

TABLE 2.1. The 10 Core Principles of Behavioral Activation

Principle 1: The key to changing how people feel is helping them change what they do.

Principle 2: Changes in life can lead to depression, and short-term coping strategies may keep people stuck over time.

Principle 3: The clues to figuring out what will be antidepressant for a particular client lie in what precedes and follows the client's important behaviors.

Principle 4: Structure and schedule activities that follow a plan, not a mood.

Principle 5: Change will be easier when starting small.

Principle 6: Emphasize activities that are naturally reinforcing.

Principle 7: Act as a coach.

Principle 8: Emphasize a problem-solving empirical approach, and recognize that all results are useful.

Principle 9: Don't just talk, do!

Principle 10: Troubleshoot possible and actual barriers to activation.

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TABLE 3.1. Frequently Asked Questions and Sample Answers

- *Isn't depression caused by a chemical imbalance in my brain?*
Answer: We know that our biology is related to depression, and we also know that changing our behavior can impact our body's chemistry. Depression is a complex condition that has multiple causes. Fortunately, depression is also a very treatable problem, and many different types of treatment have been shown to help.
- *What about medications?*
Answer: Antidepressant medications are effective for many people. The type of psychotherapy that I offer, behavioral activation, also has been demonstrated to be an effective treatment for depression. In addition, research suggests that the effects of BA can last after the treatment is completed; this tells us that the benefits of what people learn in BA can help them prevent getting depressed again in the future, even after they finish therapy.
- *Isn't this approach too simple?*
Answer: The ideas in this approach are straightforward, but putting them into practice can be difficult. That is why my role is to be a coach for you in the process of change. As we work together, I can help to guide you through a process of taking steps to get active, solve problems in your life, and feel better. It is a powerful approach, but I often say that if this were so simple you would have done it already.
- *This "activation" business seems impossible. I can barely get out of bed. Can this really help me?*
Answer: When you're depressed it is understandable that this would seem impossible and that you would question whether anything can work. A lot of people ask that very question, and many people find that what seems impossible at first begins to get easier as they get more active and reengaged. This approach is very practical, and my job is to help figure out how to make it manageable, how to find places and ways to begin activating that are doable for you right now. For some people, it's also helpful to remember that this approach has worked for many depressed people. All that said, I wouldn't be honest if I told you that I could guarantee success. I am committed to working together with you, starting where you are right now and building from there. My guess is that, as we move forward, this will all seem more feasible to you. If you are willing, we can start with a few small steps and observe the outcome and then move on from there.
- *Isn't it faking to act like I'm not depressed when I am?*
Answer: People often ask this question. It may feel awkward, but it is not fake or insincere to choose to behave in a more engaged way even when you are feeling "down." By acting as if you are not depressed, you can engage in the very behaviors that can help you feel better and build a life that supports your mood and well-being.

(continued)

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TABLE 3.1. (continued)

- *How can I add more activities when I'm already too busy and that is why I'm so depressed?*

Answer: It may be that there are, in fact, too many things on your plate. We will take a look at how all these activities serve you. I want to help you to problem-solve getting more done, fully engaging in activities, and not feeling overwhelmed.

- *Can BA work when other treatments have not?*

Answer: BA is not a cure-all by any means. I know from research that this approach can help individuals when they are depressed. I often ask my clients, What if we treated this like an experiment? We can work together for a period of time and see if this approach works for you. Since I can't guarantee success, shall we decide on a time when we'll discuss how things are going, say after four or five sessions? We'll be talking during that time as well about what might be working and what might not be working for you. What do you think?

Note. This table provides examples of a few questions frequently asked of BA therapists. The answers are not intended to be exhaustive responses but rather capture the essence of a typical response from the BA therapist.

TABLE 3.2. Style and Stance of an Effective BA Therapist

- Maintain session structure.
 - Remain action-oriented.
 - Validate clients' experiences.
 - Work collaboratively with clients.
 - Be nonjudgmental.
 - Express warmth and be genuine with clients.
 - Reinforce reports or examples of adaptive behavior.
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TABLE 4.1. Basics of Identifying Treatment Targets

- Define and describe the key problems the client experiences.
- Assess patterns of behavior.
- Use functional analysis—assessing the antecedent situations, behaviors, and consequences of behavior under typical conditions.
- Utilize the activity chart and other self-monitoring strategies.
- Monitor activities.
- Monitor mood and emotion.
- Monitor mastery and pleasure.
- Monitor intensity.
- Identify routine disruptions and avoidance patterns.
- Assess client risk.
- Collaboratively choose activities that are likely to break the depressive cycle.
- Identify initial steps for making changes.

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TABLE 5.1. Two Examples of Grading Complex Tasks

Reengaging with friends.

- Make a list of people with whom the client has lost contact.
- Gather as many current telephone numbers or e-mail addresses as possible for those individuals.
- Choose one or two people to contact.
- Choose a day, time, and method for contacting them.
- Make the call or send the e-mail.
- Invite the person to meet face-to-face.
- Identify another old friend.
- Repeat.

Improving an unsatisfying work context in which a client feels overwhelmed and is falling behind on important work projects.

- List all the work projects.
- Record the deadline for each project or indicate if projects are ongoing.
- Identify one project to target in the coming week.
- Identify the specific subcomponents of that project.
- Record the amount of time estimated for each subcomponent.
- Schedule one subcomponent task each morning.
- Monitor the amount of time spent, what was accomplished, and the barriers that arose.
- Bring the monitoring form back to the next session to troubleshoot and choose a new project for the next target.

Note. Some activities are easier to grade than others. Relationship- and employment-related goals can be complicated. Illustrated here are some ways in which a therapist and client graded such tasks.

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TABLE 5.2. Structuring and Scheduling Activities for BA

When helping clients to structure and schedule activities, often it is helpful to keep the following considerations in mind:

- What task frequency will be most effectual for the client?
- What duration and/or intensity of the activity will be most effectual for the client?
- On what specific days and at what times should the client do the activity?
- Have you and the client started “small”?
- Have you and the client countered “all-or-nothing activation”?
- Have you and the client identified activities that are likely to be naturally reinforcing?

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TABLE 6.1. Understanding the Power of Avoidance

It may be helpful for therapists to keep in mind the following simple facts about avoidance when working to validate a client who avoids, withdraws, or “escapes” a lot. These facts may help therapists find ways to understand their clients and may help to minimize therapist frustration or hopelessness.

- People tend to avoid when attempts to solve problems or otherwise engage their environment are not reinforced or are in some way punished.
- When a given behavior is negatively reinforced—through the avoidance of or removal of something aversive (escape)—the likelihood that people will continue to engage in this behavior increases.
- Increased effort to overcome fatigue, poor concentration, or other depressive symptoms is needed to activate and to be productive when depressed. For most people, the increased effort when depressed is aversive; to the extent that the avoidance of this is negatively reinforcing, it is more likely to recur.
- Cognitive impairment with regard to problem solving is an empirically supported phenomenon for people with depression. People who are depressed simply may not be able to engage successfully in the task of problem solving without help.
- It is difficult to counter avoidance and activate oneself when depressed. The contextual features of depression make it so. Depressed clients are acting in a way that feels natural and need coaching to counter avoidance and get activated because activating oneself may feel fake or unnatural in a depressed state.

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TABLE 6.2. The ACTION Acronym—Therapist Version

Through these ACTION steps, therapists can remind clients of the key components of BA: to evaluate the function of their behavior, to identify when they are engaging in avoidance behavior, to remember that they have a choice in how they respond to situations, to integrate new behaviors into routines, to observe and learn from the outcomes, and to persevere with the process of change.

Assess the function of a behavior. In other words, the client asks him- or herself how the behavior is serving him or her. What are the consequences? Does the behavior act as a depressant? Is it inconsistent with long-term goals? Does the behavior act as an antidepressant? Is it consistent with long-term goals?

Choose an action. The concept of choice is important for two reasons. First, BA is a collaborative treatment. Clients and therapists work together as partners. Clients maintain a choice over the actions that they implement. Second, many depressed clients do not have a sense of personal agency or control in their own lives. Explicitly pointing out that they have a choice highlights their ability to exert control and influence in their lives. Clients can choose to increase or decrease specific behaviors.

Try the behavior chosen. Putting the plan into action is the heart of BA.

Integrate new behaviors into a routine. This is an essential idea to get across. After months or even years of depression, one instance of activating may not have a strong impact. Trying a new behavior just once is not sufficient for evaluating outcome. The cumulative effect of working from the “outside-in” and increasing activity is important. Repeatedly activating as new behaviors are integrated into routines can lead to improvement in mood and life context.

Observe the results. The hope, of course, is that integrating antidepressant behavior into a routine will improve the client’s depression. We cannot know if this will be the case until the client has scheduled activities, chosen to engage, and then, after integrating the activities over several trials, we and the client observed what happens. Observing the results, learning from what worked and what didn’t, and using this information to improve future action plans are all key parts of BA.

Never give up. In other words, keep going through this process. Developing a new habit of activating and engaging requires repeated efforts. Over time, these antidepressant behaviors can become automatic, even amid overwhelmingly negative feelings.

Adapted from Martell, Addis, and Jacobson (2001, pp. 102–105) in *Behavioral Activation for Depression: A Clinician’s Guide* by Christopher R. Martell, Sona Dimidjian, and Ruth Herman-Dunn (The Guilford Press, 2010). Permission to photocopy this table is granted to purchasers of this book for personal use only (see copyright page for details). Purchasers may download a larger version of this table from the book’s page on The Guilford Press website.

TABLE 6.3. Hints for Helping Clients with Problem Solving and Avoidance

When helping clients with problem solving it is often helpful to keep the following things in mind:

- Is teaching traditional problem solving appropriate in this case?
- Are you helping the client with a primary problem such as needing a new job?
- Are you helping the client with a secondary problem such as withdrawing from friends?
- Is avoidance a problem that needs to be addressed?
- Is the client acting to prevent something aversive, such as staying at home to avoid getting extra work at the office?
- Is the client trying to escape from an aversive experience, such as watching television to avoid stressful family interactions?
- Have you validated the client's natural tendency to avoid while helping him or her through the challenge of making changes?
- Is the ACTION acronym appropriate for this client in this situation?

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TABLE 7.1. Interventions for Ruminative Thinking

The interventions listed below can be used once the therapist has assessed that a client is spending a great deal of time ruminating or is not fully engaged in an activity but is brooding or ruminating.

- Highlighting the consequences of ruminating
 - Ask yourself: How does ruminating affect my mood? Is it useful to ruminate? Does it help me to solve a problem in any way? Does it have short-term or long-term benefits (e.g., reducing an aversive experience such as sadness) or costs?
- Problem solving
 - Define a concrete problem to be solved; generate and evaluate possible solutions; identify the steps to help experiment with change; put the steps into action; review the results and troubleshoot.
- Attending closely to sensory experience
 - Direct your attention repeatedly to the sensory experience of seeing, hearing, smelling, touching, or tasting in the moment.
- Refocusing on the task at hand
 - Identify what specific steps are needed to complete a task. Bring your attention back to one step at a time.
- Distracting oneself from the ruminative thoughts
 - Direct your attention repeatedly to a focus that distracts from ruminative thoughts. Do something active with your body (e.g., play with a pet, exercise) or with your mind (e.g., sing a song, go through the alphabet and list objects beginning with each letter).

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TABLE 8.1. Troubleshooting

When troubleshooting problems that arise in BA, therapists should consider the following guidelines:

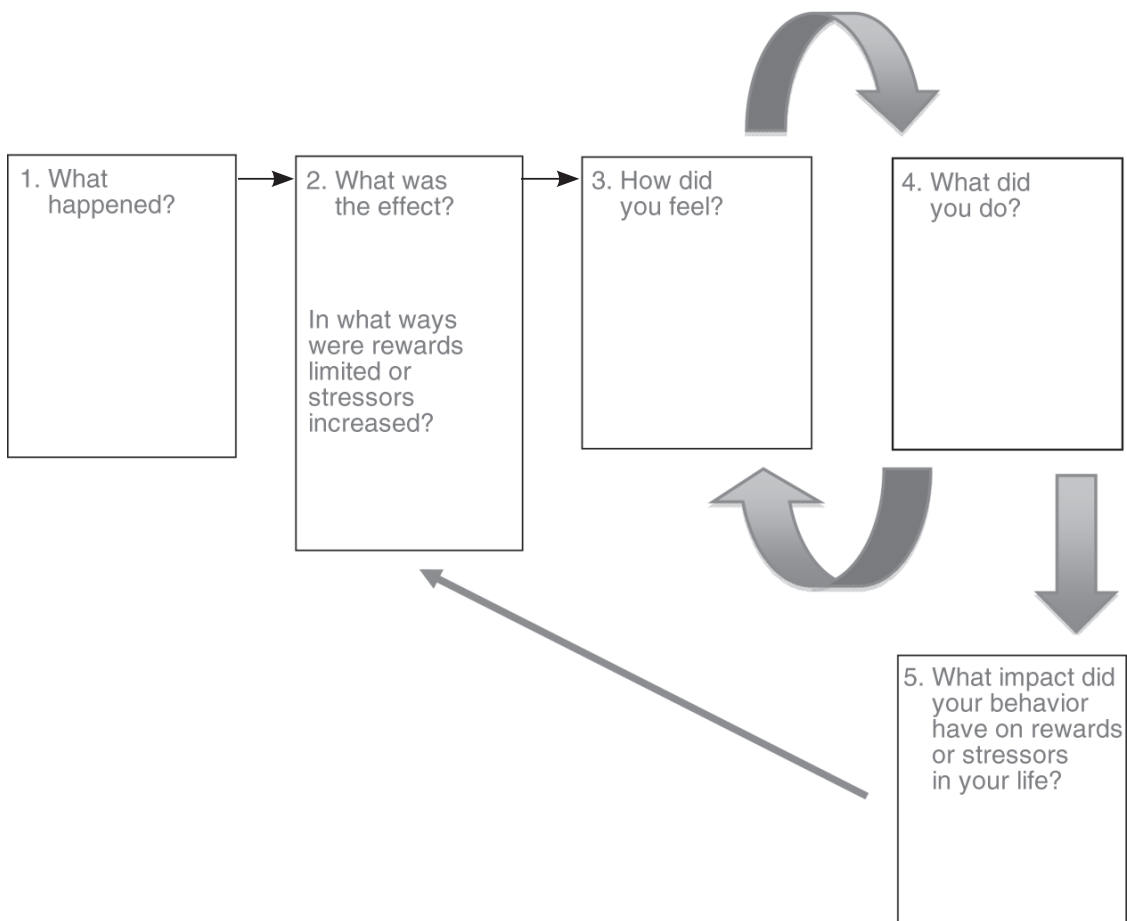
- Maintain a nonjudgmental stance when clients have problems with activation.
- Consider contextual factors that have impacted activities and barriers to success.
- Assess possible problems with activation:
 - A client hasn't understood the assignment or task.
 - A client may require that the tasks be graded in a more manageable way to take the first steps toward change.
 - A client may require skills training prior to attempting a new task (e.g., assertiveness, time management, etc.).
 - A client may require specific training to complete monitoring tasks (e.g., recording adequate detail, identifying specific emotions or intensity of mood)
 - A client may not have sufficient cues to remind him or her of the assignment.
 - A client may have competing contingencies that get in the way of doing the assignment.
 - A client may have conditioned responses that interfere with doing the assignment (e.g., a client who had a difficult break-up with someone from a particular neighborhood may suddenly feel emotionally overwhelmed when attempting to follow through on an assignment to sign up for a class offered in a building in that same neighborhood because the neighborhood itself has become a conditioned stimulus for sadness, triggering memories of the loss).
- Does the plan require tweaking?

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APPENDIX 1a

The Behavioral Activation Depression Model

Use this form to keep track of how changes in life (1) impact how rewarding or stressful life has become (2). How do you react to this (3)? What do you do to cope (4)? What impact do these behaviors have on the rewards and stressors in your life (5)?



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APPENDIX 1b

Behavioral Activation Activity Chart— Monitoring Activity and Emotion

Instructions: Record your activity for each hour of the day (what were you doing, with whom, where, etc.). Record an emotion associated with each activity (e.g., sad, happy, scared, angry, ashamed, disgusted, surprised). Rate your intensity of feeling between 1 and 10, with “1” = “not at all intense” and “10” = “very intense.”

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
5:00 A.M.— 7:00 A.M.							
7:00 A.M.							
8:00 A.M.							
9:00 A.M.							
10:00 A.M.							
11:00 A.M.							
12:00 A.M.							
1:00 A.M.							
2:00 P.M.							
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7:00 P.M.							
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9:00 P.M.							
10:00 P.M.							
11:00 P.M.— 5:00 A.M.							

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APPENDIX 1c

Behavioral Activation Activity Chart— Monitoring Activity and Mood

Instructions: Record your activity for each hour of the day (what were you doing, with whom, where, etc.). Rate the intensity of your mood (i.e., how depressed you feel) between 1 and 10, with “1” = “not at all intense” and “10” = “very intense.”

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9:00 A.M.							
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11:00 P.M.— 5:00 A.M.							

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APPENDIX 1d

Behavioral Activation Activity Chart— Monitoring Activity/Pleasure/Mastery

Instructions: Record your activity for each hour of the day (what were you doing, with whom, where, etc.). Record a rating for the pleasure (“P”) and the mastery (“M”) that you experienced as you were doing each activity. Pleasure and mastery are each rated between 1 and 10, with “0” = “low” and “10” = “high.”

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
5:00 A.M.— 7:00 A.M.							
7:00 A.M.							
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7:00 P.M.							
8:00 P.M.							
9:00 P.M.							
10:00 P.M.							
11:00 P.M.— 5:00 A.M.							

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APPENDIX 1e

Behavioral Activation Activity Chart— Planned Activities

Instructions: Record the specific activities that you and your therapist agreed you would do this week in each of the rows (Activities 1–4). You do not need to use all of these rows, or you can add more rows, depending on the specific activities you plan for the week. For each day, place a check mark to indicate if you engaged in the assigned activity. Record a mood rating for each day in the last row; mood is rated between 1 and 10, with “1” = “not at all depressed” and “10” = “most severely depressed.”

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Activity 1:							
Activity 2:							
Activity 3:							
Activity 4:							
Daily mood rating							

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APPENDIX 1f

Behavioral Activation Activity Chart— Scheduled Activities for _____

(list day of week/date)

Instructions: Schedule the specific activities that you and your therapist agreed you would do in the “Activity” column. Place a check mark in the “Completed” column to indicate if you completed the scheduled activity. Record a mood rating in the last column; mood is rated between 1 and 10, with “1” = “not at all depressed” and “10” = “most severely depressed.”)

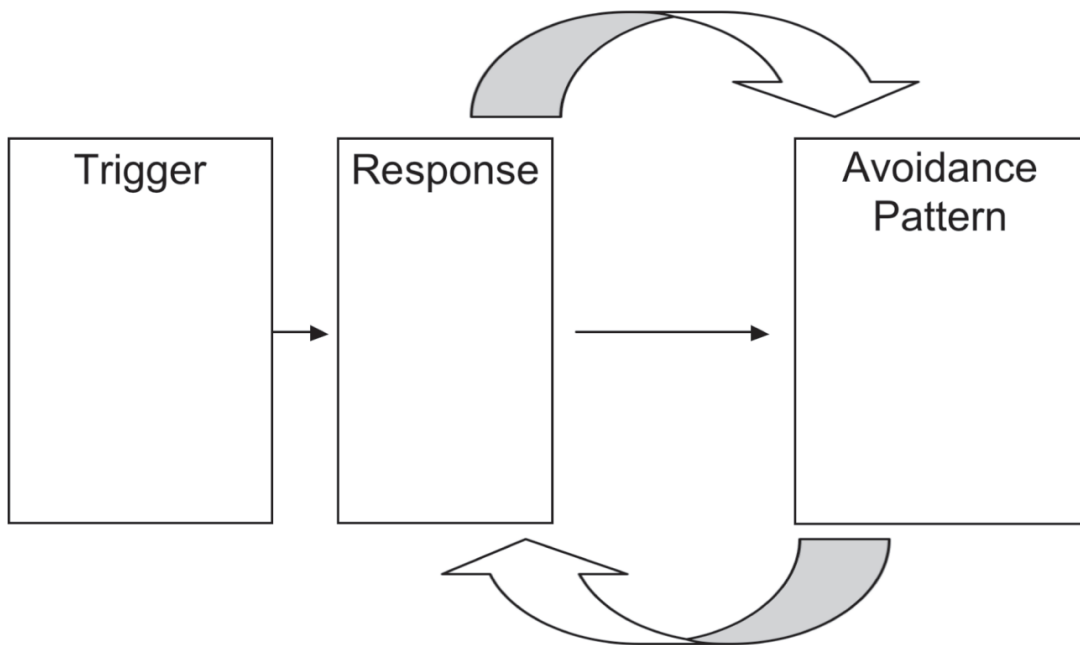
	Activity	Completed	Mood rating
5:00 A.M.— 7:00 A.M.			
7:00 A.M.			
8:00 A.M.			
9:00 A.M.			
10:00 A.M.			
11:00 A.M.			
12:00 A.M.			
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3:00 P.M.			
4:00 P.M.			
5:00 P.M.			
6:00 P.M.			
7:00 P.M.			
8:00 P.M.			
9:00 P.M.			
10:00 P.M.			
11:00 P.M.— 5:00 A.M.			

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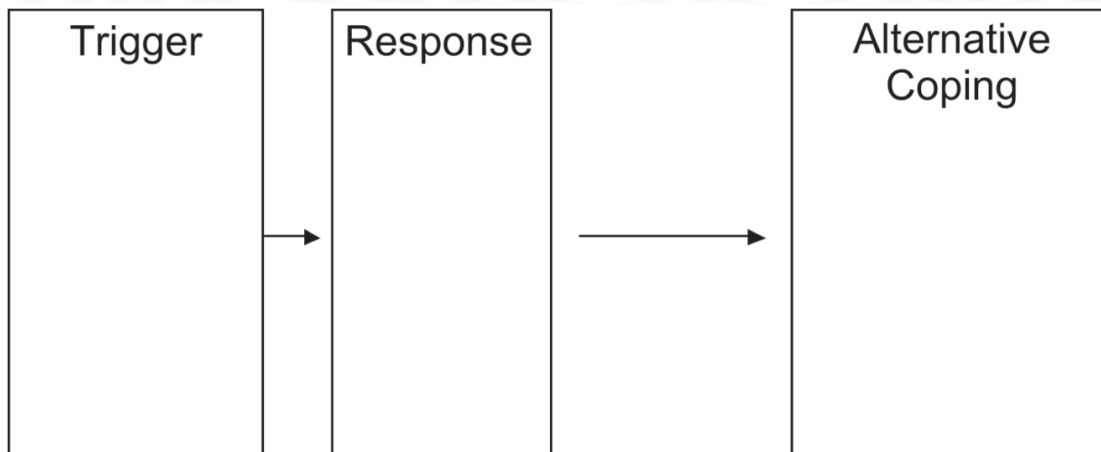
APPENDIX 1g

TRAP-TRAC Sheet

Get out of the TRAP



And back on TRAC



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APPENDIX 1h

The ACTION Acronym—Client Version

Assess the function of a behavior. How is this behavior serving you? What are the consequences? Does the behavior act as a depressant? Is it inconsistent with long-term goals? Does the behavior act as an antidepressant? Is it consistent with long-term goals?

Choose an action. What action did you choose?

Try the behavior chosen. Record the specifics of your plan for putting the new behavior(s) into action.

Integrate new behavior(s) into a routine. If you are trying something new or engaging in behavior that is opposite to your mood, it is important to try more than once before concluding whether this is helpful or not. Integrate this into a normal routine. How will you do this?

Observe the results. What is the outcome? Do you feel better or worse after the action you chose to take? Has the action moved you closer to any of your goals? Have you integrated a new routine into your schedule? What changes do you notice?

Never give up. Repeat the steps above. Developing a new habit of activating and engaging requires repeated efforts. Over time, these antidepressant behaviors will become automatic, even when you are feeling down.

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APPENDIX 2

Notebook and Weekly Therapy Plan

These sheets can be used during your therapy or as a means of self-help to continue when therapy is completed.

Session Date: _____

- What problems were discussed today in therapy?
- What have I learned about the connections between how I feel and the activities in which I'm engaged?
- What behaviors do I need to increase that are antidepressant for me?
- When will I engage in these behaviors?
- Have I broken these behaviors into steps that I'm likely to complete?
 - If so, what are the steps?
- What activities have a good chance of being powerful enough for me to lose myself in?
- Are there any activities that I'm trying to escape or avoid?
- Are there any behaviors I need to decrease because they act as a depressant for me and are inconsistent with my long-term goals?
- To what stimuli or activities can I attend so as not to be stuck in my head?
- Where am I likely to have a particularly hard time?
- What can I do to make it likely that I'll be able to cope?

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APPENDIX 4

ACTIVATE Reference Sheet for Therapists

Assess

Assess the life situations that may be associated with the client's depression as well as the secondary problem behaviors that have developed as the client has tried to cope with depression.

Assess ongoing behaviors, using activity and mood monitoring charts as well as behavioral analysis.

Follow these principles:

- Changes in life can lead to depression, and efforts to cope that provide relief in the short term may keep you stuck over time (Principle 2).
- The clues to figuring out what is going to be antidepressant lie in noticing what precedes and what follows important behaviors (Principle 3).

Counter Avoidance with Structured Activation and Effective Problem Solving

A common function of depressed clients' behavior is escape and avoidance.

Using a problem-solving strategy and teaching clients to problem-solve can provide effective ways to counter avoidance.

Follow these principles:

- You can change how you feel by changing what you do (Principle 1).
- Structure and schedule activities in order to follow a plan, not a mood (Principle 4).

Take Time to Get Specific

Define and describe behavior in specific detail.

Define problems behaviorally.

Be concrete.

Include Monitoring

Use activity and mood monitoring charts to track client behaviors and progress.

Teach clients to monitor their own behavior by using written forms or other methods preferable to them.

Validate

The BA therapist validates the client's experience, always communicating an understanding of his or her actions and feelings.

The BA therapist is constantly responsive to the client.

The BA therapist is nonjudgmental and matter-of-fact.

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Assign Activities

- Assign activities by using activity charts.
- Set goals with the client.
- Assign activities in steps.

Follow these principles:

- Structure and schedule activities in order to follow a plan, not a mood (Principle 4).
- Change is easier when you start small (Principle 5).
- Emphasize activities that are naturally reinforcing (Principle 6).
- Don't just talk, do! (Principle 9).

Troubleshoot

There will be barriers to change. The therapist uses troubleshooting in the session to help overcome barriers, and he or she teaches the client to troubleshoot.

Follow these principles:

- Emphasize a problem-solving empirical approach, and recognize that all results are useful (Principle 8).
- Troubleshoot possible and actual barriers to activation (Principle 10).

Encourage

- The BA therapist encourages clients to work from the outside-in.
- The BA therapist remains optimistic.

Follow this principle:

- Act as a coach (Principle 7).