

## **Q.** What is behavioral therapy/behavioral activation?

**A.** Behavioral therapy (BT) refers to a class of psychological interventions which increase a patient's engagement in pleasant daily activities (Lewinsohn, Sullivan, & Grosscup, 1980; Addis, Jacobson, & Martell, 2001). During treatment, patients learn to identify and track their participation in rewarding activities and relate the engagement in each activity to their resulting mood. Behavioral activation (BA) is a specific variation of BT which teaches the link between avoidant behaviors and depression. Its delivery is typically manualized (Martell, Dimidjian, & Herman-Dunn, 2010). BA structures the selection of activities by value domains (i.e., relationships, work, recreation, spirituality). Patients receiving BA identify important value domains and then select an activity which fits within each preselected domain. Some versions of BA also include social skills training, assertiveness, and problem solving (Jacobson et al., 1996).

## **Q.** What is the theoretical model underlying BT/BA?

**A.** Behavioral therapy is based on the reinforcement theory of depression (Lewinsohn, 1974). This theory postulates that the quantity and quality of an individual's reinforcement-related interactions are linked to feelings of depression. Specifically, when a patient is depressed they typically stop engaging in pleasant activities and avoid interpersonal contact. The lack of positive reinforcement that might be obtained through activities and relationships increases symptoms of depression which causes patients to further limit activities and interpersonal contact. BT seeks to disrupt this cycle by increasing daily reinforcements, thus improving mood. While BT was founded on operant learning principles identified by B. F. Skinner, BA integrates cognitive components derived from Beck's cognitive behavioral therapy (CBT; Beck, Rush, Shaw, & Emery, 1979) and is considered a third-wave CBT.

## **Q.** Is BT/BA recommended as a treatment for major depressive disorder (MDD) in the Military Health System (MHS)?

**A.** **Yes.** The 2016 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder gives a "Strong For" strength of recommendation for BT/BA for patients with uncomplicated mild to moderate MDD.

*The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.*

## **Q.** Do other authoritative reviews recommend BT/BA for MDD?

**A.** **No.** Other authoritative reviews have not substantiated the use of BT/BA as a treatment for MDD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: A comparative effectiveness review of pharmacological versus nonpharmacological treatments for depression found two eligible trials comparing second-generation antidepressants (SGAs) to behavioral activation. The evidence for response and remission was mixed, but participants treated with SGAs had higher rates of discontinuation (Garthlehner et al., 2015).
- Cochrane: A 2013 systematic review of 25 trials comparing behavioral therapies with other psychological therapies for depression found no significant difference in response rate or acceptability between behavioral therapies and other psychological therapies grouped together (Shinohara et al.). Low quality evidence showed better response to behavioral therapies over psychodynamic therapies (two studies), and worse response to behavioral therapies compared to CBT (15 studies).

**Q.** What conclusions can be drawn about BT/BA as a treatment for MDD in the MHS?

**A.** The MDD CPG recommends offering BT/BA as one of a number of evidence-based psychotherapies and pharmacotherapies, based on patient preference, safety/side effect profile, history of prior response to a specific medication, concurrent medical illnesses, concurrently prescribed medications, cost of medication and provider training/competence. The evidence does not support recommending one of these treatments over another.

*References*

Addis, M. E., Jacobson, N. S., & Martell, C. R. (2001). *Depression in context: Strategies for guided action*. New York, NY: WW Norton & Co.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.

Department of Veterans Affairs/Department of Defense. (2016). *VA/DoD clinical practice guideline for management of major depressive disorder. Version 3.0*. Washington, DC: Department of Veterans Affairs/Department of Defense.

Gartlehner, G., Gaynes, B. N., Amick, H. R., Asher, G., Morgan, L. C., Coker-Schwimmer, E., Lohr, K. N. (2015). *Nonpharmacological Versus Pharmacological Treatments for Adult Patients With Major Depressive Disorder*. Comparative Effectiveness Review No. 161 (AHRQ Publication No. 15(16)-EHC031-EF). Rockville, MD: Agency for Healthcare Research and Quality.

Jacobson, N. S., Dobson, K. S., Truax, P. A., Addis, M. E., Koerner, K., Gollan, J. K., Prince, S. E. (1996). A component analysis of cognitive-behavioral treatment for depression. *Journal of Consulting and Clinical Psychology*, 64, 295-304.

Lewinsohn, P. M. (1974). A behavioral approach to depression. In R. J. Friedman & M. M. Katz (Eds.), *The psychology of depression: Contemporary theory and research*. John Wiley & Sons.

Lewinsohn, P. M., Sullivan, J. M., & Grosscup, S. J. (1980). Changing reinforcing events: An approach to the treatment of depression. *Psychotherapy: Theory, Research & Practice*, 17(3), 322-334. <https://doi.org/10.1037/h0085929>

