

Behavioral Activation: Intervention for Depression in College Freshmen

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Abstract

The following paper applies behavioral activation as a means of intervention for college freshmen. The transition from high school to college can be extremely challenging for adolescents due to the social and academic adjustments necessary. Unfortunately many of these challenges often lead to depression in college freshman (Reynolds, 2011 & Ruthig, 2009). Instances of depression can severely impact a students' academic performance (Ruthig, 2009) beyond the obvious mental health concerns. The paper will address these issues by explaining: a) origins of personal commitment, b) supporting professional literature, c) potential areas of concern, and d) a case study.

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Origins of Personal Commitment

The catalyst for this exploration was from Hillary Chubb's educational focus of helping college students in the College Student Affairs program.

Laura Morse is interested due to her work in the CEDAR counseling clinic with college freshmen and working through anxiety and depression. Two clients whom she worked with this past semester were freshmen faced with anxiety over the transition. Problems that were commonly discussed in sessions ranged from finding avenues to make new friends, dealing with hall drama, and missing family back at home. Until Morse's work with freshmen in CEDAR she was unaware of how difficult this transition can be for many individuals. She was interested in reading literature with evidence-based practices to help when working with clients in the future dealing with this difficult transition.

As a group we have concerns about adolescents making the enormous transition from living at home and attending high school to living in a new environment at college. Looking into a counseling theory or technique that can aid students in this transition is important to both members of this team. While first year students face many difficulties in this transition, one of the most prevalent is depression. It is because of this prevalence that we focused our exploration on finding a counseling technique that not only addresses depression, but that has been shown by research to be applicable to adolescents and young adults, and which will be helpful particularly to college students. We are also concerned with access to higher education for adolescents from low socioeconomic backgrounds and feel that the transition to college is particularly difficult for this population. Therefore we recognize that the technique we will explore here may be especially helpful to students from this population.

Supporting Professional Literature

There are numerous resources which can help a students' psychological well-being including optimism, coping strategies, and high self-esteem (Ruthig, 2009). One of these strategies, especially promoting optimism and effective coping strategies is behavioral activation (BA). This began as a component in cognitive therapy and through research was established by determining that activating depressed people allowed them to counteract their depression (Jacobson, 2006). The goal of BA is to reengage people in their lives through focused activation strategies and to counter patterns of avoidance, withdrawal and inactivity which can worsen their symptoms of depression (Jacobson, 2006). Long-term follow up studies have found that BA is as effective at preventing relapse in clients with depression as cognitive therapy is (Jacobson, 2006). The aspect which makes BA different from CT is the functional analytic framework which views depression as more than a pure medical illness but rather encompasses a wide range of contextual factors in the onset and maintenance of depression (Jacobson, 2006). BA assumes that the triggers for any particular depressive episode are more effectively found in the life of the client than in any deficiencies within that individual (Jacobson, 2006). This is particularly consistent with the prevalence of depression in college freshman versus high school seniors.

Behavioral activation has several components; establishing a therapeutic relationship, presenting the model, developing treatment goals, conducting a functional analysis of daily events, and treatment review and relapse prevention (Jacobson, 2006). One of the benefits of BA, especially for college students and their schedules is that it does not involve a specific session by session format but rather general guidelines around the progression of the counseling relationship (Jacobson, 2006). Key aspects of BA include that relationship between mood, activity, and environment are clearly discussed, activation is a way to break the cycle of depression (Jacobson,

2006), similar to one of the points in IPT-A, and emphasis of focused activation or finding activities and behaviors that positively reinforce the client and disrupt the cycle of depression (Jacobson, 2006). The entire process is a collaborative one between the therapist and client (Jacobson, 2006). The distinguishing factor for BA from other therapies is its' focus on new behaviors as goals instead of feeling good or thinking differently as the goal (Jacobson, 2006).

As a patient progresses through BA they are focusing on what they can change rather than things that may be out of their control, such as obtaining a specific job or changing another person's behaviors (Jacobson, 2006). This can promote optimism which predicts fewer cases of depression across college freshman (Ruthig, 2009). Perceived academic support (PAC) is also a large factor in a student's mental well-being and enhancing a student's PAC has been shown to have a positive impact on their psychological health (Ruthig, 2009).

One way of implementing BA as a treatment for depression among college freshman is in prolonged freshman orientation programs or first year seminars (Reynolds, 2011). First year seminars are built on the premise that providing additional support to students will increase outcomes such as retention, development, and achievement (Reynolds, 2011). Reynolds, et al. developed a first year seminar protocol based on the *Brief Behavioral Activation Treatment for Depression* (BATD), an adaptation of BA which has been supported by literature to treat depression in adolescents and young adults (Reynolds, 2011). This is particularly relevant in college students as they are exiting their adolescent year and entering young adulthood, and is a treatment that is still supported through that developmental transition. Reynolds and her team looked at four first year seminar classes which were each randomly assigned to treatment condition; either the BATD or the standard course (Reynolds, 2011). Students were able to opt into depression and alcohol habit assessments which the study was attempting to measure

(Reynolds, 2011). The classes were the same, but the two BATD classes had BATD aspects added to them, but not replacing other content (Reynolds, 2011). Instructors of the course focused on various reinforcing activities, discussed goals and values, and helped student identify rewarding activities based on goals and values (Reynolds, 2011). While the study found that this addition to a first year seminar course was more effective in promoting responsible and healthy alcohol behaviors than decreasing depression among college freshman (Reynolds, 2011), it is still a viable option for implementing BA as a treatment for depression in this population.

A second option for implementing BA as treatment for depression among college freshman is through a computer-based delivery of the treatment. While the study which will be discussed below was not specific to college freshman, this team believes that due to the technology driven attitudes of current college students, scheduling flexibility allowed by a digital support protocol, and the anonymous delivery which would allow students to avoid perceived stigmas around therapy, this delivery system could be very applicable and effective for the population currently being discussed. The study branched from a recognition of need for affordable, accessible, evidence-based interventions for depression (Spates, 2012). The computer based intervention is named *Building a Meaningful Life through Behavioral Activation* (BAML) and is an interactive computer program utilizing actual BA therapists and video content performed by professional actors (Spates, 2012). All participants experienced the same first five sessions which included education about depression and BA treatment, values clarification, functional assessment, assignments focused on activation, daily behavior tracking and corresponding mood tracking, and information on values-consistent behavior practices (Spates, 2012). The fifth session included an assessment to verify participants understanding and growth, and if that was sufficient they progressed to the final five sessions (Spates, 2012). Those sessions

were interactive lessons based on specific skills revealed to be necessary for that specific participant such as adaptive activities, anger management, effective communication, or relaxation techniques (Spates, 2012). The hypothesis that this computerized treatment would lead to a significant decrease in symptoms of depression was supported through its empirical data collection, including a six month maintenance follow up (Spates, 2012). Thus, signifying how effective of a treatment behavioral activism can be for reducing depressive symptoms.

Potential Areas of Concern

When implementing behavioral activation, there are several areas of concern that a counselor must consider about whether this is the best evidence-based practice to utilize. First off, counselors must assess and be sure that the depression is behaviorally-based, rather than a biological imbalance. A client who comes in with suicidal ideation or severe depression where she is unable to identify activities that bring happiness will not benefit from behavioral activation. Behavioral activation is a very effective form of evidence-based counseling when used with the right population, but clinicians must be sure that they are utilizing it correctly.

Additionally, depending on the client's interest in engaging in this process, he or she may not find the worksheet aspect helpful. Instead, talk therapy through family or other relationships may serve as a more effective means of reducing depressive symptoms. The ten to twelve sessions that are necessary for this therapy may not be enough in the semester to provide to students. Additionally, as time sessions are shortened some clients may not find them long enough to address other issues or new problems that arise in their life.

Overall, behavioral activism can serve as a very positive means in allowing clients to see connections between how they feel as a result of the activities in which they participate. However, it may not be the right approach for clients who are not willing to fill out all the

paperwork involved with evaluating their behaviors. Clinicians must be aware that they are familiar with the theory and how the sessions should progress, and also be willing to utilize other theories if their client does not find behavioral activism to be helpful.

Case Example

Mandy is a Chinese international student who is a freshman at Penn State. She comes to counseling citing that she is very depressed and homesick. She really misses her two younger sisters and parents who are still in Shanghai, and explains that she spends much of her day talking to them on Skype. This is her first time in the United States, and she is having trouble making friends. She did not realize all the hurdles that she would encounter at school in America. It is intimidating for her to go try and join a club or even go to the cafeteria to eat with students in her dormitory. Her main concern is that she will never make friends or fit in here and that she will feel this depressed like this during her entire college career.

When working with Mandy, we would first develop a baseline assessment of depressive symptoms, so that we can identify which symptoms are affecting her. Mandy will be given a chart after her first session to chart how she is utilizing her time, and how she feels during these activities. This Daily Activity Record will have every hour of the day mapped out, so she can mark in it where she is and the activity she is engaging in. After bringing this chart back to her second session, it indicates that Mandy is spending five hours a day on Skype with her parents. This warrants a discussion on how she feels after talking to them, and other activities she could engage in that may help reduce her symptoms of depression. Mandy explains that she thinks that maybe cutting down on those hours, and instead finding ways to make new friends on campus.

Next, the counselor helps Mandy make a behavioral contract that is helpful for her to shift how she is spending her time. In the series of sessions, Mandy and a counselor brainstorm

other activities that make her happy and attempt to draw a rough time outline of how she desires to spend her time instead. Weekly assessments of her depressive symptoms show a reduction as she begins to go try out new clubs and get dinner with friends. She also talks less frequently on Skype to her parents, which is helpful to her.

Behavioral activation seems to be an effective way to address Mandy's depression due to the fact that her behaviors are highly influencing how she is feeling. By following her behavioral contract, Mandy is finding that she is starting to feel more at home at Penn State, since she has finally made friends. The expected results would be for Mandy to continue to feel less depressed, as she keeps chart of the behaviors that are working for her. Follow-up sessions will be discussed with Mandy to see how she is feeling.

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