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The State University of New Jersey

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>
- 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

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Webinar goals

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

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

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Common Childhood Disorders		
Disorder	Lifetime Child	Onset Age
Specific Phobia	1 - 4%	4-12 yrs
Separation Anxiety	3 - 13%	5-9 yrs
Obsessive Compulsive Disorder	2 - 3%	9-12 yrs
Social Anxiety Disorder	3 - 13%	12-15 yrs
Generalized Anxiety Disorder	2 - 12%	12-14 yrs
Major Depression	2 - 8%	12-15 yrs
Dysthymia		
Panic Disorder	1 - 5%	23-29 yrs

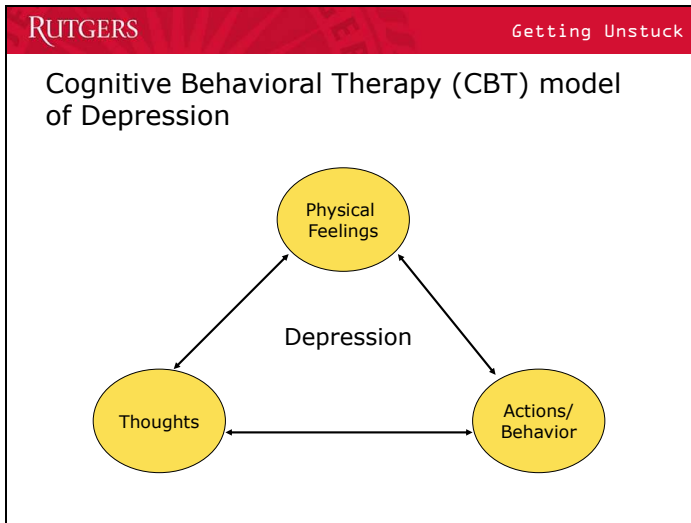
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Common "Comorbidities"		
Comorbid Disorders	Kids with Primary Anxiety	Kids with Primary Depression
Anxiety	80%	60%
Depression	30%	--
Bipolar Depression		30% within 5 years
Attention Deficit/Hyperactivity Disorder		0-57%
Oppositionality/Conduct Disorder		17-79%
Substance Abuse		23-25%

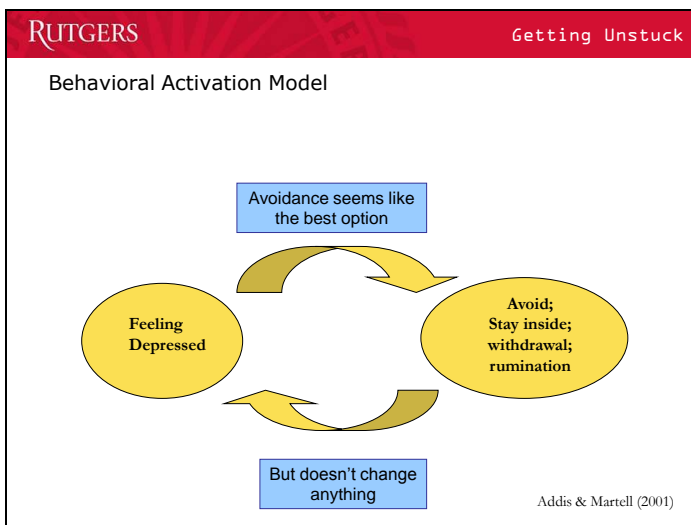
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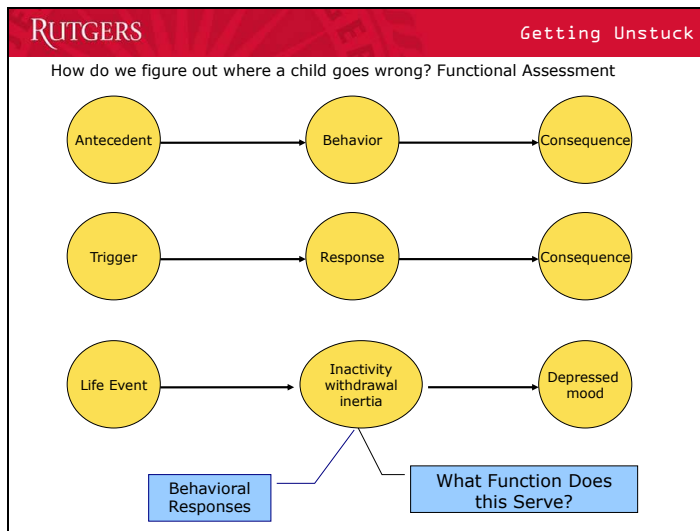
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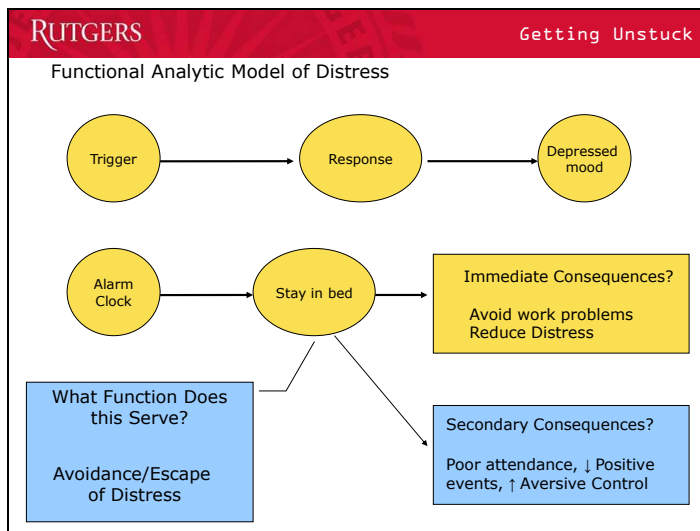
Therapy Models of Behavioral Activation

- **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.

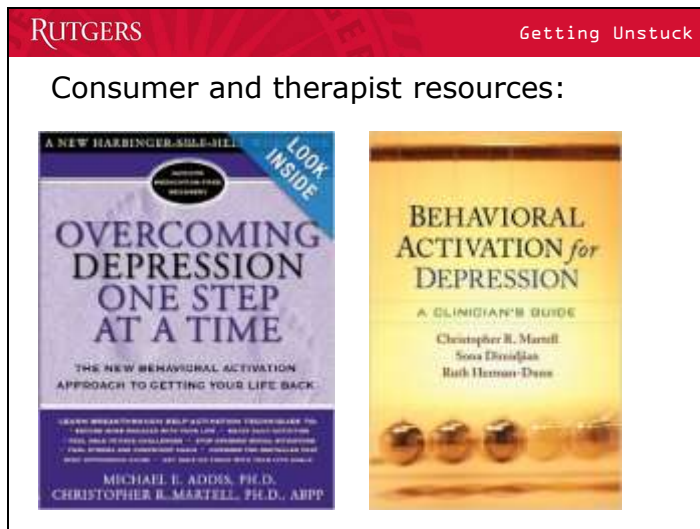
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Behavioral Activation (BA) vs. the field

- 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 \geq 20):
 - BA \approx 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.

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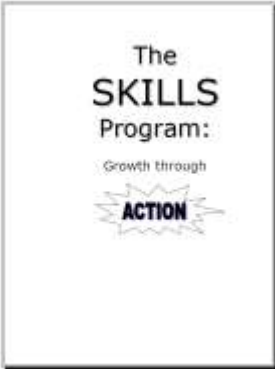
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The SKILLS Program for Anxiety and Depression: Group Behavioral Activation Therapy (GBAT)

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Transdiagnostic Behavioral Activation for Anxiety & Depression



- Chu, B. C., & Areizaga, M. (2013). *Group behavioral activation treatment for anxious and depressed youth: Therapist Manual (ver 3.3)*.
- Chu, B. C. (2013). *The SKILLS workbook (ver. 3.3): Group behavioral activation treatment for anxious and depressed youth*. Student Workbook.
- See also: Chu, Colognori et al. (2009)

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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

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Principles of SKILLS are embodied in our acronym:

"SKILLS" we use when we feel stuck...

See where I'm stuck

- Where are things going okay?
- Where would I like to improve?

Keep active and keep approaching:

- "Avoidance" keeps us stuck (Distress Loop).
- Use active, engaged solutions to take problems "head-on" and to get the most out of life.

Identify goals I want to achieve

- Figure out what keeps me from my goals.
- TRAP! Trigger, Response, Avoidance Pattern.
- Non-set meaningful goals that improve confidence & competence.

Look for ways to accomplish my goals

- Get back on TRAC: Trigger, Response, Alternative (Active) Choices.
- Problem-solving: Break down goals into attainable steps.

Lasting change

- Pick one of your goals and take steps to accomplish it.
- Practice, practice, practice!
- Identify potential barriers and problem-solve solutions.

See what's worked

- Re-evaluate success in goals.
- What's worked? Increasing activity? Increasing social contacts? Increasing approach behaviors? Increasing mastery? Increasing confidence?

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Skill 1: See where I'm stuck

- Activity Tracking
 - Help kids see relation between what they do and how they feel
 - Get kids to identify multiple activities that are reliably mood enhancing for them
 - Teach kids to exert control over mood by choosing to do their mood enhancing activities

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Take Home Practice 2 Activity – Mood Chart

Example: Looked after my little sister: 5

Over the next week, track your activities and mood! List what you were doing each day. Then rate your mood from 1 – 10.
 “10” = The worst mood I’ve ever felt. “5” = I’m feeling okay but not great. “1” = The best I’ve ever felt.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Lunch							
Afternoon							
After School/ Late Afternoon							
Evening							


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Activity – Mood Chart

Sometimes we don't even know when we're getting stuck. Jasmine tracked her activities, her mood, and important events that happened over the week. Then she rated her mood from 1 – 10.
 “10” = The worst mood I’ve ever felt. “5” = I’m feeling okay but not great. “1” = The best I’ve ever felt.
 Can you identify any patterns? What kinds of things get Jasmine stuck?



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Got up late, skipped breakfast, ran to bus: 3	Got up, got ready, ate breakfast: 8	Got up late. Mom made me take out trash, missed bus: 2	Got up late, skipped breakfast, ran to bus: 3	Got up, got ready, ate breakfast: 8	Slept in all morning: 7	Mom picked me up early, went to church: 4
Lunch	Got with Kelly and Rhonda. Too short! Not fun: 6	Kelly was out, sat by myself: 2	The fake girls kept staring at us, giving eyes: 3	Okay. Sat with friends: 8	Pizza day! Fun planning for weekend: 8	Got chores - dishes, laundry: 3	Part of Sunday school: 8
Afternoon	Don't like math (5), but had fun on Science 30: 6	Math teacher yelled at me for not listening: 2	Got bad math grade back: 3	Talked to friend, told me about hoop-art they watched: 6	Tired, but ready for weekend: 8	Relaxed little sister: 4	watched TV: 5
After School/ Late Afternoon	Went to observe volcano. LHMV HML: 7	Skipped cheer, went home sick and crunched: 2	Over - learned real song: 8	Chair - got job in transient camp: 9	Took nap: 8	Went to Kelly's house - watched movie and talked: 8	Practiced new job for class: 8
Evening	Mom worked late, sister of friend's hair salon: 6	Skipped cheer - told mom I was sick, didn't do HW: 1	Went home to practice song: 6	Called my friends, about job: 10	called friends, planned for Sat: 7	Slept over at Kelly's - talked all night: 10	Did HW, went to bed early: 8

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Activity-Mood Tracking:

- 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.

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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

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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)

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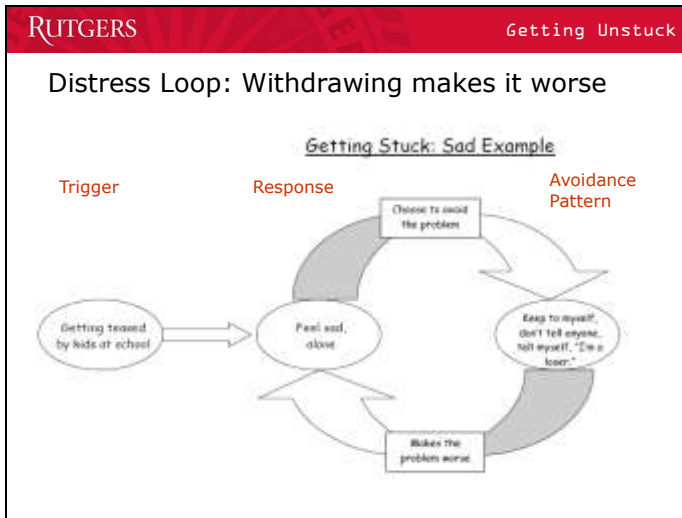
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T rigger
R esponse
A voidance/**A**nger **P** attern

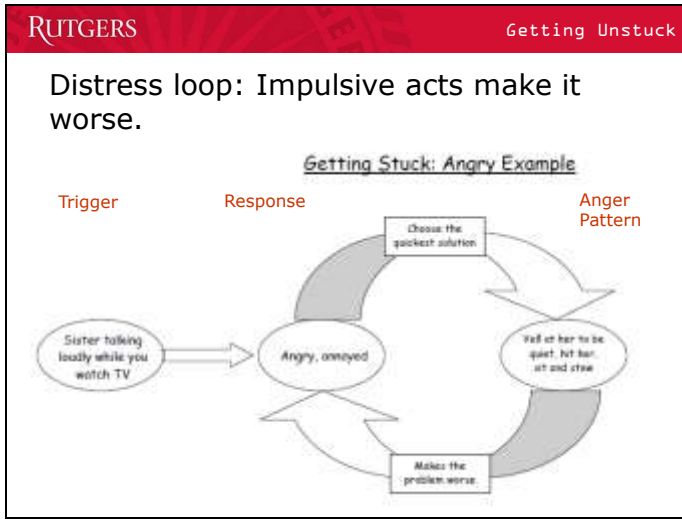
- Triggers can be:
 - People, places, events, or even internal feelings (mood, anxiety).
- Responses:
 - Your *emotional* responses: sadness, anger, fear
- Avoidance Pattern
 - Anxious patterns: Avoidance, escape, ignoring the situation, worry
 - Depressive patterns: Procrastination, isolation, withdrawal, negativity
 - Anger patterns: Snap judgment, lashing out, taking easy way out.

(Adapted from Addis & Martell, 2004; Jacobson et al., 2001; Martell et al., 2010)

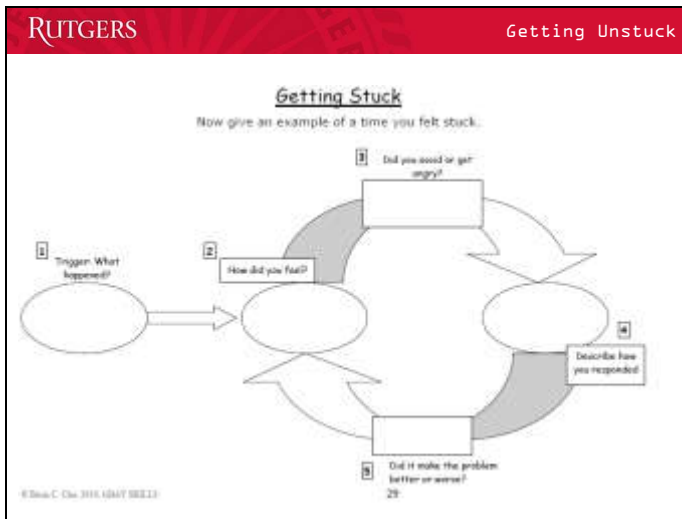
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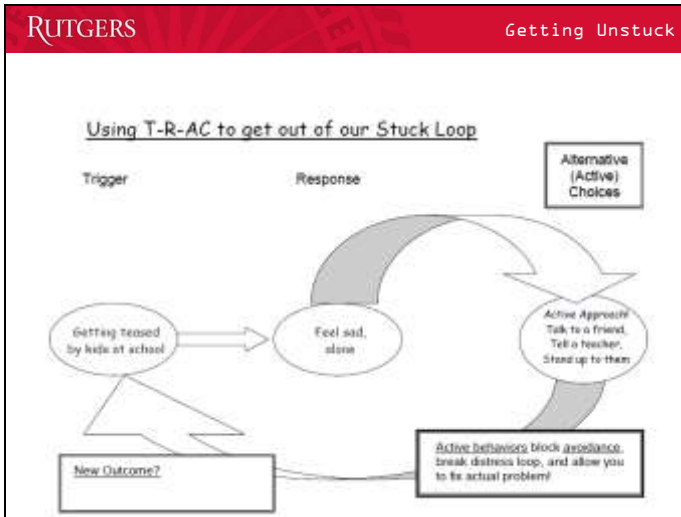
Skill 4: Look for ways to accomplish goals

T rigger
R esponse
A lternative **C** oping

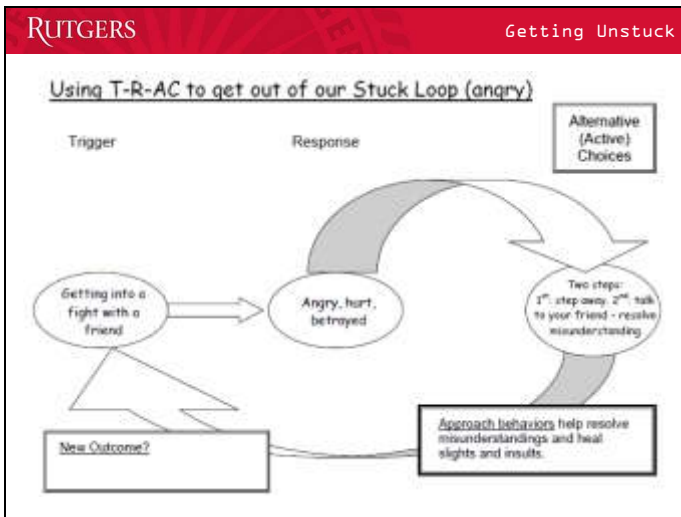
- **Alternative Coping:**
 - Break free of avoidance!
 - **Active** rather than anxious or depressive responding
 - **Approach** your problems with active **problem-solving**.
 - Ask for help when you need it!
 - Don't let anger get the better of you!
 - Stay calm, think it through
 - Step away, take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

(Adapted from Addis & Martell, 2004; Jacobson et al., 2001; Martell et al., 2010)

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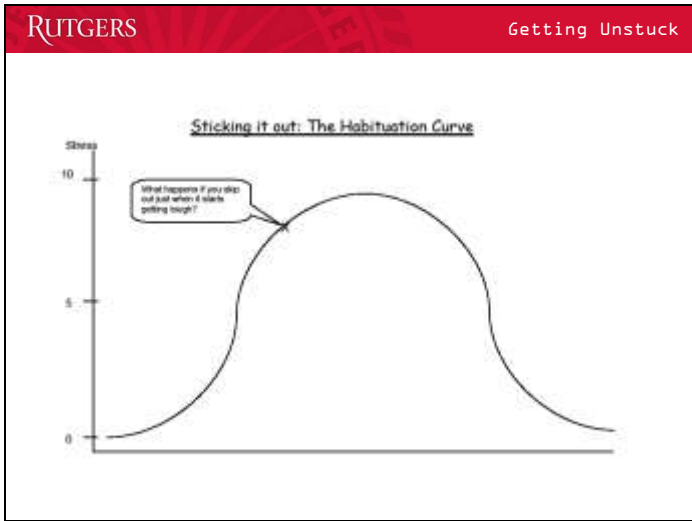
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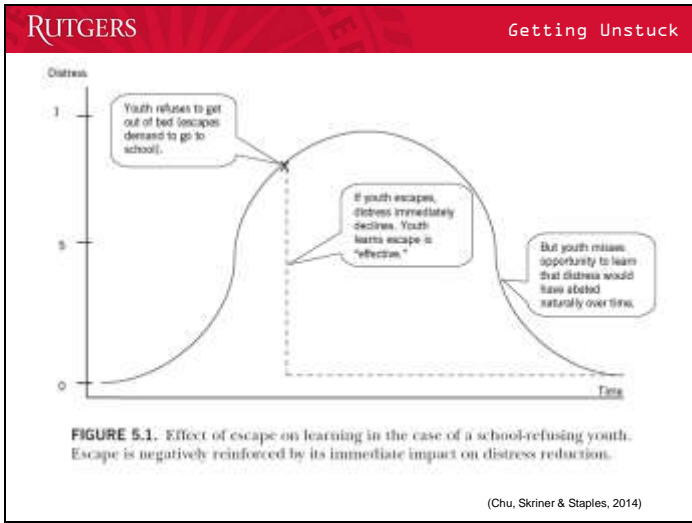
Skill 5: Lasting Change

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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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

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In vivo Exposures

Set-up for Behavioral Challenge

1. Trigger: (What situation set you off?)
2. Response (Emotion): _____
3. Distress Rating (0 "none" - 10 "extremely distressed") _____
4. Usual Avoidance/Anger Pattern: TRAP (What do you usually do in this situation?)

<ol style="list-style-type: none"> a. _____ b. _____ c. _____ 	<ol style="list-style-type: none"> i. New Alternative (Active) Choices: TRAC (What else can you try?) _____ _____ _____ <p>Pros and Cons?</p> <p>Pros and Cons?</p> <p>Pros and Cons?</p>
--	---
5. Achievable Behavioral Goals: (What are you trying to achieve?) _____
6. How try one of your TRACs? _____
7. Result: (How did the NEW Alternative Choice work?) _____

Distress Rating After (0-10): _____
 Difficulty (0-10): _____
 Happiness (0-10): _____

- 8. Take Home Message: (What have you learned from this experience?) _____

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Set-up for Behavioral Challenge

1. Trigger: (What situation set you off?)
Calling the bus at school when I want to hang out with _____
2. Response (Emotion): Nervous, afraid, alone at myself?
3. Distress Rating (0 "none" - 10 "extremely distressed"): 8
4. Usual Avoidance/Anger Pattern: TRAP (What do you usually do in this situation?)

<ol style="list-style-type: none"> a. Put off calling + wait until the bus arrives at the already-arrived. b. Just drive on myself thinking he wouldn't wait for being out. c. Just talk to him at school + hope he waits for being out. 	<ol style="list-style-type: none"> i. Don't worry about the one kid. Join a group where I can wait lots of people. _____ _____ <p>Pros and Cons?</p> <p>Pros and Cons?</p>
---	---
5. New Alternative (Active) Choices: TRAC (What else can you try?)
 - i. Don't worry about the one kid. Join a group where I can wait lots of people.
 - _____
 - _____

Pros and Cons?

Pros and Cons?
6. Achievable Behavioral Goals: (What are you trying to achieve?)
Get to the bus at school. Talk about our interest in basketball. Get fun friends a pickup game after school. Write him to go.
7. How try one of your TRACs?
Get to the bus at school + focus on common interest.
8. Result: (How did the NEW Alternative Choice work?)
It went good. He said he couldn't do anything today. But we talked a lot about basketball. We might go when they would be sleep.

Distress Rating After (0-10): 5
 Difficulty (0-10): 7
 Happiness (0-10): 7

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

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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.

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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

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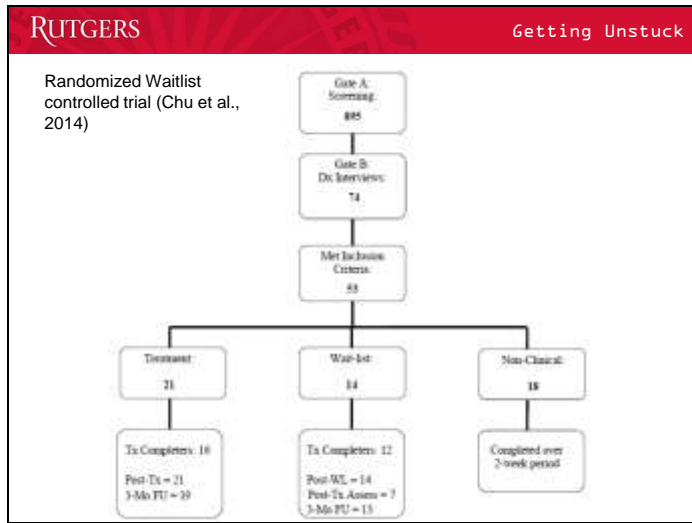
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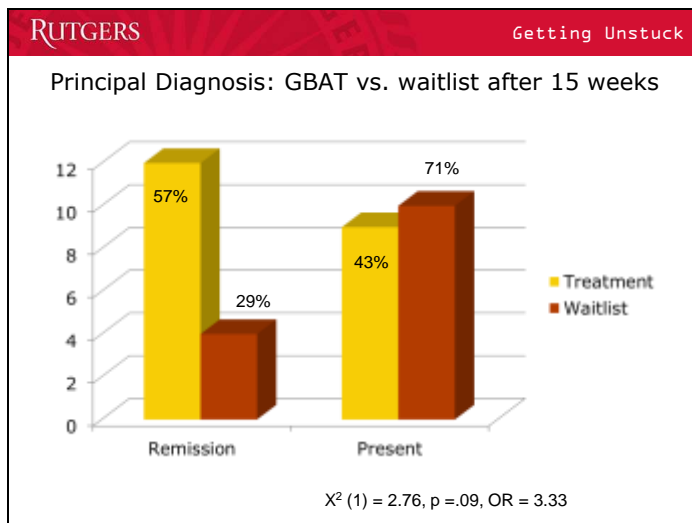
Skill 6: See What's Worked

1. Revisit Individual goals
 - Goal: How have things changed?
 - Highlight positive growth
2. Complete Activity Tracker
 - How have your patterns changed?

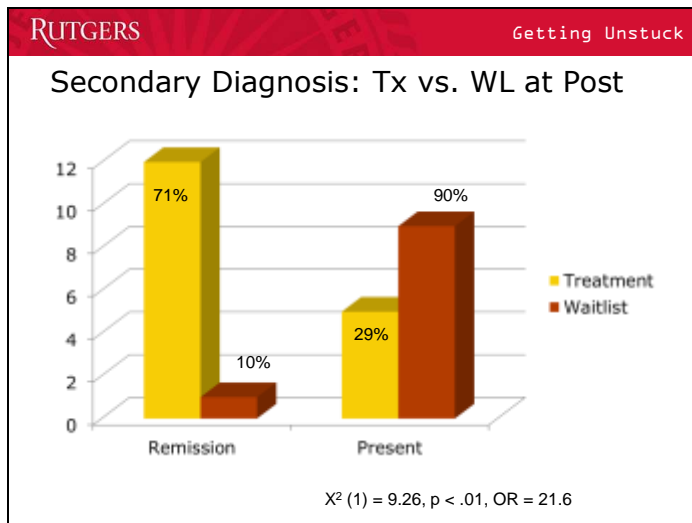
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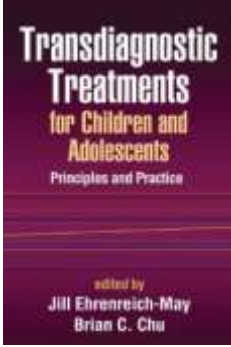


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- Most appropriate for researchers, clinicians, and students.
- Theory, basic science, and clinical reports on treatments that cut across disorders.
- Available from Guilford

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Useful websites

- American Psychological Association, Society for Clinical Child and Adolescent Psychology
 - <http://www.effectivechildtherapy.com/>
- Association of Behavioral and Cognitive Therapy
 - <http://www.abct.org>
- American Psychological Association, Division of Clinical Psychology
 - <http://www.div12.org/>

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