Treatment depression during COVID-19: Building connections and increasing engagement

Rachel Leonard, PhD, LP, and Adrienne McCullars, PhD

Thursday, May 7, 2020

Disclosures

The presenters have each declared that she does not, nor does her family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation. The presenters have each declared that she does not have any relevant non-financial relationships. Additionally, all planners involved do not have any financial relationships.

Learning objectives

Upon completion of the instructional program, participants should be able to:

1. Identify at least three activity scheduling examples that are feasible while social distancing;
2. Identify at least two strategies for building group cohesion when using a telehealth format;
3. Provide at least two examples of values based behavioral activation assignments that relate to COVID-19.

What we’ll cover in this webinar

1. Behavioral activation for the treatment of depression
   • Overview of BA rationale and activity scheduling
2. Activity scheduling considerations in light of COVID-19
   • Challenges related to social distancing
   • Alternative solutions to traditional activity scheduling tasks
   • Valued based activities related to COVID-19
   • Benefits to activity scheduling over a telehealth platform
   • Building rapport and group cohesion over telehealth
Behavioral activation for the treatment of depression

- Theoretical rationale and treatment rationale
- Activity scheduling

Research support

- BA is a “well-established empirically validated treatment” (Mazzucchelli et al., 2009).
- A number of studies have found that BA leads to better outcomes than control conditions and similar or better outcomes compared to other established treatments (Dimidjian et al., 2006; Mazzucchelli et al., 2009).
- Growing evidence for BA for adolescents (e.g., McCauley et al., 2016).
- BA may be more cost-effective and easier to disseminate than CBT (Richards et al., 2016).

Theory

Avoidance
(Ferster, 1973)
- Provides short-term relief (negatively reinforcing)
- Exacerbates problems and maintains or worsens depressed mood (Ferster, 1973).

RCPR
(Lewinsohn & Libet, 1972)
- Function of:
  - # of potentially reinforcing events (opportunities)
  - Availability of reinforcement in the environment (access)
  - Pt ability to obtain available reinforcement (skill)

Goals of behavioral activation
**History of BA approaches**

1. Pleasant Events Scheduling (Lewinsohn, Biglan, & Zeiss, 1976)
2. Activity Scheduling in Cognitive Therapy (Beck et al., 1979)
   - Jacobson’s Component Analysis (1996)
3. Behavioral Activation (Martell, Addis, & Jacobson; 2001)
4. Behavioral Activation Treatment of Depression (Lejuez, Hopko, & Hopko; 2001; Lejuez et al., 2011)
5. Stepped BA (Kanter, Busch, & Rusch, 2009)

**Rationale: How do people become depressed?**

**1. T = Triggers**
- Stressful Life Events, Changes
  - Problematic romantic relationships
  - Bad grades or negative feedback at work
  - Divorce
  - Lack of social life/relationships

**2. R = (Emotional) Responses**
- Painful feelings
  - Feeling depressed
  - Lonely
  - Embarrassed
  - Neglected
  - Scared of the future
  - Frustrated

**3. AP = Avoidance patterns**
- Behavioral responses
  - Use smartphone or video games to avoid
  - Call in sick to school or work
  - Avoid family interaction
  - Keep following daily schedule
  - Increased sleep

**Main point:** Your depression makes sense.

- Adapted from Martell et al., 2001; Kanter et al., 2008

**Rationale for BA: TRAC**

1. **T = Triggers**
   - Stressful Life Events, Changes

2. **R = (Emotional) Responses**
   - Painful feelings

3. **AC = Active coping**
   - Behavioral responses

4. **AP = Avoidance patterns**
   - Behavioral responses

**Main point:** There are specific things we can do to reduce your depression.

Goal: Diverse, stable sources of + reinforcement.

*Purported mechanism of action: Activation* (e.g., Santos et al., 2019)

**DO:**
- Convey confidence in the model (engenders hope)
- Discuss graduated approach
- Ask about their reactions

**DON’T:**
- Provide a “just do it” message or make it sound easy
- Assume that they haven’t tried some activity scheduling on their own

**Explaining the model**
**Everyday TRAPs and TRACs**

The TRAP/TRAC model is not just for discussing the BA model of depression and rationale for treatment.

The TRAP/TRAC model can also be applied to situations that occur throughout the patient’s day. This can be especially helpful to identify recurring TRAPS and identify situations where they can try out active coping strategies.

**Activity monitoring and activity scheduling**

- **Intervention = specific activation assignments**
  - **Activity monitoring** to learn about current activities/schedule
  - **Activity scheduling for the following categories:**
    - Routine activities and overall schedule
    - Pleasant/enjoyable activities (that aren’t avoidance!)
    - Valued activities
  - Organize these along an **Activity hierarchy**
    - Gradually increase engagement in these activities while simultaneously decreasing avoidance.
  - Helpful to get patient started with activation assignments while continuing to assess

**Routine activities**

- Routine activities are things that are generally not fun to do, but need to be completed for health and quality of life reasons.
- Examples of routine activities include:
  - showering
  - brushing teeth
  - making your bed
  - doing laundry
  - eating regularly
  - maintaining a regular sleep schedule
  - paying bills
  - checking/going through mail
Routine Activities Assessment

In addition, please answer the following questions, based on your average behavior in the recent past (e.g., just prior to entering treatment at Rogers):

When did you wake up in the morning? If this was rather inconsistent, please include the range (e.g., between 6 am and 10 am).
Monday – Friday: ______________________
Weekends: ___________________________

What time were you going to sleep? If this was rather inconsistent, please include the range (e.g., between 8 pm and 3 am).
Monday – Friday: ______________________
Weekends: ___________________________

How many times per week did you shower? ___________________
How many times per week did you brush your teeth? ________________
How many times per week did you do laundry? ________________
If zero, did someone else do laundry for you? _____ yes _____ no

Enjoyable activities

Enjoyable activities often decrease in frequency when someone is depressed. They also may not be experienced as enjoyable in the way that they previously did.

• Important to increase these to help fight depression.

Activities in the enjoyable activities category include:

• Activities you used to enjoy (even if you don’t currently enjoy them)
• Activities you currently enjoy (even if you enjoy them just a little bit and still feel depressed). Sometimes a better way of thinking about this is activities that make you feel slightly less bad.
• Activities you have always thought you might enjoy but haven’t tried.

Enjoyable activities and avoidance

• Some activities may be enjoyable but also function as avoidance (e.g., video games, TV, phone/internet, etc.)

• While some activities could be harmful to the point where we may not recommend doing them at all (for example, using drugs to cope with painful emotions), others may still be acceptable to incorporate in reasonable amounts.
**Guidelines**

- For activities that may serve an avoidance function, consider the following:
  - **Set a reasonable time limit for the activity** (e.g., I will play video games for 30 minutes).
  - **Wait to do the activity until you have met specific goals for the day** (e.g., I can play video games after I shower, brush my teeth, spend 30 minutes on school work, and call my mom).
  - **Combine these strategies** (e.g., I can play video games for 30 minutes after I shower, brush my teeth, spend 30 minutes on school work, and call my mom).
  - **Consider cutting the activity altogether.** Is the activity something you truly enjoy and value, or is it something you do only to avoid painful feelings or other activities? Is this activity healthy?

**Values**

- Adapted from Acceptance and Commitment Therapy (ACT; Hayes et al., 1999, 2011)
- Want activity scheduling to include meaningful/important activities, not just pleasurable ones
- Activities related to values more personally meaningful and reinforcing

---

**Values assessment form**

<table>
<thead>
<tr>
<th>Value</th>
<th>What type of person would you like to be in this area?</th>
<th>How have you been doing in this area in the past month?</th>
<th>Immediate concrete goals?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relations with family</td>
<td>2 I would like to get along better with my mom</td>
<td>Not good, I’ve been arguing a lot, or avoiding interactions with her</td>
<td>Do me chores on time, finish one activity per week just the next day.</td>
</tr>
</tbody>
</table>

Other value categories: relations w/ spouse/partner, relations with friends, religion + spirituality, meaningful work, education/learning, culture, hobbies/creativity/recreation, volunteer, physical health and well-being, security/safety, organization and time management, finances

**Values: BA assignment examples**

- Call my mom 3x week and talk for 20 min. about topics other than symptoms/treatment.
- Practice piano 30 min. each day.
- Work on college essays for 20 min./day, 3 days this week.
- Volunteer at the food pantry once/month.
- Play with my younger sister for 30 min., twice per week.
- Look for jobs online, 30 min./day
BA hierarchy: How to choose hierarchy items?

1. What do they avoid?
2. What did they used to do before becoming depressed?
3. What does their routine and general schedule look like?
4. What did they previously enjoy?
5. What do they value?
6. How do their activities impact their mood?
7. Are there any triggers that need problem solving/directed activation?

*Assess these areas through conversations with your patient and through various treatment forms/assignments.

Helpful and appropriate BA hierarchy items are:

**Specific:** It is helpful to use the SMART goal framework for identifying good BA activities to add to the hierarchy.

**Graduated:** We want to gradually increase difficulty throughout the hierarchy.

**Not avoidance:** It is important to consider the function of activities, especially those in the enjoyable activities category. Some of these activities, in particular, may be listed as enjoyable but may function more as avoidance of painful emotions or challenging situations.

Activity hierarchy example

<table>
<thead>
<tr>
<th>Activity</th>
<th>Anticipated Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get out of bed by 9:30 am</td>
<td>1</td>
</tr>
<tr>
<td>Shower every morning</td>
<td>2</td>
</tr>
<tr>
<td>Spend 5 min. picking up my room per day</td>
<td>3</td>
</tr>
<tr>
<td>Call best friend once per week</td>
<td>3</td>
</tr>
<tr>
<td>Take a 10-minute walk after school every day</td>
<td>3</td>
</tr>
<tr>
<td>Get out of bed by 8:30 am</td>
<td>3</td>
</tr>
<tr>
<td>Do yoga for 10 minutes at home</td>
<td>4</td>
</tr>
<tr>
<td>Work on one college application</td>
<td>5</td>
</tr>
<tr>
<td>Call to sign up for photography class</td>
<td>4</td>
</tr>
<tr>
<td>Watch football game with friends</td>
<td>5</td>
</tr>
<tr>
<td>Spend 20 min./day on college applications</td>
<td>6</td>
</tr>
<tr>
<td>Attend one photography class per week</td>
<td>7</td>
</tr>
<tr>
<td>Send in college applications</td>
<td>7</td>
</tr>
</tbody>
</table>

Activity scheduling considerations in light of COVID-19

- Challenges related to social distancing
- Alternative solutions to traditional activity scheduling tasks
- Valued based activities related to COVID-19
- Benefits to activity scheduling over a telehealth platform
- Building rapport and group cohesion over telehealth
Considerations

Activity scheduling

Challenges related to social distancing

Main problem:
Lack of opportunities for reinforcement in the environment
• Cannot do most public activities
• Cannot interact with most other people (in person)
• Challenges to exercise and movement

Additional concerns with structure/consistency.

Enjoyable Activities List

EXERCISING SPORTS:
• Swimming
• Basketball
• Frisbee
• Rock climbing
• Jogging
• Hiking

ACTIVITIES:
• Playing cards
• Board games
• Video games
• Card games
• Monopoly

ARTS AND CRAFTS:
• Painting
• Drawing

WATCHING A MOVIE:
• Comedy
• Documentary
• Action
• Romantic comedy
• Sci-fi
• Documentary
• Other

WRITING:
• Poetry
• Opinion
• Journaling
• Autobiographies
• Blogging
• Corresponding with a pen pal
• Hand writing a letter
• Other

READING:
• Newspapers
• Magazines
• Novels

Alternative solutions to activity scheduling

Use of technology to interact with others
• Teaching family members to use video chat apps/software
• Schedule video chats
• Virtual book club
• Virtual game night
• Watch a movie “with” others
• Cook a meal with a friend while on video chat
Alternative solutions to activity scheduling

Use of technology to complete solitary activity assignments
- Learn a new craft (or engage in one they know)
- Take advantage of free university or other courses online to learn more about a topic of interest
- Learn/practice a musical instrument
- Explore a museum, zoo, or city virtually
- Redecorate

Alternative solutions to activity scheduling
Make use of the time with family/roommates at home (if an option)
- Work on a home improvement project
- Learn a new hobby
- Family game night or puzzle night
- Play sports in the yard
- Outdoor or indoor scavenger hunt
- Learn a new recipe
- Learn a new dance/make a TikTok
- Learn more about each other (conversation questions)
- Make plans for the future

Alternative solutions to exercise
- YouTube videos – yoga, cardio, bodyweight strength, etc.
- Online exercise routines
- Free trials for several fitness apps
- Walking/hiking/biking etc. outside while social distancing
- Dancing with their children/family members/roommates
More creative ideas…

Getting in a run when you don’t have a treadmill…

Benefits of activity scheduling using telehealth

- Access to the home environment!
  - Showering
  - Hygiene
  - Household tasks
- Reduced barriers to treatment = higher attendance
- Video and computer-based activities may be easier place to start

With therapist prompting/real-time support

Considerations

Building rapport and group cohesion over telehealth

Relevant research

- Therapeutic alliance over telehealth generally close to in-person (see Goldstein & Glueck, 2016)
- Lopez et al. (2020) found that group cohesion was worse when DBT groups delivered over telehealth versus in-person format.
- Compared to in-person treatment, telehealth group:
  - Felt less connected to peers
  - Had lower group cohesion
  - Had better attendance
  - Had similar levels of patient satisfaction with treatment
Relevant research

- Bisseling et al. (2019) found that therapeutic alliance, but not group cohesion or therapist competence, predicted reductions in psychological distress following group-based MBCT (in person) for cancer patients.

Recommendations: Set up

- Make sure you are centered in the camera and close enough for patients to read your facial expressions.
- Ensure high speed connection to allow for real-time facial expressions and verbal feedback.
- Look into the camera rather than at the patient's spot on the screen (place a visual aid near the camera to remind you).

Recommendations: Initial meeting

- For younger children...
  - Have them draw a picture and show it to the camera
  - Ask them to get and show you their favorite toy
- Adolescents and adults
  - Assurances about confidentiality especially important for rapport building with telehealth
  - Ask directly about their opinion of telehealth and any concerns they may have.

Group recommendations: Ground rules

- Minimize participants speaking over one another
  - Facilitator will need to call on people or set up rules for when to talk so that there are not technology concerns with multiple individuals speaking at once.
- Mute and minimize distractions when not speaking.
- CONFIDENTIAL, PRIVATE SPACE used by all group members
Group recommendations: Visual aids

- Use visual cues to enhance learning and improve group experience.
- Screen sharing: PowerPoint, work documents filled in with group responses, videos
- Whiteboard features
- Can use small whiteboard shown to camera if needed

Group recommendations: Cohesion

- Initiate group discussion of difficulties with telehealth format and feeling connected with one another.
- Use ice breakers at the beginning of group.
  - 2 truths and a lie
  - Provide unstructured time for group members to engage in small talk. Can use as a reward.

Group recommendations: Cohesion

- Read 1-2 questions each group from a list of questions to provoke thoughtful conversation and get to know one another.
  - Chat packs
  - “Deep questions”  
    ([https://www.lemonade.com/blog/creating-meaningful-conversations/](https://www.lemonade.com/blog/creating-meaningful-conversations/))

Group recommendations: Cohesion

- Increased use of (telehealth accessible) games that encourage teamwork and participation from all – can use treatment relevant terms
  - Scattergories
  - Jeopardy (create your own)
  - Codenames (online version)
  - Apples to apples
  - Catchphrase (online)
Sample case

Maria is a 20-year-old who identifies as heterosexual and female. She is on a leave of absence from college due to symptoms of depression and difficulty making it to classes and completing coursework. She is living at home with her mother and 15-year-old brother. She is showering approximately 2x/week and struggles to keep her room tidy or help her mother around the house. She finds that she avoids interacting with her mom and her brother and has been avoiding contact with her friends, although she values these relationships and feels guilty. She sleeps 10 or more hours per day and spends significant amounts of time scrolling the internet and social media on her phone. She has stopped exercising and engaging in hobbies, including reading fiction novels, singing, writing poetry, and drawing. She previously spent significant amounts of time with friends at their apartments, going out to eat, and doing group exercise classes. The stay at home order has Maria feeling more hopeless and unmotivated.

Example routine BA activities for Maria

<table>
<thead>
<tr>
<th>Activity</th>
<th>Difficulty Rating (0-7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shower twice per week</td>
<td>2</td>
</tr>
<tr>
<td>Make bed 3x/week</td>
<td>3</td>
</tr>
<tr>
<td>Shower 3x/week</td>
<td>3</td>
</tr>
<tr>
<td>Do laundry once/week</td>
<td>3</td>
</tr>
<tr>
<td>Put clean clothes away – 2x/week</td>
<td>4</td>
</tr>
<tr>
<td>Shower 4x/week</td>
<td>4</td>
</tr>
<tr>
<td>Help mom clean the house – 30 min., 1x/week</td>
<td>4</td>
</tr>
<tr>
<td>Make bed every day</td>
<td>5</td>
</tr>
<tr>
<td>Tidy room each day</td>
<td>5</td>
</tr>
<tr>
<td>Shower every day</td>
<td>7</td>
</tr>
</tbody>
</table>

Example enjoyable BA activities for Maria

<table>
<thead>
<tr>
<th>Activity</th>
<th>Difficulty Rating (0-7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read fiction book 10 min./day</td>
<td>2</td>
</tr>
<tr>
<td>Draw 20 min., 4x/week</td>
<td>3</td>
</tr>
<tr>
<td>Help mom and brother cook dinner – 3x/week</td>
<td>3</td>
</tr>
<tr>
<td>Write poetry 20 min., 4x/week</td>
<td>3</td>
</tr>
<tr>
<td>Text a friend</td>
<td>3</td>
</tr>
<tr>
<td>Schedule a video chat with a friend</td>
<td>3</td>
</tr>
<tr>
<td>Have video chat with a friend</td>
<td>4</td>
</tr>
<tr>
<td>Do online yoga class – 20 min., 3x/week</td>
<td>4</td>
</tr>
<tr>
<td>Plan and do a game night with mom and brother – 1x/weekend</td>
<td>4</td>
</tr>
</tbody>
</table>

Example valued BA activities for Maria

<table>
<thead>
<tr>
<th>Activity</th>
<th>Difficulty Rating (0-7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take a walk with mom 2x/week</td>
<td>2</td>
</tr>
<tr>
<td>Research steps for getting back into college – 10 min., 2x/week</td>
<td>3</td>
</tr>
<tr>
<td>Eat dinner with mom and brother each night</td>
<td>4</td>
</tr>
<tr>
<td>Help mom with gardening. Do this together 1x/week.</td>
<td>4</td>
</tr>
<tr>
<td>Reach out to grandparents and teach them how to video chat</td>
<td>4</td>
</tr>
<tr>
<td>Video chat with grandparents 2x/week</td>
<td>5</td>
</tr>
<tr>
<td>Complete application to get back into school</td>
<td>6</td>
</tr>
<tr>
<td>Reach out to friends and tell them what has been going on</td>
<td>6</td>
</tr>
</tbody>
</table>
Time for questions and answers...

Q&A

Where to get additional information...

https://www.cdc.gov/coronavirus
https://www.fema.gov
https://www.nih.gov/health-information/coronavirus

https://adaa.org/finding-help/coronavirus-anxiety-helpful-resources
https://www.psychiatry.org/

Call or visit:
800-767-4411
rogersbh.org

About the presenters....

Rachel C. Leonard, PhD, LP
Clinical Director, St. Paul
Rachel C. Leonard, PhD, is a licensed clinical psychologist who directs the clinical programming at Rogers Behavioral Health in St. Paul. Dr. Leonard specializes in utilizing behavioral activation and other cognitive behavioral-based interventions for individuals with mood, anxiety, and obsessive-compulsive spectrum disorders.

Adrienne McCullars, PhD
Associate Clinical Director, Miami
Adrienne McCullars, PhD, is a licensed clinical psychologist and clinical supervisor for adults enrolled in the partial hospitalization and intensive outpatient levels of care at Rogers’ Miami and Tampa locations. Dr. McCullars provides supervision and training that promotes evidence-based treatments for OCD, anxiety, trauma, and depression.