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Third-wave Cognitive Behavioral Therapy, Mindfulness, and **Behavioral Activation**

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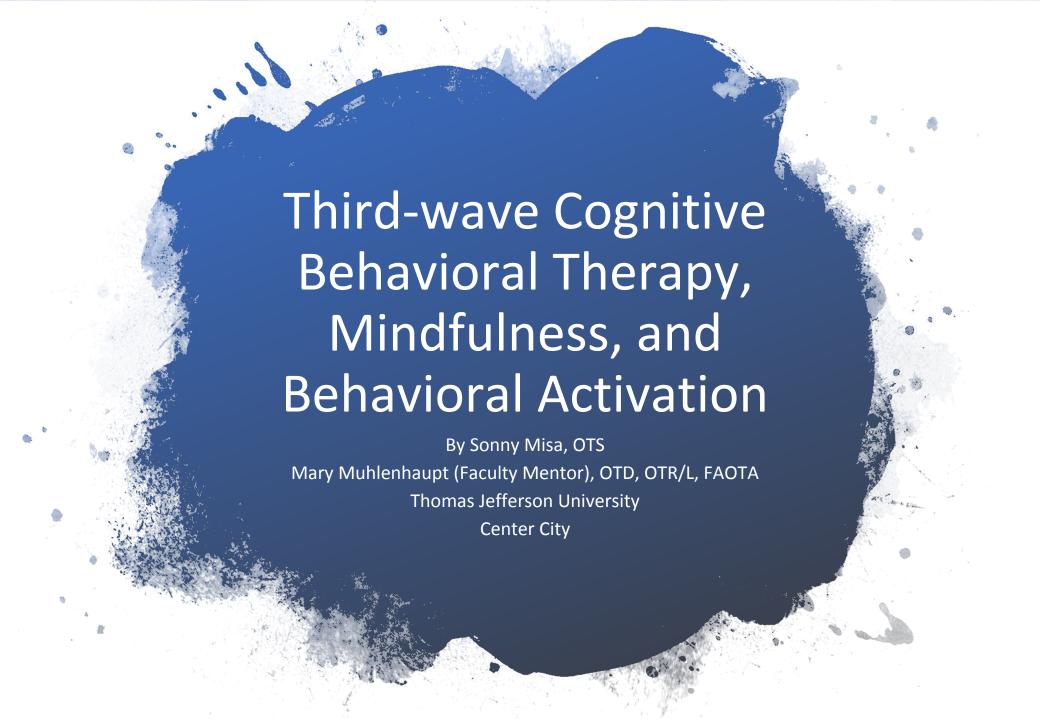
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Learning Objectives

- Restate Active Participation, Just-right Challenge,
 Motivating and Rewarding, and Therapist as Coach in their own words
- Differentiate between Cognitive Behavioral Therapy and Third-wave Cognitive Behavioral Therapy
- Illustrate the difference between meditation and mindfulness
- Discuss the implication of extended Behavioral Activation for occupational therapy practice





What do Occupational Therapists do?

OT's are Teachers

Client was educated on functional coping skills

Client required 3 verbal cues for safe hand placement

Client was instructed on use of a sock donner

To teach, you must understand learning

Four Principles



Active Participation



Motivating and Rewarding



Just-right Challenge



Therapist as Coach

Active Participation

Participants must be engaged

 Disengaged means they aren't paying attention

Requires attention

• If they aren't paying attention, they aren't learning

Motivating and Rewarding

Motivated to complete the task

Garner interest

Rewarded for engagement

- A feeling of accomplishment
- Well placed encouragement

Too easy

No Learning

Just-right Challenge

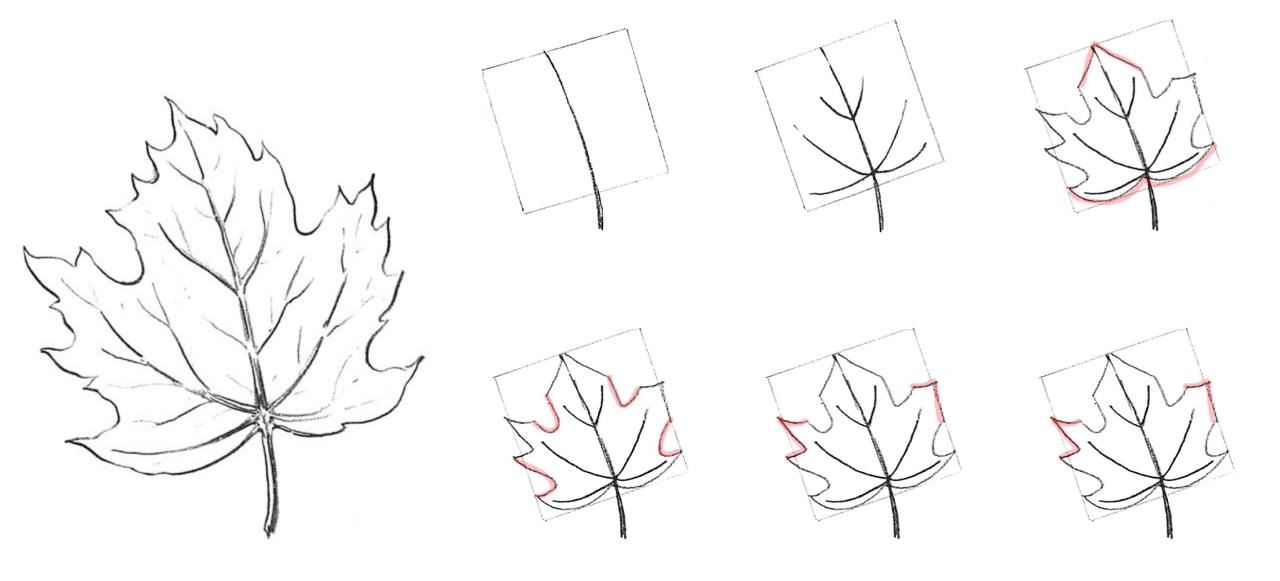
Too hard

It becomes frustrating

Scaffold for success

Provides sense of accomplishment







Therapist as Coach

Neurological changes require thousands of repetitions

• Not feasible in a therapy

Think beyond your session

- Attach ideas to daily tasks
- Provide handouts and homework

Target metacognitive strategies

 Practice strategies together so they can utilize it independently

Don't just have them attend to a task

 Have them practice strategies to re-focus when they get distracted

Clinical Application: Group Settings

Active Engagement

- Questions and activities
- Break into dyads

Motivating and Rewarding

- Client-centered
- Competition, collaboration

Just-right Challenge

Make groups difficult, but doable

Therapist as Coach

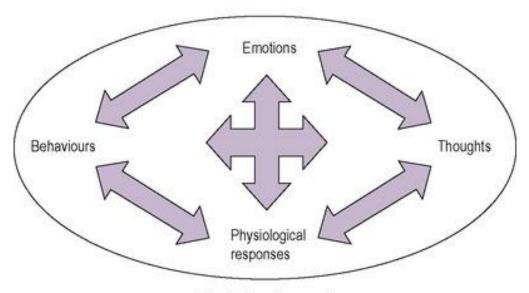
- Provide homework
- Encourage follow through

Cognitive Behavioral Therapy

What is it?

What are some examples?

Social environment



Physical environment

Cognitive Behavioral

- The Cognitive Behavioral Frame of Reference has five interconnected pillars
- Three hierarchical levels of thinking
 - Automatic thoughts
 - Conditional beliefs
 - Core schema
- Cognitive Behavioral Therapy
 - Identify and reframe negative automatic thoughts (cognitive distortions)
 - Engage in behaviors that produce positive physical symptoms
 - One of the top psychological interventions for depression

Third-wave Cognitive Behavioral Therapy

Mindfulness

Become aware of thought processes

Focus on how the process affects emotions

Does it create strong emotions?

View thoughts non-judgmentally

Cognitive defusion

Experiential

- Engage in values
- Goal setting
- Mindful awareness

Cognitive Behavioral Therapy

Third-wave Cognitive Behavioral Therapy

- Focus on the content of thoughts
 - Identify distortions
 - Resolve dysfunctional thinking
 - Reframe thoughts

- Focus on the process of thoughts
 - Identify ruminative thoughts as a behavior
 - Understand the goal of these behaviors
 - Helpful or harmful
 - Accept behaviors as conscious decisions
 - Focus on the moment at hand
 - Re-align with meaningful activities
 - Increase experience of beneficial activities

Examples of Third-wave CBT

- Mindfulness-based Cognitive Therapy
 - Focus on mindfulness
- Acceptance and Commitment Therapy
 - Cognitive defusion
- Extended Behavioral Activation
 - Engagement in valued occupations

Mindfulness

Core tenant of CBT

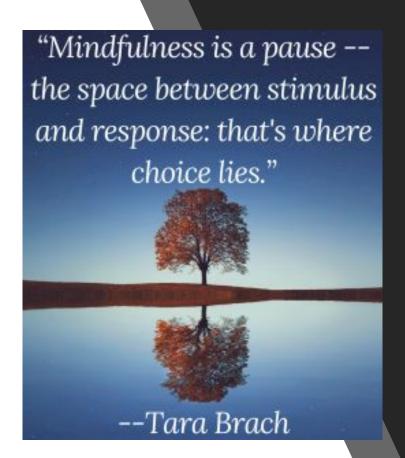
Becomes more prominent in Third-wave CBT

What is Mindfulness?

What are some examples?

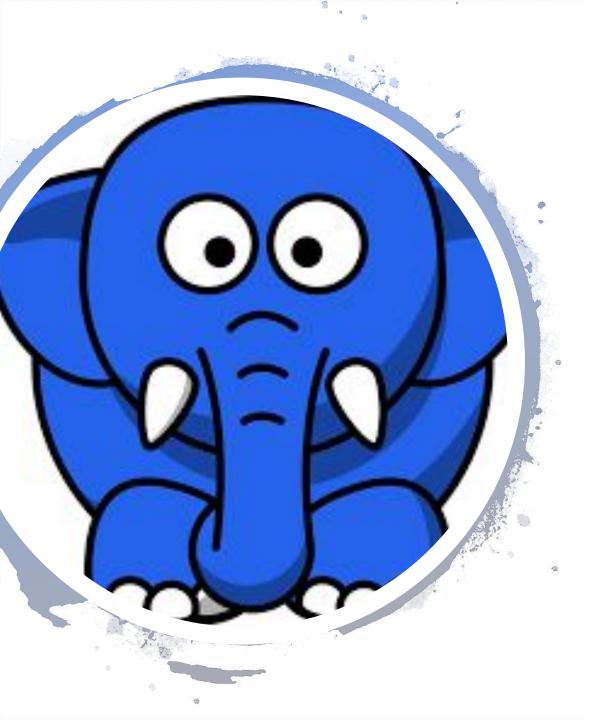
How do people practice mindfulness?

Mindful Awareness



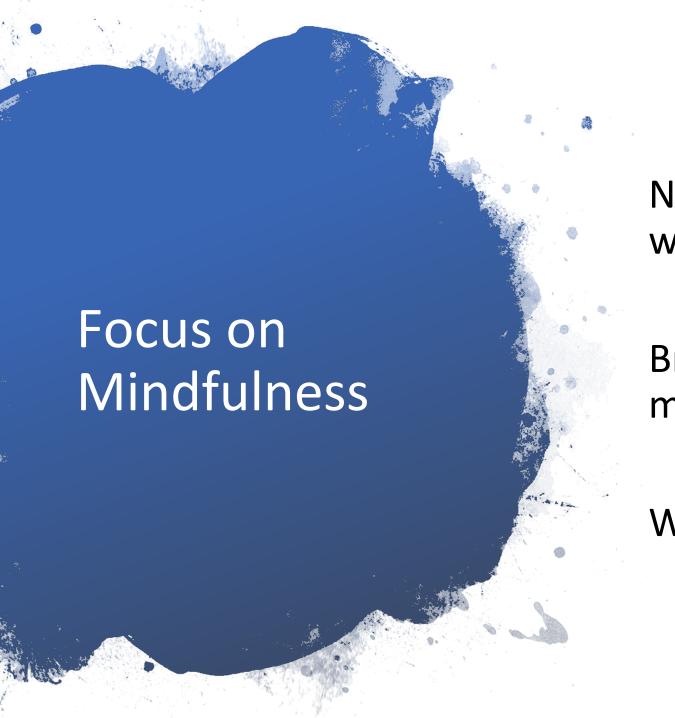
- The act of wholly attending to the present moment
- Most studies utilize meditation as the key to mindfulness
 - Deep breathing to center yourself
 - Body scan to become aware of your physiology
 - Guided imagery to create vivid mental pictures
- Everything is done in peace and quiet

Meditation



Meditation is Difficult

- High-level skill that few master
- We ask this of clients who often have ruminations
- Mind wandering is not active participation
 - Not paying attention
- Not motivating nor rewarding
 - Feelings of guilt
- Not just-right challenge
 - Extremely challenging to attend for 10 minutes
- Difficult for therapist as coach
 - MBSR and MBCT often require 30-60 minutes of meditation as homework



Notice when your mind wanders

Bring yourself back into the moment

Wholly engage in occupation

Mindfulness of the Occupation

- How to attend to the occupation
- Downgrades
 - Use engaging activities
 - Break tasks down into smaller parts
 - Engage for 5-minute increments
- Upgrades
 - Focus on difficult tasks
 - Increase the time

Massively Multiplayer Thumb Wrestling



How did that fit into the 4 categories?

Active Participation

Motivating and Rewarding

Just-right Challenge Therapist as Coach

How does that fit into Third-wave CBT?

- What was the process of your thoughts?
 - Helpful or harmful
- How did you maintain focus?
- Was this activity meaningful?

Meditation is Useful

Great for relaxation

Highly beneficial for skilled, dedicated clients

Task-specifi c Training

Meditation isn't task specific

• It's a high-level, specific form of mindfulness

You can use TheraBand to work on biceps

 Do enough reps and your client will be better at holding groceries

Why not just practice holding the groceries?

- Vary the task demands
 - Practice different grips

Same thing with meditation vs mindfulness

- Have them attend to occupations
- Vary the task demands
 - Increase distractors
 - Decrease time

Mindful Occupations: Clinical Relevance

Instead of guided imagery meditation

- Engage in a mindful eating activity
 - Sour, sweet, salty, spicy

Instead of attending to the breath

- Attend to a game
 - Notice the excitement; the dismay
 - Social versus solo game

Debrief to elicit insight

- How did your body react to the sour candy
- What emotions did you feel when you were losing?
 - How did you deal with the discomfort?
- How did you re-engage your mind when it wandered?

Mindful Family Visits

Client identified family visits as stressful

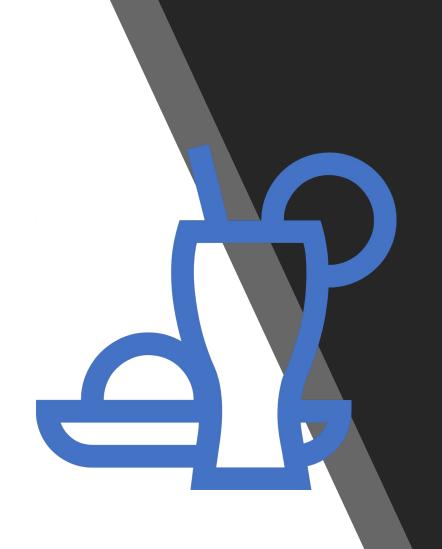
- She enjoys their time together and misses them dearly
- Though during visits, she would focus on the sadness she expects to feel after they leave
- This consumed her and made her sullen during visits

Practiced being mindfully present

- Focused on our current conversation
- Guided her attention back when she became ruminative
- Provided her opportunity to practice her self-guidance

On follow-up, client independently identified

- Greater satisfaction during family visit
- More presence and enjoyment with her child
- Better subjective feelings after departure

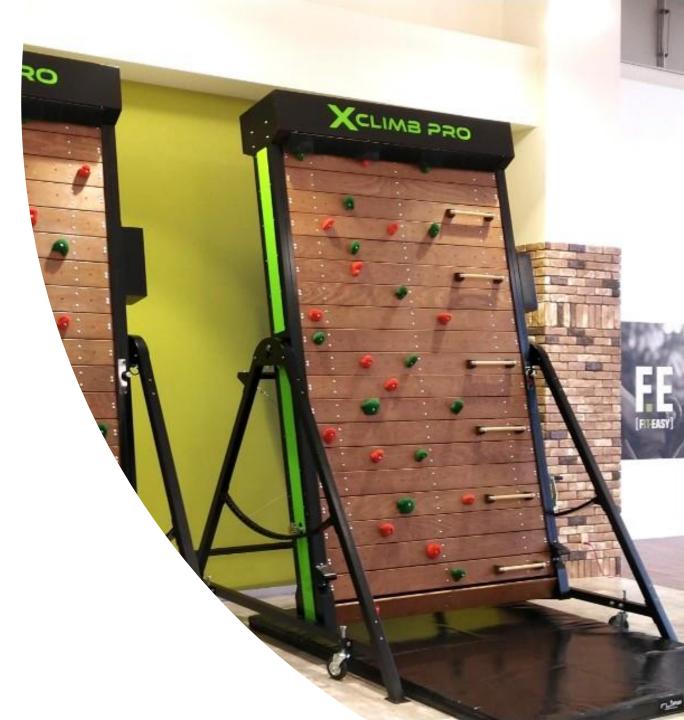


Mindful Eating

- Clients identified physical symptoms and reactions
 - Taste on tongue
 - Nose and eyes scrunch
 - Shoulders rise
- Clients debriefed on importance of mindful eating
 - Slow down and attend to each bite
 - Notice how your body feels during and after
 - Stop when you're satiated
 - Recognize the sluggish feelings that follow overeating or unhealthy eating
- Have you ever mindlessly eaten an entire bag of chips?
 - We often automatically engage in behaviors
 - Then justify them after the fact
 - How can you utilize that in a beneficial way?
 - Leave fruit in front of you and you're more likely to eat it
- Encouraged to eat one mindful meal a day

Mindful Climbing

- Client engaged in a rotating climbing wall
- Rotating speed can be changed
 - Increased speed demanded increased attention
 - No time to mind wander
 - Decreased speed required decreased attention
 - Required metacognitive strategies to inhibit mind wandering



Mindful Walking

Quietly focus on the muscles that move you; the feelings of progression through the unit

- Client became distracted
- Too high level

Downgraded to walking and talking

 Fully present in the conversation and not the distractions on the unit

Focused on the metacognition of guiding thoughts back

- Seemed to have limited insight and follow through
- Still became distracted

Identify physiology while running

- High respiration and heartrate
- Racing thoughts
- Whole body aches

Metacognitive view

- Accept the racing heart and fast breathing
 - Body aching is uncomfortable, but not overwhelming
- Gently guide attention back to my podcast

Generalization

- High heartrate and respiration rate is uncomfortable, but I can refocus myself
- Gently guide my attention to my run

Mindful Running

Mindful Presenting

Identify physiology

- High heartrate
- Racing thoughts

Metacognitive view

- Accept the racing heart as a state that will pass
- Guide thoughts to the current PowerPoint slide
 - Move past the mistakes and accidental omissions

Generalization

- High heartrate and respiration rate is uncomfortable, but I can refocus myself
- Gently guide my attention to my presentation

How do you find meaningful occupations?

Canadian
Occupational
Performance
Measure

 Broad measurement of Self Care, Productivity, and Leisure

Occupational
Self
Assessment:
Short Form

 Directed questions measuring occupations

Behavioral Activation Assessment of 10 key life areas

Behavioral Activation



Unhealthy behavior patterns exacerbate depression



Depressive behaviors provide immediate relief at the cost of future rewards



Continued engagement in depressive behaviors lead to long-term detriments

Functional Analytic Approach

- Teach clients to identify patterns that support depressive behavior
 - Inactivity
 - Avoidance
- Assess client's key life areas
 - Family
 - Physical health
- Engage in behavior that work toward those life areas
 - Spend time with family
 - Take a short walk

Brief Behavioral Activation Treatment for Depression (BATD)

Client is not taught to identify avoidant patterns

Greater attention to increasing positive activities aligned with the client's values

Life Areas Assessment

- 1. Family Relationships
- 2. Social Relationships
- 3. Intimate Relationships
- 4. Education/Training
- 5. Employment/Career
- 6. Hobbies/Recreation
- 7. Volunteer Work/Charity/Political Activities
- 8. Physical/Health Issues
- 9. Spirituality
- 10. Psychological/Emotional Issues

Behavioral Activation

- 1. Family Relationships
- 2. Social Relationships
- 3. Intimate Relationships
- 4. Education/Training
- 5. Employment/Career
- 6. Hobbies/Recreation
- 7. Volunteer Work/Charity/Political Activities
- 8. Physical/Health Issues
- 9. Spirituality
- 10. Psychological/Emotional Issues

Occupational Therapy Practice Framework

- 1. Social participation
- 2. Formal and informal education
- 3. Employment interests and pursuits
- 4. Leisure exploration
- 5. Volunteer exploration and participation
- 6. Health management and maintenance
- 7. Spirituality
- 8. Values and beliefs



 Aligns with the OT Practice Framework

Focus on engagement in valued activities

 Collaborate to problem-solve barriers to engagement

- Treatment manual is available free online
 - Easy to learn

Cost-effective

- Meta-analysis of 34 studies by Mazzuchelli et al. in 2009 concluded
 - Effect size of 0.78 for patients meeting diagnostic criteria for MDD
 - Held similar strength compared to CBT after 24 months
 - Session length varied from 4 –20

Preventative

Preliminary study of caregivers by Read et al., in 2016

- One single 90-minute session of BATD
- Valued Living Questionnaire:
 - p = .045
 - Cohen's d = .13

- Depression, Anxiety, and Stress Scale (DASS) Stress Subscale:
 - p < .001
 - Cohen's d = .53

Behavioral Activation in Context of Four Principles

Active Participation

Clients must engage in activities

Motivating and Rewarding

• Though initially difficult, engagement in valued activities is eventually rewarding, which fuels motivation

Just-right Challenge

 Break down occupations to activities that clients can succeed in

Therapist as Coach

• Majority of treatment happens by client engaging outside of therapy

Behavioral Activation in the Context of Third-wave Cognitive Behavioral Therapy



BA requires clients to face temporarily negative stimuli

Clients must accept the discomfort to re-engage



BA views rumination as a behavior

Must be mindful of daily activities

Actively choose to engage in valued activities

Conclusions

Behavioral Activation empowers clients to engage in a meaningful life, regardless of pathology

Occupational Therapy empowers clients to do what they need and want to do, and live life to its fullest



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See handout for complete listing

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