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Therapist tips for the brief behavioural activation therapy for depression - revised (BATD-R) treatment manual practical wisdom and clinical nuance

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Abstract

Objective: This article aims to provide supportive guidance for clinicians using the brief behavioral activation treatment for depression - revised (BATD-R) manual. Expanding upon key points less explicitly addressed in the treatment manual, the goal is to convey practical wisdom and clinical nuance beyond that available in the manual, thereby enhancing therapist comfort with the approach and improving treatment delivery.

Methods: In preparation for a randomised control trial of behavioural activation treatment for depression among substance users (the Activate Study), Professor Carl Lejuez, an author on the manual, provided training to our research team. This occurred over four days in May 2013 at the National Drug and Alcohol Research Centre in Sydney, Australia and involved in-depth discussion about treatment delivery, often addressing important issues implied but not addressed in-depth in the manual. Reflections were discussed throughout training and subsequently collated into key themes.

Results: Intricacies associated with treatment delivery were identified. Seven key themes emerged, covering: provision of the treatment rationale; therapeutic alliance and self-disclosure; behaviour monitoring; values; angles and steps; contracts; and drawing from other therapeutic approaches. A detailed discussion of how to approach these themes in treatment forms the basis of this article.

Conclusions: The current article seeks to guide therapists and provide a supplement to the BATD-R manual that will enhance the flexibility and accessibility for therapists utilising this treatment. The suggestions made are useful for straightforward cases of depression and more complicated comorbid presentations, serving as a useful complement for therapists using the manual.

Key Points

1 The brief behavioral activation treatment for depression - revised (BATD-R) is a comprehensive manual for the treatment of depression comorbid with a range of other psychiatric conditions.
2 The BATD-R manual provides therapists with useful material outlining the core technical aspects of the intervention and its implementation, but it lacks much of the practical wisdom and clinical nuance needed to effectively implement the treatment.
3 This article aims to address this issue based on the questions and experiences of clinicians in a week-long BATD-R training (run by one of the BATD-R developers).

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The brief behavioral activation treatment for depression (BATD-R) is a therapeutic approach that seeks to improve mood and build resiliency through increasing one's focus on their core values and the everyday activities that make up those values (Lejuez, Hopko, Acierno, Daughters, & Pagoto, 2011). The approach has demonstrated effectiveness in treating depression both as the sole presenting problem (Collado, Castillo, Maero, Lejuez, & MacPherson, 2014; Egede et al., 2015; Hopko, Lejuez, Lepage, Hopko, & McNeil, 2003) and in cases where depression is present in the context of a range of other comorbid conditions (Pagoto et al., 2013), with several studies targeting depressed substance users in the United States (Daughters et al., 2008; Magidson et al., 2011). This work is currently being extended to depressed substance users in a randomised controlled trial by researchers at the National Drug & Alcohol Research Centre, University of New South Wales in a project referred to as the Activate Study (ANZ Clinical Trials Registration No.12613000876796).

The Activate team brought in a developer of BATD-R (last author on this manuscript) to prepare study therapists to deliver treatment. Therapists attending training had a postgraduate clinical qualification in psychology and had a minimum of two years clinical experience, working directly with clients using a range of therapeutic approaches including behavioural interventions. While the team found the manual to be highly organised and technically precise, they found it lacked clinical nuance and stopped short of providing some of the practical guidance they were looking for to provide the treatment efficaciously to their clients. Most of the themes central to their concerns were addressed in the core training and through discussion. The trainer had heard similar sentiments before (and in fact had modified the training over the years to accommodate this very need). Along these lines, the current article addresses several themes that are underdeveloped in the manual and that can be used by the therapist to enhance treatment engagement, therapeutic alliance, and improvements in symptom severity. Before moving into these themes, it is important to acknowledge that the goals here are not inconsistent with strict adherence to the BATD-R protocol as is required in a randomised clinical trial. Indeed, the suggestions here are for improving delivery and acceptability of the protocol and do not interfere with the inclusion of all prescribed therapy elements of BATD-R (Lejuez et al., 2011) and the proscription of elements from other therapeutic approaches.

Many concepts of BA can additionally be found in detail in other texts, and these can also guide the therapist when delivering the treatment (Jacobson, Martell, & Dimidjian, 2001; Kanter, Busch, & Rusch, 2010; Martell, Dimidjian, Herman-Dunn, & Lewinsohn, 2010). This article is focussed on providing therapists with additional tools to use BATD-R and to improve their implementation of this specific treatment manual.

Theme 1: Flexibility in Providing the Treatment Rationale

The first theme addresses the treatment rationale and its delivery to the client. As with most manualised treatments, the BATD-R manual provides a highly structured approach that may appear to leave little room for flexibility based on client presentation and needs. Lack of flexibility is a concern that frequently occurs for therapists delivering manualised interventions (Kendall, Chu, Gifford, Hayes, & Nauta, 1998). It became apparent through observing role plays during BATD-R training that therapists had a tendency to be tethered to the exact text in the manual despite the fact that the text was designed to serve more as a set of suggestions than a "script" to be followed directly. As a result, therapists often missed the opportunity to individualise the rationale to the needs of their particular client, losing the human touch that made them good therapists in the first place.

Throughout training, it was highlighted that as long as the core tenets of the rationale are addressed the therapist could present the rationale using the client's own language in an engaging and personalised manner for the individual client. Through training, therapists were assured that they could meet all of the checkboxes in the adherence checklist in the manual (see Lejuez et al. (2011), p. 151) and still be authentic in their approach with each individual client. The recognition that the BATD-R approach is able to be applied flexibly led to the training therapists gaining confidence in presenting the BATD-R treatment rationale. When the therapists were given the opportunity to move from a rigid structure to an open style, they reported that they felt they could more effectively communicate the rationale.

Therapist: *Given the symptoms we've been talking about, it is no wonder you've been feeling down. This treatment works in understanding and changing your depressed patterns of behaviour. It targets behaviour change as a method for improving your thoughts, feelings, and overall quality of life.*

Client: *Yeah, I definitely need a change. I just feel stuck a lot of the time and don't end up doing what I want to do.*

Therapist: *Many people with depression feel tired and lack the motivation to do things they want to do. Often people will think that they will do a certain task such as getting back into the gym once they feel a bit better. In this treatment, behaviour is changed first as a way to increase energy and motivation, as well as improving mood. So, the key to a life free of depression is making sure each day has important and enjoyable activities, to create a sense of fulfilment and purpose.*

We will not be spending a lot of time pulling apart situations to see what or where things might be wrong, but will focus more on what you would like to do. We use this therapy to focus on where you are and where you want to be. When you're driving a car you can either choose to look in the rear view mirror (the past) or you can look forward to where you want to be headed. How might this approach of looking to where you want your life to be act to improve your current situation?

The therapist can benefit from phrasing the rationale using actual wording a client used in the intake portion of the assessment where the client's clinical condition is identified. Additionally, a therapist can tailor the rationale to the unique aspects of the client's condition. For example, the rationale could be presented very differently for a client who is feeling hopeless and barely leaving the house as compared to a client who is quite active but finds little satisfaction and pleasure in the things they are doing. In the first case, the rationale could focus on the importance of "getting my life back (client wording)" by taking some simple steps to break their cycle of "shutting out the world (client's wording) and working towards getting close again with his kids." In the second case, the rationale could focus on how the client's choices have pushed him or her into a vicious cycle where he or she spends all his or her time "carrying others (client wording)" and never anything that brings him or her "even a moment of pleasure (client wording)."

The user of BATD-R also requires a basic understanding of behavioural analysis, which includes concepts such as chaining, prompting, contingency management and shaping, positive versus negative reinforcement, and allowing for greater therapist flexibility. Understanding these concepts enables the therapist to work with the client to modify goals and scheduled activities in a way that increases the likelihood of success for the individual (Hopko, Lejuez, Ruggiero, & Eifert, 2003; Martell et al., 2010). For example, using the principle of chaining, scheduled activities are broken down into more manageable components that are easier to complete.

Theme 2: Developing the Therapeutic Alliance With Self-Disclosure

One strategy associated with promoting client motivation involves developing and cultivating a therapeutic alliance. The introduction to the BATD-R manual has a section on therapeutic alliance, but through our discussions during training, it became clear that therapists were not communicating with authenticity beyond flexibly covering the treatment rationale. In particular, many therapists were curious about the role of self-disclosure in BATD-R. Opportunities for self-disclosure abound in BATD-R, including sharing personal struggles in the discussion of presenting problems, rationale, and the discussion of life areas, values, and activities. One particular domain where self-disclosure was found to be useful by therapists was in the discussion of monitoring forms that can often be the greatest source of client treatment noncompliance. During training, therapists were encouraged to express their own experiences of daily monitoring to assist the client to acknowledge potential challenges that they may also experience. This has proven to be a useful technique in both providing instruction on the daily monitoring forms as well as building rapport with the client.

Client: *See, I wanted to do the monitoring and after last session I was keen to complete the forms but then after the first day I just forgot all the time and then it felt too hard to catch up on monitoring from the days before.*

Therapist: *Oh, it can feel overwhelming to have to catch up. You may not know this but when I was trained to do this treatment, I completed the monitoring forms myself for several weeks. I figured it would be very easy but when it came time to do it each time I found I struggled. It forced me to be creative about finding the best strategy to get them done.*

So you are your own person and maybe this isn't the best strategy for you, but let me tell you what I found worked for me. I know that when I was completing my monitoring forms if I didn't place my forms next to my bed I found it harder to remember. I still find it difficult to remember when I use apps to track my diet and exercise unless I have a routine to assist my memory. For example I fill my app in throughout the day as I eat or exercise. And if I have forgotten to complete an entry for more than one day, I tend to just pick up from the current day rather than getting stuck trying to remember exactly what I did and how I felt last Tuesday at 3 pm. You will need to come up with strategies that will work for you. Does that feel more manageable if you take a similar approach or would there be a better way for you to remember like a reminder on your phone or a note on the fridge?

Through training, it became apparent that when troubleshooting incomplete monitoring forms, the therapist should reflect on how they presented monitoring forms to the client. They should consider whether the client understood the process and value of daily monitoring. The onus is on the therapist to help provide support for the client in a way that assists them to complete between-session tasks.

Theme 3: Building Motivation, Willingness, and Purpose When Presenting and Reviewing Out-of-Session Monitoring to the Client

One could argue that the degree of success a client has with BATD-R can be tied back to the client's motivation and willingness related to daily monitoring. This includes an understanding of the purpose of daily monitoring in treatment and in promoting psychological well-being. The importance of monitoring has been widely reported in the BA community (Kanter et al., 2010; Lejuez, Hopko, & Hopko, 2001; Martell et al., 2010). Whilst this approach was easily understood, it was only through the training that therapists were able to allow more flexibility in their description of homework assignments. While the BATD-R manual treats monitoring as a key homework assignment, the training encouraged a more nuanced approach that was well received by the therapists and subsequently by their clients. Through training and reflection, therapists were encouraged to avoid using the term "homework." Instead they were encouraged to explain to clients that monitoring forms were an opportunity for them to tell the therapist about their life. This detracts from the task being experienced as a chore and reinforces that it is what the client has been attempting to achieve during session. Discussing the monitoring forms in this way also gives the client the opportunity to present the achieved activities for the week in a more organic way whilst remaining consistent with a BA approach. Additionally, this approach communicates to the client that the therapist would like to get to know them better and to understand their own unique experience of depression. Below we provide an example from a training role play:

Therapist: *We will get a lot of information about your life during the sessions but it's going to also be important that we examine what happens in your life when you're not here because knowing more about your everyday life can help us to figure out ways to improve your mood.*

We'll use this form to help you keep a log of what you do each day. I'll ask you to try and keep this for the next week. It will be a little bit of work, but it will help me know more about what your life is like. In some cases, if you're sleeping or eating, you might just write something pretty simple. But there may be times where you write things more in depth because you really want to get at some of the deeper aspects of what you're doing. For example, say you're going somewhere with your son in the afternoon. You could write, "I went somewhere with my son," but you've said that it's sometimes hard for you to keep your motivation and to really stay engaged, so you might even write some of the things you did together to make it enjoyable for both of you. Is that something that you think you can do or that might be helpful?

Client: *It sounds helpful, but I don't know. So I should take this with me everywhere?*

Therapist: *You could do that, but you can even just leave it at home and do it a few times throughout the day. It is best if you don't fill it all out at the end of the week. Come back to it as much as you can, and if you miss sometimes, that's okay. The more full it is, the more we will know what is happening in your life, but if there are times you don't fill it out, we're not going to worry about that so much. In addition to writing down the activities, we also want to have a sense of how enjoyable and how important each of them are for you.*

Client: *I think it's going to be a bit depressing, to be honest. There's a lot of stuff I have to do for my son, for work. I think it's going to be hard to see that.*

Therapist: *I think you're right that there will be parts that will be hard. Let's see how it goes, and like I said, just do the best you can. We're going to use this a lot each session because as much as the hour we work together is important, all the other hours of your life are just as important. The more I can understand what's happening for you, then the more we can work together to make changes so that you are living more in line with your ideal life. This is going to start to give us a road map of where you're doing well and where you're struggling. So I guarantee you that the hard work you put in will have a big benefit for our therapy*[1].

[1]We limit our discussion here to the assignment of the monitoring. Review of monitoring with the client in the subsequent session is equally important for motivation, but we believe it is extensively addressed in the manual and in a manuscript outlining the use of motivational interviewing techniques when implementing BATD-R (Balán, Lejuez, Hoffer, & Blanco, in press)

Theme 4: Awareness That Clients May Find Values Challenging

As noted in the BATD-R manual (Lejuez et al., 2011), values form a component of the treatment that is consistent with other therapeutic modalities, most notably acceptance and commitment therapy (ACT; Hayes, 2004).

Values represent a core part of BATD-R, and for some clients, this concept has great heuristic and motivational value. Other clients, however, can find these concepts challenging for a variety of reasons. We discuss issues from our training that provide useful supplements to the manual below.

Inability to Separate One's Values From Those Imposed by Others

Questions during training and treatment delivery raised the concern that clients may base their values in each life area on perceived societal values rather than their own individual values. Training highlighted the importance of working with the client to find an overlap in individual and societal values. The client should be encouraged to examine whether the values they have are individual or societal and, wherever possible, be encouraged to reflect on values that overlap. This is not to say that a client should be dissuaded from pursuing values that are imposed on them from others but simply that this is an important conversation that can provide some insight to the client and possibly help guide their future choices, particularly if they experience difficulties following through with these values.

Difficulty Targeting Some Values Due to Emotional Content

Through working with clients using BATD-R, it became apparent that values can trigger difficult emotions. The values discussion in Session 2 may be the first time that the client has been presented with the concept of values. This often highlights for the client a lack of focus on values in their life as well as ways in which they have not been living their life in line with their values. In delivering the treatment, the therapists must be aware of the potential for the values discussion to be a difficult component of BATD-R treatment and that the client may require more time to discuss some of these issues. Clients with a trauma history can find the discussion of life areas particularly challenging. For instance, clients with substance dependence frequently report having experienced childhood sexual abuse, and for some, this can make the discussion of relationship values particularly triggering. The sessions can be individually tailored to the client's needs so long as the BATD-R framework is used as a basis for the structure of treatment. This gives the therapist flexibility to explore values with the client at the client's own pace, which could include beginning with values in life areas that are less emotionally charged for the client. For example, the client who finds the relationships life area too difficult initially may be encouraged to first focus on mind, body, and spirituality. As trust and rapport is established, the therapist would check in with the client to ascertain whether they are willing to focus on the relationship life area.

Providing Clients With Time to Adjust to the Concept of Values

Significant content is introduced in Session 2, which may lead therapists to hurry the client through values to allow the session to proceed to valued activities. This could feel overwhelming to a client who struggles with the concept of values and may need some time to adjust to it. This is based on a mistaken assumption that the coverage of values has to be "completed" in one session. The manual includes the opportunity to revisit values at the beginning of the next session, but this is de-emphasised in the manual material for Session 3, which focuses more on the new material for that session (activity selection and ranking). However, trainings highlight that Session 3 includes minimal content to allow the overflow conversation of values, providing the therapist with more time to address client thoughts about their values, particularly after a week has passed, and the client has had some opportunity to think through the concept and how it connects to their life.

Theme 5: Increased Odds of Successful Completed Activities With the Use of Angles and Steps

Whilst the BATD-R treatment manual outlines activity selection and ranking, there are additional observations from the training, and from having delivered the BATD-R treatment, that may assist in choosing activities. Of particular importance is the need to break activities down into manageable components to increase the likelihood of success. The manual addresses this issue in more broad strokes, but specific direction in how to do this is limited. In the trainings, we have begun to utilise a framework based on the concepts of "Angles" or "Steps."

Angles can be defined as the multiple ways in which a value-based goal may be achieved. It is important that the therapist collaborates with the client to help

determine a practical way of approaching their goal and to set achievable activities. For instance, a client may be working towards a broad goal associated with their value of gaining more independence. Numerous ways to achieve this goal may be identified, such as moving out of the family home, getting a driver's licence, and finding paid employment. These would be considered angles because they link to a value in different ways.

Angles are the fastest and most direct path to living according to a value, but the client and therapist need to reflect on whether the client has the necessary skill set for a given angle. If not, the client can benefit from taking one angle and breaking it down into steps. Steps can be defined as a hierarchy of activities that must occur in order for the activity most associated with the value to be completed. For example, in the current study, a client who had an overall goal of gaining employment (to be in line with his value of independence) was required to drive a car for work but had recently had his licence revoked. Initially, he listed the goal-directed activity of "getting my licence." When asked how he felt about this activity and whether it was achievable, he reported that he felt "overwhelmed." Through breaking down the activity into more manageable steps, he was able to identify a number of activities to achieve over the subsequent weeks. These included finding out the opening hours for the licence renewal centre, going to the centre and getting a book to study for his licence, studying to take the test, booking in for the test, and sitting the test. On reflection, the client reported how the activity "getting my licence" no longer made him feel "overwhelmed" but instead had become something that was achievable and could be worked towards.

Importantly, the angles and steps approach to planning activities allows the therapist to meet the client where their skill level currently lies. Some clients who are experiencing depression may be able to work on a number of angles at one time, whereas a client who is feeling "stuck" in an earlier phase of the approach may require more steps to work towards an overall goal. Steps are consistent with the BATD-R manual in which activities selected are to be observable, measurable, and in their smallest pieces (achievable). The concepts of shaping and fading, which are discussed in Hopko, Lejuez, Lepage, et al. (2003) and Lejuez et al. (2011), can be reflected by the therapist in considering angles and steps with the client.

Theme 6: Are Contracts Actually "Contracts"?

In the original BATD manual (Lejuez et al., 2001), contracts were introduced very much like a legal document. The BATD-R manual implicitly moved away from this approach by removing a place for the person in the contract to sign. It continued to approach contracts in a formal manner and one that clients can report places too much burden on that person for their treatment. Training highlighted the importance of treating contracts more like ways to get an "assist," and it was up to the client how this was communicated—if at all—to that person. This is particularly useful for clients who do not want to burden others with their treatment or for cultures where asking someone to take responsibility and particularly to sign a document is not appropriate.

Therapist: *We are going to introduce another tool that may be helpful. We are going to help you start to identify some of the activities that you really feel are important to you, but are just hard to do. You have already mentioned that, for you, one such activity is spending time with your husband's family. So, let's try to problem-solve for a second. You said the real issue isn't that you get nervous beforehand – it's almost like you're optimistic beforehand, the way you describe it – and then after you just feel deflated and alone. So, let's think about this time after. Usually, you go home and you said your husband does his own thing and you're left on your own to stew and feel stressed. Is there someone that you're close to that could help you with the activity of spending time with your husband's family?*

Client: *Not him?*

Therapist: *Well, maybe him. But I know you had said sometimes he's a little defensive with his family.*

Client: *Yeah, it's a bit tricky. I suppose my sister. She has some issues with her in-laws, and we sometimes joke about it. So yeah, maybe my sister. At the same time I already put so much burden on her, the last thing I want to do is force her to sign some contract and take responsibility for me.*

Therapist: *I'm glad you said that because I think this part of the treatment can be unclear. Contracts just represent reaching out and asking for help and come with no obligation on the part of the other person. In fact, you don't even need to tell that person we are identifying them as part of a contract, we just simply decide together who might be someone that can help and how they might be able to help. You can then ask them in any way you see fit.*

Theme 7: Drawing from Other Therapeutic Approaches to Anticipate and Address Barriers and Enhance Client Strengths

The seventh theme involves drawing inspiration from other therapeutic approaches. As noted above, in

randomised controlled trials, it is necessary to clearly articulate the therapeutic elements being tested and to ensure that no other elements are utilised. However, this does not mean that a therapist cannot borrow from skills they have learned with other approaches to improve the manner in which they implement BATD-R. One approach that offers much to a therapist using BATD-R is functional analysis (FA).

FA is the detailed study of a behaviour to identify contingencies that help to sustain it (American Psychological Association, 2007). FA provides a useful framework for helping the therapist consider the past and current environmental factors that may be triggering or supporting current unhealthy behaviour and limiting the engagement in new healthy behaviour. While a functional, analytical perspective can be used by the therapist to help understand what is going wrong in the case of barriers, it is notable that it also can be valuable in identifying things that are going right, from filled-out monitoring forms to completed activities. As a resource, a therapist may consult with a recent manuscript by Magidson, Young, and Lejuez (2014) that provides a simple and easy-to-use framework for FA.

It is important to reiterate that when conducting a randomised clinical trial of BATD-R, our reference to these approaches is meant to support and improve the provision of specific elements of BATD-R. Therapists should not incorporate explicit elements of these other approaches with the client unless the inclusion of a specific element is explicitly articulated in the study protocol.

Limitations

The aim of this article is to support clinicians using the BATD-R manual, but some caveats do need to be borne in mind. First, the themes identified in this article are based on the reflections of one research team following training in BATD-R and the author of the BATD-R manual, Professor Lejuez. Secondly, the themes were not identified using a qualitative research method but emerged from discussions throughout the training. While it may be argued that a more systematic approach using a greater number of agencies trained in BATD-R could potentially improve reader confidence in the themes identified, the themes covered are fairly central to behavioural activation treatment. Users of BATD-R should be cognisant of these themes to maximise the utility of this manualised treatment.

Conclusion

BATD-R is an effective treatment for comorbid depression and a range of other conditions (Lejuez et al., 2011). It has many benefits over other treatments, including the ease of delivering treatment. Through training and delivery, it became apparent that some additions to the BATD-R manual would be useful for therapists. This article aimed to make these annotations to provide therapists with a more comprehensive and flexible treatment manual. It is intended to supplement the comprehensive BATD-R manual. It is hoped that the themes discussed in this article will help to maximise the benefit of the BATD-R manual for therapists and their clients.

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