Getting Unstuck: How to Overcome Mood and Anxiety Problems with Behavioral Activation and Exposure

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Youth Anxiety and Depression Clinic (YAD-C)

- [http://yadc.rutgers.edu](http://yadc.rutgers.edu)
- Client population:
  - Ages 8 – 16 years old
  - Any Anxiety or Mood concerns
- Services provided:
  - Diagnostic assessments
  - Brief, goal-directed Cognitive Behavioral Therapy
- To schedule an appointment, call:
  - (848) 445-3903

Webinar goals

1. Some background on Anxiety and Depression
2. Introduction to Behavioral Activation (BA)
3. Tour of the SKILLS program
## Common Childhood Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Major Depression</td>
<td>Depressed or Irritable mood most of the day, nearly every day for 2 weeks, plus other disruptive physical and emotional symptoms.</td>
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<tr>
<td>Dysthymia/Persistent Depressive Disorder</td>
<td>Depressed or Irritable mood for most of the day, for more days than not, for at least 1 year.</td>
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<tr>
<td>Separation Anxiety</td>
<td>Excessive (developmentally inappropriate) anxiety about separation from home or loved ones.</td>
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<tr>
<td>Social Anxiety Disorder</td>
<td>Marked and persistent fear in social situations, particularly where social evaluation or embarrassment may occur.</td>
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<tr>
<td>Generalized Anxiety Disorder</td>
<td>Pervasive, uncontrollable worry across multiple domains (home, school, perfomance, little things, perfectionism, health, the future, the news).</td>
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<tr>
<td>Panic Disorder</td>
<td>Presence of uncoined panic attacks (multiple physical symptoms, fears of dying or losing control) plus ongoing worry of future attacks.</td>
</tr>
</tbody>
</table>
Cognitive Behavioral Therapy (CBT) model of Depression

Thoughts

Physical Feelings

Depression

Actions/Behavior

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Behavioral Activation Model

Feeling Depressed

Avoid; Stay inside; withdrawal; rumination

Addis & Martell (2001)

But doesn’t change anything

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Therapy Models of Behavioral Activation

- Lewisohn’s Increased Pleasant Activities Model
  - Depression = Decrease in pleasant events or Increase aversive events
  - Goal: Assign large classes of pleasant events

- Jacobson, Martell, Dimidjian’s (2001) Functional Assessment Model
  - Emphasizes Individual model of Avoidance and Escape Behaviors
  - Functional Analysis:
    - Antecedent → Behavior → Consequence
    - Trigger → Avoidance → Depression
  - Goal of New BA:
    - Decrease avoidance
    - Target idiographic Triggers and things that reinforce avoidance.
How do we figure out where a child goes wrong? Functional Assessment

**Antecedent** → **Behavior** → **Consequence**

**Life Event** → **Inactivity withdrawal inertia** → **Depressed mood**

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**Getting Unstuck**

**Functional Analytic Model of Distress**

**Trigger** → **Response** → **Depressed mood**

**Alarm Clock** → **Stay in bed**

**Immediate Consequences?**
- Avoid work problems
- Reduce Distress

**Secondary Consequences?**
- Poor attendance, ↓ Positive events, ↑ Aversive Control

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**Getting Unstuck**

**Consumer and therapist resources:**

1. [Overcoming Depression One Step at a Time](#)
2. [Behavioral Activation for Depression](#)
Behavioral Activation (BA) vs. the field

- Dimidjian et al. (2006):
  - BA vs. Cognitive Therapy (CT) vs. Anti-Depressant Medication (ADM)
  - In low severity group: groups relatively equal
  - In high severity group (Hamilton Rating Scale ≥ 20):
    - BA ≈ ADM Effect Size = 0.01 – 0.09
    - BA > CT Effect Size = 0.59 – 0.87
    - ADM > CT Effect Size = 0.51 – 0.96

- Coffman et al. (2007):
  - Patients categorized as extreme non-responders did worse in CT vs. BA. Effect Size = 2.82.

The SKILLS Program for Anxiety and Depression: Group Behavioral Activation Therapy (GBAT)

- See also: Chu, Colognori et al. (2009)
The SKILLS Program

- Integrates BA and Exposure Treatment
- Behavioral Activation
  - Jacobson, Martell, & Dimidjian (2001), etc.
  - Functional Analysis
  - Avoidance
- Exposure
  - Kendall (1994; et al. 1997; et al., 2008), etc.
  - Behavioral Practice and Exposure
- School-based:
  - 75% of youth receive MH services in schools
  - Early-intervention / prevention
  - Skills-based BT matches philosophy of schools

“SKILLS” we use when we feel stuck...

See where I’m stuck
- Where am I going wrong?
- Where would I like to improve?

Keep active and keep approaching
- “Antidote” needs us stuck (Detra, Loe.
- Use tools we have available to take problems “head-on”,
  and to get the mood out of the

 Identity goal I want to achieve
- TRAP: Trigger, Response, Avoidance, Pattern
- Now set meaningful goals that improve confidence & competence.

Look for ways to accomplish my goals
- Use tools; think about new
- Problem-solving: Break down goals into actionable steps

Lasting change
- Pick one of your goals and take steps to accomplish it
- Practice, practice, practice
- Identify potential barriers and problem-able solutions

See what’s worked
- Interchangeable success in goals
- Increasing effort? Increasing activity? Increasing social contact?
- Increasing appraoch behaviors? Increasing mastery? Increasing confidence?
Activity – Mood Chart:

- Increase awareness of Automatic Behaviors
- Connect mood with events:
  - Triggers (events, news, interactions) for bad mood
- Connect mood with activities:
  - How do certain types of activities affect mood?
  - How does not doing certain activities affect mood?
  - Is there an optimal number of activities?
- Connect mood with Time of Day
- Connect mood with Certain People
- Look for Fluctuations in mood:
  - Mood fluctuates normally.
Skill 2: Keep Active and Keep Approaching

1. Quick activities to improve mood:
   - Simple, free, any time, any place
   - Identify things that don’t depend on others
   - Identify things we like to do with other people
   - Diversity of activities: current strengths and new skills

Skill 3: Identify goals I want to achieve

1. Distress Loop
   - Introduce Sad, Anxious, and Angry examples
   - Show how avoidance seems easy at first, but doesn’t help in the long-run.
   - In anger, we often choose the short-term solution over the better solution.

2. Distress Spiral
   - If you keep choosing avoidance, it just gets worse and worse

3. Individual functional assessment using the TRAP acronym
   (Addis & Martell, 2004; Jacobson et al., 2001; Martell et al., 2010)

Trigger Response Avoidance/Anger Pattern

- Triggers can be:
  - People, places, events, or even internal feelings (mood, anxiety).

- Responses:
  - Your emotional responses: sadness, anger, fear

- Avoidance Pattern
  - Anxious patterns: Avoidance, escape, ignoring the situation, worry
  - Depressive patterns: Procrastination, isolation, withdrawal, negativity
  - Anger patterns: Snap judgment, lashing out, taking easy way out.

(Adapted from Addis & Martell, 2004; Jacobson et al., 2001; Martell et al., 2010)
Distress Loop: Withdrawing makes it worse

Trigger: Getting teased by kids at school
Response: Feel sad, alone
Avoidance: Keep to myself, don’t talk anyone, tell myself, “I’m a loser.”

Distress Loop: Impulsive acts make it worse.

Trigger: Sister talking loudly while you watch TV
Response: Angry, annoyed
Avoidance: Tell her to be quiet, turn her set off, leave.

Getting Stuck: Now give an example of a time you felt stuck:

1. Trigger: What happened?
2. How did you feel?
3. Did you react or get angry?
4. Did it make the problem better or worse?
5. What did you learn from this experience?
Skill 4: Look for ways to accomplish goals

**Trigger**

**Response**

**Alternative Coping**

- Alternative Coping:
  - Break free of avoidance!
  - Active rather than anxious or depressive responding
  - Approach your problems with active problem-solving
  - Ask for help when you need it
  - Don’t let anger get the better of you!
  - Stay calm, think it through
  - Step away, take a breath, and then problem-solve later.

(Adapted from Addis & Martell, 2004; Jacobson et al., 2001; Martell et al., 2010)
Skill 5: Lasting Change

1. Introduce purpose of practice
   - We’ve learned skills to help us see when we’re in trouble.
   - We’ve learned skills to help us brainstorm alternative choices’
   - Now we have to put these skills into practice
   - It won’t be easy: but it gets better once you’re over the hump

2. Describe "Exposures" (Practice Exercises)
   - Purpose = practice
   - Show "Set-up for Behavioral Challenge" Worksheet
   - Give demonstration

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**Figure 5.1:** Effect of escape on learning in the case of a school-refusing youth. Escape is negatively reinforced by its immediate impact on distress reduction.

(Chu, Sliter & Staples, 2014)
Goals of practice exposures

1. Habituation
2. Tolerance of distress
3. Practice skills
4. Increased self-efficacy
5. Positive and constructive feedback
6. The "pleasant surprise"
7. Disaster survival

In vivo Exposures

Set-up for Behavioral Challenge

1. Trigger: (What situation set you off?)
   - Getting the bus at school gets you to the start of practice.

2. Response: (Behavior): "Annoyed, avoided being on the bus.
   - Announced the bus to the bus and waited to get on.

   - 5

4. Usual Avoidance/Change Pattern: (What do you usually do in this situation?)
   - Prevents going on the bus.

   a. Put off going - wait until the next one
   b. Institute new procedures.
   c. Just do it.

5. New Alternative (Active) Choices: Why can you try?
   - Take the bus.
   - Take a different bus route.
   - Ask for a booster seat.

6. Behavioral Goals: (What are you trying to achieve?)
   - Take the bus.
   - Take a different bus route.
   - Ask for a booster seat.

7. Now try one of your TRAC(ks):
   - Take the bus.

8. Result: (How did the NEW Alternative Choice work?):
   - It was good. He said he wouldn’t do anything today, but he talked a lot about it.

9. Take Home Message: (What have you learned from the experience?)
   - I was thinking way too much about it. You just have to do it.
Depression & School Refusal: Scott

• 14 yo boy with Major Depression, School Refusal, Oppositional Defiant Disorder. Significant anhedonia and irritability for 6 mos prior to intake. Weight gain, insomnia, fatigue, concentration, worthlessness, suicidal ideation.

• Anhedonia: stopped boy scouts, band, friends. Severe social isolation. All social activity is online video games

• Suicidal/homicidal thoughts: “not good at anything,” threaten sister/family with knife, serious SI 1 year ago

• Defiance: anger, irritability when denied video game access, chores. Significant family conflict.

• School Refusal: missed 68 days in current year; teasing, bullying, falling behind in class. When stays home, sleeps until 12, plays video games.

Depression & Conflict: Scott

Social Activation & Family conflict.

1. Texting friends he knows
2. Texting new friend
3. Calling kids he plays online with
4. Hang out with scout friend outside of scouts
5. Go to one scouts meeting
6. Practice instrument on own
7. Invite one band friend to come and practice
8. [Institute contingency mgmt at home]
9. Practice family problem solving around “hot spot” issues
10. Practice family contingency "live" to practice levying rewards and consequences

Skill 6: See What’s Worked

1. Revisit Individual goals
   - Goal: How have things changed?
   - Highlight positive growth

2. Complete Activity Tracker
   - How have your patterns changed?
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Randomized Waitlist controlled trial (Chu et al., 2014)

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Principal Diagnosis: GBAT vs. waitlist after 15 weeks

<table>
<thead>
<tr>
<th>Remission</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>57%</td>
</tr>
<tr>
<td>Waitlist</td>
<td>29%</td>
</tr>
<tr>
<td>OR</td>
<td>3.33</td>
</tr>
</tbody>
</table>

$X^2 (1) = 2.76, p = 0.09, OR = 3.33$

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Secondary Diagnosis: Tx vs. WL at Post

<table>
<thead>
<tr>
<th>Remission</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>71%</td>
</tr>
<tr>
<td>Waitlist</td>
<td>29%</td>
</tr>
<tr>
<td>OR</td>
<td>21.6</td>
</tr>
</tbody>
</table>

$X^2 (1) = 9.26, p < 0.01, OR = 21.6$
**Getting Unstuck**

- Most appropriate for researchers, clinicians, and students.
- Theory, basic science, and clinical reports on treatments that cut across disorders.
- Available from Guilford

**Useful websites**

- American Psychological Association, Society for Clinical Child and Adolescent Psychology
- Association of Behavioral and Cognitive Therapy
  - [http://www.abct.org](http://www.abct.org)
- American Psychological Association, Division of Clinical Psychology

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References