

# 6 Research on efficacy and limitations in LI interventions

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20th April 2023



**What problems might  
come up in BA?**



# Problems that can come up in BA

- Forgetting to do the activities
- Lack of motivation/energy
- Lack of time for activities
- Exhaustion/overwhelm
- Can't focus or enjoy the activity - stuck in negative thoughts
- Reducing bad activities vs increasing good activities
- Big practical / necessary problems in life



# Possible solutions

- Be kind, empathetic, validating
- What happened/what activity did you do *instead*?
- Differentiate short-term and long-term consequences
- What got in the way?
- How could we make the activity easier? Or start with a different, easier activity?
- Action First / 5min rule -> **it will get easier with time**



# More possible solutions

- Praise every small achievement, fight against all-or-nothing/black and white thinking (-> more advanced therapy)
- Always try to map out barriers and come up with plan B/C/D ahead of the week
- Evaluate schedule to find more time / stick with small goals
- Psycho-education on boom and bust
- Psycho-education about rumination, problem-solving, mindfulness/distraction techniques



# Efficacy of LI interventions for depression



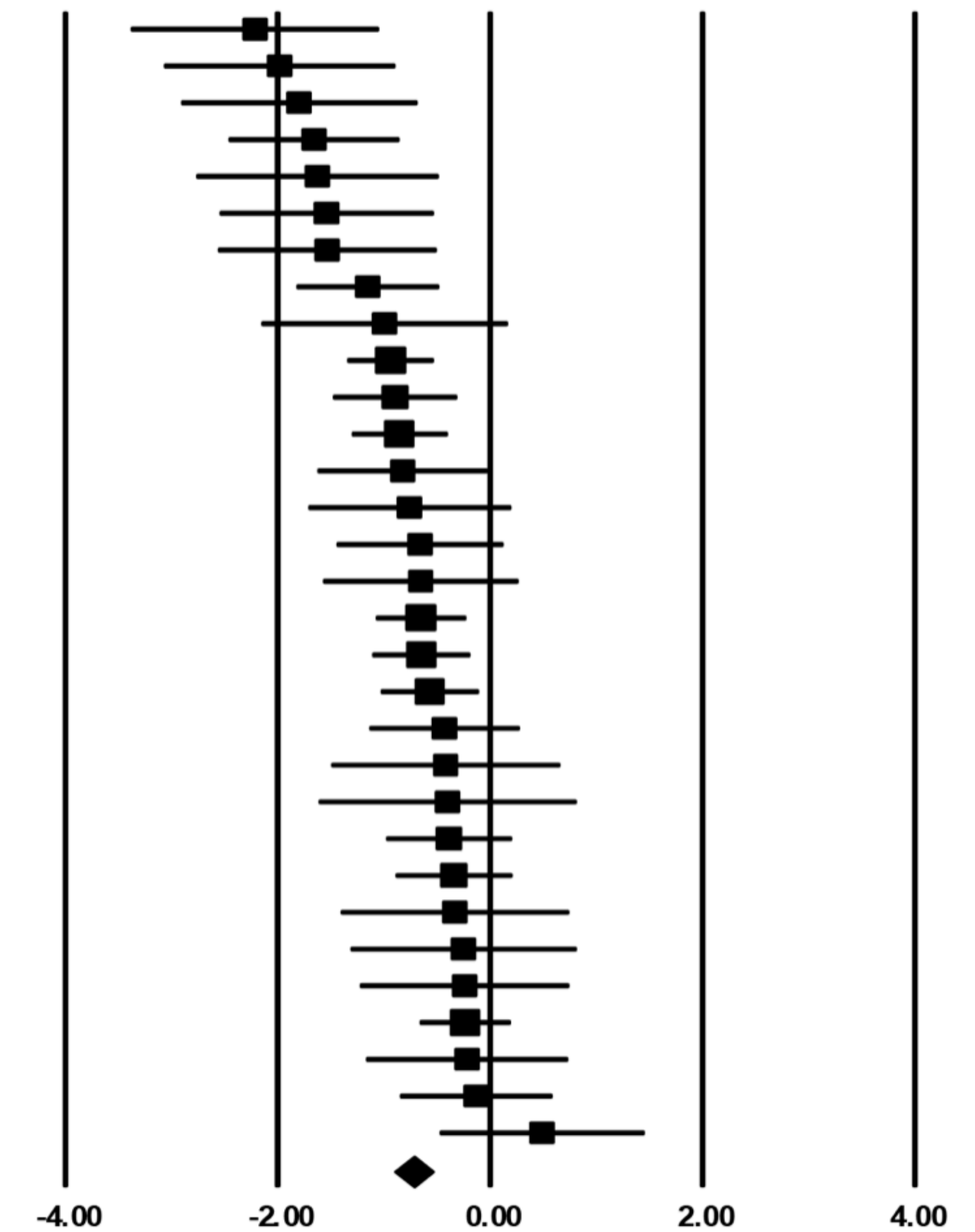
## Ekers et al. (2014)

- 26 randomised controlled trials (over 1500 participants)
- BA more effective than control groups or antidepressant medication
- More studies with long term follow-up needed

### Study name

Wilson 1983  
Fuchs 1977  
Maldonado Lopez 1982  
Gawrysiak 2009  
Taylor 1977  
Comas-Diaz 1981  
Cullen 2006  
Ekers 2011  
Rehm (SM) 1981  
Mitchell 2009  
Thompson 1987  
Carlbring 2013  
Rokke 1999  
Shaw 1977  
Thompson and Gallagher 1984  
Skinner 1984  
Mclean 1979  
O'Mahen 2013  
Gallagher-Thompson 2000  
van den Hout  
Wilson 1982 Pla vs Rlx  
Rehm (SC) 1981  
Lovett 1988  
Armento 2012  
Rehm (SM/SE) 1981  
Rehm (SM/SR) 1981  
Wilson 1982 Pla vs min con  
Dimidjian 2006  
Wilson 1982 Ami vs min con  
Kanter 2013  
Wilson 1982 & Ami vs rlx

### Hedges's g and 95% CI



**Favours BA Favours Control**

## Cuijpers et al. (2007) MA

- Large effect size when comparing BA and control conditions
- No significant difference from other established treatments for depression

## Mazzuchelli et al. (2009) MA

- Again, large effect sizes found in comparison to control conditions
- No significant difference from other established treatments

*“BA may be considered a well-established and advantageous alternative to other treatments of depression.”*



## Orgeta et al. (2017)

- SR and MA of 18 randomised controlled trials
- BA effective for reducing depression symptoms for **older people in the community** (55 and older)
- Larger studies needed



## Tindall et al. (2017)

- SR and MA of 3 randomised controlled trials and 7 pre-post studies
- Examining BA for **younger people** (18 and below)
- BA may be effective, but more studies with better methodology are needed



Zabihi et al. (2020)

- SR & MA of BA for depression in **informal caregivers**
- 12 randomised controlled trials
- BA reduces depression symptoms after intervention and at 1-year follow-up



Mir et al. (2015)

- Qualitative study on BA adapted for **muslim communities**
- Incorporating religious beliefs into the intervention narrative
- Interviews showed the intervention as acceptable and feasible



Moradveisi et al. (2013)

- Comparing BA vs antidepressant medication in **routine clinical practice in Iran**
- More effective and better retention than antidepressant medication
- More effective in patients with more severe depression

Bryant et al. (2017)

- Randomised controlled trial of brief BA for **women with a history of gender-based violence in Kenya**
- Provided by **lay workers from the community after 8 days of training**
- Moderate reductions in psychological distress maintained at 3-month follow-up

# global mental health



## INTERVENTIONS

### REVIEW

The potential of low-intensity and online interventions for depression in low- and middle-income countries

C. L. H. Bockting<sup>1\*</sup>, A. D. Williams<sup>1</sup>, K. Carswell<sup>2</sup> and A. E. Grech<sup>3</sup>



[World Psychiatry](#). 2018 Jun; 17(2): 226–227.

doi: [10.1002/wps.20532](https://doi.org/10.1002/wps.20532)

PMCID: PMC5980618

PMID: [29856556](https://pubmed.ncbi.nlm.nih.gov/29856556/)

## Scaling up psychological treatments for common mental disorders: a call to action

[Daisy R. Singla](#),<sup>1,2</sup> [Giuseppe Raviola](#),<sup>3,4</sup> and [Vikram Patel](#)<sup>3,5</sup>

# **Efficacy of LI interventions during crisis periods**



Ruzickova et al. (2021)

- 4-week online BA administered by non-specialists after 15h of training
- BA remains effective **even when activity options are significantly limited** due to social distancing
- Significant reduction in depression + anhedonia and increase in activation + social support
- Benefits remained at one-month follow-up
- BA may be particularly appropriate for **societal crisis periods** with increased mental health burden



**Low in mood and activity  
during covid-19?**

**Sign up to our online  
ActivStudy!**



# Efficacy of LI interventions for anxiety



Chen et al. (2013)

- 8 weeks of group BA vs passive control for **excessive worry** (transdiagnostic treatment)
- daily activity monitoring, identifying avoidant behaviours, goal setting
- significant (but small) effects on excessive worry, intolerance of uncertainty, cognitive avoidance, problem solving
- however, no significant effects on anxiety or stress symptom scores
- possible similarity between BA and exposure treatments in anxiety?
- other strategies probably needed for a larger effect - e.g. active problem-solving training, examining core beliefs, “worry time”, relaxation



Hopko et al. (2016)

- BA found effective for anxiety symptoms in 70 breast cancer patients
- Pre-post design without a control group

Essau et al. (2014)

- BA found effective for anxiety symptoms in 60 school children
- Pre-post design without a control group



Hopko et al. (2016)

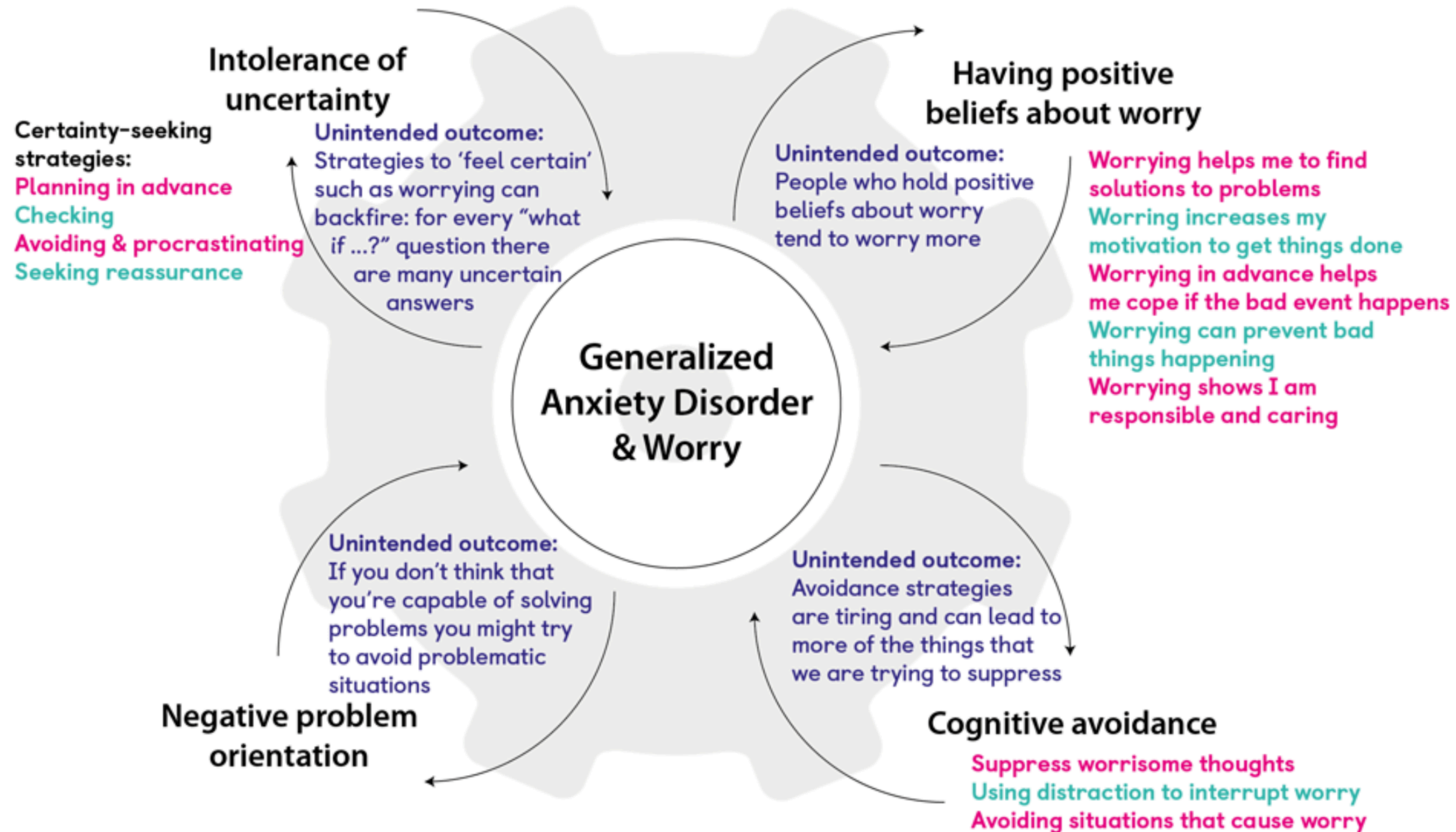
- BA found effective for anxiety symptoms in 70 breast cancer patients
- Pre-post design without a control group

Essau et al. (2014)

- BA found effective for anxiety symptoms in 60 school children
- Pre-post design without a control group



## What keeps generalized anxiety disorder (GAD) going?



## Ali et al. (2017)

- Longitudinal cohort of over **400** patients
- 50% participants found to relapse within 1 year, particularly if they had residual symptoms at the end of treatment
- Compare to relapse rates from full CBT (30%) or antidepressant medication (76%) as found by Hollon et al. (2005)
- Or mindfulness based cognitive therapy (40%) as found by Piet and Hougaard (2011)
- Recommend that patients are treated until residual symptoms are gone and follow-up care is provided



Behaviour Research and Therapy

Volume 94, July 2017, Pages 1-8



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How durable is the effect of low intensity CBT for depression and anxiety? Remission and relapse in a longitudinal cohort study

*“We suggest taking the long view, recognising that problems like depression often have to be managed as recurrent long-term conditions.”*

## Remaining questions...

- Which people are most likely to benefit from LI interventions vs other treatments?
- Which people are most likely to relapse?
- What is the role of severity, comorbidity, age of onset, demographic factors..?
- Can LI interventions be effective when administered repeatedly?
- Can they be effectively combined with other treatments to reduce risk of relapse - e.g. medication or other CBT components?

## A note on activation & grief-related avoidance

- **Prolonged** avoidance of painful thoughts, emotions or physical reminders is associated with worse mental and physical health outcomes in grief (see Baker et al., 2017 for review)
- **Avoidance -> denial and suppression?**
- Avoidance has been found to mediate the link between grief-related rumination (repetitive thinking about negative past experiences) and depression (Eisma et al., 2013)
- **Avoidance -> Ruminative coping?** (Stroebe et al., 2007) - analysis of the past may impede acceptance and “exposure” to reality
- Behavioural activation may facilitate gradual exposure to loss-related stimuli as well as other enriching experiences (Eisma et al., 2015)
- But care should perhaps be taken to avoid facilitating further avoidance through purely loss-avoiding activities





# **Efficacy of LI interventions for substance abuse**



Martinez-Vispo et al. (2018)

- SR of BA for depression comorbid with **substance use**
- 6 randomised controlled trials, 2 pre-post designs
- smoking, alcohol, opiate addiction
- BA improved substance use outcomes in 7/8 and improved depression in 6/8 studies



Focus on regularly interacting with other positively reinforcing stimuli

# **Efficacy of LI interventions for physical health problems**



Uphoff et al. (2020)

- Cochrane systematic review of BA for depression comorbid with **non-communicable diseases** (diabetes, cancer, cardiovascular, respiratory)
- 2 randomised controlled trials
- Insufficient evidence to conclude effect (possibly due to variability in physical conditions and requirement of formal depression diagnosis)



Hedman-Lagerlof et al. (2021)

- 12 weeks of internet-based CBT with therapist guidance for **atopic dermatitis**
- randomised controlled trial
- significant reduction in itch intensity, perceived stress, sleep problems

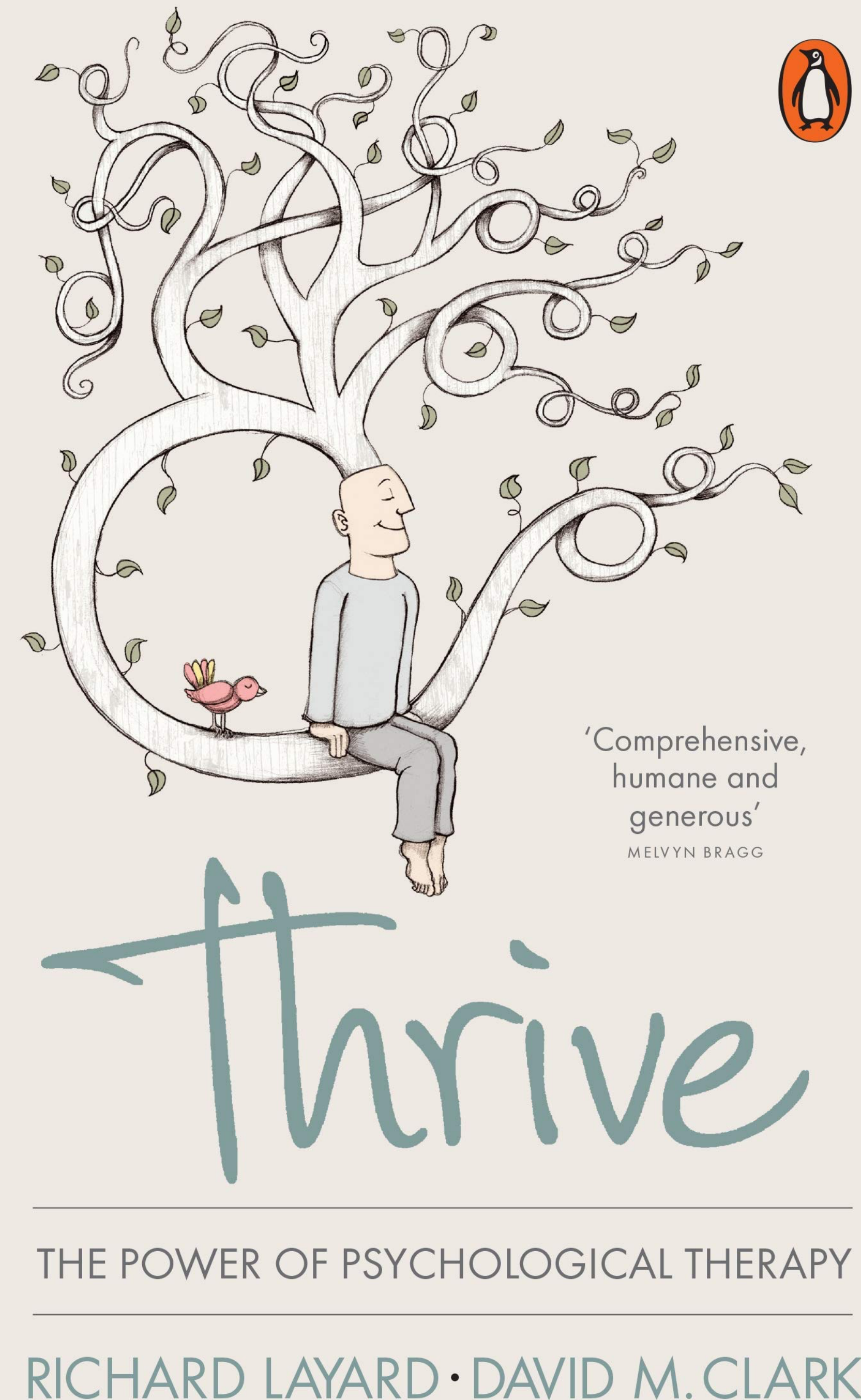


# What issues might come up if we tried implementing these interventions?

1. younger and older age groups
2. non-western cultures, cultural, religious and sexual minority groups
3. groups with low socioeconomic status and low income countries
4. patients with physical illness or addiction comorbidity
5. current Czech mental healthcare system

# Political influence

- Robust clinical & economic evidence
- Lobbying - Lord Layard writing and speaking to ministers for years + coalition of mental health charities “We Need To Talk”
- Strategic political timing & **consistency with broader government policy** around social care and evidence-based treatment provision



# Change management

- Involving **service users and carers** in key decision making
- Creating a **legislative** framework
- Creating a **management** framework
- Effective **leadership** & its consensus (politics, healthcare, professional bodies)
- Measuring change to supply **evidence of efficacy**
- Long-term technical and financial **sustainability**



Take the long term view!



**A transformation  
in mental health  
care since 1948**



For the past seven decades, the NHS has transformed mental health services to ensure that more people are receiving the right care in the community and to minimise the amount of time people need to spend in hospital.



# Change management

- Crucial to understand **individual situation and needs** of each target group
- Developing new systems **collaboratively** to make a change rather than just telling people what to do
- **Inner context:** leadership, organisational culture, individual attitudes
- **Outer context:** policy, insurance, public attitudes
- Ongoing support rather than one-time training is ideal

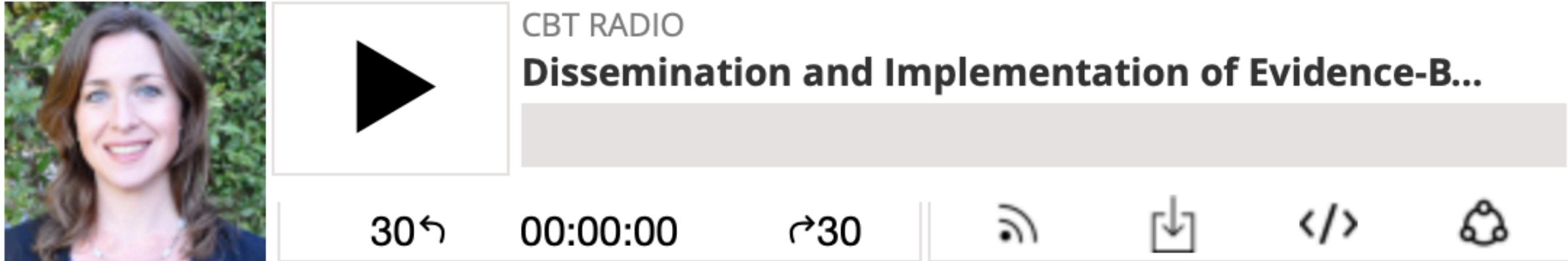


**STRONG**  
MENTAL  
HEALTH  
AFRICA **MINDS**



**Happier  
Lives  
Institute**

# Dissemination and Implementation of Evidence-Based Practices



CBT RADIO  
Dissemination and Implementation of Evidence-B...

30⏮ 00:00:00 ⏭30

📶 ⏴ ⏵ 🔄

This is a screenshot of an audio player interface. On the left is a small portrait of a woman with brown hair. To its right is a play button icon. Further right is the text 'CBT RADIO' and 'Dissemination and Implementation of Evidence-B...'. Below this is a progress bar. At the bottom, there are controls for 30-second rewind, a timer showing '00:00:00', a 30-second fast forward button, and icons for radio, download, full screen, and refresh.

# CBT Radio

# Developing new types of education

## PWP career development



**Psychological Wellbeing Practitioners (PWPs)** play a crucial role in Improving Access to Psychological Therapies (IAPT) services and providing evidence based psychological interventions to patients with depression and anxiety. PWP trainees start at Band 4 and progress to Band 5 once qualified. PWPs have a range of clinical, organisational and leadership skills which can be developed in specialist roles up to Band 8a:



### Long Term Conditions

Working with patients who have long term conditions



### Perinatal

Partnership working with midwives and health visitors



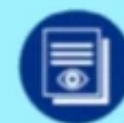
### Students

Setting up pathways and delivering interventions in colleges and universities



### Prisons

Providing PWP treatment interventions in prisons



### Supervision

Providing case management and clinical skills supervision to other PWPs



### Management and leadership

Various responsibilities including line management, performance management, strategy & recruitment



### Clinical advisor

To regional and national clinical networks and PWP Specialist Interest Groups



### Research

In service or academic institutions

### Teaching



13

www.england.nhs.uk

THINK  
AHEAD

## Apply your mind to mental health

The Think Ahead programme is a new route into social work, for graduates and career-changers remarkable enough to make a real difference to people with mental health problems.

[Find out more about the programme ▶](#)

Psychology Roles

Being a Trainee Psychological Wellbeing Practitioner

@myspsychcareercoach



# Public awareness

- Client and healthcare workers awareness & preference
- Not viewing LI interventions as “second choice”
- Media outreach
- Strong partnership with charities & community groups
- Creating a new language?



**restore**  
working for mental health



We are Rethink  
Mental Illness

# Prince William visits men's mental health charities in London



The Duke and Duchess of Cambridge 

@KensingtonRoyal



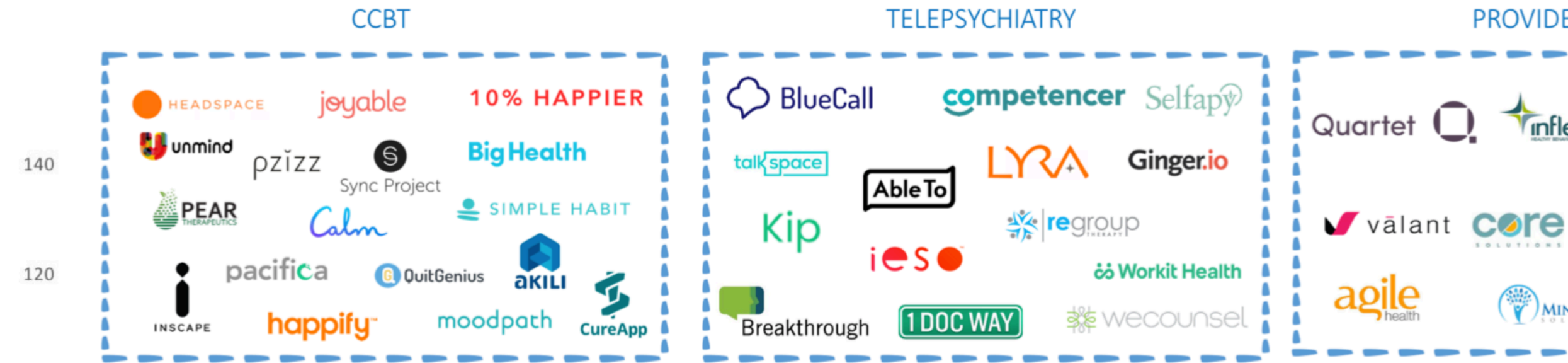
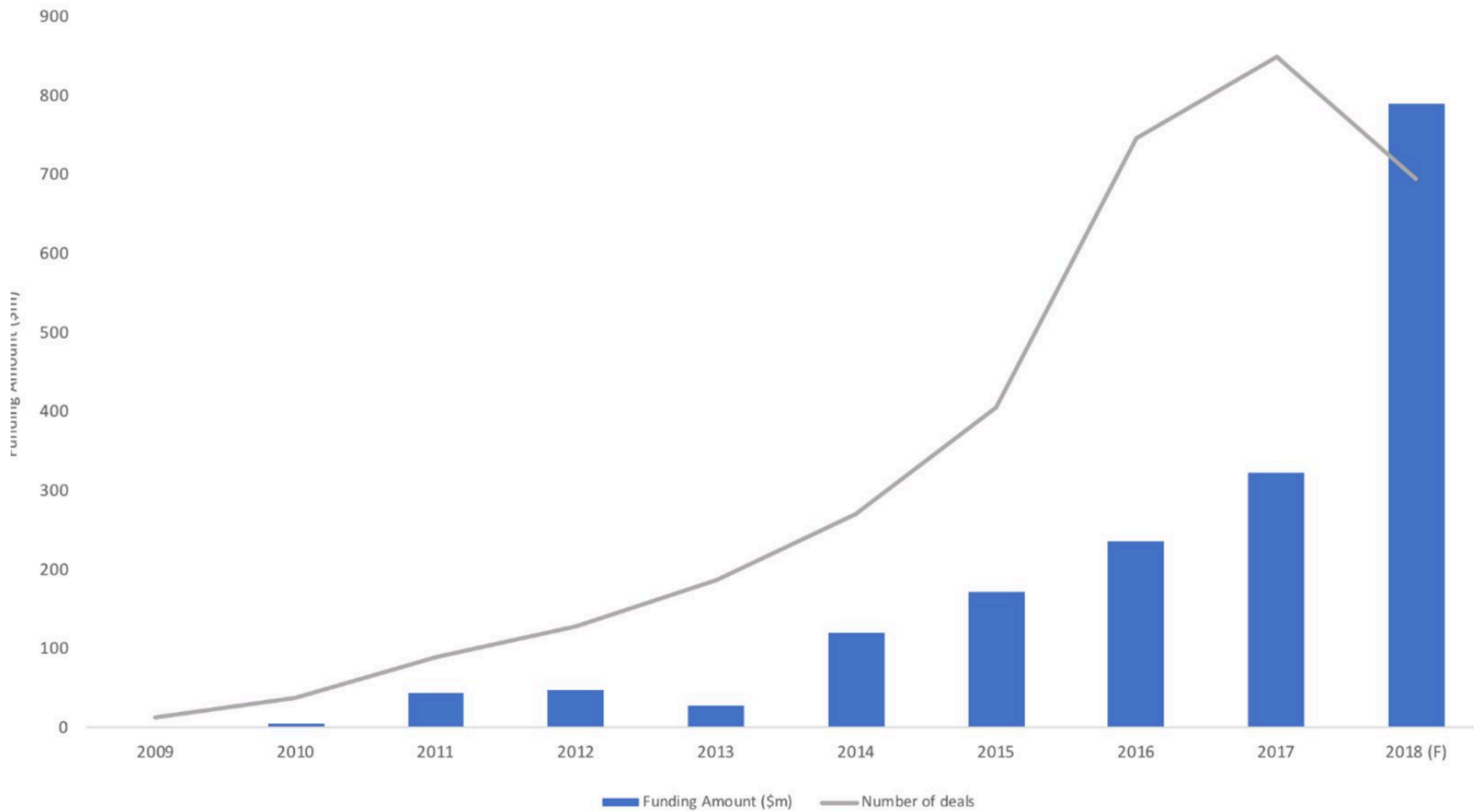
Onto the all important nappy change. "It's never straightforward," says The Duke of Cambridge. @WorkingWithMen1 new dads are given practical session to help get them ready for fatherhood. [#futuremen](#)



# Private investment



VC Funding in Mental Health Tech



# Continuation of care

Ali et al. (2017)

- Longitudinal cohort of over **400** patients
- 50% participants found to relapse within 1 year, particularly **if they had residual symptoms at the end of treatment**
- Recommend that patients are treated until residual symptoms are gone and **follow-up care is provided**



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How durable is the effect of low intensity CBT for depression and anxiety? Remission and relapse in a longitudinal cohort study

*“We suggest **taking the long view**, recognising that problems like depression often have to be managed as **recurrent long-term conditions.**”*







#CancerHeroes

LiveSmyle



Mary Lasker

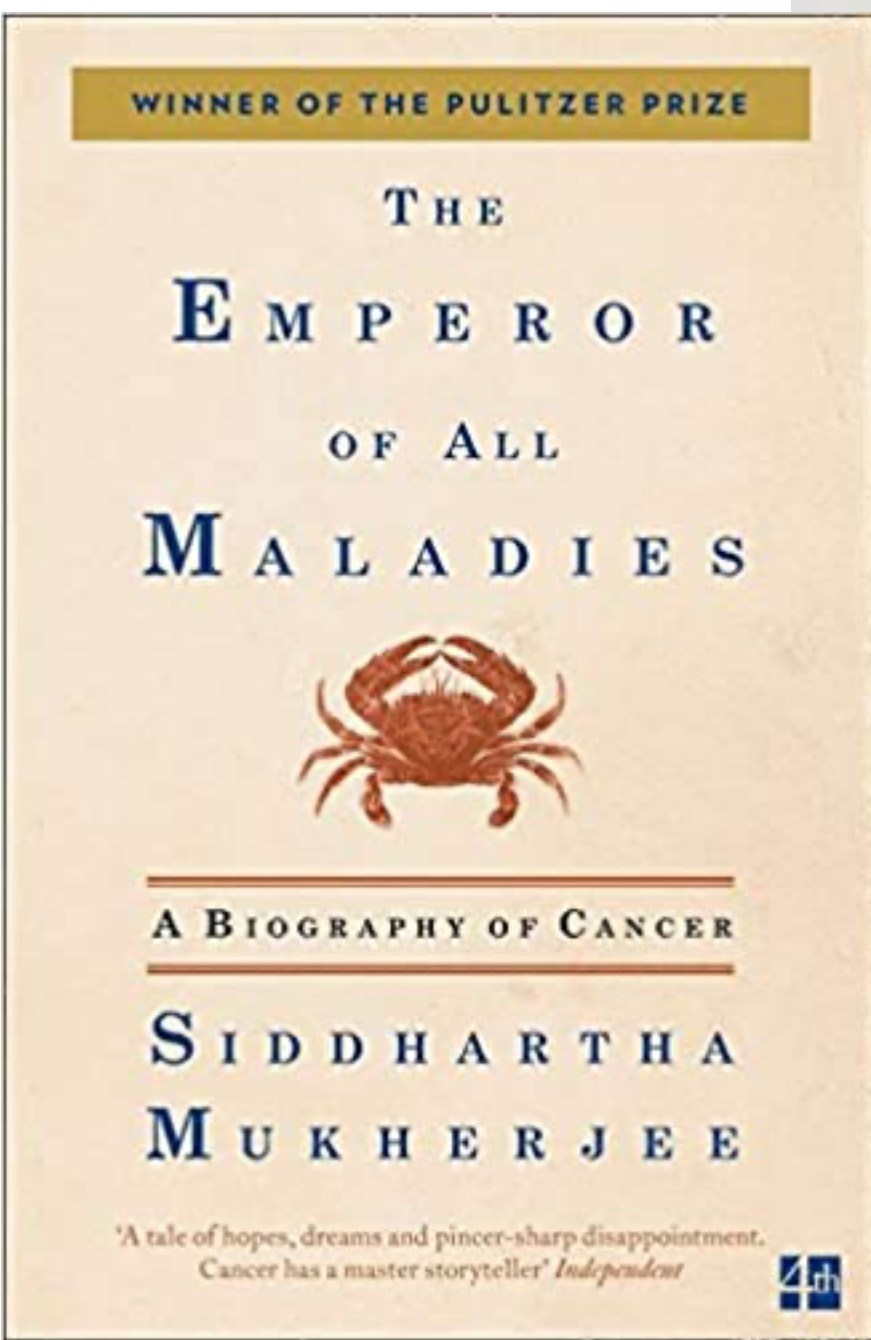
The most important person in cancer you've never heard of

# National Cancer Act (1971)

THE WHITE HOUSE  
WASHINGTON  
January 11, 1972

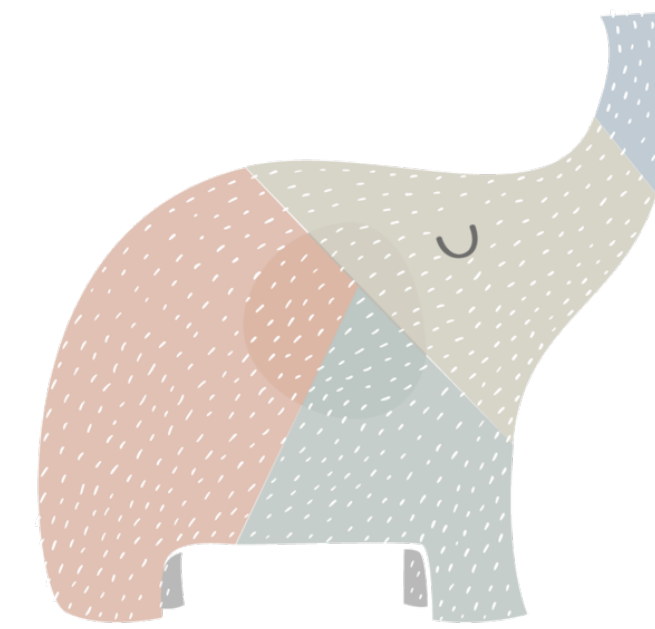
Dear Mrs. Lasker:

Your presence on December 23, 1971, was particularly meaningful to all of us gathered for the signing into law of S. 1828, the National Cancer Act of 1971. As you well know, the enactment of this legislation culminated a year-long effort to



The  
Jimmy Fund

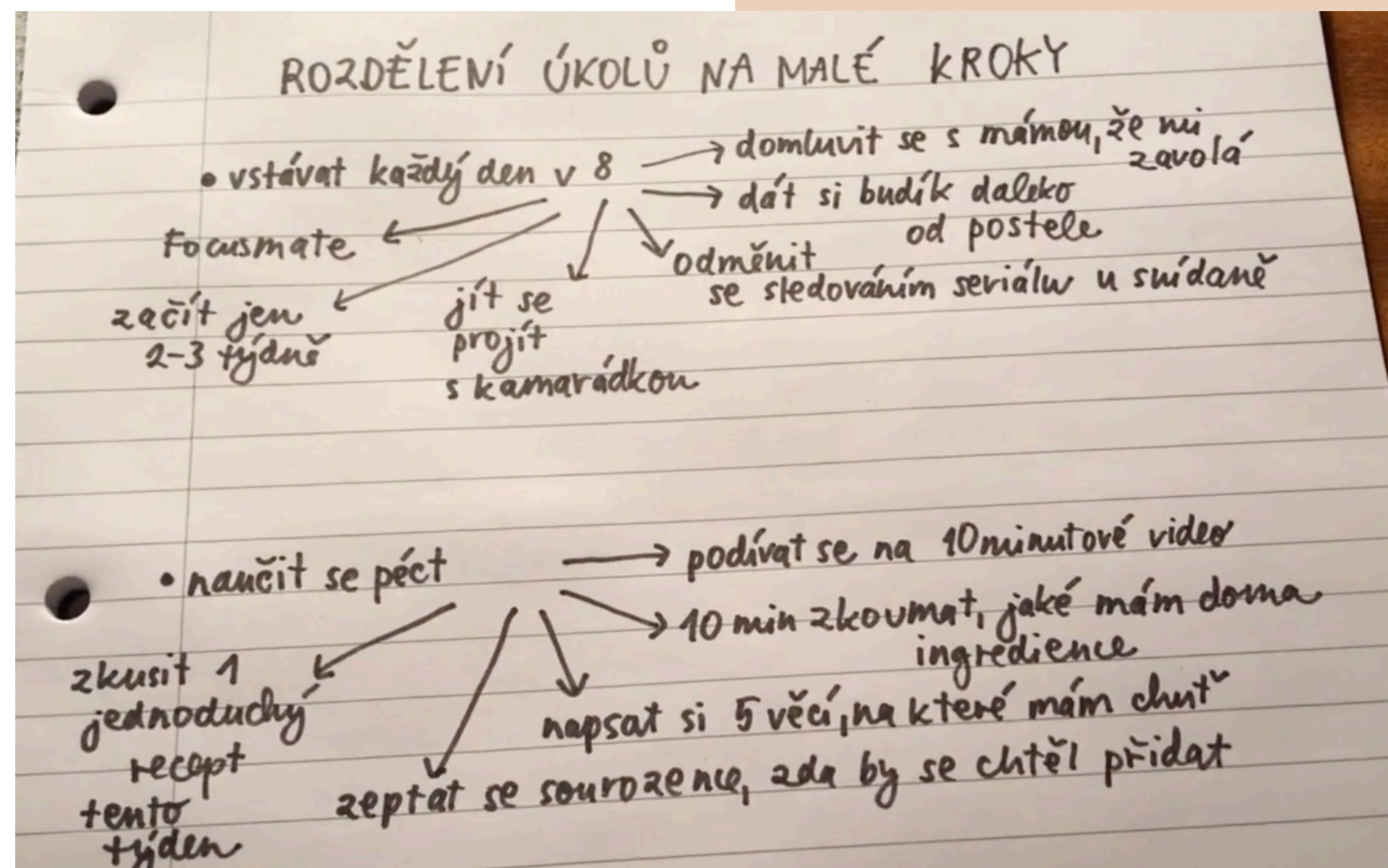
Specific <b>S</b> <b>G</b> What do you want to do?	Measurable <b>M</b> <b>O</b> How will you know when you've reached it?	Achievable <b>A</b> <b>A</b> Is it in your power to accomplish it?	Realistic <b>R</b> <b>L</b> Can you realistically achieve it?	Timely <b>T</b> <b>S</b> When exactly do you want to accomplish it?
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How to eat  
an elephant  
*one bite  
at a time!*

# Problem solving

1. Explain problem solving
2. Identify main problems
3. Generate potential solutions
4. Evaluate pros and cons
5. Select the solution that seems best
6. Make a specific plan: what, where, when, with whom
7. Attempt the solution
8. Review & problem solve



# Thank you for your attention!

Don't forget you can give anonymous feedback:

<https://forms.gle/JH7RBGdVrTsFMCmu6>

