

Handouts and Forms for
**Behavioral Activation for Depression:
A Clinician's Guide,
Second Edition**

by Christopher R. Martell, Sona Dimidjian, and Ruth Herman-Dunn
Guilford Publications, Inc.

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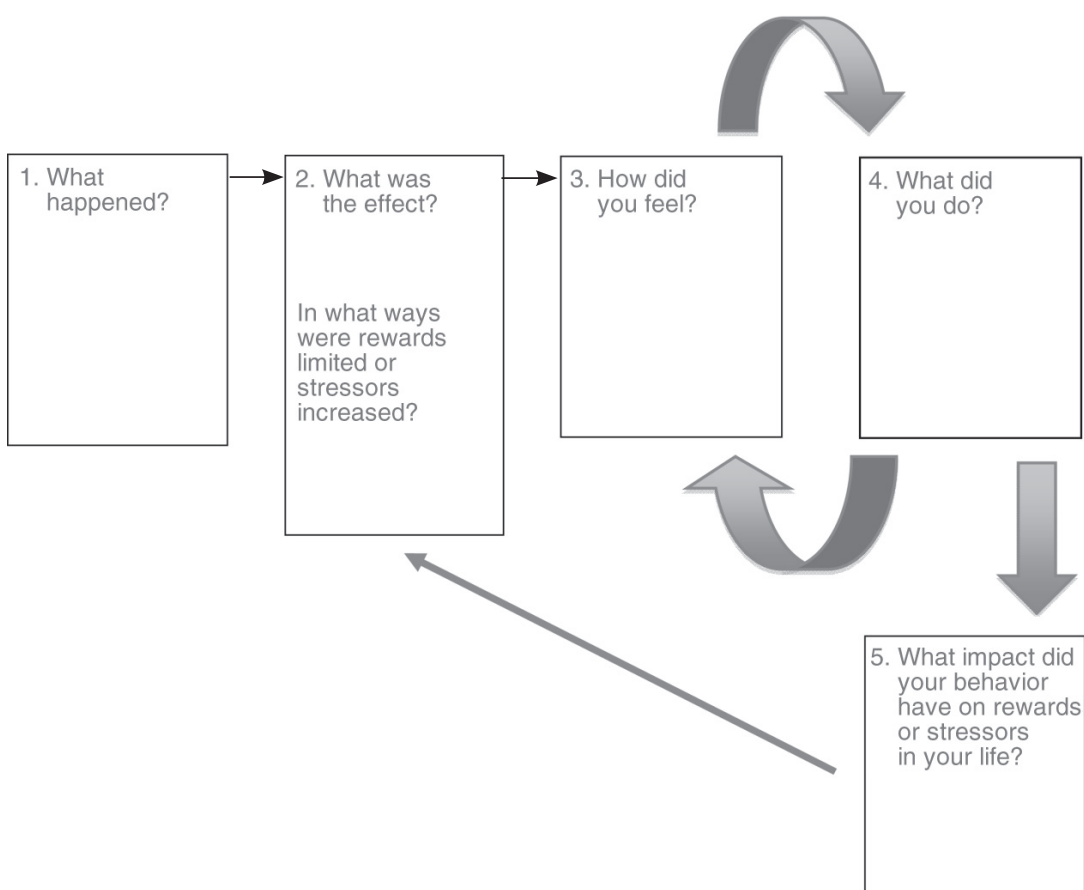
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APPENDIX 1a

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.							
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 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.”

	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.							
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 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.							
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.							
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 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.			
1:00 A.M.			
2:00 P.M.			
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.			

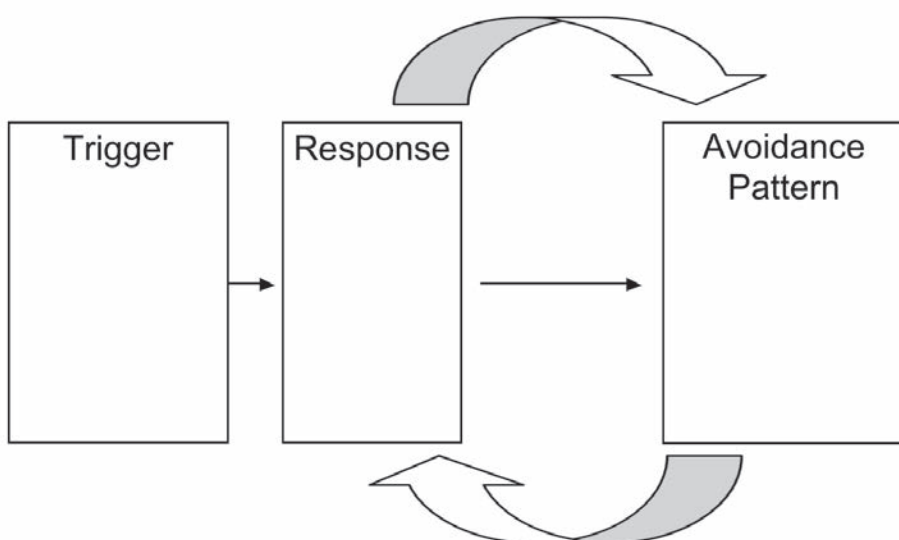
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APPENDIX 1g

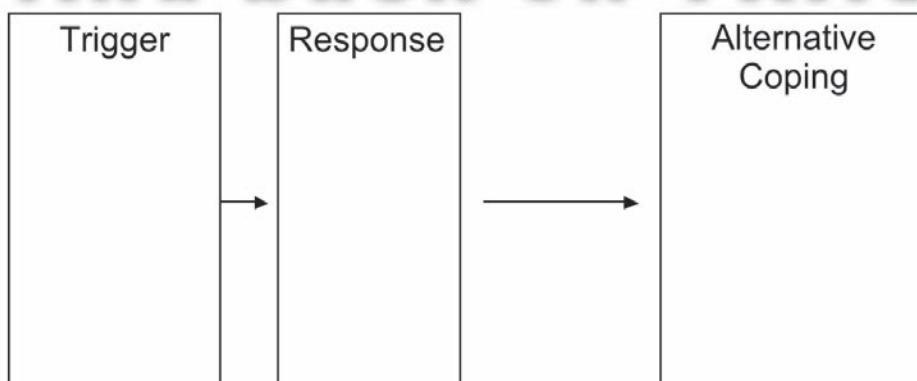
TRAP-TRAC Sheet

Instructions: Write down any situations that occur that result in an emotional response leaving you with a strong urge to escape or avoid. Record the event as a Trigger, and record your emotional Response to the trigger. Then document what you did to avoid as the Avoidance-Pattern. This is the TRAP. Now to get out of the TRAP and get back on TRAC, write the same trigger and response but think of some other way to approach the situation. Record this as your Alternative Coping.

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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APPENDIX 5

Behavioral Activation for Depression Scale

Please read each statement carefully and then circle the number that best describes how much the statement was true for you DURING THE PAST WEEK, INCLUDING TODAY.

0 = Not at all 1 2 = A little 3 4 = A lot 5 6 = Completely	0	1	2	3	4	5	6	For Scoring Purposes Only				
								AC	AR	WS	SI	T
1. I stayed in bed for too long even though I had things to do.	0	1	2	3	4	5	6			—		<u>R</u>
2. There were certain things I needed to do that I didn't do.	0	1	2	3	4	5	6			—		<u>R</u>
3. I am content with the amount and types of things I did.	0	1	2	3	4	5	6	—				—
4. I engaged in a wide and diverse array of activities.	0	1	2	3	4	5	6	—				—
5. I made good decisions about what type of activities and/or situations I put myself in.	0	1	2	3	4	5	6	—				—
6. I was active but did not accomplish any of my goals for the day.	0	1	2	3	4	5	6			—		<u>R</u>
7. I was an active person and accomplished the goals I set out to do.	0	1	2	3	4	5	6	—				—
8. Most of what I did was to escape from or avoid something unpleasant.	0	1	2	3	4	5	6		—			<u>R</u>
9. I did things to avoid feeling sadness or other painful emotions.	0	1	2	3	4	5	6		—			<u>R</u>
10. I tried not to think about certain things.	0	1	2	3	4	5	6		—			<u>R</u>
11. I did things even though they were hard because they fit in with my long-term goals for myself.	0	1	2	3	4	5	6	—				—

(continued)

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APPENDIX 5 (continued)

12. I did something that was hard to do but it was worth it.	0	1	2	3	4	5	6	—				—
13. I spent a long time thinking over and over about my problems.	0	1	2	3	4	5	6		—			<u>R</u>
14. I kept trying to think of ways to solve a problem but never tried any of the solutions.	0	1	2	3	4	5	6		—			<u>R</u>
15. I frequently spent time thinking about my past, people who have hurt me, mistakes I've made, and other bad things in my history.	0	1	2	3	4	5	6		—			<u>R</u>
16. I did not see any of my friends.	0	1	2	3	4	5	6				—	<u>R</u>
17. I was withdrawn and quiet, even around people I know well.	0	1	2	3	4	5	6				—	<u>R</u>
18. I was not social, even though I had opportunities to be.	0	1	2	3	4	5	6				—	<u>R</u>
19. I pushed people away with my negativity.	0	1	2	3	4	5	6				—	<u>R</u>
20. I did things to cut myself off from other people.	0	1	2	3	4	5	6				—	<u>R</u>
21. I took time off of work/school/chores/responsibilities simply because I was too tired or didn't feel like going.	0	1	2	3	4	5	6			—		<u>R</u>
22. My work/schoolwork/chores/responsibilities suffered because I was not as active as I needed to be.	0	1	2	3	4	5	6			—		<u>R</u>
23. I structured my day's activities.	0	1	2	3	4	5	6	—				—
24. I only engaged in activities that would distract me from feeling bad.	0	1	2	3	4	5	6		—			<u>R</u>
25. I began to feel badly when others around me expressed negative feelings or experiences.	0	1	2	3	4	5	6		—			<u>R</u>

Subscale Totals: _____

BADs Total: _____

Scoring Instructions

The scale is designed to be administered weekly to measure changes over the course of behavioral activation for depression.

AC = Activation subscale

AR = Avoidance/Rumination subscale

WS = Work/School Impairment subscale

SI = Social Impairment subscale

T = Total BADs score

APPENDIX 5 (continued)

- Items with an "R" in the scoring template should be REVERSE SCORED for the TOTAL BADS score only (6 = 0, 5 = 1, etc.).
- DO NOT REVERSE SCORE FOR SUBSCALES.
- Sum the items for each subscale to generate subscale scores.
Record all items with a "dash" (e.g., item 23) in the designated column for subscale scores.
- For all subscales, high scores are consistent with the subscale title (e.g., high scores on Activation subscale = more activation).

For example: If there is a score of 5 on item 1, record a "5" in the column with a dash under Work/School Impairment (WS) but reverse score in the Total BADS Score column and record a "1" in this column. Thus, when scores are added there will be a higher subscale score indicating more work/school impairment, but a lower total score indicating less general activation.

APPENDIX 6a

Quality of Behavioral Activation Scale—Long Form

(Dimidjian, Hubley, Martell, Herman-Dunn, & Dobson)

Therapist: _____ Client: _____
Date of Session: _____ Date of Rating: _____
Session Number: _____ Rater: _____

Rating Source: Videotape Audiotape Live

Directions: This scale is designed to provide a partial evaluation of a BA therapist and measures the quality with which BA strategies were applied.

For each item, assess the therapist on a scale from 0 to 6 and record the rating on the line next to the item number. Descriptions are provided for even-number scale points. If you believe the therapist falls between two of the descriptions, select the intervening odd number (1, 3, 5).

If the descriptions for a given item occasionally do not seem to apply to the session you are rating, feel free to disregard them and use the more general scale below:

0	1	2	3	4	5	6
Poor	Barely	Mediocre	Satisfactory	Good	Very Good	Excellent
	Adequate					

To provide a general context for ratings, ratings of 6 are assigned generally only when the therapist behavior represents an exemplar for that particular item.

Also, it is important to emphasize that when examples are provided in an item (e.g., frequency, duration, etc.), this does not require all of these behaviors to be exhibited. These lists are provided as examples of the types of behaviors that can be counted for that item.

Please do not leave any item blank, with the exception of homework review for ratings of first sessions. For all items, focus on the skill of the therapist, taking into account how difficult the client seems to be.

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PART I. STRUCTURAL AND STYLISTIC STRATEGIES

Did the therapist ENLIVEN the session with the following structural and stylistic strategies?

Strategy	Observations	Score
<p>1. ESTABLISHES AND FOLLOWS AGENDA: Did the therapist work collaboratively with the client to check on progress since the last session, current client status, and formulate and follow a specific agenda to structure the session?</p> <p>0 Therapist did not set agenda.</p> <p>2 Therapist set agenda that was vague or incomplete, was not informed by any review of progress since the last session or current status (e.g., improvement or deterioration in client mood by verbal report or self-report questionnaire), or lacked effort to involve the client.</p> <p>4 Therapist worked with client to set a mutually satisfactory agenda that included specific target problems (e.g., anxiety at work, dissatisfaction with marriage) and that was informed by the review of progress since last session or client current status.</p> <p>6 Therapist worked with client to set a mutually satisfactory agenda that included specific target problems and that was informed by the review of progress since last session or client current status, and then the therapist followed the agenda to structure the session, unless addressed by therapist and client.</p> <p>NOTE: This item focuses on the structural elements of agenda setting, not on the content of agenda items. If the targets are not promising, this should be downgraded elsewhere (Item 12).</p>		
<p>2. NURTURES ACTIVATION: Did the therapist nurture an activation focus using assessment and/or intervention strategies across the session?</p> <p>0 Therapist made no attempt to nurture an activation focus by structuring therapy time. Session seemed aimless and was marked by ordinary or tangential conversation that was not tied to the client's target problems or activation goals.</p> <p>2 Session had some focus on activation, but the therapist had significant problems remaining task focused. Ordinary or tangential discussion was frequent with minimal links to the client's target problems or activation goals.</p> <p>4 Therapist demonstrated moderate skill at nurturing an activation focus, linking assessment and/or intervention to client's target problems and goals, even if there were occasional lapses into peripheral or nonproductive discussion.</p>		

(continued)

APPENDIX 6a *(continued)*

Strategy	Observations	Score
<p>6 Therapist demonstrated optimal skill at nurturing an activation focus by structuring the session to efficiently limit peripheral and unproductive discussion and to extensively focus on activation-related assessment and/or intervention strategies that were tied to client's target problems and goals. (Note that brief digressions necessary for maintaining rapport are appropriate.)</p> <p>NOTE: This item rates the focus of the session, not the quality with which the therapist utilizes activation interventions.</p>		
<p>3. LEARNS TOGETHER AS A TEAM: Did the therapist collaborate effectively with the client, being responsive to client, adjusting pacing to support working as a team, and soliciting information to ensure that the client understood information presented in session (e.g., specific targets or interventions, the overall BA model, or other "take-home" points from the session)?</p> <p>0 Therapist did not attempt to set up collaboration with client (e.g., monopolized the session; was excessively passive or nonresponsive to the client; failed to determine client's understanding of, or response to, the session, interventions, targets, homework).</p> <p>2 Therapist attempted to collaborate with the client and discover the client's understanding of the therapist's line of reasoning during the session or to ascertain whether the client was satisfied with the session, but there were significant flaws (e.g., was not consistently open to client's influence; had difficulty defining a problem that the client considered important; asked for client input but did not allow sufficient time for client to answer fully; missed clear opportunities to engage the client actively in the session; moved at a pace that was excessively fast such that the client clearly was not "on the same page" with the therapist).</p> <p>4 Therapist collaborated with client with moderate skill. Therapist was responsive to the client's influence and modified the agenda and interventions as appropriate. Therapist also asked enough questions or provided orienting information to be sure that the client understood the therapist's focus and actions throughout the session and to determine the client's reactions to the session. Therapist's pacing was effective in moving forward as a team with the client.</p> <p>6 Collaboration was excellent; therapist encouraged client to take an active role during the session (e.g., by offering choices) and shared responsibility with the client so they could function as a team. Pacing was excellent in supporting the therapist and client as a team. Therapist was also especially adept at eliciting and responding to verbal and nonverbal feedback throughout the session (e.g., elicited reactions to session, regularly checked for understanding, helped summarize main points at end of session, provided opportunities for client to articulate "take-home messages" from the session).</p>		

<p>4. IS NONJUDGMENTAL AND MATTER-OF-FACT: Was the therapist nonjudgmental and matter-of-fact in communication with the client?</p> <p>0 Therapist seemed overtly hostile, demeaning, or critical of the client.</p> <p>2 Therapist demonstrated lapses in being nonjudgmental and matter-of-fact (e.g., expressing frustration or low tolerance of slow progress, prescriptively telling the client what they "should" do, blaming the client, failing to address directly problems such as difficulties with homework)</p> <p>4 Therapist was clearly nonjudgmental and matter-of-fact in interactions with the client.</p> <p>6 Therapist was nonjudgmental and matter-of-fact in interactions with the client, even in the face of challenges such as client discouragement, substantial difficulties with homework, session attendance.</p>		
<p>5. VALIDATES: Did the therapist validate the client by communicating that they understood the client's experience and that the client's experience makes sense?</p> <p>0 Therapist repeatedly failed to understand what the client explicitly said and thus consistently missed the point. Or therapist diminished or belittles content that is meaningful or important to client.</p> <p>2 Therapist was usually able to reflect or rephrase what the client explicitly said but repeatedly failed to respond to more subtle communication. Limited ability to listen and validate.</p> <p>4 Therapist generally seemed to grasp the client's experience as reflected by both what the client explicitly said and what the client communicated in more subtle ways. Was effective in validating problematic behaviors as part of nature of depression as appropriate. Good ability to listen and validate.</p> <p>6 Therapist seemed to understand the client's experience thoroughly and was adept at communicating that the client's experience makes sense. Was effective in validating problematic behaviors as part of nature of depression as appropriate, including such behaviors as not doing homework, missing sessions, etc. Communicated this understanding through appropriate verbal and nonverbal responses to the client. Excellent listening and validation skills.</p> <p>NOTE: If the therapist makes clear efforts to validate the client during some interactions, but there are also clear instances of invalidation, the score should be downgraded but should not be assigned a rating of zero. Rather, rate according to the session as a whole.</p>		

(continued)

APPENDIX 6a *(continued)*

Strategy	Observations	Score
<p>6. ENCOURAGES: Did the therapist acknowledge and encourage client progress?</p> <p>0 Therapist ignored all reports or demonstrations of client progress in the session.</p> <p>2 Therapist missed multiple opportunities to provide verbal or nonverbal encouragement for client progress.</p> <p>4 Therapist verbally or nonverbally acknowledged most reports or demonstrations of client progress (e.g., "you're making great progress;" "that's terrific!").</p> <p>6 Therapist acknowledged or encouraged the vast majority of reports or demonstrations of client progress, including acknowledging seemingly small improvements or efforts and including providing consistent encouragement for the client's efforts even in the face of obstacles ("you're working so hard at this").</p>		
<p>7. NATURALLY EXPRESSES WARMTH: Did the therapist display warmth during the session and appear natural and genuine in interactions with the client?</p> <p>0 Therapist appeared cold and uninterested in client's experience or insincere.</p> <p>2 Therapist did not display an overt coldness or insincerity in response to the client but appeared withdrawn, disengaged, or disconnected from the client.</p> <p>4 Therapist displayed a satisfactory degree of warmth, concern, interest, and genuineness in the client.</p> <p>6 Therapist displayed optimal levels of warmth, concern, interest, and genuineness in the client, appropriate for this particular client in this session.</p>		

PART II. CONCEPTUALIZATION, STRATEGY, AND APPLICATION

Did the therapist increase client activation with the use of the BA model and skillful application of core strategies?

Strategy	Observations	Score
<p>8. USES THE BA MODEL THROUGHOUT TREATMENT: Did the therapist use the BA model to guide treatment and respond to client progress or difficulty?</p> <p>0 Therapist uses a nonbehavioral model to guide treatment (e.g., therapist suggests that modifying distorted thoughts is necessary to improve depression).</p> <p>2 Therapist uses activation strategies in an arbitrary fashion that appear loosely informed by the BA model (e.g., suggested an activity but tenuously links the activity to improving mood), or therapist misses opportunities to highlight links between activation and client progress, or misses opportunities to reorient to the BA model in response to client difficulty.</p>		

<p>4 Therapist, with moderate skill, personalizes the BA model for a particular client, uses the BA model to guide selection of specific interventions, highlights links between activation and client progress, and returns to the BA model in response to client difficulty.</p> <p>6 Therapist, with optimal skill, personalizes the BA model for a particular client, uses the BA model to guide selection of specific interventions, highlights links between activation and client progress, and returns to the BA model in response to client difficulty.</p> <p>NOTE: When assigning a rating of "4" or "6," the use of the BA rationale either must be explicit or strongly implied. For instance, if there is an indication that the therapist and client discussed the rationale for decreasing ruminative thinking in a previous session, but only allude to it in the current session, this can be considered as evidence of using the BA rationale to guide treatment.</p>		
<p>9. REVIEWS HOMEWORK: Did the therapist review and make use of previously assigned homework with the client?</p> <p>0 Therapist did not review previous homework.</p> <p>2 Therapist did not adequately review previous homework, evidenced by either a lack of attention to detail of the client's experience with homework or failure to troubleshoot homework that was not completed. Therapist asked about homework but appeared confused or could not recall the specific assignments that were made.</p> <p>4 Therapist reviewed previous homework in sufficient detail, including any troubleshooting if necessary with moderate skill, and used the homework review to inform the present session.</p> <p>6 Therapist reviewed previous homework in sufficient detail, including any troubleshooting if necessary with optimal skill, used the homework review to inform the present session, and linked the homework review to specific activation targets (e.g., mood activity links, patterns, etc.).</p> <p>NOTE: In rating this item, "homework" can include reading material given during treatment, self-monitoring tasks, and specific activities. The therapist is not required to use the term "homework"; thus, if there is some indication that the therapist and client discussed a task in a prior session, this can be considered homework. Also, this item is considered not applicable for first sessions.</p>		

(continued)

APPENDIX 6a (continued)

Strategy	Observations	Score
<p>10. DEFINES AND ASSESSES PROBLEMS BEHAVIORALLY: Did the therapist help the client define and assess problems that are likely targets of intervention, attending to the topography and function of the behavior?</p> <ul style="list-style-type: none"> 0 Therapist did not ask questions to define behaviors or assess cues and/or consequences (e.g., mood shifts, exacerbation of problematic situation). Therapist defined problems in ways that relied on vague or characterological terms. Therapist failed to attend to obvious problems (e.g., suicidality, abuse, violence). 2 Therapist focused on defining behaviors that were irrelevant or tangential to the client's key problems. Therapist assumed rather than assessed cues and consequences of behavior. 4 Therapist, with moderate skill, asked questions, summarized, or elicited feedback to define key behaviors that were relevant to the problem area, including eliciting sufficient details about the problem (e.g., frequency, duration, etc.) and contingent relationships (e.g., between behavior, context, emotion, etc.) to guide intervention efforts. 6 Therapist, with optimal skill, asked questions, summarized, or elicited feedback to define key behaviors that were relevant to the problem area, including eliciting sufficient details about the problem (e.g., frequency, duration, etc.), contingent relationships (e.g., between behavior, context, emotion, etc.), and behavioral patterns over place and time to guide intervention efforts. 		
<p>11. SELECTS PROMISING TARGETS FOR CHANGE: Did the therapist select promising targets for positive clinical change (either increasing activation and engagement or decreasing maladaptive and avoidant behavior patterns)?</p> <ul style="list-style-type: none"> 0 Therapist did not target any behaviors in session. 2 Therapist selected targets but there were significant flaws (e.g., targeted too many behaviors or in a seemingly random fashion; targeted many behaviors that appeared to have little promise for positive clinical change; missed many opportunities to target behaviors that had clear promise). 4 Therapist selected targets that had moderate promise for positive clinical change. 6 Therapist selected targets that had high promise for positive clinical change. <p>NOTE: Promising is defined as the selection of targets that are based on a case conceptualization that applies the behavioral model of depression to the individual client. Promising targets are defined in a way that starts with where the client is and promotes increased activation.</p>		

12. SELECTS APPROPRIATE STRATEGIES FOR CHANGE: Did the therapist select appropriate activation strategies for this particular client?

- 0 Therapist did not use activation strategies or used strategies that contradicted the BA model.
- 2 Therapist selected activation strategies but did so in a manner that appeared vague, haphazard, or only tangentially relevant to the client target problems or goals. Overall, the activation strategies did not seem appropriate selections to produce change.
- 4 Therapist selected activation strategies in a manner that was relevant to the client target problems or goals. Overall, the strategies appeared coherent and seemed appropriate for producing change.
- 6 Therapist selected the most promising activation strategies in a manner that was highly relevant to client target problems or goals. Overall, the strategies appeared highly coherent and maximized the likelihood of change.

NOTE: For this item, focus on the quality of the selection of a strategy for change, not on whether change actually occurred or how skillfully the strategy was implemented (which is the focus of item 12). Ratings should encompass whether the session would have been strengthened by selecting other strategies in addition to or instead of the ones that appeared in the session.

Check all strategies that apply (definitions in appendix):

- (a) Identifies or sets goals
- (b) Brainstorms options to increase mastery or pleasure, increase approach/goal-dependent behavior, or decrease avoidance/mood-dependent behavior
- (c) Evaluates and selects actions to increase mastery or pleasure, increase approach/goal-dependent behavior, or decrease avoidance/mood-dependent behavior
- (d) Structures activity (e.g., breaks down task; sequences task components)
- (e) Schedules activity
- (f) Assigns self-monitoring
- (g) Manages contingencies
- (h) Elicits client practicing new behavior in session
- (i) Teaches alternative behaviors to decrease rumination (e.g., attention to experience, mindfulness, or distraction)

(continued)

APPENDIX 6a (continued)

Strategy	Observations	Score
<p>___ (j) Re-establish or establish routines</p> <p>___ (k) Teaches skills</p> <p>___ (l) Provides education</p> <p>___ (m) Troubleshoots action plans (anticipates potential barriers with new assignments or identified problems and solutions related to prior assignments)</p> <p>___ (n) Consolidates and summarizes gains for purposes of relapse prevention</p> <p>___ (o) Other:</p>		
<p>13. ASSIGNS HOMEWORK: Did the therapist or client develop one or more identified assignments for the client to engage in between sessions?</p> <p>0 Therapist did not attempt to assign specific homework relevant to BA.</p> <p>2 Therapist had significant difficulties assigning homework (e.g., did not explain homework in sufficient detail, did not designate a specific time, assigned inappropriate homework).</p> <p>4 Therapist assigned BA homework that was specific and clear (e.g., includes the number of times that the client would engage in the activity) and that followed logically from the discussion in the session.</p> <p>6 Therapist assigned BA homework that was specific and clear, that logically followed from discussion in the session or included a clear and specific rationale, and that included steps for how to overcome barriers, if barriers were anticipated, and attended to level of grading of the task as appropriate.</p> <p>NOTE: This item is distinct from the selection of strategies by its explicit emphasis on whether the therapist assigned a homework assignment based on selection of a particular strategy identified by item #13. For instance, brainstorming about possible activities (which could be coded under problem solving for #13) would not be considered here unless a task or activity clearly is assigned.</p>		
<p>14. APPLIES STRATEGIES SKILLFULLY: Did the therapist skillfully apply the activation strategies that were used?</p> <p>0 Therapist did not apply any activation strategies (e.g., was silent or passive or used nonbehavioral techniques) or applied activation strategies in a manner that was anti-therapeutic (e.g., belittling, pejorative, dismissive, commanding).</p> <p>2 Therapist used activation strategies, but there were <u>significant flaws</u> in the way they were applied (e.g., therapist assigned activities but was inappropriately vague in the assignment, failed to appropriately grade tasks, or was rigid and mechanical in application of activation techniques).</p> <p>4 Therapist applied behavioral activation strategies <u>with moderate skill</u> (e.g., carefully structured and scheduled homework).</p>		

6 Therapist very skillfully and resourcefully employed activation strategies (e.g., used the strategies in an especially adept fashion considering context and client variables, including effectively maintaining persistence with activation efforts in the face of barriers to change, and utilizing such strategies as shaping and contingency management).

NOTE: For this item, focus on how skillfully the techniques were applied, not on how appropriate they were for the target problem or whether change actually occurred.

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Total Score: _____

PART III. ADDITIONAL CONSIDERATIONS AND SUMMARY RATINGS

1. (a) Did any special problems arise during the session (e.g., nonadherence to homework, interpersonal issues between therapist and client, hopelessness about continuing therapy, suicidality, relapse)?

YES NO

(b) If yes:

- 0 Therapist did not deal adequately with special problems that arose.
- 2 Therapist dealt with special problems adequately, but used strategies or conceptualizations inconsistent with BA.
- 4 Therapist attempted to deal with special problems using a BA framework and was moderately skillful in applying techniques.
- 6 Therapist was very skillful at handling special problems using a BA framework.

2. Were there any significant unusual factors in this session that you feel justified the therapist's departure from the standard BA approach?

YES NO

If yes, please explain:

3. How difficult did you believe this client was to work with?

0	1	2	3	4	5	6
Not Difficult/ Very Receptive			Moderately Difficult			Extremely Difficult

4. Overall in this session, how would you rate the clinician as a behavioral activation therapist:

0	1	2	3	4	5	6
Poor	Barely Adequate	Mediocre	Satisfactory	Good	Very Good	Excellent

(continued)

APPENDIX 6a *(continued)*

5. COMMENTS AND SUGGESTIONS FOR THERAPIST'S IMPROVEMENT:

(a) Identifies or sets goals	Did the therapist identify behavioral changes that that the client wants to make and help the client set specific goals related to activation?
(b) Brainstorms options to increase mastery or pleasure, increase approach/goal-dependent behavior, or decrease avoidance/mood-dependent behavior	Did the therapist work with the client to generate options for activities that are likely to (1) provide a sense of pleasure or mastery, (2) increase approach or goal-dependent behavior, or (3) decrease avoidance or mood-dependent behavior?
(c) Evaluates and selects actions to increase mastery or pleasure, increase approach/goal-dependent behavior, or decrease avoidance/mood-dependent behavior	Did the therapist help the client evaluate and select actions to increase mastery or pleasure, increase approach/goal-dependent behavior, or decrease avoidance/mood-dependent behavior? This can include identifying pros and cons of specific actions and evaluating both long- and short-term potential consequences of implementing specific actions.
(d) Structures activity (e.g., breaks down task; sequences task components)	Did the therapist help the client structure an activity so as to make the task easier for the client or to increase the likelihood that the client will engage in the activity?
(e) Schedules activity	Did the therapist help the client schedule specific activities for the client to engage in prior to the next session at a specific time (or narrow time frame)?
(f) Assigns self-monitoring	Did the therapist encourage the client to monitor events, activities, and mood?
(g) Manages contingencies (includes plan for client to implement)	Did the therapist help the client to increase or decrease the occurrence of one or more of the client's behaviors by arranging for stimuli to prompt the client's behavior or modifying consequences to alter the occurrence of the behavior?
(h) Elicits client practicing new behavior in session	Did the therapist work with the client to practice explicit behaviors that, if utilized outside the therapy session, will increase the likelihood that the client will engage in the assigned task or make progress on a treatment target?

(i) Teaches alternative behaviors to decrease rumination (e.g., attention to experience, mindfulness, or distraction)	Did the therapist teach the client behaviors to decrease rumination such as attention to experience, mindfulness, or distraction? To be rated, it requires that these exercises are employed to target rumination.
(j) Re-establish or establish routines	Did the therapist help the client to integrate or reintegrate activities into a routine? This item would also be rated if the therapist encouraged the client to do activities more than one time in order to establish routine daily activities (e.g., regular meals, etc.) or new patterns of activation (e.g., attending a book group each month).
(k) Teaches skills	Did the therapist spend time in the session teaching the client specific skills such as assertiveness, relaxation, or other task-relevant skills (e.g., how to construct a work resume or budget, manage a household, manage the behavior of a child, etc.)?
(l) Provides education	Did the therapist provide the client with information about basic activation principles that are relevant to behavior change efforts and to understanding problems with mood/emotion? Providing education involves the therapist taking an active teaching role in the session. It may include returning to the BA model, discussing basic behavioral principles, or encouraging the client to read material that might help the client understand or resolve a problem.
(m) Troubleshoots action plans (anticipates potential barriers with new assignments or identified problems and solutions related to prior assignments)	Did the therapist troubleshoot what might get in the way of the client doing the homework assignments or attaining short- or long-term goals? The therapist highlights any potential interfering factors associated with implementing solutions and helps the client consider such potential barriers. The therapist may ask the client to imagine or mentally rehearse doing the selected activity and identify obstacles that may arise. The therapist helps the client figure out how to overcome the barriers to keep commitments and apply solutions. The therapist also helps the client learn to anticipate future events that have not yet been subjected to problem solving.
(n) Consolidates and summarizes gains for purposes of relapse prevention	Did the therapist help the client anticipate and plan to prevent or minimize a relapse of depression? This includes a focus on generalizing the new behaviors discussed and practiced in treatment sessions to all relevant contexts in the client's real-world environment outside therapy, including various situations, settings, people, and mood states.
(o) Other	Did the therapist select another strategy for change consistent with the BA model that is not listed above?

APPENDIX 6b

Quality of Behavioral Activation Scale—Short Form

(Dimidjian, Hubley, Martell, Herman-Dunn, & Dobson)

Therapist: _____ Client: _____
Date of Session: _____ Date of Rating: _____
Session Number: _____ Rater: _____

Rating Source: Videotape Audiotape Live

PART I. STRUCTURAL AND STYLISTIC STRATEGIES

1. Established and Follows Agenda	0	1	2	3	4	5	6
2. Nurtures Activation	0	1	2	3	4	5	6
3. Learns Together	0	1	2	3	4	5	6
4. Is Nonjudgmental	0	1	2	3	4	5	6
5. Validates	0	1	2	3	4	5	6
6. Encourages	0	1	2	3	4	5	6
7. Naturally Express Warmth	0	1	2	3	4	5	6

PART II. CONCEPTUALIZATION, STRATEGY, AND APPLICATION

8. Use the BA Model	0	1	2	3	4	5	6
9. Reviews Homework	0	1	2	3	4	5	6
10. Defines and Assesses Problems	0	1	2	3	4	5	6
11. Selects Promising Targets for Change	0	1	2	3	4	5	6
12. Selects Appropriate Strategies	0	1	2	3	4	5	6
13. Assigns Homework	0	1	2	3	4	5	6
14. Applies Strategies Skillfully	0	1	2	3	4	5	6

Total _____

PART III. ADDITIONAL CONSIDERATIONS AND SUMMARY RATINGS

1. (a) Did any special problems arise during the session (e.g., nonadherence to homework, interpersonal issues between therapist and client, hopelessness about continuing therapy, suicidality, relapse)?

YES NO

(continued)

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APPENDIX 6b (continued)

(b) If yes:

- 0 Therapist did not deal adequately with special problems that arose.
- 2 Therapist dealt with special problems adequately, but used strategies or conceptualizations inconsistent with BA.
- 4 Therapist attempted to deal with special problems using a BA framework and was moderately skillful in applying techniques.
- 6 Therapist was very skillful at handling special problems using a BA framework.

2. Were there any significant unusual factors in this session that you feel justified the therapist's departure from the standard BA approach?

YES NO

If yes, please explain:

3. How difficult did you believe this client was to work with?

0	1	2	3	4	5	6
Not Difficult/ Very Receptive			Moderately Difficult			Extremely Difficult

4. Overall in this session, how would you rate the clinician as a behavioral activation therapist?

0	1	2	3	4	5	6
Poor	Barely Adequate	Mediocre	Satisfactory	Good	Very Good	Excellent

5. COMMENTS AND SUGGESTIONS FOR THERAPIST'S IMPROVEMENT:

APPENDIX 7

Postsession Self-Assessment Fidelity Checklist

(developed by Dimidjian, Hubley, Herman-Dunn, & Martell)

Notes for
Supervision

1. Structure the Session	
<input type="checkbox"/> Did I set an agenda? <input type="checkbox"/> Did I maintain an activation focus? <input type="checkbox"/> Did I administer and review a depression symptom measure? <input type="checkbox"/> Did I check in about the week and any concurrent treatment? <input type="checkbox"/> Did I recap the previous session, if needed? <input type="checkbox"/> Did I review prior homework? <input type="checkbox"/> Did I assign new homework? <input type="checkbox"/> Did I orient to the client (e.g., to the treatment in general and to specific treatment interventions)? <input type="checkbox"/> Did I check in with the client to elicit concerns or questions and summarize main points from the session?	
2. Attend to the Relationship	
<input type="checkbox"/> Did I validate the client's experience? <input type="checkbox"/> Did I use a nonjudgmental and matter-of-fact style in my verbal and non-verbal communications? <input type="checkbox"/> Did I communicate, verbally and nonverbally, warmth, interest, and genuineness? <input type="checkbox"/> Did I promote collaboration and encourage the client to take an active role in the session?	
3. Assess	
<input type="checkbox"/> Did I use a behavioral case conceptualization to guide my assessment and intervention? <input type="checkbox"/> Did I behaviorally define and assess problems that are promising targets for intervention?	
4. Intervene	
<input type="checkbox"/> Did I guide the client in specifying clear, specific, and concrete goals? <input type="checkbox"/> Did I guide the client in developing a list of activities to target? <input type="checkbox"/> Did I guide the client in using and learning from self-monitoring? <input type="checkbox"/> Did I guide the client in structuring activities? <input type="checkbox"/> Did I guide the client in scheduling activities? <input type="checkbox"/> Did I guide the client in countering avoidance? <input type="checkbox"/> Did I guide the client in solving problems (e.g., generating solutions, evaluating solutions including pros/cons)? <input type="checkbox"/> Did I guide the client in modifying contingencies to promote mood and goals? <input type="checkbox"/> Did I guide the client in methods to decrease rumination? <input type="checkbox"/> Did I teach new skills as appropriate (e.g., assertiveness, parenting)? <input type="checkbox"/> Did I provide psychoeducation about depression? <input type="checkbox"/> Did I guide the client in developing a self-care relapse prevention plan? <input type="checkbox"/> Did I anticipate barriers in assigning homework? <input type="checkbox"/> Did I troubleshoot barriers in completing homework?	

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