

Overcoming Depression One Step at a Time: The New Behavioral Activation Approach to Getting Your Life Back

Michael E. Addis and Christopher R. Martell. Oakland, CA: New Harbinger Publications (www.newharbinger.com). 2004, 183 pp., \$17.95 (paperback).

A recent report by the World Health Organisation predicts that by the year 2020 depression will impose the second greatest burden of ill health, close behind the top cause, ischemic heart disease. As well as having a high rate of incidence, depression is a condition that is characterised by relapse, recurrence and often life-long chronicity. While research shows that CBT for depression is an effective treatment, currently only about 50% of clients achieve a full recovery. In addition, CBT involves extended one-to-one sessions with a highly trained specialist, which means that it cannot be easily disseminated. Behavioral activation (BA) is a new, highly effective and easily disseminable treatment for depression, which is based on the behavioural theory of depression proposed by Ferster in the 1970s. Originally developed as a comparison treatment to CBT, BA has recently gained empirical support from a multi-centre trial showing it to be equally effective as CBT and medication at six-month follow-up (Dimidjian et al., 2003). What is interesting about BA is that it does not directly address cognition, which - from a CBT perspective - is seen as the key process responsible for the maintenance of depression. Instead, BA sees avoidance behaviours, such as inactivity and rumination, as the key maintaining factors underlying depression, and treatment aims to combat clients' use of such maladaptive behaviours.

Addis and Martell's BA workbook is based on their earlier treatment manual and aims to make this exciting new treatment accessible to clients. The first part of the workbook teaches the reader to identify avoidance patterns by tracking their activities on a day-to-day and hour-by-hour basis, and identifying links between their moods and their behaviour. This simple exercise can be a real eye-opener for clients as they start noticing that their mood varies considerably over the day (rather than being uniformly low) and, more importantly, that what they *do* over the day has a powerful effect on how they *feel*. Following the first week's recording, clients are encouraged to recognise activities they routinely use to cope with low mood but which actually make them feel worse (e.g., sleeping, social withdrawal). By considering alternative, more productive, behaviours (e.g., meeting up with friends, gardening, working out) and incorporating these behaviours in their week, clients learn that such activities can have a powerful positive effect on their mood.

In the key chapter of the book (Chapter 3), the authors introduce two simple acronyms that clients can use to identify and break the link between low mood and the use of avoidance behaviours. The first of these, TRAP, stands for trigger (T), reaction (R), and avoidance pattern (AP), and allows clients' to identify and label their typical behavioural response to negative emotional states. Once they have become aware of their avoidance pattern (e.g., staying in bed and calling in sick to work), clients are asked to get back on TRAC (which stands for trigger, reaction, alternative coping) by replacing their avoidance with activity (e.g., getting out of bed and going to work, without allowing yourself the possibility of staying at home). The aim is to get clients into the habit of using low mood as a trigger to action, rather than shutting down.

Later chapters in the book teach clients how to extend their repertoire of alternative coping strategies to help them get out of TRAPs. For example, a chapter on rumination encourages clients to look at the function, rather than the content of their thinking (i.e., "What are you trying to avoid by focussing on your ruminative thinking?"). In another chapter, the

readers are taught how to set personal goals and to start engaging in activities that will help them to accomplish these goals, irrespective of their moods. These goals may be immediate ones, such as consistently getting up in the morning, making coffee, and leaving the house, or longer-term ones, such as looking for a new job. Clients are encouraged to consistently act towards these goals, even if this is inconsistent with their mood.

Addis and Martell's useful and very readable self-help book provides a straight-forward approach to the treatment of depression. The authors' key message that clients should "stop letting your feelings dictate what you will do and how you will behave" (p. 58), and allow themselves to "feel what you feel, while continuing to act according to your goals" (p. 59) is a very powerful one indeed. Having tried out some of the exercises described in the treatment myself, I was impressed by the simplicity and effectiveness of the BA approach. The advantage of this workbook is that it teaches clients (and therapists) how to apply a small number of key treatment strategies well, which means that even therapists with little or no experience in CBT will be able to learn this treatment quickly. At a time when rates of depression are rising rapidly all over the world, this aspect of BA is a major selling point.

The sole focus on addressing avoidance behaviours clearly differentiates BA from the cognitive approach to depression, and makes this treatment more similar to CBT treatments for anxiety disorders, which feature exposure (or behavioural experimentation) as a key component.

From a theoretical perspective, the BA approach forces us to reconsider our views on the nature and maintenance of depression. If addressing and modifying cognition is not essential for treatment to be effective, one might question whether it is indeed a key maintenance factor. At this point in time the jury is still out on whether BA can consistently show itself to be as effective as cognitive therapy in the treatment of depression, but future research will no doubt address this question.

References

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