

DISASTER MENTAL HEALTH HUB
Simple psychological strategies
toolkit



Depression and behavioural activation in the aftermath of disaster and trauma

Table of contents

<i>Background</i>	2
<i>Practitioner competence checklist</i>	4
<i>Simple psychological strategies</i>	5
<i>Resources</i>	7

Background

Most people cope in the aftermath of disaster and trauma, but where psychological after-effects occur, a range of responses may be experienced, including posttraumatic stress disorder, anxiety and depression.

Depressed mood may occur for a number of reasons, including the impact of a variety of losses, and the possibility that disasters have resulted in reduced **opportunities to engage in previously enjoyed activities**. For example:

- Disasters may result in the loss of life of loved ones, and with those losses, may come reduced opportunities to engage in previously enjoyed routines and activities
- Destruction of homes, recreational centres, and social institutions, compounded by the fact that during rebuilding, the rebuilding of social and recreational venues and activities may have low priority
- Financial hardship may reduce the opportunity to engage in previously enjoyed activities
- Social distancing requirements may impact the ability to engage in previously enjoyed activities.
- The level of disruption that may result after the experience of disaster can make it difficult for individuals to feel it is OK to have fun.

Following disaster, individuals may also engage in **anxious avoidance of people, places and situations** associated with disaster, which may also contribute to reduced engagement in previously enjoyed activities.

Where clinical depression occurs, **depressed mood itself may also discourage activity** via:

- Reduced motivation to engage in activities, due to lowered expectations that such activities will be enjoyable
- Psychomotor retardation, which makes engagement in activity challenging.
- Cognitive difficulties that disturb concentration make many things more difficult to engage in or complete.
- Negative and critical thinking self-directed thinking may easily disrupt performance of activities
- Longer term social withdrawal may mean that social circles have diminished over time, leading to fewer opportunities to engage in activities in company.

Where these factors are relevant, **behavioural activation** may be a suitable intervention, either as a stand-alone intervention or as a component in a more comprehensive approach to treatment. In the case of behavioural activation, an important goal is to encourage the client to reengage in activities to increase their sense of pleasure, mastery, competence and connection to others. Behavioural activation has limited risk and can be taught via a brief intervention.

Recommended Reading

- Bolton, P., Bass, J. K., Sabir Zangana, G. A., Kamal, T., Murray, S. M., Kaysen, D., Lejuez, C. W., Lindgren, K., Pagoto, S., Murray, L. K., Van Wyk, S. S., Amin Ahmed, A. M., Mohammad Amin, N. M., & Rosenblum, M. (2014). A randomized controlled trial of mental health interventions for survivors of systematic violence in Kurdistan, Northern Iraq. *BMC Psychiatry*, *14*(1), 23–59. doi.org/10.1186/s12888-014-0360-2
- Jakupcak, M., Wagner, A., Paulson, A., Varra, A., & McFall, M. (2010). Behavioral activation as a primary care-based treatment for PTSD and depression among returning veterans. *Journal of Traumatic Stress*, *23*(4), 491–495. doi.org/10.1002/jts.20543
- Lejuez, C. W., Hopko, D. R., Acierno, R., Daughters, S. B., & Pagoto, S. L. (2011). Ten Year Revision of the Brief Behavioral Activation Treatment for Depression: Revised Treatment Manual. *Behavior Modification*, *35*(2), 111–161. doi.org/10.1177/0145445510390929
- MacPhillamy, D. J., & Lewinsohn, P. M. (1982). The pleasant events schedule: Studies on reliability, validity, and scale intercorrelation. *Journal of Consulting and Clinical Psychology*, *50*(3), 363. doi.org/10.1037/0022-006X.50.3.363
- Wong, S. Y. S., Sun, Y. Y., Chan, A. T. Y., Leung, M. K. W., Chao, D. V. K., Li, C. C. K., Chan, K. K. H., Tang, W. K., Mazzucchelli, T., Au, A. M. L., & Yip, B. H. K. (n.d.). Treating Subthreshold Depression in Primary Care: A Randomized Controlled Trial of Behavioral Activation with Mindfulness. *Annals of Family Medicine*, *16*(2), 111–119. doi.org/10.1370/afm.2206

Why?

Clinically depressed mood typically results in a decrease in physical and social activity. Conversely, physical and social activity have both been shown to lead to improvements in mood. Behavioural activation is a successful strategy that can increase lowered mood and treat clinical depression, in some cases without the use of additional cognitive or interpersonal interventions.

When?

- If a client/patient is reporting depressed mood.
- If a client/patient reports a drop in physical and social activity.
- May be useful when a client/patient is not ready to try more psychological interventions.
- If a patient's score on the Depression subscale of the DASS-21 is 5 or above (using the 0-1-2-3 rating for questions).

What?

Increasing pleasant events: ask patient to monitor mood and engage in a predefined number of pleasant activities each day. Aim to achieve a balance between activities that have the potential to result in a sense of mastery or achievement and those that have the potential to be enjoyable. Gradually aim to increase the number of activities engaged in.

Practitioner competence checklist

Do you know how to:

- Administer the DASS screening tool and interpret the Depression subscale?
- Assess a client/patient's involvement in functional pleasant events and activities?
- Provide psychoeducation about the relationship between experiencing disasters, lowered mood and reduced engagement in pleasant events?
- Explain why behavioural activation can have a positive impact on mood?
- Provide psychoeducation about behavioural activation?
- Implement a behavioural activation intervention?

This module contains information on these things.

Simple psychological strategies

Depression and behaviour assessment

In the aftermath of the experience of disaster and trauma conduct a routine psychological assessment:

- Assess for the presence of depressive symptoms e.g., low mood, crying, negative thoughts, sleep disturbance, appetite disturbance, psychomotor retardation, trouble concentrating, fatigue, feelings of guilt, hopelessness/helplessness, suicidality
- Assess behaviour-specific depression symptoms: marked anhedonia most days, disengagement in social activities, disengagement in physical activities, disengagement with activities of daily living
- Assess for other “stress or anxiety” symptoms that may be contributing to reduced engagement in social activities
- Administer Depression Anxiety Stress Scale (DASS)

Recommend the following

Recommend the client to focus on increasing pleasant events and social activities.

Provide psychoeducation

Provide a general description of depression and explain that behavioural symptoms are often related to depressed mood, and that activity levels can impact on mood.

Psychoeducation about depressed mood

Explain that the somatic/physiological and cognitive/affective symptoms may be influenced by the behavioural symptoms. Consider providing Understanding Depression handout if appropriate. Ask the client to generate a list of symptoms experienced when depressed. Consider asking the client to complete the Depression Symptoms handout to assist

- *“Following a disaster, it is not uncommon for people to experience lowered mood, and sometimes clinical depression. You may have found yourself cutting back on activities, neglecting daily responsibilities, or leaving decision making to others. That lack of activity serves to keep your mood low. Have you noticed these changes in yourself lately?”*

Psychoeducation about behavioural activation

Describe ways in which engaging in activity may assist with an improvement in mood. Provide the Vicious Cycle of Depression handout. Establish realistic expectations for change. Describe Behavioural Activation and its role in working towards an improvement in mood.

- **Activity helps you to feel better** – *“At the very least, when you start engaging in some activity, it gives your mind something else to think about. Doing things, even a little at a time, can help to give you a sense that you are moving forward, taking control of your life again, and achieving something. You may even find enjoyment in the activities you do.”*
- **Activity helps you to feel less tired** – *“Usually, when you are physically tired, you need rest. However, when your mood is low or you are depressed, the opposite is true. Sleeping more and sitting around doing nothing will cause you to feel more lethargic. Also, doing nothing leaves room for your mind to ruminate on depressive thoughts, which will contribute to a lowering of your mood.”*
- **Activity can help you think more clearly** – *“Once you get started, you may find that you take a different perspective on particular problems in your life. Also, because your mind takes a different focus as a result of the activity, your thoughts may become clearer.”*

Implement behavioural activation if indicated

Consider accessing a published Behavioural Activation treatment manual.

- Make a list of pleasurable activities the patient currently engages in.
- Make a list of pleasurable activities the patient used to participate in when their mood was better than it is now.
- Encourage them to think of as many activities as possible. If the patient has difficulty generating options, consider asking them to complete the Pleasant Events Schedule
- Look for activities that were previously rated as highly enjoyable or satisfying, but have not been engaged in in some time.
- Ask the patient to make a plan for engaging in activities during the week. Do this gradually. Add **ONLY ONE MORE ACTIVITY** to the number that the client is currently doing each day.
- Ask the patient to complete the Behavioural Activation handout.

Continue monitoring and adjust treatments as necessary

Monitor the effectiveness of the intervention by tracking changes in mood relative to activities initiated.

Increase engagement in satisfaction/mastery and pleasurable activities gradually

Continue monitoring, reassess as necessary and consider other interventions or referral to mental health specialists if increase in activity does not result in improvements in mood, or if mood deteriorates.

Resources

[Depression, anxiety and stress scale](#)

[Depression and its symptoms](#) (for client/patient)

[Vicious cycle of depression](#) (for client/patient)

[Symptoms of depression](#) (for client/patient)

[Behavioural activation handout](#)

[Pleasant events schedule](#)

[Behavioural activation treatment manual](#)

[Moodivate app](#) (available for nominal fee)