Behavioral Activation Toolbox

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Objective

- Learn several different ways to utilize Behavioral Activation to improve outcomes for your clients.
- Challenge yourself to think above the context of the "problem of the day."





What We Know

- We are in a workforce shortage for healthcare professionals.
- We are in a workforce shortage for behavioral healthcare professionals.
- We are experiencing a shortage for housing.
- Montana has limited access to resources.

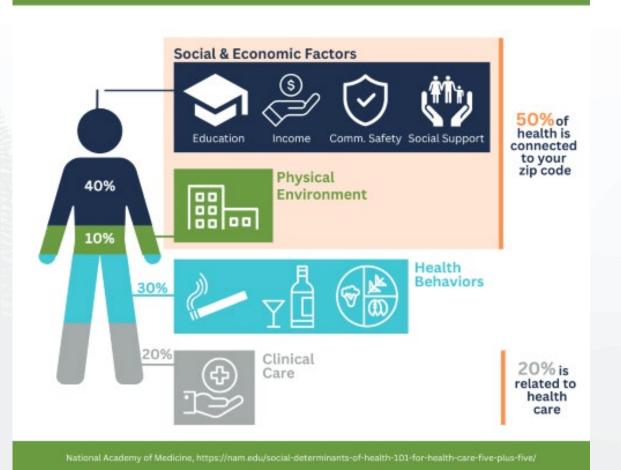




More Review

Social Determinants of Health

What impacts your health?



ADVERSE CHILDHOOD EXPERIENCES - ACES

How Adverse Childhood Experiences
Impact Health and Well-being
Throughout the Course of Life

Adoption of Health-Risk Behaviors

Social, Emotional, & Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

What happens to kids during childhood shapes who they become as adults



americanspcc.org
The Nation's Voice for Children
*Center for Disease Control



Scope

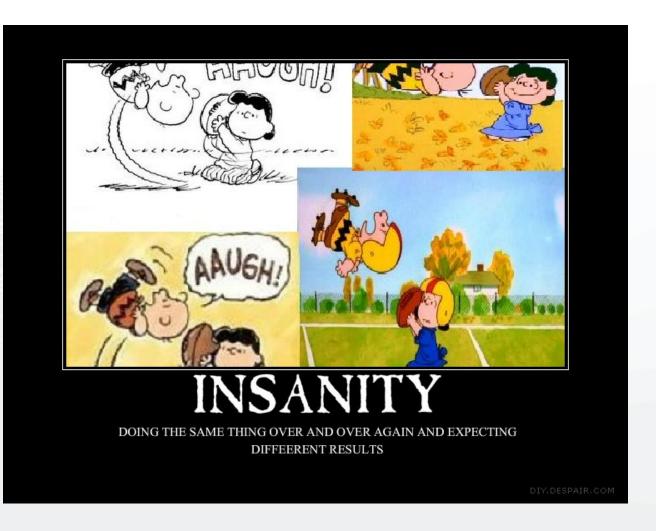
- Within the boundaries or your position and agency
- With guidance from your supervisor
 - When in doubt, ASK!
- Following the patientcentered care plan, treatment plan, etc
- And with excellent, succinct communication with the team.
 - This includes your documentation.



More pics on www.imfunny.net

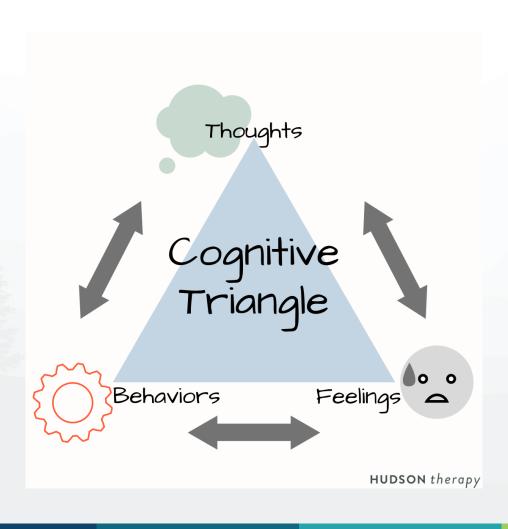


Getting Stuck



- Remember your client/patient has been trying to solve this problem and is stuck.
- Behavioral Activation is a way of helping them see that what they are doing (or not doing) isn't working.
- "Let's experiment and try something new."

Cognitive Behavioral Therapy



- We tend to start at thoughts around situations as therapists.
- But changing behaviors also impacts our feelings and thoughts...
- That is why Behavioral Activation matters.
- How can we help a person choose a different behavior?



Behavioral Activation

- Best practice for Depression
- "What have you tried so far?"
- "Is that working?"
- "Can I tell you..."
 - "If nothing changes, nothing changes."
 - "Depression zaps our motivation, but the problem is that the less we do, the worst we feel."
- "What do you think?" or "Have you ever noticed that?"





The Goal

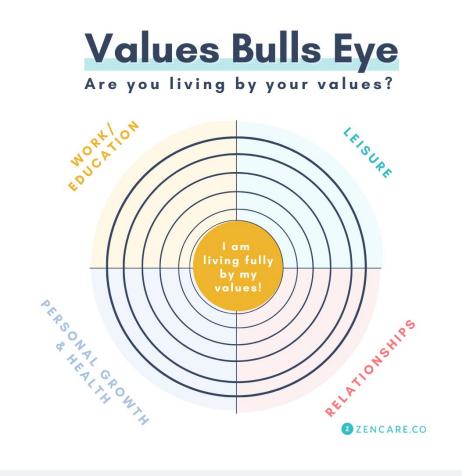
- Sometimes the behavior doesn't align with the goal.
- Maybe in the past, yelling was the only way to get needs met.
- Or hoping to make friends but unable to leave the house...
- "What were you hoping would change?"
- "Did that work?"
- "Is that in line with your values?"





Values

- Deep in your heart, how do you want to behave? How do you want to treat yourself, others, your kids, etc? What type of person do you want to be? What qualities do you want to improve or grow?
- Let's choose 1 quadrant to start with – what are 2-3 behaviors we can start working to improve?
- What action steps would you need to take this week to move in the direction of your values?







Insight

- Reflection: Your job is to be an honest mirror.
 - "It sounds like _____ is an important value to you."
 - "I wonder what you learned about _____ in your childhood?"
 - "What do you think of that?"
 - "Even when we don't want to, we tend to do what we observed in our childhood."

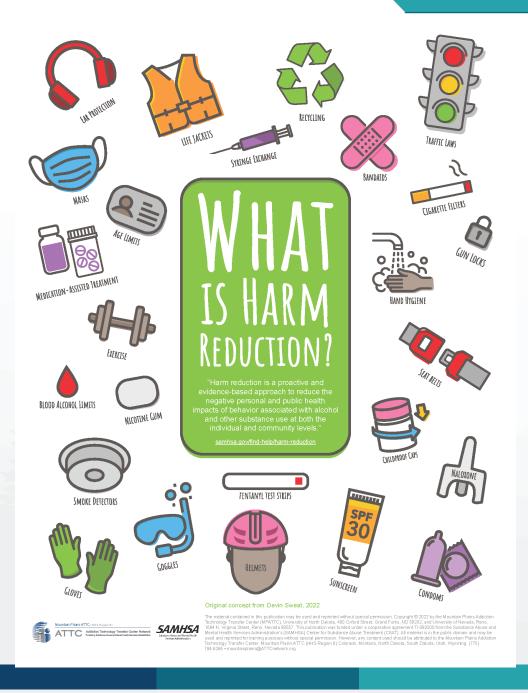


Pleasant Activities

- An important piece of Behavioral Activation
- "Is there anything that you used to enjoy doing that you're not doing anymore?"
- "Is there anything you've wanted to try and haven't yet?"







Harm Reduction

- Patients do NOT want to feel terrible – align with their values.
- Our role is to meet them where they are to lessen adverse outcomes.
- Increases patient trust and strengthens protective factors.
- Keeps our patients ALIVE!

Short-Term; Long-Term

- What is the function of this behavior?
- "What do you like about using alcohol? Or cutting? Or binge eating? Or smoking? Etc?"
- Reflection: "It helps you relax when you are stressed."
- "So in the short-term, it sounds like it's super helpful, but I wonder if there is any long-term consequence?"
- Align with values...
- "Is there a small step we could take to ?" (Harm Reduction)





Anxiety

- Avoidance is a common symptom of anxiety.
- Anxiety makes me want to avoid that leads to less activity, social isolation, and depression.
- So avoiding has a short-term benefit of NOT feeling the anxiety, and a long-term cost of our world getting more and more isolated.
- Use "baby steps" to help people grow!





Best Practice

- Taking steps to approach situations that increase anxiety...
- Using behavioral activation and motivational interviewing.
- "Sometimes anxiety is just noise that doesn't make sense. Sometimes it is a sign that I need to do something."
 - "What do you think yours is?"
- "What's one reasonable step we could take to approach this situation?"





Double Sided-Reflection



- Ambivalence
 - I want to....and I don't want to...
 - Normal reactions!
- Notice that using the word "and" is less judgmental than "but"
- Notice the order of the reflection and how the person responds.



DBT

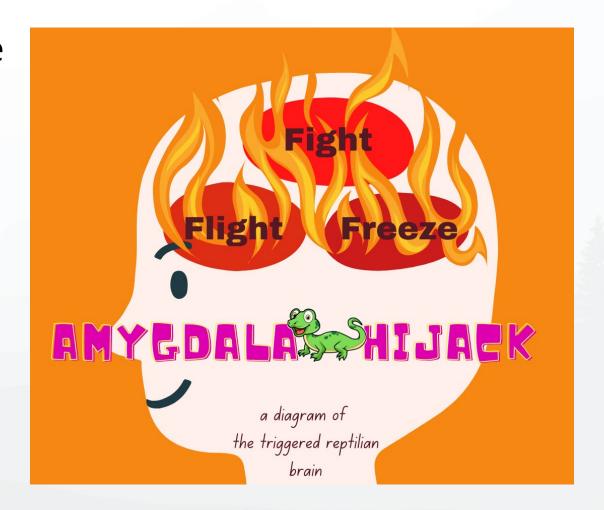
- "Sometimes, our emotional brain wants to react quickly in the emotion."
- "And maybe our rational brain is overthinking."
- "But in our gut, we know what is the right thing for us to do."
- "What does your gut say?"





Frontal Lobe Offline

- A person in Fight, Flight, Freeze is not able to use their higherlevel decision making.
- We teach them to ground first.
 - You might offer a cold glass of water.
 - Or practice breathing together.
- Their brain is telling them that they are going to die, and they are simply responding.





Present Moment







Snowball Effect

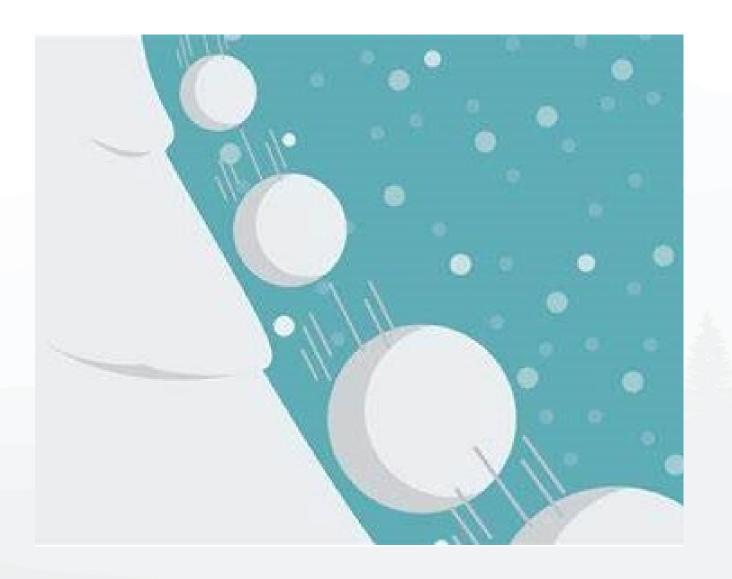
People take one step and feel a little better.

That motivates them to take one more step.

And one more.

Until they are taking steps without us.

This is EMPOWERING and teaches people to be good problem solvers!





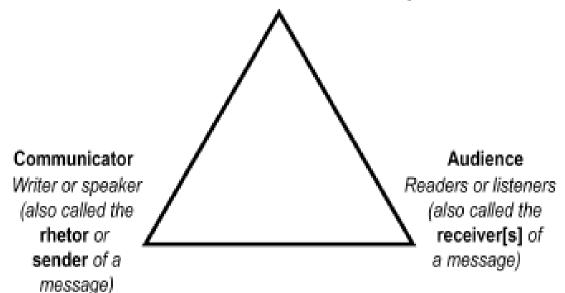
Context of Communication

Elements of Communication

This model is frequently called "The Communication Triangle."

Message

The content/subject matter the communicator wishes to convey



- Patients tell us all different things.
- Not to be dishonest, it is logical.
- When talking to a therapist, we tell them what we think they want to know.
- And do the same with the PCP and CHW.
- Or it could be based in rapport with the patient...
- There are different views of the same story.



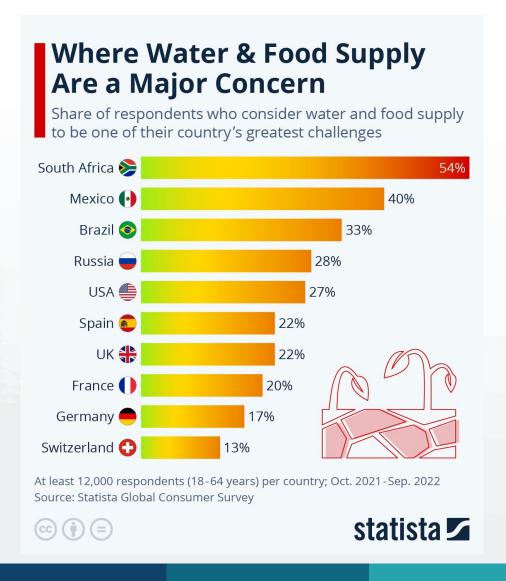
Medication/Treatment Adherence

- "How are you doing with managing your _____?"
 - Use the shared goals.
- "Are your medications helping?"
- "What are you noticing?"
- "Have you talked to your doctor about this?"
- "Hmmm, is it ok if I look into this for you and have the nurse/MA call you?"





Access to Clean Water and Healthy Foods



- We are in a drought...and Arizona, New Mexico, Colorado, Nebraska, California, and Idaho use more water than they receive each year.
- Many people in Butte still don't "drink the water."
- Asking about access could lead to further information.
 - "I don't drink water."
 - "I only eat Ramen."
- They may not tell this to a medical provider, but to a CHW.
- Then it's our job to make sure that relevant info is passed to the PCP.



Nutrition

- The FDA recommends 2,000 calories per day
 - The average American has 3,600 calories per day
- Use your MI to explore the shortand long-term costs and benefits.







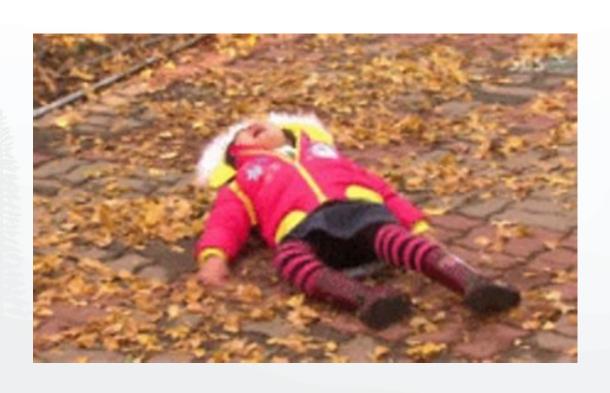
Staying Active

- "What do you know about the benefits of being active?"
- "Are you able to be active?"
- "What is a reasonable pace and activity to engage in?"
- "The less you do, the less you CAN do."
 - Pace yourself!





Sleep Hygiene



- "How are you sleeping?"
- "Are you good with that?"
- "What have you tried so far?"
- "Has any of that helped?"
- Grow on whatever has helped...no matter your opinion!
- Psychoeducation of sleep hygiene – Ask, Offer, Ask











Before engaging in any self-destructive behavior, ask yourself.

Are you:

Hungry

When did 1 last eat?
Is my hunger emotional or does my body need food?
If your body is asking for food, find something nutritious to snack on.

Angry

What's are you dealing with right now that is stressful? Is the stress what's making you angry?

Find out way you're angry and find ways to diffuse that anger.

Lonely

When is the last time you socialized?

Was it a positive or negative experience?

Reach out to your support system. Let them to help you.

Tired

Have I been getting enough rest and giving my body the breaks it needs?

How can you energize yourself? Take some time to yourself and relax.

RECOVERY/SREAUTIFUL TUMBER COM

HALT

- Psychoeducation:
- "It is so much harder to manage emotions or make decisions if we are Hungry, Angry, Lonely or Tired."
- These also are common triggers for reoccurrence in SUD.



Substance Use

- Strengthening families is a preventative measure!
- Normalize talking about SUD the same way we do any other chronic illness.
- "How often do you use ____?"
- "What concerns do you have about _____?"
- Explore Harm Reduction if needed.
- On one hand....on the other hand...





- Educate everyone you know and work with about Montana 988.
- You never know who or when a person may need this information.
- Don't be afraid to talk about suicide.
- Normalize!
- The Lighthouse Project -The Columbia Lighthouse Project

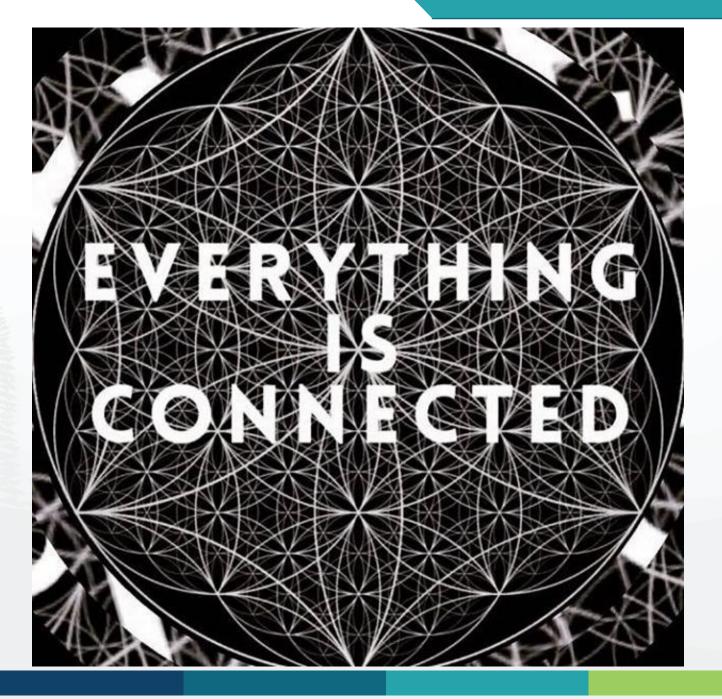
YOU MATTER

Text. Call. Chat.

988 SUICIDE & CRISIS LIFELINE

PEP23-23-08-03-002





- Be genuinely and nonjudgmentally curious about the person you are with.
- You are the expert in your field.
- You know how to guide the conversation to empower this person to live their best life.
- Trust that this person does NOT want to live outside of their values.
- We can't just treat 1 need they are all connected!
- Therapy Worksheets | Therapist Aid
- <u>Third Edition Behavioral Consultation</u> and <u>Primary Care</u>



Break Out

Consider one difficult situation you have faced in your position.

What have you already tried? Is there anything new you have learned that you could try with that situation?

Discuss with your group. If you have great ideas, share with your colleagues.

Just don't share PHI!





Next Week

Wednesday, December 11th 9:00-10:00

Session 8: Oxygen Masks or Scuba Gear?

Acceptance, compassion, and a positive relationship and strong indicators of how successful a patient will be with their provider; however, as helping professionals are in their career, they often experience secondary trauma, burnout and compassion fatigue which directly impacts their capacity for compassion and unconditional positive regard for their patient. In this session, we will discuss the necessity of self-care as a constant, proactive practice (scuba gear), rather than a reaction to burn out (an oxygen mask).

