Behavioral Activation for Depression
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Brief Summary of the Therapy
Behavioral Activation (BA) is a therapeutic technique used to increase the likelihood of positive reinforcement in patient’s lives by decreasing avoidant and escape behaviors. BA assumes that the triggers for any given depressive episode can be found in the life of the individual (external) rather than deficiencies within the individual (internal). BA serves to intervene the hypothesized vicious cycle of depression in which the individual withdraws from their environment and decreases the availability of positive reinforcement, which in turns increases the depressive affect. In the course of treatment the first step is to establish a therapeutic relationship and present the BA model, the second step is to establish treatment goals, third is to conduct functional analysis of daily events, and lastly review treatment and relapse prevention. BA is an "outside in" approach to behavior change, in which it is theorized that by having the client schedule activities and using graded task assignments, this will increase the client's opportunity for positive reinforcement through activity and consequently decrease their depressive affect. BA is a short-term goal focused form of treatment for the alleviation of depression, and has been used for other forms of mental health problems (i.e. PTSD).

Research Studies Published in Last Two Years
Dimidjian et al. (2006) conducted a randomized trial of BA, CT, and antidepressant medication in treating adults with Major Depression. The study had two aims: (1) to examine the efficacy of the BA in the acute treatment of major depression by comparing it to CT alone and medication alone and (2) to examine if psychosocial treatment was a viable alternative to medications. BA was shown to be more effective than CT and comparable to medication use. Also, the BA condition brought more patients to remission than antidepressant medications, thus demonstrating the efficacy of BA. In an extension of the study by Dimidjian et al (2006), Coffman et al. (2007) examined the differences between patient and clinician ratings for depression for the two treatments of CT and BA. It was found that differences favoring BA over CT among moderately to severely depressed patients were evident on the clinician ratings of depression; however, they were especially large on patients' self reports. In addition, there were a discrete number of clients in the CT condition who self-reported extreme nonresponse (ENR), which was not evident on the clinician ratings. In examining the clients assigned to BA and CT it was determined that this anomaly was not due to randomization failure as a comparable number of patients who were also severely depressed, functionally impaired, had primary support group problems, and were self-described as having life-long depression, had been assigned to BA and CT. In addition, alliance problems were not found to account for this pattern of self-report. Coffman et al. hypothesized that if this pattern of patient's self-reports were to be replicated, it would suggest that pre-existent patient characteristics moderate differential response to CT relative to BA, at least from the patient's perspective. Cuijpers et al. (2007) conducted a meta-analysis of BA to treating depression. The meta-analysis aimed to examine the effects of activity scheduling (BA) on depression, on the relative effects of activity scheduling, and on longer term effects of treating depression. The results of this meta-analysis demonstrated activity scheduling is as effective as CT and other treatments. In addition, the results indicated that at follow-up, the benefits of activity scheduling were retained. Activity scheduling is an effective treatment of
depression and holds various other benefits, for example being time efficient, relatively simple, and doesn't require complex skills from the patient. In an effectiveness study, Quijuano et al. (2007) evaluated the effects of BA along with referral, linkage, and psychoeducation that were delivered by case managers in three community-based agencies for older adults with depression. It was found that the mean Geriatric Depression Scale score differed significantly from baseline and at 6 months (9.0 versus 5.5). The authors concluded that nonspecialty trained providers can effectively implement BA for older adults suffering from depression.


**Internet Resources (URL Links)**

Sona Dimidjian's site: [http://psych.colorado.edu/~clinical/dimidjian/*](http://psych.colorado.edu/~clinical/dimidjian/*)