Virginia Association of Counties

ACHIEVEMENT AWARDS

APPLICATION FORM

All applications must include the following information. Separate applications must be submitted for each eligible program. **Deadline: June 1, 2018.** Please include this application form with electronic entry. If you do not receive an email confirming receipt of your entry within 3 days of submission, please contact Gage Harter.

PROGRAM INFORMATION

County: County of Henrico

Program Title: Behavioral Activation Group

Program Category: Health and Human Services

CONTACT INFORMATION

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Signature:

1. Program Overview

The eight -week Behavioral Activation (BA) program was created in January 2017, by the staff of the Brief Adult Mental Health Outpatient Program at Henrico Area Mental Health & Developmental Services (HAMHDS). The group was developed to engage adult consumers who had limited success in traditional therapy for chronic depressed mood. Feedback from consumers indicated that competing life priorities and obligations were barriers to committing to extended group and individual therapy. Using evidence-based practice, staff developed the Behavioral Activation (BA) group to provide consumers with easily understood and acquired skills that resulted in rapid improvement in depressive symptoms. This is an approach that discourages consumers from waiting until they feel better to be active. Rather, consumers are encouraged to “act on a plan and not on a mood with the understanding that mood improvements will follow activity. The curriculum focuses on using behavioral logs to track consumer variances in activity and mood. The effectiveness of the group is evaluated through pre and post-tests utilizing the Patient Health Questionnaire - 9 Depression Assessment that is a widely used and accepted measurement of depressive symptoms and response to treatment (Kroenke, Spitzer, Williams, 2001).

2. Problem/Challenge/Situation Faced by Locality

In the United States, people who live in poverty are disproportionately more likely to struggle with depression compared to citizens that are more affluent. According to a 2012 Gallup poll, about 31% of impoverished Americans reported depressive symptoms as opposed to 15.8% of those not in poverty (Gallup, 2012.) Many of the consumers served in Henrico Area Mental Health & Developmental Services outpatient program are uninsured and indigent. These clients have fewer resources such as sick leave, childcare, social supports, and transportation to facilitate their participation in longer-term therapy. In addition, they have more limited access to funds for psychopharmacology. Further, consumers who present with depressive symptoms such as lack

of energy, motivation, and concentration are typically difficult to engage and retain in treatment. This combination creates an urgency to treat presenting depressive symptoms and restore functioning

3. How Program Fulfilled Awards Criteria

The staff of dedicated clinicians identified a critical need and gap in service delivery and addressed it effectively without the benefit of increased funding. They developed the 8- week group from evidenced based theory to reduce depressive symptoms. The overwhelmingly positive results demonstrated that the Behavioral Activation group provides effective treatment for Henrico County citizens who often do not have a safety net and must find a way to address their depression efficiently

4. How Program Was Carried Out

The purpose of the group is to use behavioral activation strategies to teach consumers how disengagement from their lives as well as inactivity has perpetuated a cycle of low mood and low energy. Depression can be much like a train that has stopped on the track. Both require expended energy to begin forward movement. The material taught assists consumers in expending the energy needed to get their lives moving forward again.

The format for the group includes a homework review, structured teaching with participant involvement and a mindfulness activity. Facilitators pay particular attention to creating a safe, supportive, and participatory atmosphere in order to quickly engage consumers and achieve commitment to the group’s mission. The structured session is imperative to promote skills acquisition and avoid unproductive processing of participant situations.

Session by session treatment modules includes an introduction to a behavioral model of depression and its treatment, activity and mood monitoring, identification of values and goals, activity scheduling, coping with problematic thinking, problem-solving and reducing vulnerability to future episodes of depression. Each group builds upon the last set of skills taught which assists the consumer in feeling a sense of mastery and confidence. The Behavioral Activation group requires consumers to try the skills learned that week at home and report the results to the facilitator and group. This allows for the facilitators and group members to assist consumers in trouble shooting any deficits in skills acquisition. This level of temperate and consistent accountability requires consumers to practice skills outside of the group, which results in a generalization of skills over a wide variety of settings and contexts.

Consumers are referred to the program by outpatient clinicians in both the substance use disorder and mental health units. Clinicians provide at least one session of orientation prior to beginning the group to ensure the consumer understands the concept of the therapy and expectations around attendance and homework. This also allows time for the resolution of any barriers to treatment such as childcare and transportation.

The administration and comparison of the pre and post-tests are a powerful therapeutic tool for reinforcing the improvements gained during the treatment episode. At the last group, facilitators assist consumers in comparing their scores. While many can subjectively report an improvement in mood, it is often shocking to them to look at the objective scoring that highlights the improvement. One group facilitator stated, “Consumers are shocked at the improvement. They knew they were getting better, but the PHQ-9 really shows them in a concrete way how much better their mood really is.” Consumer feedback has been overwhelmingly positive; with one noting that, she experienced a marked improvement in her mood and was able to reengage with

her family and church. Her success was not only measured empirically but also with a resounding positive self-report.

5. Financing and Staffing

Staff of the adult outpatient unit developed the program after conducting a literature search on the evidence-based use of behavioral activation with depressed individuals. All materials such as notebooks are acquired through supply funds already in place. No funds were required for hiring staff and no equipment was needed. Additionally, staff did not require specialized training. In fact, they developed a manual so that any licensed individual can easily pick it up and provide the group.

6. Program Results

The Patient Health Questionnaire (PHQ-9) is used to measure the reduction of symptoms and is administered as a pre- and post-test. The PHQ-9 questions are based upon criteria of depression from DSM-IV and ask about the consumers experience in the last 2 weeks. Questions include level of depression, energy levels, sleep habits, concentration, and level of functioning and thoughts of suicide. The instrument was chosen because it can be administered repeatedly over time to reflect improvement or worsening of symptoms in response to treatment. Scoring is straightforward, and consumers easily understand results. All results are given after the questionnaire.

Based upon the pre and post-tests, the BA group proved to be a very effective intervention at reducing symptoms of depression. One hundred percent of the participants showed a decrease in their PHQ-9 scores. Ninety percent of participants beginning the group with moderate or severe depression ended with symptoms in the minimal range. Participants began the group with a severity level indicating significant level of impairment in mood and functioning as well as a strong

indicator for a risk for self-harm. Data at the end of the group indicated a reduction in symptoms that did not meet the threshold for a depression diagnosis.

7. Brief Summary

The program objective is to provide the most effective, evidenced based treatment for individuals with a diagnosis of depression in a brief, skills-based format that is easily taught and understood. Behavioral Activation is an effective intervention that uses simple exercises, is highly effective, and delivered in a relatively brief treatment episode. Behavioral Activation therapy is particularly helpful as it is typically easier to train therapists to facilitate and easier for patients to understand. According to a 2014 Teleconference by Rogers Memorial Hospital, Behavioral Activation therapy performs as well as or better than other approaches and equivalent to medications for severe depression (Leonard, 2014). Self-blame is a typical symptom for consumers who struggle with depression. The use of a non-judgmental skills-based approach diminishes self-blame and promotes hope for the future.

Sources:

Cuijpers P, Van Straten A, Warmerdam L. (2007). Behavioral Activation Treatments of Depression: A meta-analysis. *Clinical Psychology Review*, 27:318-26.

Gallup New (2012). With Poverty Comes Depression, As Well As Other Illnesses. *Well Being*. Retrieved January 29, 2019 from http://news.gallup.com/poll/158417/poverty-comes-depression-illness.aspx

Kroenke K, Spitzer RL, Williams JB; The PHQ-9: validity of a brief depression severity measure. J Gen Intern Med. 2001 Sep 16(9):606-13.

Sturmey, P. (2009). Behavioral Activation Is an Evidenced-Based Treatment for Depression. Behavioral Modification, 33(6):818-29. doi: 10.1177/0145445509350094.

Behavioral Activation Group