

# Brief Behavioural Activation for adolescent depression (Brief BA)

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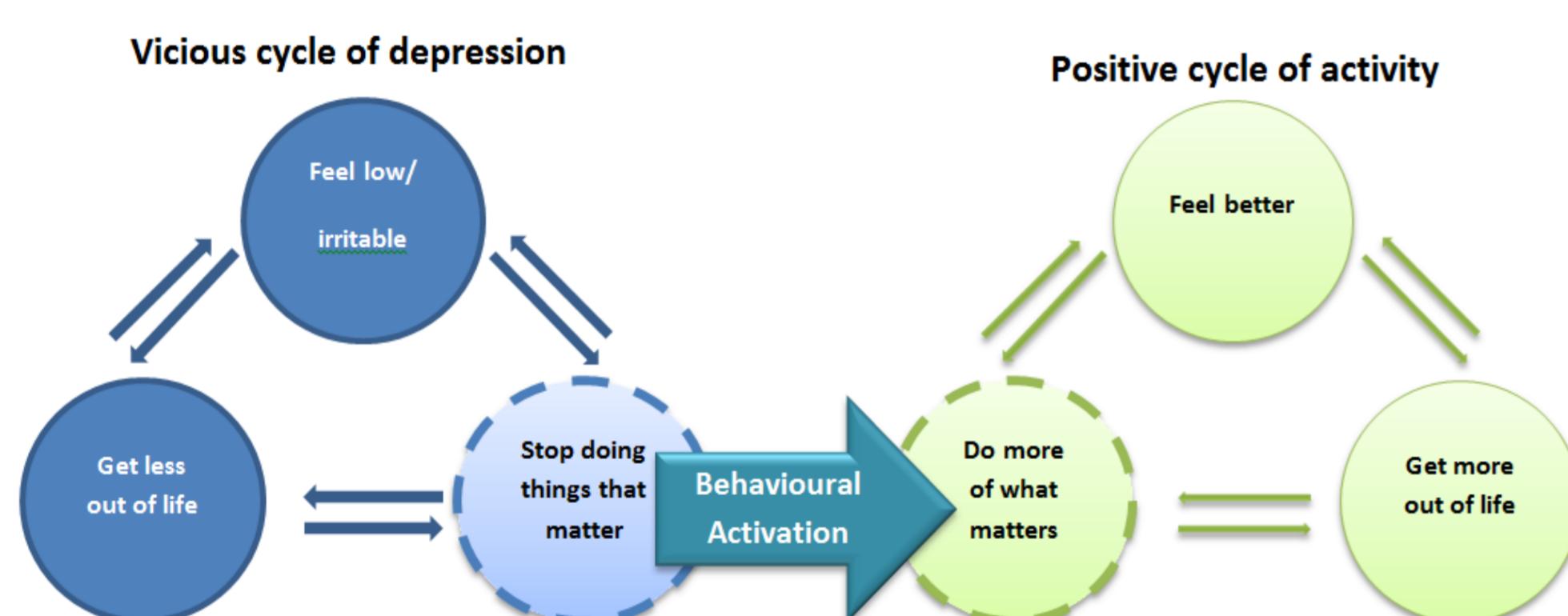
## Introduction

- Adolescent depression is common and debilitating<sup>1</sup>, and there is limited access to evidence based treatments in the UK.
- Behavioural Activation (BA) is based on the principle of reinforcement, and targets behavioural (not cognitive) change.
- Behavioral Activation Treatment for Depression (BATD)<sup>2</sup> is a brief, structured intervention that can be delivered by non-specialist clinicians.
- Brief Behavioural Activation for adolescent depression (Brief BA)<sup>3,4</sup> is adapted from BATD.

## Why Brief BA?

- No cognitive work involved: Cognitive skills are still developing across adolescence, and can be further impaired by depression.
- Delivery by non-specialist clinicians: Potential to increase access by expanding the workforce.
- Exploration of values: May be particularly salient to adolescents given their developmental stage.

### Brief BA formulation



## Key adaptations

An emphasis on *engagement*, young people's *values*, structured *parental input*, and use of *Routine Outcome Measures* (ROMs).

## Participants

- Twenty adolescents (aged 14-17yrs, mean = 16.12yrs, 18 female), referred to their local NHS Child and Adolescent Mental Health Service (CAMHS) for depression.

## Brief BA treatment

- 8x 1-hour sessions, plus 30min review one month later.
- Activity monitoring, identification of values across different life areas, and planned engagement in valued activities.
- Parent involvement in part of sessions 1, 6, 8 and review, including contracts and problem-solving.

## Routine Outcome Measures

Session by session measures<sup>5</sup> by young people and parents:

- Revised Child Anxiety & Depression Scale (RCADS): Depression subscale to assess depression symptoms
- Outcome Rating Scale (ORS) to assess functioning
- Session Rating Scale (SRS) to assess therapeutic alliance

## Training and supervision

- Clinicians were an Assistant Psychologist, a Psychological Wellbeing Practitioner and a Clinical Psychologist.
- Group supervision was led by a qualified Clinical Psychologist.

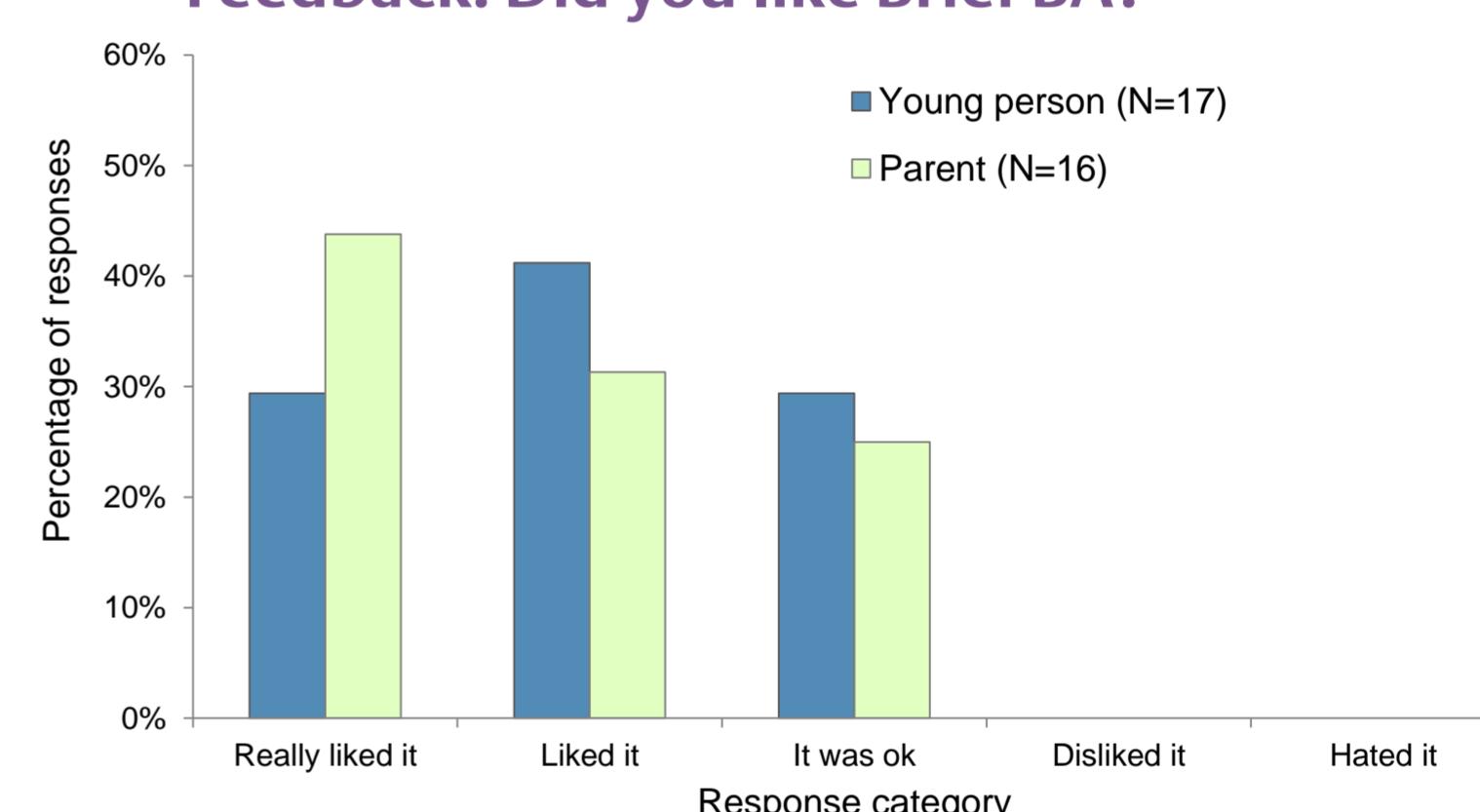
## Engagement & Outcomes

- All but one young person (19/20) fully engaged with the Brief BA approach, high SRS ratings given across all sessions.
- Significant reduction of depression symptoms and significant increase in functioning on young person and parent report.

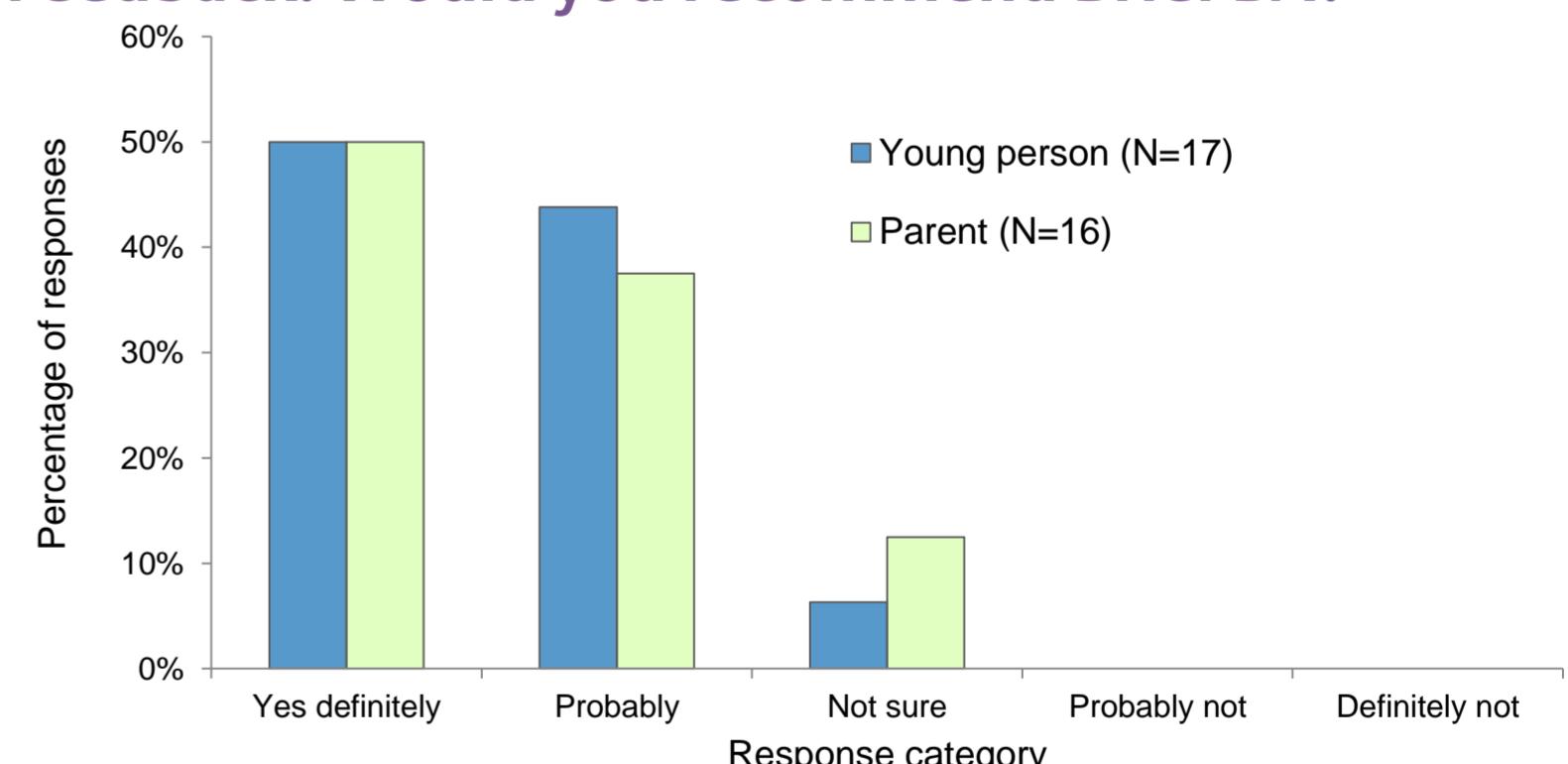
Table 1: Pre- and post- Brief BA scores

Measure	Pre- Brief BA mean (SD)	Post- Brief BA Review mean (SD)	T-test	Effect size
Self: RCADS-Dep	20.65 (5.66)	14.45 (7.98)	t(19)=4.30, p < .01	d = 0.90
Parent: RCADS-Dep	16.58 (5.85)	10.66 (6.52)	t(18)=4.10, p < .01	d = 0.96
Self: ORS	18.21 (9.33)	25.69 (11.23)	t(17)=-2.44, p < .05	d = 0.73
Parent: ORS	17.73 (8.67)	28.21 (10.06)	t(15)=-4.69, p < .01	d = 1.12

### Feedback: Did you like Brief BA?



### Feedback: Would you recommend Brief BA?



## Conclusions

- From this pilot Brief BA appears acceptable to young people and parents, engagement is high and outcomes are good.
- Further research is needed to evaluate Brief BA and the supervision/training costs compared to other treatments, and in a variety of settings (e.g. in schools).

## References

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- Routine outcome measures: Full references and materials from <http://www.cypapt.org/site-files/COOP%20FINAL%202nd%20Edition%20v%2020May%2014.pdf>