



THE PRINCIPLES OF BEHAVIORAL ACTIVATION ON DEPRESSION IN ADDICTS

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Abstract:

Behavioral activation is the third wave of behavior treatment adopted to cure depression. It is a type of functional-analytical therapies based on psychological scheme regarding "behavior shift" suggested by Skinnerⁱⁱ. This scheme is generally assumed as analysis of behavior. This field accounts for a more general scope called analysis of clinical behavior. It also illuminates the most efficient methods of professionally applying analysis of behavior.

Keywords: behavioral activation, depression, cognitive behavior therapy

1. Introduction

Behavioral activation emerged from analyzing the parameters of cognitive behavior therapy. The mentioned analysis perceives that a cognitive parameter in process of this manner of treatment specifies a slight portion of consequences of depression treatment. The behavioral parameter was included as the unique part of therapies in primary studies of Peter Levinson, so a group of behaviorists concluded that it would be more practical to adopt a special and pure behavior treatment. The theorem holds that absence of sufficient environmental stimuli or intense environmental punishments

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ⁱⁱ Burrhus Frederic Skinner (1904-1990).

incur depression. The purpose to intervene is to expand the environmental stimuli and to decrease the environmental punishments.

The theoretical fundamentals to activate behavior are recognized as functional analyses to cure depression introduced by Charles Foster. Three events strengthened Foster's original paradigm: a) further studies in the domain of supporting principles followed by establishing the principle of adaptability; b) ongoing theoretical advances in the field of presumptive functions of depression and c) observing analysis of developmental behaviors of children in order to signify long-term patterns causing temperamental depression.

2. The Procedures of Treatment

The behavioral activation procedure on depression is as follows: the participants are required to determine a hierarchy of reinforcing activities which will be ranked based on the difficulty level afterwards. The participants follow their objectives with clinical therapists who employ chip economy in order to fortify the participants' achievements in proceeding on their hierarchy. Before and after pursuing the objectives, the participants are measured through *Beck Depression Inventory*. Hence, the great impacts on their depressive moods may show the results of therapies.

Another type of behavioral activation: The clients are necessitated considering the relationship between their actions and emotions since the actions will shape the emotions. An hourly self-supervision chart is designed to fully study the actions and their impacts on individual tempers during a week. The range of 1-11 scores is applied to show hourly changes in tempers. The purpose here is to recognize depression cycles. A depression cycle is created when a temporary coping method deepens the general depression, namely, the depressed experience a temporary relief after i) consuming alcohol or other drugs, ii) avoiding or escaping from unfavorable situations, and iii) ruminating. Denoting the schemes of inefficient responses (cycles), the alternative coping responses are adopted to break the cycle. The phases in these procedures are passed in such a way that stimulating process, response, and the avoidance patterns replace stimulating process, response, and alternative coping response. Rumination is uniquely concerned. As an avoidance behavior, rumination worsens tempers. The clients are demanded to assess rumination in order to regard its functions. This measure provides the clients with better knowledge of rumination and its emotional impacts. The clients are encouraged to choose their experiences leading to their avoidance responses and rumination instead of rumination and other ameliorating while destructive measures with respect of individual tempers.

The total procedure to cure is as follows: assessment of behavior/temper, choice of alternative response, enforcement of alternative response, integration of these alternatives, observation of results and finally assessment of these results. The objective is to recognize the relations between actions and emotional consequences as well as systematically substituting adaptable behavioral schemes for inefficient ones. Furthermore, the therapists figure on quality of sleeping and developing social functions.

3. The Principles of Behavioral Activation

Clearly, clients can take advantages of behavioral activation through numerous trajectories; however, their constant focus on acting and involving in their life courses harmonizes these different trajectories. Treatment procedure emphasizes on what patterns may perpetuate depression and what origins of changes may probably improve clients' tempers. Also, it frequently and consistently makes alternations in these origins.

A. The First Principle: the key to change how a person feels is to guide him to change what he does. Generally, a man awaits for experiencing an internal compulsion or at least some tendency to perform certain task. When people are provided with free will to spend their weekends, one may go to the movies because he likes so, one may watch TV because he does not feel an impulse to carry on another task; one may climb the mountains since he looks for adventures. We name it "inside-out" action for the motive to involve in an activity originates inwardly; however a great part of routines includes activities such as going to work, supporting family, and familial responsibilities with very little opportunities to choose. When a person does not suffer from depression, he usually fulfils these tasks regardless of what are his interests. For example in a bitterly cold and exhausting morning, a person may lack any incitation to get dressed and to start work but he performs necessary tasks and starts work. Then he recognizes a sense of interest and accomplishment following this performance. We refer to it as "outside-in". In this process, a person undertakes an activity and thus certain emotions appear (Martell et al., 2001).

B. The Second Principle: the changes in lives may cause depression and people may be trapped by short-term coping techniques over a period. Behavioral activation is predicated upon a series of unique assumptions about things trapping people in depression, as well as affairs assist individuals to move towards more satisfactory lives and more rewarding experiences. Particularly, we emphasize on certain methods to

deal with life events – ranging from daily arguments and minute continuous stressful factors to fundamental shifts in lives- leading to reduction of positive reinforcements as well as developing punishments which entail general aggravation and renunciation of physical activities. These problems may be assumed as primary issues in clients' lives. Low levels of positive reinforcements and widespread extents of punishments develop due to some hardships like shaky status of life, uncomfortable relations, inappropriate vocations, and continuous frustration. Yet individuals often respond to primary problems in such a way that traps them. When one abandons an activity once joyful for him, he may exhibit refusal or he will escape from reality. Also, he acts in a way that urgently appeases his distress in spite of subsequent annoying outcomes. These practices turn to secondary problems in itself (Jacobson et al., 2001; Martell, et al., 2001).

Being tangled in an endless cycle of sorrows, disinterest in life, slight actions, hence more irritation and discomforts is a facile approach. Therefore, depression continues if one eschews potential anti-depression resources. He avoids correlation with the grave circumstances since he treats them as threatening or challenging experiences. This avoidance may provide an individual with short relief but it will maintain depression. This depression continues because of not receiving rewards and tension of stressful factors in lives with the passage of time. At the beginning of the treatment, the therapists introduce a conception of depression which employs the second principle.

C. The Third Principle: the clues to demonstrate what might be an anti-depression factor for a certain client depend on what he exhibits before and after his vital behaviors. The clients often start treatments with some feelings of despair and discouragement about relieving their depression. The task of behavioral activation therapist is to engage the client in a detailed and accurate survey on behaviors relevant to depression and on the other hand, to study what occurs before and after such behaviors. These studies can explore relief procedure. Behavioral activation therapists employ Diagrams for Monitoring Activity to understand clients' behaviors and interrelations of behaviors and their tempers.

D. The Fourth Principle: organize and schedule activities following a program not a temper. Although acting inside-out effectively appears in most situations, when one is depressed, it will not be an efficient solution. When someone experiences depression, he may not reveal tendency to do anything at first. The limited activities may cause limited tendency too and it will be a dilemma. This process will readily develop into a defective cycle. As time elapses, one suffers not only from low levels of motivation and energy but also his desires bring out more pressures.

Behavioral activation therapists motivate individuals to act outside-in. We want people to perform an experiment by acting based on objectives rather than on their tempers. Engaging in activities once joyful or activities creating feelings of accomplishment or activities undertaken to solve problems can improve tempers and through time, it may reduce stressful factors. The cornerstone of behavioral activation to begin an activity is shaped when levels of motivation are low and tempers look terrible (instead of just awaiting for recovering one's temper before starting any activity). Throughout behavioral activation procedure, organizing and scheduling activities are applied to support outside-in activities. These techniques can be implemented with outlining a comprehensive program including tasks divided into their components and assigned to special date and places. Furthermore, these techniques can be deployed by explicitly targeting one or two activities and the clients must be undertaken to participate in these activities on specified times through the week. Organizing and scheduling activities are the foundations of behavioral activation and other techniques merge around these substantial columns.

E. The Fifth Principle: undergoing marginal changes facilitates the fundamental changes. Both therapists and clients may expect rapid and extensive changes. Even in the best of tempers and situations, making changes is so laborious for most of people. When one is depressed, especially when depression accompanies with feeling of frustration, to change one's behavior may be a significant challenge or remarkable endeavor. Most clients view the perspective of change as a cumbersome duty; if changes are not as absolute as 100%, others experience a great catastrophe. As cognitive therapists develop "all-or-nothing" thinking, we develop "all-or-nothing" behavior. Behavioral activation treatment is received by adopting a step-by-step approach to help the clients. A capable behavioral activation therapist's task is to break a behavior into very little components or sub-behaviors. Alternately, a therapist inevitably fails to remind the clients when they rapidly and largely involve in activities. So it can be an agent for deeper desperation and discouragement. Actually, recognizing exact occasions to encourage and prevent from acting is a part of behavioral activation skill. In this manner, the tasks must be categorized into their elements and before starting the next category, each part must be thoroughly accomplished.

F. The Sixth Principle: emphasize on activities which are naturally enforcements. The final purpose of improving behaviors in behavioral activation is to support the clients to participate in life events so the possibility for enforcing anti-depression behaviors naturally rises through surrounding atmosphere. Behaviorists often discuss about dissimilarity between "natural reinforcement" and what they refer to as "arbitrary

reinforcement". Maximizing the opportunities for naturally reinforcing anti-depression behavior is signaled; however, the therapists sometimes employ arbitrary enforcements in behavioral activation procedure. All behaviors are not supposedly enforced immediately and not all environments are enforcements, but it is so important for clients to perceive that they can enforce themselves for their behaviors. In fact, as the clients begin to be active, they will be punished by their environments. In such cases, irrespective of sudden awful consequences, it necessitates clients reinforcing themselves in order to act. The fashions of arbitrary self-reinforcement have been the most remarkable segments of some depression therapies and definitely employed in behavioral activation (Rehm, 1977, quoted by Martell et al., 2010). However, the behavioral activation therapists stress on guiding the clients to communicate with natural enforcements in environments. The natural rewards excelled over arbitrary enforcements in automatically appearing following behaviors and there is no necessity to make them. Therefore, the given behavior lasts through one's natural routines (Sulzer-Azaroff and Mayer, 1991; quoted by Martell et al., 2010).

G. The Seventh Principle: act as a "Coach". The metaphor "coach" directs behavioral activation treatment. The excellent coaches support the members of their groups in devising techniques, proposing, directing the members of groups and maintaining team's morale but coaches do not enter the fields and they do not play for the team. The behavioral activation therapist's task is to be efficiently responsible for finding a way around the problem as well as encouraging the clients to act in order to obtain rewards and to resolve the problems. To make changes is so laborious when one is depressed and a therapist is a highly specialist in shifting behaviors. Passivity is an integral part of depression. It may become the style of living for chronic depressed individuals. Offering encouragements is embodied in the concept of "coaching" since some depressed people may underestimate their abilities to overcome most difficulties in their lives or they may assume all difficulties out of their control (Brown & Siegel, 1988; quoted by Martell et al., 2010). Additionally a coach can direct the process of changes and offer suggestions in occasions of great urgency. A sympathetic therapist may prefer to solve problems for their clients but an excellent therapist maintains his "coaching" position and provides the clients with opportunities to be more confident to play their games.

In addition to acting as a strategist and a capable booster, a therapist as a coach structures the treatment sessions in order to hold the treatment procedure in its proper trajectory. The sessions are organized to promote maximum interests in 45-50 minutes. A methodology is formulated in first five or ten minutes of each session. A therapist can control the session more than his client through primary weeks of treatment because it

is so necessary to devise a case formula and treatment plan and to perform a functional analysis as well as evaluating clients' hardships (as in Yoman, 2008; quoted by Martell et al., 2010). Moreover, a behavioral activation therapist as an efficient coach, attempts to find ways to increase client's active participation even at the beginning of the treatment procedure. He repeatedly demands the client to add a significant issue to the methodology as it occurs to him. In subsequent treatment sessions, the client will devise the methodology based on his weekly experiences. A session must include a discussion about assignments of the previous session and assigning new assignments for the next week.

H. The Eighth Principle: focus on an empirical approach to solve problems and underline the efficacy of all outcomes. If it was easy to act and engage in an activity for clients, they would decidedly do so. A therapist cannot support a client by simply phrasing, *"Go to the movies, you will feel better."* *"How often do most depressed people hear these phrases or do they tell themselves the similar sentences?"* Behavioral activation suggests that a proficient treatment is a constant process of producing potential solutions, evaluating, and examining them. Therefore, behavioral activation entails an experiential problem-solving approach perpetually suggested by a therapist. We reinforce an empirical approach underlining examination of behaviors and observations on their outcomes. The functional analysis of previous behavior and certain assumptions about potential enforcement activities for any client underpin the experiments in behavioral activation procedure (Martell et al., 2010).

While clients may be disappointed if they do not feel better after scheduling and trying the activities, it is so important to remain optimistic. We learn from our successes and failures. When a client complains that examining an activity does not forward him, the behavioral activation therapist's problem-solving attitude presents a different approach. A therapist can claim, *"We know a new thing now! We have unquestionably realized that changing a special activity would be surely practical. At the moment we can conjecture that the given activity you have tried, was not successful. So do you agree to discuss about other choices next week?"* Thereafter, the therapist proceeds to an argument concerning what has really occurred. In some cases, a client may report that he has actually endeavored to act, but his effort was indifferently devoted. In other cases, an activity was potentially assumed as an advantageous one, but it was not finally beneficial to shift one's temper. Another possibility posed is that the environmental circumstances did not enforce the client. Scheduling to converse with his friend for ten minutes, a client may call his friend while his friend has caught a cold or he is confused. Some things may be learned through all clients' behaviors. Remaining curious as to what can be learnt through these experiences as a therapist, also if the attitude *"instead*

of immediate success, problem solving will be the key to proceed in the treatment procedure" prevails, a client can remain optimistic to make changes in his life (Martell et al., 2010).

I. The Ninth Principle: Do not just speak, Act! Activity is the heart of behavioral activation approach. Thus, assignments for each session are necessary and integral parts of any treatment technique; however, the assignments can be causes to demolish therapist's or client's entity. The "assignments" can primarily connote an uncomfortable activity; therefore, we can refer to it with another term - for example "between-session assignment"- in a favorable fashion although most adults are not tempted with simply changing a word (Martell et al., 2001). Assignments require clients to engage in a between session activity. It will not easy to act for the depressed. Assignments must be developed through collaborative processes with clients. Some guidelines maximize the accomplishments of assignments.

The assignments must be realistic. Moreover, the clients must not expect that they should only rely upon their determination to participate in an agreed assignment. A therapist must devote time to his client to discuss about schedule of assignments. The more defined and detailed the schedule be, the better it will be! What does one need to more possibly engage in an activity? Neglecting to check between-sessions activities in the next sessions is a big mistake made by therapists. If the assignments are not rewarded, adopting them will stay still. If an assignment is appointed, it must inevitably be checked. When a client pretends to be unable to carry out an activity, therapist and client must analyze the problems leading to not finishing the assignment. When a client reports his success in completing the assignment, it will create a profitable opportunity to consider enhancement of frequency or intensity of activities done through next week.

J. The Tenth Principle: remove probable and concrete obstacles for activation. If we announced that we discovered the motivation fashions for all clients, or if we asserted that we ensured that clients carried out their assignments and kept them absolutely committed to the treatment, it would be a phenomenal success for us, yet we have not provided such a magical formula. Behavioral activation like other treatments necessitates developing persistence and innovation by therapists and clients. Presence of problems through treatment process is one of the essential parts of behavioral activation and removing probable and concrete obstacles for activation is a matter of utmost urgency. In order to reduce the possibility of existence of a certain problem in the future, the therapists enhance activation by anticipating real obstacles for

performing assigned activities or monitoring assignments as well as overcoming problems (Martell et al., 2010).

4. Conclusion

The purpose of behavioral activation is to reverse the depression cycle through performing valuable activities, hence our chances to achieve success and pleasure raise. Behavioral activation has been employed as a separate treatment for depression or as a behavioral parameter in behavioral therapeutics. The cognitive parameter in cognitive behavior therapy familiarizes us with skills to challenge negative thoughts worsening depression. Professor David Richards demonstrates behavioral activation is an effective treatment for depression. In treatment, we must change patient's negative thoughts by behavioral therapeutics. Shifting behavior may be sufficient to improve our attitudes about our lives.

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