BEHAVIOURAL ACTIVATION TREATMENT OF ANXIETY
(BATA): A PRELIMINARY INVESTIGATION USING A SERIES
OF SINGLE-CASE CLINICAL REPLICATIONS

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Declaration

This thesis contains no material which has been accepted for the award of any other degree in any other university and, to the best of my knowledge or belief, contains no material previously published or written by another person, except when due reference is made in the text.

Jarrod Turner

July 2010
A note on dissemination of results to date:

(1) During its preparation, parts of the thesis have been presented at the following conferences:


(2) Parts of the thesis have been presented as an invited workshop:

9 June, 2009 - Western Australian Branch of the Australian Association for Cognitive and Behaviour Therapy: Perth, Western Australia. “Using brief behavioural activation for the treatment of anxiety”.

(3) Parts of the thesis have been published in a peer-reviewed article:


* Associate Professor David Leach supervised the thesis.
ABSTRACT

Behavioural activation (BA) therapy (Lejuez, Hopko, & Hopko, 2001; Martell, Addis, & Jacobson, 2001) is based on operant behavioural principles and involves efforts to increase the amount of ‘meaningful’ activity in the client’s everyday life, so that he or she increases contact with positive reinforcement for clinically-healthy behaviours while also decreasing contact with negative reinforcement for ‘depressed’ or ‘anxious’ behaviours. BA is an effective treatment for depression, yet rarely has been applied to anxiety despite functional similarities including the habitual avoidance that is a feature of both disorders. In this study Behavioural Activation Treatment of Anxiety (BATA) was evaluated across a series of single-case replications involving seven adults, each of whom met criteria for clinical anxiety. In each case, following a baseline period, BATA was delivered in twelve weekly 60-minute individual sessions. The effects of the treatment were evaluated using an A-B-C phase change with repeated measurement design. Dependent variables were self-monitored daily anxiety and activity levels, self-reported anxiety, and the participants’ ratings of the ‘therapeutic relationship’ between themselves and the BATA therapist. A measure of treatment integrity was used.

In six of the seven cases significant changes in daily activity levels and clinically significant decreases in anxiety were reported during the treatment phase. In five of those six cases, decreases in anxiety matched decreases in self-monitored daily anxiety. Reductions in anxiety were maintained up to a 3-month follow-up. Overall, participants rated the therapeutic relationship as just approaching ‘adequate’ and these ratings appeared not to be associated with the changes in anxiety and activity levels across the course of treatment. The treatment integrity data showed that the therapist’s behaviour followed the treatment protocol.

Overall, the results of the study were promising and showed that BATA can provide effective treatment for chronic anxiety problems in adults.
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