Behavioral Activation (BA) as an Intervention for Depressed Adolescents

1.0: Introduction and background

Depression continues to be a glaring global challenge. The most worrisome trend is eating up the youthful generation more than anyone could predict years back. As Addis & Martell (2004) note, these adolescents end up succumbing to conditions that can be traced wholly from depression. Behavioral activation can be a rewarding intervention that will go a long way in cutting down on these cases and ensure the youthful global population's lives are safeguarded if applied and monitored to ensure correct and collective implementation processes and systems. The insights and arguments presented in the research paper will focus on the utility of behavioral activation in reducing depression cases among adolescents.

Keywords: mental health; adolescents; behavioral activation

1.1: Depression prevalence and trends among adolescents

There has been a shift in the efforts and social systems and processes that have been put in place. These remedies have been instrumental in ensuring that the fight for mental health wellbeing is attained. However, despite these remarkable strides that the globe has taken, it is assumed that several statistics were not put into proper record and documentation relating to mental health; depression. In the early 20th century, and way before then, mental health was not a serious health issue (Friedrich, 2017). It does not, however, imply that there were no cases of depression. Rather, these cases were undetected and untreated because of the insufficient information and knowledge surrounding mental health conditions.

The late 90s and the advent of the 21st century have seen a significant shift in mental health conversation. The initial generalization that was existent that implied and often confused mental health conditions to neuro-conditions have shifted. Hossain et al. (2017) explain that the National Institute of Mental Health (NIMH) approximates by 2017, more than 3.2 million

Americans aged between the ages of 12 and 17 were depressed. When put and translated into the national scope, these figures reflected 13.2% of America's entire population then. If an entire excess of 13% of the US population can be affected by a condition, then that should point to a serious crisis unless it is mitigated and settled fully.

By 2020, the World Health Organization, WHO, approximated that for every six individuals aged between ten and 19 years old, one was depressed. The age bracket is the most outstanding among the other age brackets (Lu, 2019). Further, WHO added that of all the disease and injury burdens on the youthful population falling in the same age bracket, 16% of these cases were seen and could be traced to depression. Therefore, depression is not a challenge in isolation among adolescents. It replicates and flows over, causing other conditions such as diseases and injury and harm to oneself and the next person. In the same age bracket of 10 and 19 years, age 14 was the most critical. The depression cases and their direct manifestation could be seen more at this age. Friedrich (2017) notes that worrying is the fact that 80% of the depression cases among adolescents continue to go undetected due to the gaps in the healthcare and social systems, processes, and frameworks. One of the main results of acute depression is suicide. Lu (2019) explains that considering the ages of between 15 and 19, suicide deaths are ranked third in America. It, therefore, implies that acute depression is prevalently high among these populations.

Gender is a critical metric that is used to analyze and look into depression. Depressive disorders constitute more than 40% of mental health disorders among women populations globally (Lu, 2019). The same metric measures slightly over 25% of men populations. Several factors have been presented to be the reasons for the variances across the two genders, but worth of note is that depression among adolescents affects females more than males, although both genders are highly affected in general.

1.2: Facts and background on depression

The dissection process and understanding of depression as a concept have posed multiple challenges to many. There are several myths and fallacious misconceptions about depression that have been entrenched in society, especially in the 1990s. Some argued and perceived depression to be nothing serious. As Addis & Martell (2004) explains, they assumed that it was an intentional change in mood, which can be corrected instantly. The majorities of these individuals fail to place and trace significance on the major causes and potential effects. As such, they end up making inconclusive and utterly misleading assumptions about the condition.

With the discoveries and revolutions, the assumptions have since changed in form. There are thousands of depressed cases that go untreated because when one claims to be undergoing these conditions, the viewer fails to connect the causal reasons. The assumption is that for one to be depressed, then there ought to be a demonstrable reason for the cause. Such an argument and understanding of depression is not only wrong but also superficial. The best way to look at it is to look at these adolescents who form the central population of study in the paper. Adolescents of ages 9 to 18 are barely faced with serious and adversely relative issues (Addis & Martell, 2004). Yet, even in their minor issues, they end up suffering to the extent of committing suicide due to undetected and untreated depression.

Adolescents are unique populations, especially when studying them concerning mental health issues, specifically depression. It is problematic to ascertain the issues that cause depression among these populations. The World Health Organization outlines a range of metrics and determiners thought to have a high probability of causing depression among adolescents. Freedom is on top of these issues. Adolescents are usually under the direct monitoring of the parents. Due to the adolescence stage and high hormonal imbalances, they

assume that they are grown and, in most cases, want and fight for total freedom and autonomy to undertake their issues in isolation.

Consequently, they end up getting into conflicts with the parents and guardians, resulting in increased anxieties and acute stress. Besides, the quest to explore their unique sexual identities is another reason for heightened mental tensions resulting in depressions and acute stress. As Dimidjian et al. (2014) explain, the adolescent stage is the discovery period. Relationships and friendships usually escalate at this stage. When issues arise in friendships and relationships, the adolescents will have difficulty adjusting and mitigating them because they are experiencing them for the first time, making the impact high. Other relative issues include when the adolescents contract premarital pregnancies or diseases in the process of exploring their sexuality. These two do contribute to the high rates of prevalence among adolescents. Other relative issues include stigma, either actual or perceived, discrimination, and general lack of access to standard social support services.

2.0: Intervention: Behavioral activation approach

A behavioral activation approach is a therapy approach that has been credited for its high relevance and effectiveness when dealing with and handling adolescents with depression conditions. Dimidjian et al. (2014) explain that the intervention involves applying highly effective mitigation strategies, especially in generating immediate results and subsequent analysis to gauge its effectiveness. Behavioral activation, popularly known as BA, is grounded on the argument that when a typical person is stressed, they tend to shun away from the things, events, people, and experiences that would generate happiness or enjoyment. Instead, a stressed or depressed person will reinforce negative experiences with more adverse experiences propagating their conditions. Through BA, these adolescents can be supported such that they can be guided in the journey of provoking memories and experiences that will result in a

positive mood. Jacobson, Martell & Dimidjian (2001) explain that the experiences are reinforced or punished positively, improving their sustainability which implies that the mood of the affected is also kept positively for a longer time. Through repetitions, the negative experiences which translate to stress and eventual depression are eliminated in totality, leaving an individual free of depression.

2.1: Objectives of applying BA on adolescents

The main objectives of behavioral activation include:

i. Identifying the extent of the depression patterns in adolescents.
ii. Enabling the identification of the withdrawal and avoidance patterns of the affected.
iii. Identify the correct approaches and implement behavior activators to ensure adolescents' support and reduce the adverse effects of depression.
iv. To find the most viable behavior evaluation strategies and methodologies in the post-therapeutic periods.

The behavioral activation approach is anchored on studying the behavior of the affected. In many cases, the remedies that have been utilized in the process of mitigating the issues that affect these adults have been wrongly subjective. Meath (2017) explains that in many instances, conclusions are drawn by either the parents' or the therapists' way before studying the behavior of the adolescent and getting to fit in their reasoning position. When this is done tactfully, it turns out to be highly effective because the challenge is already known to the therapists and the parents with its degree of severity. Developing measures becomes navigable because all that is left to be done is applying the approach directives in the subsequent stages.

As highlighted in the former sections, adolescents and typical cases of depression tend to shun off from the optimistic mood provocation factors. They will focus more on the negative issues that will further propagate their negative moods and stress. In applying the intervention,

it will be more viable to understand the frequency and degree of avoidance. In most cases, the more severe the condition, the higher the avoidance gaps exhibited. Unlike most of the interventions at the disposal of the behavioral therapists seeking to avert depression among adolescents, BA is much more outlined, thus ample utility.

Different adolescents have different behavioral remedies that can be used to gratify them. The options are open to adjustments and readjustments because behavior, character, and personality are all differentiated from individual to individual. Through BA, which is grounded on intensive study of the subject under therapy, the most effective options that can be implemented and applied to the adolescent can be attained (Meath, 2017). Generalized approaches are negative in other instances because they may not befit one entity as they befitted the next.

After the various strategies and remedies have been applied to an entity, the evaluation process remains. Petts, Duenas & Gaynor (2017) explain how evaluation helps understand and gauge the therapy approach's effectiveness in solving the situation. BA is an effective avenue that plays this role because right from the time the approach was applied, it continues to be assessed and looked into. It becomes easier to compare the behavior results as obtained in the first case and the post-application stage.

2.2: Desired outcomes from applying BA

The connection between mood and activities one is engaged in is indispensable (Petts, Duenas & Gaynor, 2017). When one is rejuvenated and well-appreciated, they become more open to people, places, experiences, and events that reinforce their happiness. When they are saddened, individuals will tend to run off from the things that would otherwise generate a happy mood. However, when the external forces that are instigating the application of the mood-provocation idea become more compelling, then the mood will change from sad to happy. At

that stage, the depressed individual will see the need to welcome into their lives people and experiences that would take them to their old selves when they were happy. That is how BA works.

Through the application of behavioral activation, the primary ideal desired outcome is that at the end of the therapy sessions, the subjects being handled will have transformed from withdrawing and shunning off the mood activators to being jovial, receptive, open-minded, and integrally responsive. The anxiety and drawing back from the ordinary will possibly have been, and the subject should be able to demonstrate progress in the most positive ways possible (Reavell et al., 2018). Whereas these are not realized in totality in an ideal case, every therapist's ambition and goal that the subjects they manage might register such outstanding signs of progress.

Consistency is one factor that is often sought when applying BA. The intensity of the depressive situation will probably have improved from the moment of its application for the first time and subsequent times. However, Reavell et al. (2018) explain that what communicates volumes about the situation and the probability of drawing back to the depressive end is the frequency with which the subject will demonstrate the same behavior. There are instances where the individual showcases progress in a single session or day but show a negative response in the subsequent sessions. In such cases, the therapist needs to worry because there are chances that the subject will draw back into yet another wave of depression that might be more reinforced with the negative issues they might have observed in the sessions' application, making it worse. Therefore, consistency of character and behavior is another desired outcome in applying the BA approach as an intervention seeking to curb depression behavior among adolescents. Lastly, almost every therapist dreams that through the approach, they can make a clear identification of activities and remedies that are uniquely associated with

improving the individual's mood and happiness. In so doing, it becomes easier to retire to implementing these remedies later on if the depressive behavior re-appears.

2.3: Procedures and steps of implementing BA

The first step when using the BA approach as an intervention seeking to minimize the number of cases of depression would be to perform the preliminaries. Santiago-Rivera et al. (2008) explain that it would be helpful to get conversant with the subjects you wish to apply the approach towards as a therapist or a supportive aid. Setting the pace in the right way would mean that the entire process would be better and fairly placed in meeting its goals and objectives. The common and most standard way to start it off would be to review the therapy rules, standard operating procedures, and the limits of the therapy. Getting to make the subject feel comfortable and studying their symptoms. Talking to a close person who could give insights on their condition would also prove effective in driving the BA agenda forward. It is in this step that monitoring of the subject's behavior and attitudes starts.

In the second step of implementation, the therapist will make comparisons and preliminary analyses of how the subject reacts and behaves to the various stimuli that both reinforce relationships and impact the subject's mood either positively or negatively. The therapist can, in this stage, introduce a case with close monitoring of the way the subject will respond to it (Santiago-Rivera et al., 2008). The case introduced herein should be relevant and be from the studied issues and aspects surrounding the subject. The aim and goal up to this point are to measure the severity and understand the various responses. The implementing party can then communicate to the adolescents' caregivers, especially the parents or guardians, the degree and nature of the depression of the subject.

In the third stage, more activators are introduced into the subject's mood. Observations are made on how the subject manages their mood and how they respond to behaviors that are

meant to make an adjustment or alteration to their mood. More insights from the parents on the subject's behavior; adolescents would be essential in building the information base on the subject. In the fourth step, it is time to test the effectiveness of reinforcement as a viable model supporting the subject's behavior. Abundant appealing events and experiences are directed strategically at the subject with reinforcements. In the next stage, Santiago-Rivera et al. (2008) explain that a stressing factor can be introduced into the wing such that the subject is tested on their ability to solve these issues and maintain stability in their newly acquired behaviors. The progress can be monitored at this stage such that comparisons can be made to the earlier observations made. The adolescent subject can be brought on board, and their views are factored in the next steps. More practices are then done, and a viable way forward is figured out. The evaluation stage comes after some time such that counter-checks come when the subject has had the opportunity to showcase their mastery of the approach.

2.4: Measuring behavioral outcomes

The surest way to measure how effective a therapy approach has been on subjects is to look into the objectives that the approach sought to mitigate. If the objectives have been meant to a larger degree, then there are high chances that the therapy was effective to the target audience group. There should be a clear evaluation plan that will protect the subjects from experiencing relapses, taking them several steps backward (Krause et al., 2019). Consistency is the main measuring unit that is often looked at. In the Behavioral Activation approach, the adolescent under therapy is expected to progress in an ideal case, as discussed. Progress in this scenario implies that the activations successfully transformed the behavior of withdrawal and sadness into promoting the subject's happiness over time, and through reinforcement, the subject can now show interest in the pro-interest activators as anticipated. What matters immensely, however, is the consistency with which the subject can withhold that newly-

acquired transformation. How fragile are the newly acquired behaviors determines the strength of the subject, thus the therapy approach's effectiveness?

Effective measurement of the outcomes can also be assessed by looking into the comparative approaches employed by the subject. Krause et al. (2019) explain that Interpersonal Therapy is one option applied to adolescents with depression. Whereas there is a high regard for this approach, it has demonstrated slagging tendencies before the change process is recognized and realized. BA is known to be regarded especially for the immediacy of responses and impact. Therefore, if two or more cases are being compared, it would be easy to notice BA's effectiveness on IPT. If IPT cases begin showing behavior improvements and responses faster than the case with applied BA, then the therapist can easily come to the uneventful conclusion of the witnessed ineffectiveness.

Additionally, an assessment of pharmacotherapies would present ample groundwork that can help assess BA therapy's effectiveness. Pharmacotherapies entail the utility of medicinal drugs to treat depression. Depressants and painkillers are the most used drugs. When looking at BA's effectiveness in a standard case and comparing it to the cases treated by pharmacotherapy, one would realize variances. McCauley et al. (2016) note that BA is more accommodative and generates positive feedback from the subjects than pharmacology. It is often used in acute cases that require emergency management. Assessing the applied case against such a case would be a suitable way of measuring the therapy outcomes. However, the main and most classic way of measuring outcomes is to assess the objectives and goals that the approach sought to meet at the instance of the application on a subject.

2.5: Assumptions in the application of BA

The BA therapy approach is grounded on assumptions that form an essential part of its application and consequential observations and oversight until they get to their successive end.

Primarily, the approach is grounded and based on the assumption that the adolescents' experiences and information are shared across the board among the stakeholders, inclusive of the parents and guardians. Usually, adolescents do not share personal information compared to adults who are more overt (Takagaki et al., 2016). They are more confined to themselves because they can barely trust any other person. Therefore, the assumption usually poses a challenge because it then creases a niche between the adolescent, the parent, and the therapist, and if the adolescent subject decides that they cannot trust the therapist, the whole process of applying the therapy becomes harmed. After all, then the therapist cannot get any valuable information from the parent. On another scale of view, the information can be about adolescents' lives, likes, and dislikes, and insights into the persons and experiences from their pasts that can be used as activators.

Further, it is assumed that the therapist is aware of the concepts and procedures of conducting and applying reinforcements. Whereas the majority of behavioral therapists have a vast knowledge base on the application of the concepts in therapies, a therapist who has not been trained in BA or in Cognitive Behavioral Therapy, which has a close association to BA, might find it challenging to apply these issues. Reinforcement is more procedural than it is eventful (McCauley et al., 2016). It occurs when a particular behavior or trend in behavior manifests itself in more than a single instance. Positive reinforcement is when the said behavior is in line with the intended behavior to be acquired or achieved.

In contrast, negative reinforcement is such that it is shifting away from the intended behavior. Reinforcement and punishment are more closely related because of their close connection and relation to behavior construction and formulation. Therefore, the assumption is, in this case, such that the therapist is aware and knowledgeable on reinforcements and punishments and their contributions to behavior formulation or deconstruction.

The approach also assumes that the therapist is in charge and absolute control of functional analysis's critical and essential variables. Functional analysis is a concept that refers to the way the therapist and the adolescent subject under therapy collaborate and engage in an expedition to seek the most compelling behaviors that can be navigated and bear the most rewards and outcomes. Suppose the therapy session is taking place in the office. In that case, the assumption is that there are no variables within the office environment that the adolescent has control over more than the therapist does.

2.6: Theoretical rationales

The behavioral activation therapy can best be understood using Albert Bandura's Social Learning Theory. The social learning theory is in tandem with various behavioral theories such as the classical conditioning theory. The theory is grounded on the argument that behaviors, perceptions, cognitive factors, and other essential environmental factors do have a role that they play and interact to impact human behavior. According to Bandura & McClelland (1977), between the moment when a stimulus is presented to the vicinity of an individual and the moment when the individual responds to that particular stimuli, some interconnectors come in between the two concepts, and they do make an immense contribution how one responds to the stimuli. Further, the theory argues that all behaviors are learned through observational ways. Reinforcement and punishment concepts come out explicitly in the arguments by Bandura & McClelland (1977).

Like the social learning theoretical approach, BA assumes that the adolescent can be guided in the learning and acquisition of new identities that are less depressive. When the adolescent is presented with activators in the initial stages, they are bound to repel them. However, consistency of application is attained through functional analysis between the adolescent and the therapist; they finally come into critical conclusive ends that are supportive to the adolescent and rewarding. Just like the social learning theory argues, reinforcement of

character should be rewarded because it drives the entity towards the attainment of the desired target behavior. Negative reinforcement should be punished. The therapist may use punishment through changing the think line and general views of the subject adolescents from attaching themselves to sad events and sad memories to embracing activating events and experiences, which eventually result in the attainment of the desired behavior.

The social learning theory outlines four processes that play a central role in determining the end behavior trajectory—attention, retention, reproduction, and motivation. For the subject to exhibit rewarding outcomes, they should pay attention. In BA, attention tools are run and managed by the therapist. It is the reason it is assumed that all the environmental issues and aspects within the environment of the therapy are assumed to be managed by the therapist. It is the reason that in the stages of implementing BA, Meath (2017) explains that the therapist is supposed to spend the first few moments getting used to the subject and their ways besides digging up more relevant information about these adolescents from the parents whose role in the therapy is impeccable. Conclusively, there is a connection between the BA therapy approach, which is best explained and contextualized by the social learning theory making it justifiable.

3.0: Relevance of BA approach on adolescents in social work practice

The management of depression and associate mental health issues falls under the practice of social work. Social workers do offer support and social services to these adolescents in most cases. What happens when a massive youthful population is badly hit by depression is that awareness campaigns are forced to be established such that as many adolescents as possible be met and given associate and relevant support services. However, the challenge is that getting the adolescents to the negotiation table to offer help is such a task. Martin & Oliver (2019) explain that adolescents are more fragile and delicate to engage. They shun away from society

and withdraw quite immensely. The social support services tend to be the adolescents' greatest enemy because the adolescents believe that admitting that they were undergoing challenges, especially depressive waves, would prompt the social services teams to send them to care homes and other places away from their normal lives. Through BA, the conversation changes. The simplicity in the application of the approach makes it effective and easily applicable to the adolescent even when they do not know that they are being guided into the sessions. When the initial stages turn out to be successful, then the entire process becomes easier because the attitude change from the adolescent, and the welcoming mood eases subsequent remedies. Therefore, the BA therapy approach makes the social work practice on the youthful and adolescent population manageable.

Further, the practice of social work is tasked and often looked up to when there is an excessively high number of suicide cases. The practice is supposed to ensure awareness campaigns and social support structures, including the counseling frameworks and systems that will work for the good and wellbeing of the populations being served, including the youthful population, which is virtually the most vulnerable. As such, BA therapy's approach eases the process of carrying out mental health campaigns to relevant audience groups. To the adolescents, social workers can communicate and engage with the youth as they provide counseling and support services more engagingly than when generalizing the campaigns and support efforts. When applying the BA therapy approach, the focus and trajectory are usually to ensure that in the first few steps, there is an understanding of the past and present experiences of the adolescent clients as pertains to their depressive conditions (Martin & Oliver, 2019). Through engaging the parent for more information and working on a devised mechanism of bringing the adolescent to the point of changing their view and perspective, social work practice will have by this time engaged all the key stakeholders in the normative world. That will employ that the understanding and comprehension of the typical individuals' experiences will

have been understood and analyzed firsthand. Thus, is crucial for the social worker, whose focus is usually to make sense of the social situations affecting the populations and developing mitigating strategies that are rewarding enough.

The social work practice is anchored and based on trends in the social spheres. The practice usually aims at making the trends as appealing to the relevant populations as possible. If the number of deaths by suicide among adolescents drops from one year to the next, that would be a positive sign, while the reverse would point to the existent gaps in the social spheres. Through the approach, the social work practice can realize accommodative figures and trends which present hope for a better world. If the adolescents are helped and supported presently especially using the BA therapy approach, they will grow into whole fine grown-ups whose mental wellbeing is well catered for, thus a better world and safer society. Therefore, the BA therapy approach is very relevant when applied to adolescents with regards to the practice of social work.

4.0: Potential limitations of BA therapy approach

Despite the wide acceptance of the BA therapy approach, two main limiting factors can be associated with it. The approach is not proactive in nature since it ends up dealing with the symptoms rather than the causes. As Martell, Addis & Jacobson (2001) explain, the intervention comes into effect after the adolescent has shown signs of withdrawal. Further, the approach is specific to handling and reversing depressive conditions in isolation. Regarding the fact that the BA therapy approach is non-proactive, the approach does not give room for any remedies and interventions to be applied on the adolescents' way before the issues get to the awful ends of withdrawal. If the adolescent fails to respond to the intended way, then the therapy fails, and a whole new and different approach has to be sought that might be helpful. Besides, some adolescents might be having signs of depression but could be undergoing more

than a single condition of mental issues such as anxiety, acute stress, depression, and other complex mental disorders. The approach; BA therapy approach is specific for handling individuals and especially adolescents with depression alone.

In making the approach more inclusive and effective and based on the two limiting factors, the behavioral activation therapy approach should be restructured further than it is currently structured such that it can be used to solve much more than depression. There are several instances when mental conditions have replicated and appeared in a subject, not as a single condition but as a series of conditions that appear in group patterns. As a result, having a remedy and approach that takes into account more of these factors and conditions becomes a better option. Theorists and therapists can perform modifications with the aid of relevant social and behavioral theories to expand, extend and modify the theory and approach to befit into more condition scenarios and cases. Additionally, Martell, Addis & Jacobson (2001) add that if in the said adjustments of the theory, there can be a way that the approach can be enhanced to be more proactive by including the ways that can be used to prevent depression, it would be more effective and rewarding.

5.0: Utility rationale of BA therapy approach

The utility of the BA therapy approach is justifiable considering the existent relevant theories and approaches such as Cognitive Behavioral Therapy. Arean et al. (1993) explain that CBT has been around for use for a much longer time and has had established successes. Just like BA, Wenzel (2017) notes that scheduling pleasant moments is also an activity in CBT. The subjects are guided in their journey to retrieve and attain the appealing moods through going down the journey of memory revisiting the appealing experiences. According to Gortner et al. (1998), CBT is different from BA on a range of minor scopes, but the main difference can be seen in the fact that it is problem-solving. Unlike BA, which does not have to solve a

specific issue, Whisman (2008) explains that CBT is usually geared towards attaining specified goals. The pre-existing utility of CBT justifies the fact that the BA approach is equally navigable and its instruments worth delving.

BA approach is essentially viable, especially to adolescents, due to its simplicity in the application of the model. The model can be simplified into three broad spectacles. Firstly, activation is used to increase the exposure of the adolescent to experiences that will reward them with positive and happy moods. The experiences and issues that are negative are disregarded; instead of focusing on the issues and aspects that are responsible for the withdrawal signs and tendencies that the adolescent shows, focusing on the activators support the objective of the model. Attention is given to the issues and aspects that are supposed to be given priority.

Secondly, the approach is navigable and viable because it works towards the identification and subsequent reduction of the issues that come in between the subject adolescent and their happy moods. When the therapist engages the subject at the preliminary stage, the aim is to enhance understanding of the subject and the issues that obscure their mood wellbeing. These barriers are the greatest hindrances to the embracing of the activators. When the subject essentially gets to understand that they do not have to focus and give much attention to the barriers but rather to the activators and consequent effects, they end up leading more accommodating lives with a reputable mood. Lastly, the viability of the approach is attainable because of the recognition of the subject's avoidance patterns. These are behaviors and reactions that the adolescent showcases; often repels from when they are presented with experiences that could have contributed to leading them into the depression stages. Avoidance patterns give the therapist the guide on the areas to focus on when guiding the adolescent through the therapy. The intervention is viable.

References

Addis, M. E., & Martell, C. R. (2004). Overcoming depression one step at a time: The new behavioral activation approach to getting your life back. New Harbinger Publications, Incorporated. Retrieved from: https://scholar.google.com/scholar?q=Addis,+M.E.,+%26+Martel,+C.R.+(2004).+Overcoming+Depression+One+Step+at+a+Time:+The+New+Behavioral+Activation+Approach+to+Getting+Your+Life+Back.+New+York:+New+Harbinger+Press.&hl=en&as_sdt=0,5#d=gs_cit&u=%2Fscholar%3Fq%3Dinfo%3AdpDb_Br3Xr0J%3Ascholar.google.com%2F%26output%3Dcite%26scirp%3D0%26hl%3Den

Arean, P. A., Perri, M. G., Nezu, A. M., Schein, R. L., Christopher, F., & Joseph, T. X. (1993). Comparative effectiveness of social problem-solving therapy and reminiscence therapy as treatments for depression in older adults. Journal of consulting and clinical psychology, 61(6), 1003. Retrieved from: https://psycnet.apa.org/record/1994-26354-001

Bandura, A., & McClelland, D. C. (1977). Social learning theory (Vol. 1). Prentice-Hall: Englewood Cliffs. Retrieved from: https://scholar.google.com/scholar?q=bandura+social+learning+theory+1977&hl=en&as_sdt=0,5#d=gs_cit&u=%2Fscholar%3Fq%3Dinfo%3Ajf_4WGfyjiIJ%3Ascholar.google.com%2F%26output%3Dcite%26scirp%3D0%26hl%3Den

Dimidjian, S., Martell, C. R., Herman-Dunn, R., & Hubley, S. (2014). Behavioral activation for depression. Retrieved from: https://psycnet.apa.org/record/2014-05860-011

Friedrich, M. J. (2017). Depression is the leading cause of disability around the world. Jama, 317(15), 1517-1517. Retrieved from: https://jamanetwork.com/journals/jama/article-abstract/2618635

Gortner, E. T., Gollan, J. K., Dobson, K. S., & Jacobson, N. S. (1998). Cognitive–behavioral treatment for depression: Relapse prevention. Journal of consulting and clinical psychology, 66(2), 377. Retrieved from: https://psycnet.apa.org/buy/1998-01101-017

Hossain, H. U. A. D., Aftab, A., Soron, T. R., Alam, M. T., Chowdhury, M. W. A., & Uddin, A. (2017). Suicide and depression in the World Health Organization South-East Asia region: A systematic review. WHO South-East Asia journal of public health, 6(1), 60-66. Retrieved from: https://apps.who.int/iris/handle/10665/329603

Jacobson, N. S., Martell, C. R., & Dimidjian, S. (2001). Behavioral activation treatment for depression: returning to contextual roots. Clinical Psychology: Science and Practice, 8(3), 255. Retrieved from: https://psycnet.apa.org/record/2001-11076-001

Krause, K. R., Bear, H. A., Edbrooke-Childs, J., & Wolpert, M. (2019). What outcomes count? Outcomes measured for adolescent depression between 2007 and 2017. Journal of the American Academy of Child & Adolescent Psychiatry, 58(1), 61-71. Retrieved from: https://www.sciencedirect.com/science/article/abs/pii/S0890856718318999

Lu, W. (2019). Adolescent depression: national trends, risk factors, and healthcare disparities. American journal of health behavior, 43(1), 181-194. Retrieved from: https://www.ingentaconnect.com/content/png/ajhb/2019/00000043/00000001/art00015

Martell, C. R., Addis, M. E., & Jacobson, N. S. (2001). Depression in context: Strategies for guided action. WW Norton & Co. Retrieved from https://psycnet.apa.org/record/2001-06573-000.

Martin, F., & Oliver, T. (2019). Behavioral activation for children and adolescents: a systematic review of progress and promise. European child & adolescent psychiatry, 28(4), 427-441. Retrieved from: https://link.springer.com/article/10.1007/s00787-018-1126-z

McCauley, E., Schloredt, K. A., Gudmundsen, G. R., Martell, C. R., & Dimidjian, S. (2016). Behavioral activation with adolescents: A clinician's guide. Guilford Publications. Retrieved from: https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=Behavioral+Activation+with+Adolescents%3A+A+Clinician%27s+Guide%2C+by+Elizabeth+McCauley%2C+Kelly+A.+Schloredt%2C+Gretchen+R.+Gudmundsen%2C+Christopher+R.+Martell%2C+and+Sona+Dimidjian.+Copyright+%C2%A9+2016.+Purchase+this+book+now%3A+www.guilford.com%2Fp%2Fmccauley&btnG=#d=gs_cit&u=%2Fscholar%3Fq%3Dinfo%3A8YczJHH8IloJ%3Ascholar.google.com%2F%26output%3Dcite%26scirp%3D0%26hl%3Den

Meath, S. (2017). Behavioral Activation with Adolescents: A Clinician's Guide. School Social Work Journal, 41(2), 89. Retrieved from: https://www.gale.com/intl

Petts, R. A., Duenas, J. A., & Gaynor, S. T. (2017). Acceptance and commitment therapy for adolescent depression: Application with a diverse and predominantly socioeconomically disadvantaged sample. Journal of Contextual Behavioral Science, 6(2), 134-144. Retrieved from: https://www.sciencedirect.com/science/article/abs/pii/S2212144717300091

Reavell, J., Hopkinson, M., Clarkesmith, D., & Lane, D. A. (2018). Effectiveness of cognitive-behavioral therapy for depression and anxiety in patients with cardiovascular disease: a systematic review and meta-analysis. Psychosomatic

Medicine, 80(8), 742-753. Retrieved from: https://journals.lww.com/psychosomaticmedicine/Abstract/2018/10000/Effectiveness_of_Cognitive_Behavioral_Therapy_for.8.aspx

Santiago-Rivera, A., Kanter, J., Benson, G., Derose, T., Illes, R., & Reyes, W. (2008). Behavioral activation as an alternative treatment approach for Latinos with depression. Psychotherapy: Theory, Research, Practice, Training, 45(2), 173. Retrieved from: https://psycnet.apa.org/record/2008-07317-006

Takagaki, K., Okamoto, Y., Jinnin, R., Mori, A., Nishiyama, Y., Yamamura, T., ... & Yamawaki, S. (2016). Behavioral activation for late adolescents with subthreshold depression: a randomized controlled trial. European child & adolescent psychiatry, 25(11), 1171-1182. Retrieved from: https://link.springer.com/article/10.1007/s00787-016-0842-5

Wenzel, A. (2017). Basic strategies of cognitive-behavioral therapy. Psychiatric Clinics, 40(4), 597-609. Retrieved from: https://www.psych.theclinics.com/article/S0193-953X(17)30067-9/abstract

Whisman, M. A. (Ed.). (2008). Adapting cognitive therapy for depression: Managing complexity and comorbidity. Guilford Press. Retrieved from: https://books.google.co.ke/books?hl=en&lr=&id=0RHdmkbB0WUC&oi=fnd&pg=PA1&dq=Jarrett,+R.B.,+Vittengl,+J.R.,+and+Clark,+L.A.+(2008).+Preventing+Recurrent+Depression.+In+M.A.+Whisman+CEOD+Adapting+Cognitive+Therapy+for+Depression:+Managing+Complexity+and+Comorbidity.+(pp+132-156).+New+York:+Guilford+Press.&ots=RwkIWvec1q&sig=ERIfMCRd35coojAx91L6H-lDOyk&redir_esc=y#v=onepage&q&f=false