



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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BEHAVIORAL ACTIVATION

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Definition: A structured way of training patients to gradually increase pleasant, personally rewarding behaviors in order to improve thoughts, mood, and overall quality of life.

Elements: Behavioral activation typically takes 8-15 sessions. In early sessions the therapist explains how depressive behavior weakens efforts to engage in rewarding activities and worsens already-depressed mood, and that increasing pleasant activities that fit within their values and life goals can improve mood. The therapist encourages the patient to record current activities every day and then to select weekly behavioral goals concerning relationships, education, employment, hobbies, exercise, and spirituality. Collaboratively they construct a hierarchy of 15 activities ranging from “easiest to do” to “hardest to do”. The therapist and patient together then work out weekly goals for how often and how long the patient will engage in each valued pleasant activity. Every day the patient rates progress up this activity hierarchy on a Behavioral Checkout Form, and in each weekly session reviews this with the therapist on a Master Activity Log, sets goals for the next week depending on success or difficulty with goals in the last week, and works out weekly rewards for meeting weekly goals. In some forms of behavioural activation, therapists particularly encourage hitherto-avoided pleasant activities, do social skills training to help the patient engage in social activities, and teach mental rehearsal of such activities. The therapist may also teach the patient how to cope with depressive thoughts by distraction and/or mindfulness to accept negative thoughts or feelings without judgement when distraction is ineffective.

Related procedures: Goal setting, *contingency management*, *exposure therapy*, *successive approximation*, homework, diary keeping

Application: Done individually or in groups for people with depression when it is the sole concern as well as when depression is comorbid with anxiety, substance use or personality disorders and/or obesity, HIV or cancer.

1st use? Lewinsohn (1973)

References:

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3. Martell CR, Addis ME, Jacobson NS (2001) *Depression in context: Strategies for guided action*. New York: WW Norton.
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Case illustration (Lejuez & Hopko, unpublished)

Phyllis age 30 had had recurrent depression since age 13. After high school she became an administrative assistant for 12 years. In early sessions she was asked to record her daily activities. This showed that though she went to work regularly and busied herself with fairly unenjoyable activities like completing errands for others and housework, she did few things she valued like being with friends and family and exercising. After Phyllis and her therapist assessed her short- and long-term life goals and discussed the treatment rationale, she constructed an activity hierarchy from fairly easy tasks such as organizing her home and phoning friends to harder goals such as regular exercise, dating, spending more time with friends and family, and taking steps to find a more fulfilling job. At each session the therapist reviewed Phyllis's Behavioral Checkout Form, praised her for goals she'd achieved in the past week including phoning her sister one night, cooking for a sit-down family dinner on 3 nights, and taking a 20-minute walk after dinner on 2 of the nights, and encouraged her to pick a reward for herself in the next week - she chose buying a book recommended by a friend she was spending more time with. Once she 'mastered' particular goals at her ideal frequency and duration for 3 weeks in a row she stopped monitoring them. She and her therapist discussed whichever chosen goals she hadn't met in the past week, problem-solving these to address obstacles and modifying goals as needed and setting those for the next week. For example, her goal of starting yoga classes by going to a studio and finding out membership details felt overwhelming, so she limited the next week's goal to making a list of nearby studios and phoning for a consultation time, with later goals to go to the studio and enrol in a class, and attend each week.

Over her 12 one-hour sessions, Phyllis increased her rewarding activities until she achieved her ideal goal for each of her less- and moderately-difficult activities like those above and waking up 30 minutes earlier each morning to spend time with her family and to feel less rushed at the start of her day, and met most of her difficult goals including weekly attendance at a yoga class, reconnecting with a friend she had stopped speaking to because of an argument, and starting a search for a new, more rewarding job. By termination and 3-month follow up, without having explicitly discussed her negative thoughts or social and assertiveness skills, her depressive thoughts and mood had improved and she had become more independent and assertive.