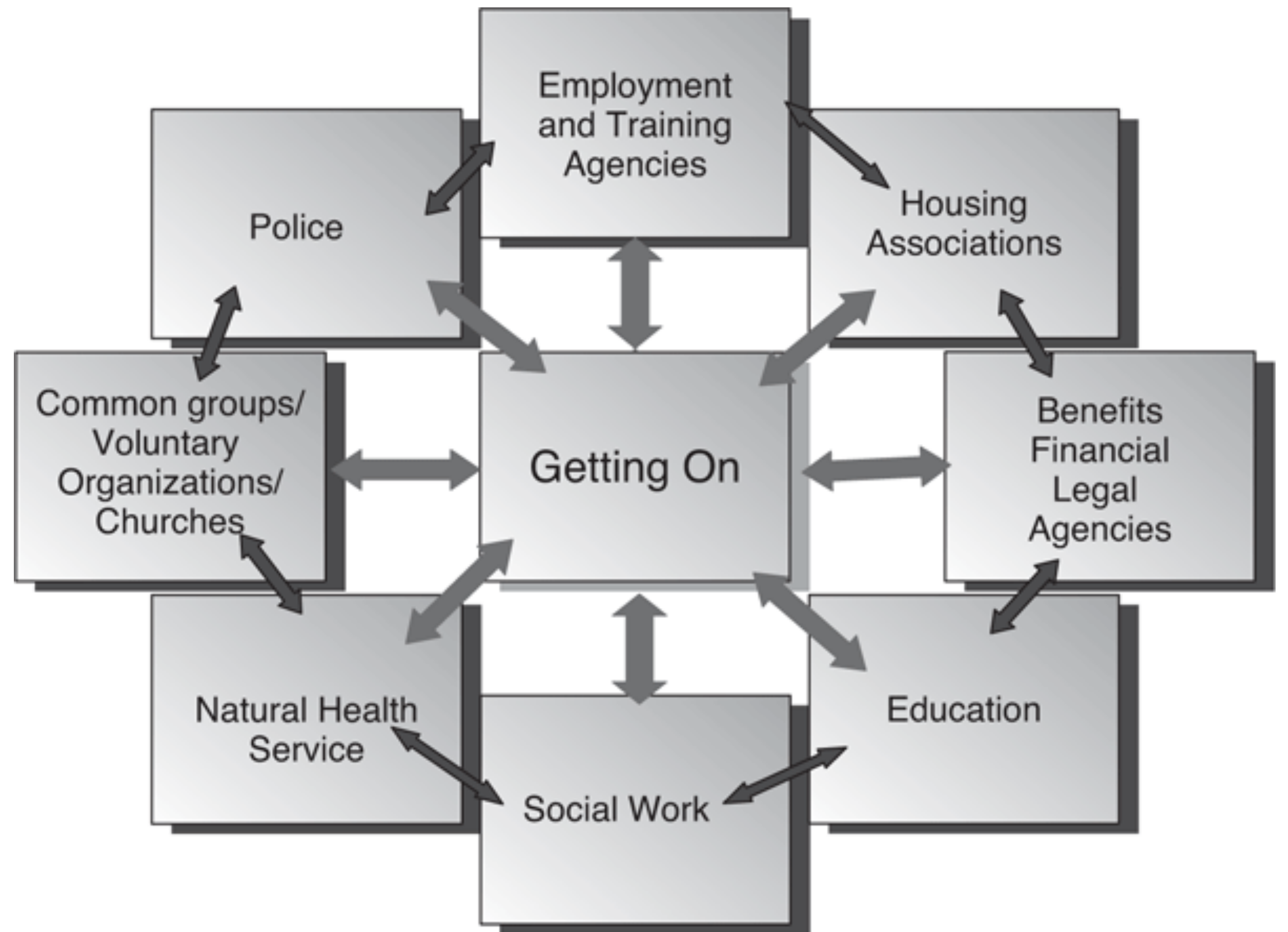


STEPS system

- intervene early
- support prevention
- distribute resources efficiently



Network



David Clark & Richard Layard

- In 2007, less than 5% of UK adults with anxiety and depression would access evidence-based psychotherapy
- Waiting lists often over a year long
- Survey showed public preferred psychological therapy to medication
- Similar situation (or worse) all around the world

NICE National Institute for
Health and Care Excellence



David Clark & Richard Layard

- Untreated depression and anxiety reduce GDP by 4% (absenteeism and presenteeism)
- Increased access to psychological therapy will have **a minimal net cost**

London School of Economics



THE DEPRESSION REPORT A New Deal for Depression and Anxiety Disorders

**The Centre for Economic Performance's
Mental Health Policy Group**

June 2006



David Clark & Richard Layard

- On World Mental Health Day in October 2007 the UK Government announced an unprecedented, large-scale initiative for **Improving Access to Psychological Therapies (IAPT)** for depression and anxiety disorders within the English National Health Service
- Between 2008 and 2011 investment in psychological therapies would rise to **£173 million per annum** above existing expenditure
- The extra investment would be used to train and employ at least **3600** new psychological therapists who will work in new IAPT clinical services offering evidence-based psychological therapies



Clark et al. (2009)

- Two pilot services in Doncaster and Newham during first 13 months
- Patients seen within 21 days
- Offering HI specialist therapy or LI (most commonly guided self-help)
- Self-referral or GP-referral
- Careful outcome monitoring
- 50-60% recovery if at least two or more sessions, compared with 20% spontaneous recovery
- 4-10% increase in employment

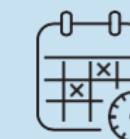


IAPT successes

- Trained 10 000 therapists
- Treats over 1 000 000 patients annually now
- Aims for 50% patients recovering and 75% improving
- Collects outcome data on 98% patients
- Similar services now implemented in Australia, Israel, Norway, Sweden
- Recent evaluation: <https://youtu.be/T1r3ZqZK4ig>



89.9% of referrals accessing IAPT within 6 weeks



8.1 sessions of treatment on average per referral

OPINION

For better mental-health care in Canada, look to Britain

DAVID GRATZER AND DAVID GOLDBLOOM

The New York Times

England's Mental Health Experiment: No-Cost Talk Therapy

LONDON — England is in the midst of a unique national experiment, the world's most ambitious effort to treat depression, anxiety and other common mental illnesses.

Therapy deficit

[*Nature*](#) **489**, 473–474 (2012)

“This programme represents a world-beating standard thanks to the scale of its implementation.”

Practical methodology of behavioural activation

General factors

- **treating each client with respect and empathy (reflection, summarising, eye contact, nodding, facial expressions)**
- **you are the expert on therapy, the client is the expert on their experience**
- **treatment is decided collaboratively**
- **BA practitioner's role is to validate, motivate and encourage (kind of like a coach)**



Initial assessment

1. Introduction
2. Confidentiality
3. Information gathering
4. Risk assessment



→ 5. Information giving

1. Introduction

- **introduce yourself and your role**
- **describe agenda (length + purpose of meeting)**
- **make it clear they can ask questions and express their own preference**



[2. Confidentiality]

- record storage?
- anonymised database?
- supervision?
- research?
- conditions for breaking confidentiality?

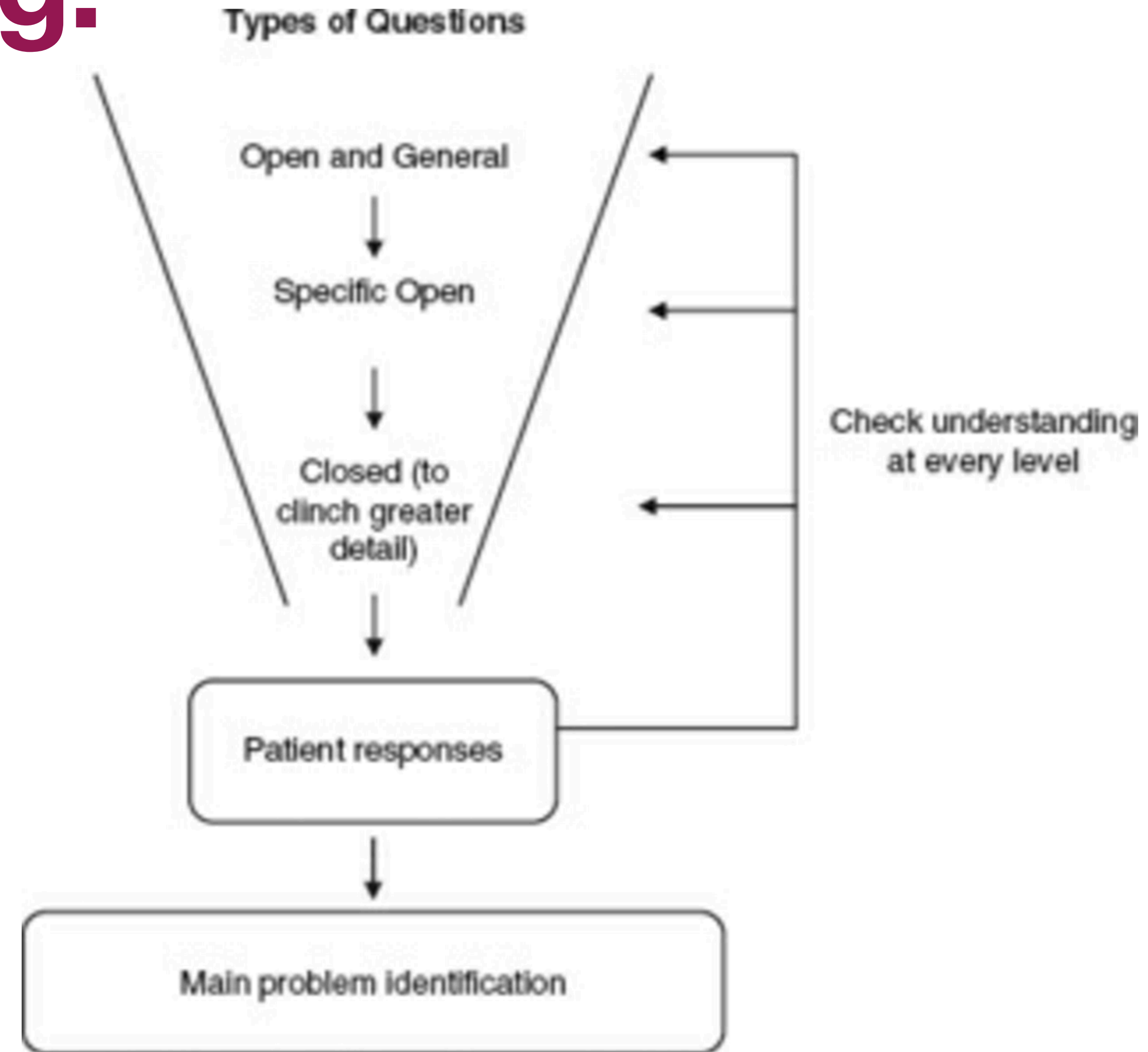


I will only break confidentiality if there are concerns about immediate or serious risk to, or from others, or to yourself. I would talk to you before taking action so we can come up with a plan of how best to do it. But it is important that you know that there are times when I would be legally bound to break confidentiality.

3. Information gathering: The funnelling method

1. Open & general: four Ws

- What is the problem?
- Where does the problem occur?
- With whom is the problem better or worse?
- When does the problem happen?



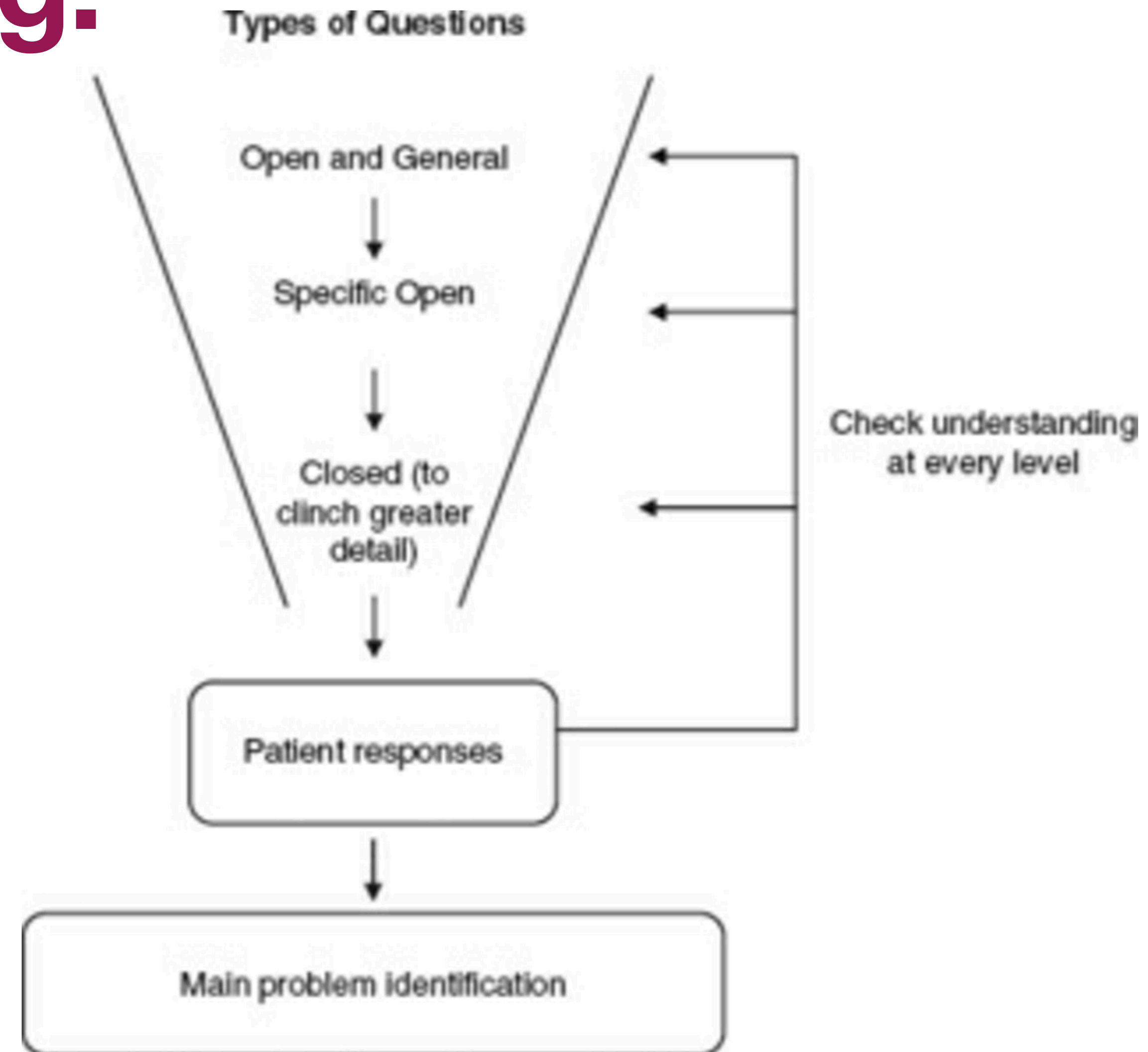
3. Information gathering: The funnelling method

1. Open & general: four Ws

2. Open & specific

Can you tell me a bit more about...

Can you say a bit more about...



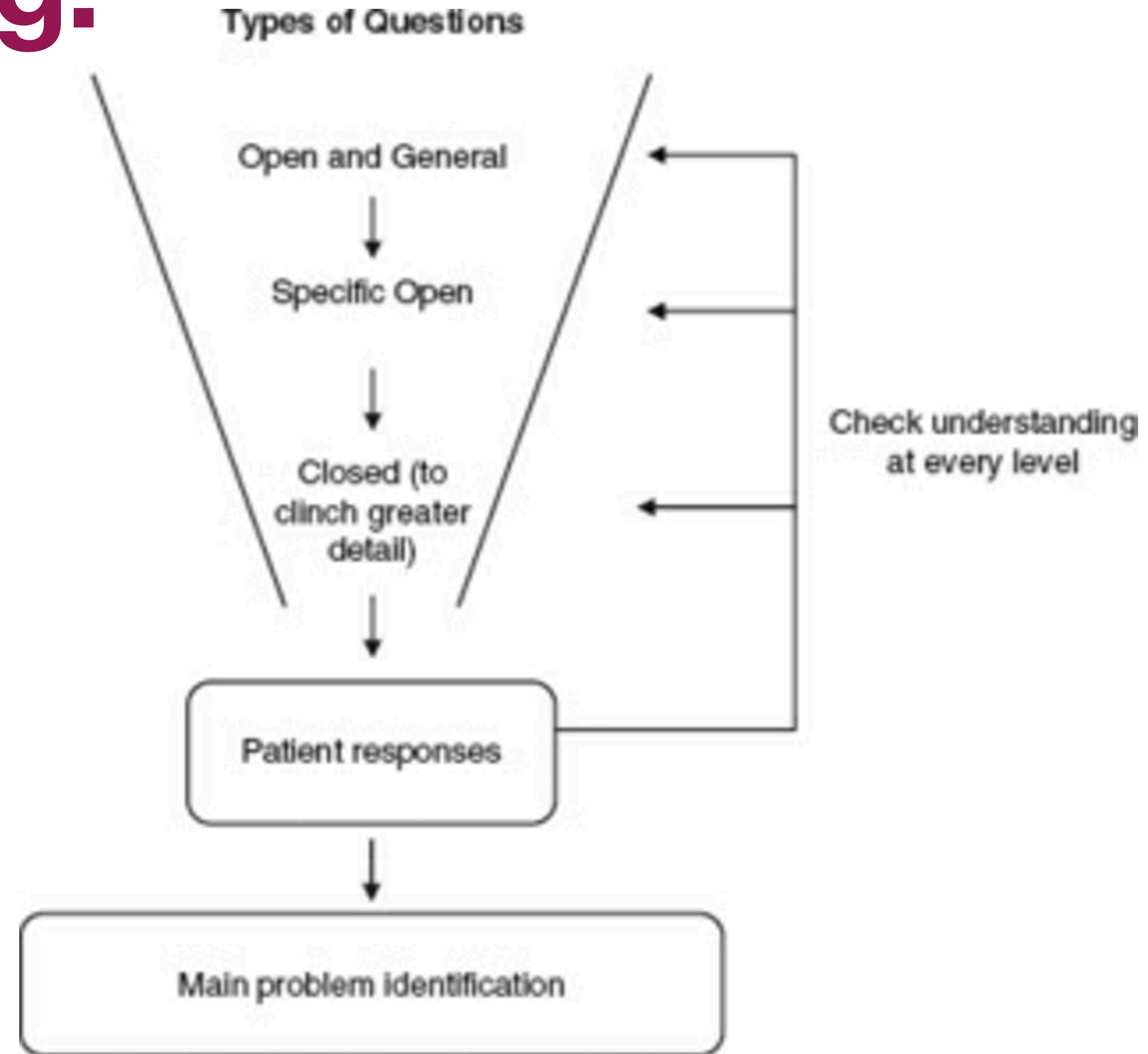
3. Information gathering: The funnelling method

1. Open & general: four Ws

2. Open & specific

3. Closed
(frequency, intensity, duration, triggers)

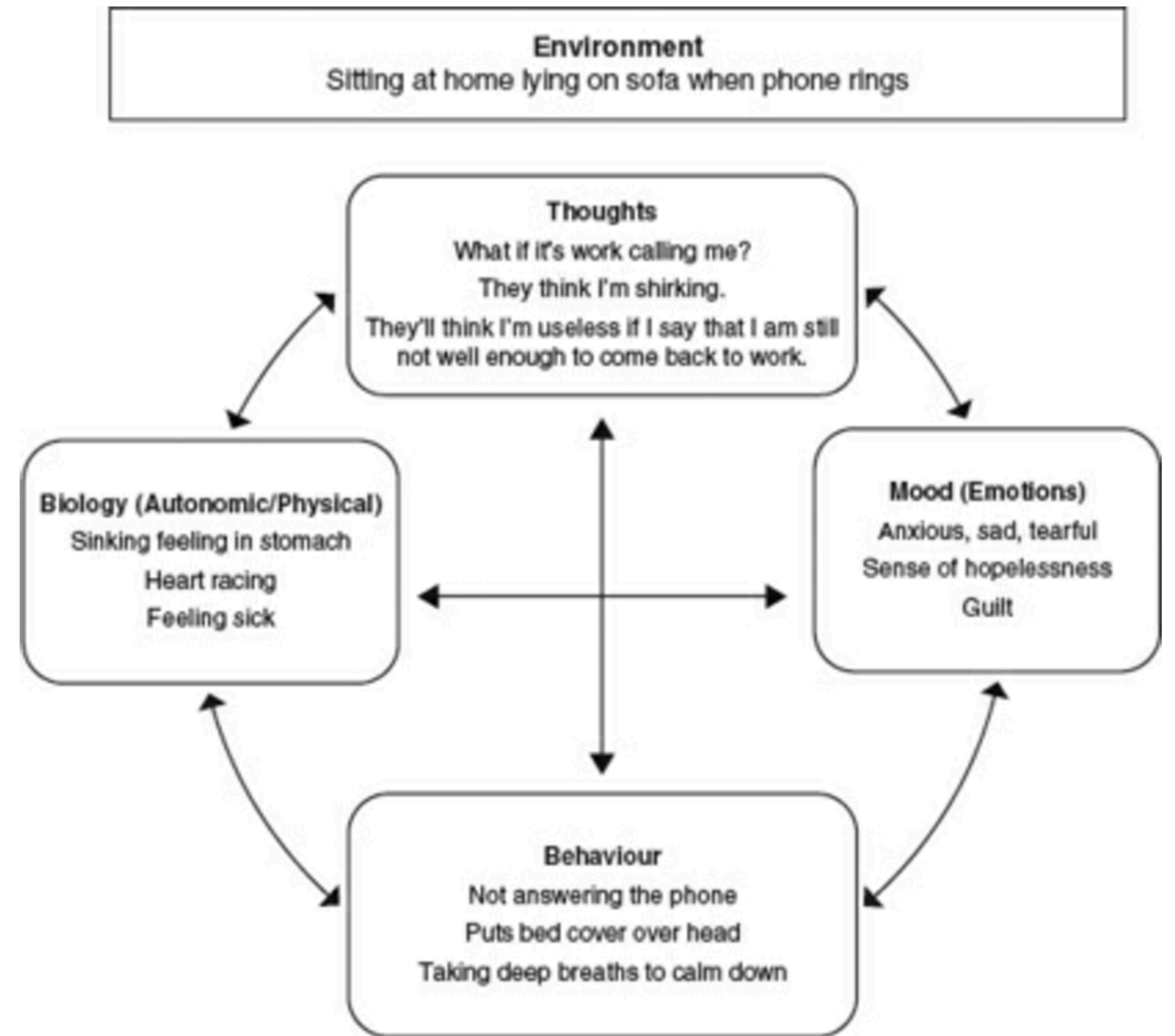
- How often do you feel depressed like this?
- How long does it usually last?
- On the scale from 0-10, how intense is the feeling (of depression/guilt/grief)?
- What factors tend to trigger it?



3. Information gathering: specific example

Describe the last time you felt depressed like this...

- emotional symptoms
- behavioural symptoms
- cognitive symptoms
- physical symptoms



[3. Information gathering: contextual information]

- triggers, onset, progress, impact on daily life
- other current mental health treatments
- previous mental health treatments
- other current physical health treatments
- employment status
- alcohol, drug, caffeine consumption
- + Routine Outcome Measures



[Routine outcome measures]

- completed at baseline and every week of intervention
- checking whether our intervention is helping you
- can always explain results
- research support

psychsurveys.com
DeePsy.cz

| Problem | Recommended measure | Number of items | Cut-off score | Reference |
|-----------------|--|-----------------|-------------------------|---------------------------|
| Depression | PHQ-9 | 9 | 10 and above | Kroenke et al. (2001) |
| General anxiety | GAD-7 | 7 | 8 and above | Spitzer et al. (2006) |
| Phobias | Phobia scales | 3 | 4 and above on any item | Marks and Matthews (1979) |
| Functioning | Work and Social Adjustment Scale (WASAS) | 5 | N/A | Mundt et al. (2002) |

| Problem | Recommended measure | Number of items | Cut-off score | Reference |
|--------------------------------|--|-----------------|------------------------------|--------------------------|
| Agoraphobia | The Agoraphobia-Mobility Inventory (MI) | 52 | Above an item average of 2.3 | Chambless et al. (1985) |
| Generalised anxiety disorder | Penn State Worry Questionnaire – Short (PSWQ) | 16 | 45 and above | Behar et al. (2003) |
| Health anxiety | Health Anxiety Inventory – Short Week Version (SHAI) | 18 | 15 and above | Salkovskis et al. (2002) |
| Obsessive compulsive disorder | Obsessive Compulsive Inventory (OCI) | 42 | 40 and above | Foa et al. (1998) |
| Panic disorder | Panic Disorder Severity Scale (PDSS) | 7 | 8 and above | Shear et al. (2001) |
| Post-traumatic stress disorder | Impact of Events Scale (IES) – Revised | 22 | 30 and above | Creamer et al. (2003) |
| Social anxiety disorder | Social Phobia Inventory | 19 | 19 and above | Connor et al. (2000) |

[4. Risk assessment]

- suicidal ideation
- intent
- plans
- action
- prevention

- ideation:

Do you ever have thoughts of taking your own life?

Have you ever felt this way in the past?



[4. Risk assessment]

- intent:

Have you ever thought about how you would take your own life?

How often do you have thoughts of killing yourself?

How easily can you put these thoughts out of your mind?

How strongly do you believe that you would act on these thoughts on the scale 0-10?

[4. Risk assessment]

- plans

Have you made any plans to act on these thoughts?

Have you acted on these thoughts in the past?

- actions

Have you taken any steps towards taking your own life?

What access do you have to things that you could use?

What did you use when you attempted this in the past?

[4. Risk assessment]

- prevention

What's keeping you going at the moment?

Who do you turn to when you need someone to talk to?

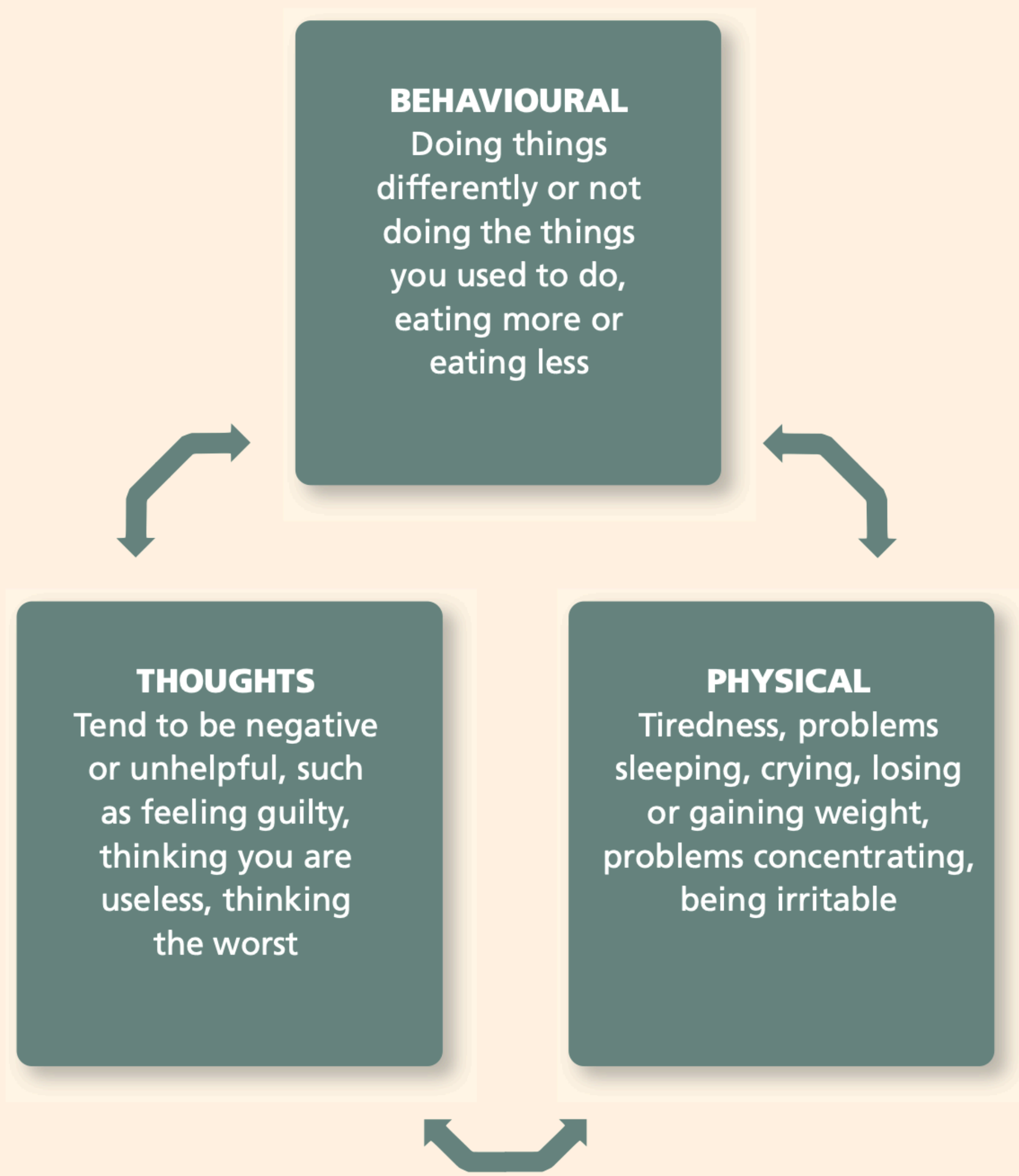
What stopped you from taking your own life in the past?

5. Start of behavioural activation

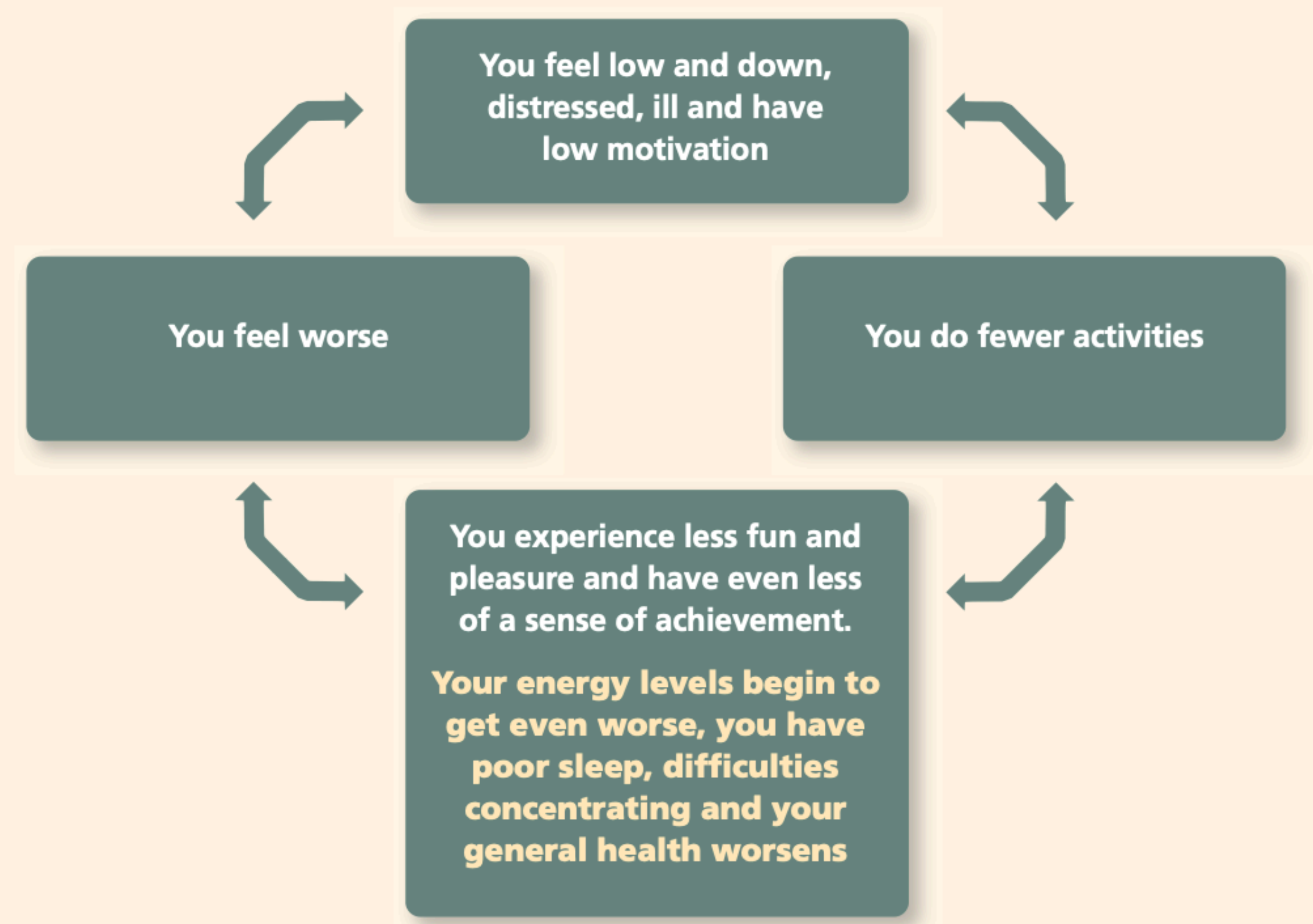
- not like traditional talking therapy, more of a “doing therapy”, where we will focus on how you spend your time
- well supported by research evidence for people with low mood
- try to approach it like an experiment



The impact of low mood or depression



Cycle of low mood and reducing activity





Behavioural

Write in here the things you have stopped doing or now do differently

Lined writing area for behavioural changes.



Thoughts

Write in here the specific types of unhelpful thoughts that go through your head

Lined writing area for thoughts.

Physical

Write in here the physical changes you have noticed

Lined writing area for physical changes.



What Do You Want to Get Out of Treatment?



Today's Date

Item 1

Lined writing area for Item 1.

I can do this now (circle a number):

| | | | | | | |
|------------|--------------|---|-------|---|---------|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Not at all | Occasionally | | Often | | Anytime | |

Today's Date

Item 2

Lined writing area for Item 2.

I can do this now (circle a number):

| | | | | | | |
|------------|--------------|---|-------|---|---------|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Not at all | Occasionally | | Often | | Anytime | |

Today's Date

Item 3

Lined writing area for Item 3.

I can do this now (circle a number):

| | | | | | | |
|------------|--------------|---|-------|---|---------|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Not at all | Occasionally | | Often | | Anytime | |

Breaking tasks into smaller steps

- what makes it hard to do?
- time steps (5min, 10min, 1h)
- component steps (read 1 page, tidy 5 items, write 2 sentences of email)
- starter steps (just put on running shoes, just open up laptop)
- can somebody help you/do the task with you?
- can somebody keep you accountable?

