

## Behavioral Activation Guided Practice

This packet contains the instructions and forms needed for a behavioral health care manager (BHCm) to practice facilitating a Behavioral Activation (BA) session through a role play and follow-up activities. Before beginning, BHCMs are advised to:

1. Complete the AIMS Center online learning modules for BHCMs
2. Watch the Behavioral Activation demonstration video (link on activity checklist)
3. Read “Behavioral Activation: Review” on page 2 of this packet to refresh on principles behind and steps related to BA.

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## Behavioral Activation: Review

### What is Behavioral Activation (BA)?

- Evidence-based, best practice for treating depressive symptoms
- Targets patterns of avoidance, withdrawal, and inactivity
- Structured
- Brief and easy to use
- Helps depressed people improve their mood by engaging in pleasurable activities

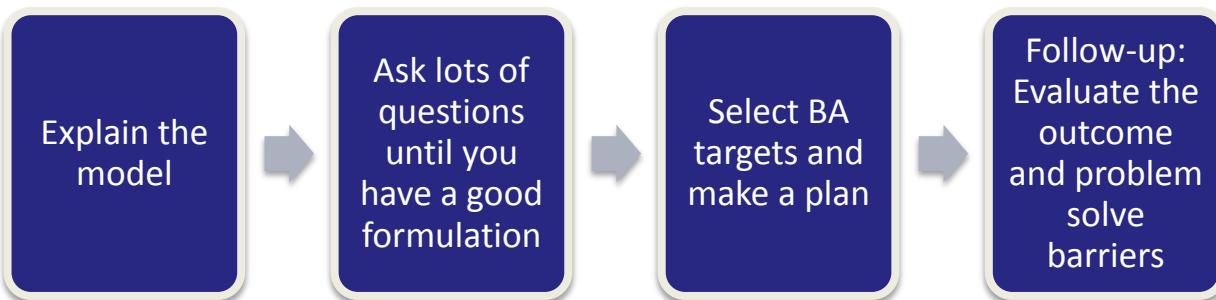
### What is the Difference between BA and Cognitive Behavioral Therapy (CBT)?

- Significant overlap between BA and CBT
- BA: strategies are commonly used in CBT, especially to activate patients in beginning
- BA: does not use formal CBT techniques such as Cognitive Restructuring
- BA: strong evidence is as effective as CBT in reducing depressive symptoms
- BA: Less complex and less time-intensive
- BA: ideal for primary care and other health settings

### Three Goals of BA

1. Increase adaptive activities, preferably for mastery and pleasure
2. Decrease activities that maintain depressive symptoms
3. Problem solve barriers to rewarding things

### Four Steps of BA



## Behavioral Activation Guided Practice

### Overview

Follow the preparation notes and instructions below to guide you and a colleague through a BA role play. To complete this portion of your training, work with another BHCM/BH clinical team member at your site who is trained in CoCM and BA, or schedule a time to meet with the AIMS Center clinical trainer to complete the role plays. After the role play, you will complete the self-assessment form (pg. 5) and discuss how the role play went with your partner. Next you will watch the debrief discussion excerpt from a live BA training session (link on activity checklist) to hear important questions and discussions related to BA and Collaborative Care (CoCM). Total time for the role play: 30-45 minutes

### Preparation

1. Print the following forms (located in this packet):  
 Role Play Patient Guidance Form       Form A: Client Education       Form C: Activity Form  
 BA Self-Assessment Form       Form B: Vicious Cycle       Form D: Action Plan
2. Identify a colleague to role play as the patient.
3. Give the 'Role Play Patient Guidance Form' to your role play partner.

### Instructions

#### Role Play Part 1 (~20 Minutes)

1. Assume a clinical interview has already been completed by you or another clinician which yielded a diagnosis of Major Depressive Disorder. Discuss the symptoms the patient is concerned about.
2. Use Forms A and B to explain the depression cycle and BA model, mentioning the evidence-base and effectiveness of BA for treating depression (with or without medication). You should aim for your introduction to the overall BA session structure to be around one minute, and your explanation of the BA model and its efficacy for treating depression should be around 9 minutes.
3. Introduce Form C to the patient
4. Ask a lot of questions to assess activities that the patient used to feel were enjoyable and/or rewarding. Use this conversation to further brainstorm more activities, using Form C for writing them out and classifying as easy, medium, or hard (10 minutes).
5. Complete the self-assessment form for questions #1-3.
6. Use the self-assessment form to discuss part 1 with your role play partner.

#### Role Play Part 2 (~10-15 minutes)

1. Continue in the same roles as Part 1 and transition from completion of Form C to introducing Form D to patient.
2. Fill out Form D with patient by drawing from the bank of activities already created with the patient from Form C. Remember to begin with tasks or activities that are simpler or easier to accomplish and the patient feels will be "mood boosters."
3. End the BA session with a summary of the patient's action plan. Do a final check-in to ensure that the patient is on board and comfortable with the planned activities and that they see them as feasible to accomplish in the next week.

4. Complete questions #4-5 and the global rating section of the self-assessment form and record the total BA session time.
5. Use the self-assessment form to discuss part 2 with your role play partner.





## Role Play Patient Guidance Form

### Instructions for Role Play Partner

Role play as one of the patient options below during the activity.

#### Option 1: Ms. A

66-year-old woman who endorses depressed mood, hopelessness, lack of interest, sleep problems.

PHQ-9: 16

Life context and stresses: many medical problems and difficulty sticking to treatment regimens; housework piling up and not getting done; children have moved away, and she is feeling less connected/needed; disappointed with husband lack of helpfulness.

#### Option 2: Mr. B

71-year-old man who endorses loss of interest, feeling “blue” (does not use the word “depressed”), early morning awakenings, low self-esteem. Worried that his symptoms are caused by cancer.

PHQ-9: 16

Life context and stresses: forced into early retirement last year; wants to continue working. Letting housework and bills and paperwork pile up. Wife still works, so is home alone much of the time with nothing to do.



## Behavioral Activation Self-Assessment Form

**Instructions:** Please rate the degree to which you covered the following elements in your BA session.

**Name:**

		Not at all	Somewhat	Fully
<b>1. Explained structure of BA (1 min)</b>				
Discussed number of sessions, length of visits, and frequency of meetings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed typical agenda of each BA session.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Explained the BA model (9 mins)</b>		Not at all	Somewhat	Fully
Reviewed key PHQ-9 symptoms.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided psychoeducation about depression and the depression cycle, how doing less and avoiding activities maintains symptoms, and ensured the patient understood.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed tracking symptoms over time using the PHQ-9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained how scheduling pleasant and rewarding activities helps.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Developed List of Rewarding Activities (Form C) (10 mins)</b>		Not at all	Somewhat	Fully
Asked questions to facilitate patient brainstorming of $\geq 10$ pleasant or rewarding activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about several domains of functioning, e.g., social, physical, religious, cultural, and intellectual activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked patient to rate difficulty level for each activity (Easy, Medium, Hard).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Scheduled Activities for the week (Form D) (10 mins)</b>		Not at all	Somewhat	Fully
Helped patient schedule one feasible rewarding activity per day.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensured specific plan (what, where, when, how long, with whom).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained how to evaluate success by checking off if completed, and satisfaction level).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Time Management</b>		Not at all	Somewhat	Fully
Kept the session within 30 minutes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept the patient focused throughout the session.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total session time (beginning to end):** \_\_\_\_\_

**Global Rating:** Based on your synthesis of all items above, how would you rate your ability to adhere to a problem-solving format during this session?

1: I need a lot of help\*     3: I feel confident but can use some direction or feedback  
 2: I need some help\*     4: I could train a colleague in BA

**My comments and questions (if any):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*If you scored a global rating of 1 or 2 and/or if you feel that this role play did not go well, you are encouraged to repeat the activity and to reach out to your AIMS Center clinical trainer for extra feedback and coaching.*



## Facts About Depression

### What is Depression?

Depression is a medical illness. When low mood or sadness persists or interferes with everyday life, it may be depression. Depression can last months or even years if not treated.

### What Are the Symptoms of Depression?

Key Symptoms:

- Depressed or sad mood
- Decreased interest or pleasure in activities

Other Symptoms:

- Significant changes in appetite or weight
- Sleep disturbances
- Restlessness or sluggishness
- Fatigue or loss of energy
- Lack of concentration or indecision
- Feelings of worthlessness or inappropriate guilt
- Thoughts of death or suicide

### What Causes Depression?

Depression is a medical illness with multiple causes including biological, psychological, social and medical factors. The symptoms of depression may reflect an imbalance in brain chemistry and may be brought about by genetics, stress or loss, or other physical changes co-occurring with medical illnesses. Sometimes depression can develop without any obvious cause.

### How is Depression Treated?

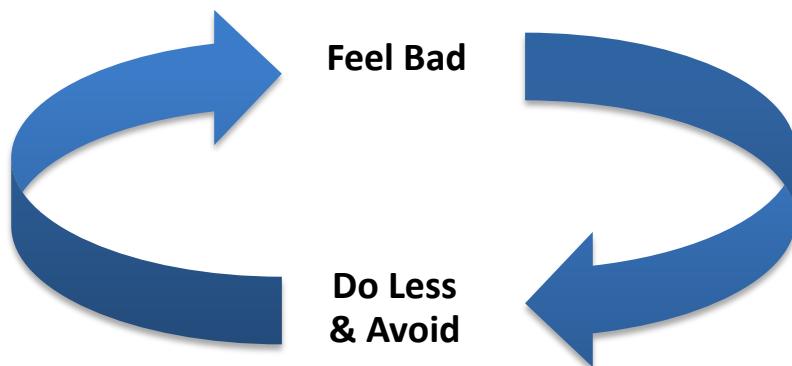
Depression is treatable. Appropriate treatment, such as medication or psychotherapy, relieves symptoms for most individuals. Engaging in pleasurable and rewarding activities has also been shown to improve depression.





### Why is it Important to do More Pleasurable and Rewarding Activities?

When people get depressed, they don't feel up to doing the kinds of things they typically enjoy. By doing fewer enjoyable and rewarding things, they begin to feel worse. As they feel worse, they do even less and get caught up in a vicious cycle.



As part of our meetings, we will help you set a goal of doing at least one pleasurable or rewarding activity each day. These goals can include physical activity, socialization, or other recreational activities or hobbies that have value and meaning to you. Engaging in pleasurable activities like these will help break the vicious cycle of depression and improve your mood, interest level, and energy.





### List of Pleasant and Rewarding Activities

**Instructions:** List desired activities and rate the difficulty of each.

	ACTIVITY	DIFFICULTY E = Easy M = Medium H = Hard
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		





## Form D

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### Scheduling Activities

Pleasant | Social | Physical

Meeting #: \_\_\_\_\_

Date: \_\_\_\_\_

Scheduling activities is an important way to deal with stress and depression. These can be pleasant, social, or physical activities. For example, a pleasant activity might be reading a book or doing a hobby; a social activity might be calling or getting together with a friend; and a physical activity might be going for a walk.

Use this worksheet to schedule a week's worth of daily activities, at least one per day. Then rate how satisfied you felt after doing the activity. Assign a rating from 0 to 10. 0 meaning 'not satisfied' and 10 meaning 'extremely satisfied'. A higher number indicates a higher amount of satisfaction after completing the activity.

Daily Activities			How satisfied did you feel?	Complete
Day	Date	Activity (What? Where? With Whom?)	Rating (0-10)	✓
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



