

Review of *Behavioral Activation for Depression: A clinician's guide*

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Behavioural activation (BA) is a brief structured treatment that aims to activate clients in specific ways that will increase rewarding experiences in their lives. Although dating back to the early 1970s, interest in BA was renewed by a treatment dismantling study of cognitive therapy (CT) for depression in which the behavioral component of CT was found to be equally effective alone or in combination with the cognitive components (Jacobson et al., 1996). On the basis of this, an expanded version of the behavioral intervention used in this study was developed and described by Martell, Addis, and Jacobson (2001). This expanded version of BA was subsequently found to be comparable with antidepressant medication (paroxetine) with respect to the reduction in acute distress regardless of the level of initial severity and superior to CT among more severely depressed patients. Further, BA demonstrated an advantage over paroxetine by having a significantly lower attrition rate (Dimidjian et al., 2006). In *Behavioral Activation for Depression: A clinician's guide*, Martell, Dimidjian, and Herman-Dunn (2010) have elaborated upon, revised, and in some places simplified their BA treatment approach, as it was described by Martell et al. (2001). The result is a practical and usable guide for clinicians.

The authors begin with a review of the origins of the present range of BA interventions and similar behaviour therapies. Subsequent chapters review core principles of BA, how the therapy is structured, and the general style of the BA therapist. Ideas and suggestions for presenting the BA conceptualisation of depression are provided along with suggested responses to frequently asked questions. The authors present a very accessible summary of relevant behaviour theory along with guidelines and procedures for assessing and understanding patterns in clients behaviour. The primary goals of BA are to identify and increase behaviours which are likely to be

rewarding and pleasurable and will solve life problems, and to identify and decrease behaviours that make the client's life more difficult or interfere with their ability to manage their own needs (i.e., avoidance patterns). An empirical approach is recommended where clients continue to monitor their activity and mood throughout therapy in order to facilitate the ongoing assessment of behaviour patterns and the effects of specific activities. Useful detail is provided regarding the practicalities of getting clients monitoring, reviewing monitoring, prioritising behaviours for change, and scheduling and structuring activities. Information is also provided on supporting clients to solve problems, addressing avoidance (including ruminative thinking), and troubleshooting problems with scheduled activities. Finally, relapse prevention strategies are described in detail. A complete case example runs through the chapters with sample dialogue between a client and her therapist, neatly illustrating how this version of BA is delivered and common obstacles are addressed. Numerous shorter examples and sample dialogues elucidate particular techniques and clinical issues. The book features 11 tables summarising key principles, concepts and strategies, 11 reproducible worksheets including a case conceptualisation chart, monitoring charts and activity planning forms.

Martell et al. (2010) have not provided a step-by-step treatment protocol like that provided for the related Brief Behavioural Activation Treatment for Depression by Lejuez, Hopko, and Hopko (2001), instead providing information on the core principles and strategies and encouraging practitioners to deliver the intervention in a flexible and idiographic way. Clinicians can find session-by-session BA case studies in the chapter by Dimidjian, Martell, Addis, and Herman-Dunn (2008), and the book by Martell et al. (2001).

The authors state that their intention for this book was for it to be one that “you

keep readily available on your desk occasionally consulting it before sessions to plan interventions” (Martell et al., 2010, p. 35). They have certainly delivered a highly practical and accessible book that will be useful either for clinicians wanting to deliver this well-established treatment approach for depression or to expand their use of behavioural principles within other models of treatment. In addition to being a sufficient treatment in its own right, BA is eminently consistent with and complementary to a variety of contemporary therapies such as CT, acceptance and commitment therapy, and dialectical behaviour therapy.

## References

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