Introduction

What is BA and How Does It Work?

Behavioral activation (BA) is a component of cognitive behavior therapy (CBT) and was initially developed to treat depression. However, it is currently considered a standalone treatment and one of the empirically supported first-line interventions for depression in multiple consensus guidelines including the guidelines from the American Psychological Association (2019), CANMAT (Parikh et al., 2016) in Canada, and NICE (2020) in the UK. This means that there is strong evidence for the effectiveness of BA in treating depression.

While I am going to be discussing behavioral activation in relation to helping your depressed clients become more active and reengage in life, these principles apply to any area in which your clients would like to change their behavior but have had trouble starting or maintaining the changes. For example, does your client want to start an exercise program, see more friends, modify their alcohol use, or be more assertive at work or with a partner? The principles of behavior change outlined in this worksheet collection can be helpful to you.

One of the primary principles of CBT is that we can understand human experience as consisting of four factors: our thoughts and mental images, our feelings, our physical reactions, and our behaviors. These factors are all interrelated, and when you change one factor, all the other factors change. In BA, we are going to focus on helping your client change their behavior; and as clients change their behavior, their mood, physical reactions, and thoughts will also change.

In its simplest form, BA consists of understanding how your client’s daily activities have changed since they became depressed, assessing your client’s current level of activity, and then developing a specific plan to slowly and systematically introduce activities into the client’s life to increase their sense of pleasure and mastery. In addition, you want to problem solve any problems in your client’s life that are causing them stress. Starting small is important. In BA, we also believe that you can’t wait until you feel like doing an activity to get active. When you’re depressed, you just don’t feel like doing anything. You need to first get active, and the internal motivation will eventually follow.

In CBT Made Simple: A Clinician’s Guide to Practicing Cognitive Behavioral Therapy, this is how I describe BA theory:

BEHAVIORAL ACTIVATION THEORY

Pleasurable Activity + Problem Solving = Behavioral Anti-Depressant

WHAT IS DEPRESSION?

Before we talk about how to do BA, I want to explain depression. Depression varies from mild to severe. When you have mild depression, you experience some of the symptoms listed below, and the symptoms you have are relatively mild so you can continue with most of your usual day. When you are severely depressed, not only are the symptoms more severe, but it can be hard to accomplish the tasks of daily living.

Let’s look at how depression affects all the four factors we identified earlier.
**Feelings:** When we're depressed, we feel sad. People often describe a sense of hopelessness. The world feels bleak and nothing is fun. Sometimes people feel guilty for relatively minor offenses, or events they had no control over. My depressed clients often describe a sense of “beating themselves up.”

**Physical Reactions:** Depressed individuals are usually tired and lack energy. Even normal everyday activities can feel overwhelmingly difficult. Many people are either more or less hungry than usual when they're depressed, and so they often lose or gain weight. Many people experience a loss of interest in sexual activity. It is common to have difficulty concentrating when you are depressed, and if you are severely depressed, it can be difficult to have enough concentration to read or do your work.

**Thoughts:** In CBT, we look at thoughts about ourselves, other people, and the future. Here are some typical thoughts related to depression.

- **Thoughts about ourselves:** I am no good; I'm a loser
- **Thoughts about other people:** No one cares about me; No one likes me; No one will like what I do
- **Thoughts about the future:** There is no use in trying; Nothing I do will matter. In general, these thoughts tend to be related to hopelessness and a belief that nothing we do will make a difference in our lives.

**Behavior:** When we are depressed, our behavior also changes. We tend to withdraw from our usual activities. Often people who are depressed believe that withdrawing will help them feel better, as they equate withdrawing with resting. And initially, withdrawing may indeed help alleviate stress. The problem is that in the long run, when we are depressed, we withdraw not only from activities we don’t like, but also from activities that normally would be enjoyable and give us a sense of accomplishment.

---

**UNDERSTANDING THE CAUSES OF DEPRESSION**

When considering what caused your client's depression, it is important to understand both events in their past that are contributing to their depression and factors in the present that are maintaining their depression.

Past events that may be a factor in your client’s depression include, for example, childhood sexual abuse and other forms of childhood mistreatment, or significant losses. For many people, understanding and coming to terms with past events is an important component of therapy. However, in BA, we also pay attention to the factors in our clients’ present lives that are maintaining their depression. And for many clients, if you can modify the factors that are currently maintaining their depression, their depression will lift, and there is no need to examine difficult events in their past. Once we have treated a client with BA, and their current life is stable and positive, therapy can address events in a client’s past, if this is important to the client.

The first step in understanding the factors that are maintaining your client’s depression is to look at recent changes in your client’s life and understand how these changes have affected their daily life now. You particularly want to examine if these changes caused an increase or decrease in those activities in your client’s life that are pleasurable and meaningful to them.

You can think of a happy life as being similar to a bright flower. Each petal of the flower represents an activity your client did before they became depressed that made their flower, or their life, bright. When I’m considering the factors that have led to a client’s depression, I look for activities they did in the recent past that were pleasurable or meaningful, such as social activities with colleagues and friends, and activities that lead to a sense of competence or mastery. Then, I work with the client to look at which of those activities they are still engaged in. Often, their present-day flower has lost petals, and it doesn’t look as bright as it did before they became depressed. In this way, the flower acts as a visual depiction of how their life has changed.
Another analogy I use with clients is the wall analogy. I explain that feeling good is similar to building a wall made up of lots of small bricks, in that every activity you do to help boost your mood adds a brick to your wall.

UNDERSTAND THE CYCLE OF DEPRESSION

You can think of depression as a cycle that is caused and maintained by avoidance and a lack of positive reinforcement. Depression starts with changes in a client’s life that lead to a decrease in events that they enjoy and an increase in unpleasant events. The client’s overall mood declines, and they find that activities they used to enjoy are less pleasurable. They also start avoiding activities that might boost their mood, such as seeing friends and family and pursuing hobbies, exercise, or leisure activities. The more clients avoid activities that might lift their mood, the less contact they have with positive reinforcements. The less contact with positive reinforcements, the more down they feel and the less they feel like doing anything (Martell, Dimidjian, & Herman-Dunn, 2013).

When clients become less active, their overall routine is disrupted, which may lead to sleep problems, poor appetite, and generally feeling out of sync with their environment, all of which exacerbate depression (Dimidjian et al., 2013). The more your clients are caught in this cycle of depression, the more they disengage from their normal life, and the more likely they are to develop secondary problems. For example, a student who is too depressed to attend baseball practice may eventually be kicked off the team. Figure 1 shows how the cycle of depression works.

---

**Trigger:** Difficult Situation or Life Changes

- Decrease in positive events; Increase in negative events
- Low mood and fatigue
- Thoughts: I don’t enjoy anything; I am tired and need to rest.
- Avoid activities

Secondary problems; Disrupted routines
WHAT IS BEHAVIORAL ACTIVATION?

The focus of BA is helping people develop a life that they enjoy and find meaningful. And the goal is to help people engage in activities even if they don’t “feel” like it, one activity at a time, to help them learn to overcome their tendency to avoid.

When people are depressed, they think that they should “wait” until they feel like doing an activity. But in BA, activity is medicine. Engaging in activities you don’t feel like doing can be difficult, especially at first, but it’s necessary. If I sprain my ankle, I don’t wait to “feel” like doing my physiotherapy exercises. Frankly I will never “feel” like doing them; I do them because I know they will help me get better. BA is similar. Your clients need to engage in activities according to a plan, not to wait to feel like doing them.

BA typically occurs in the following order (modified from CBT Made Simple):

1. Understand your client’s depression.
2. Monitor your client’s daily activities.
3. Plan activities that increase your client’s positive mood. This step can be broken down into two parts:
   5. Part 2: Increase your client’s motivation to do the activity.
4. Treat the activity as an experiment.
5. Develop your client’s resilience plan, so they continue to plan and do mood-boosting activities going forward.

This BA resource bundle teaches specific skills related to each of the steps of behavioral activation, to supplement and complement your in-session work. Each BA skill is explained in three sections: “For You to Know,” which contains psychoeducation about the specific clinical skill you’re learning; “For You to Do,” which contains specific worksheets, handouts, questions, and other guidance you can use to practice that skill; and “Clinician's Tip” sections, which contains additional advice for you as a clinician on how to use the skill being described. The material is drawn from the second edition of CBT Made Simple by Nina Josefowitz and David Myran (2021). There are also some additional worksheets in this worksheet collection that are not in CBT Made Simple.
Step 1

Understand Your Client’s Depression

Skill 1: Identify changes in your client’s life related to their depression.

FOR YOU TO KNOW

Many clinicians routinely ask clients if there was a precipitating event that caused their depression. This is a very helpful question. It is also important to understand the reasons your client believes they became depressed. Clients from different cultures, for instance, may have a very different framework for understanding depression. What’s more, while clients sometimes have a clear idea of the precipitating cause of their depression, often, they have not made the link between a particular event they experienced and their changes in mood.

Given all this, I like to do a timeline with clients where I ask about changes in the last five years as well as changes in their life just before they became depressed. I make sure to ask about changes in three categories: social relationships, health, and work or school.

Changes in social relationships. I want to know if for any reason there was a loss or change of an important relationship. The COVID-19 pandemic in 2020, for example, caused many people to lose touch with important others in their lives. I also want to know if an important relationship became less close or developed any form of stress or conflict.

Changes in health. I want to know about any changes in health status. This includes changes in sleep, appetite, exercise, use of tobacco, and use of prescription and non-prescription drugs, as well as the client’s general well-being.

Changes in work or school. I ask if there have been any changes in school or work responsibilities, personal relationships or any other school or work-related changes. I also check about changes in finances.

Finally, I ask about any other changes in the last five years, as well as in the time period just before the client became depressed. I have found that events in the near past can continue to have a major impact in the present; an accumulation of many small changes can also add up to equal major change.

FOR YOU TO DO

Have the client complete the following worksheet to gain some understanding of why they’re experiencing depression. Or use the worksheet as a template for your own assessment of their depression during your in-session assessment.
Changes in Your Life Before You Became Depressed

To better understand the relationship between your depression and any changes in your life, answer the following questions:

1. Were there any changes in my life in the time period just before I became depressed that may have contributed to my depression?

2. Were there any changes in my life in the last five years that may have contributed to my depression?

3. Think of your social relationships just before you became depressed. How did they change? Were there any changes that involved a loss? For example, did someone pass away, or did you become less close to someone you cared about? Or were there any relationships in which there was increased conflict?
   1. Friends?
   2. Family?
   3. Work/School?

4. If you think of your social relationships in the past five years, how did they change? Again, think in particular about any changes that involved a loss, or any relationships in which there was increased conflict.
   1. Friends?
   2. Family?
3. Work/School? ____________________________________________

5. If you think of your health in the period just before you became depressed, how did it change? For instance, have there been any new diagnoses, or any changes in your medical status?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. If you think of your health in the past five years, how did it change? For instance, has there been any new diagnoses, or any changes in your medical status?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. If you think of your work or school just before you became depressed, how did it change?

1. Any changes in responsibilities? ___________________________________________

________________________________________________________________________

2. Any changes in personal relationships? _______________________________________

________________________________________________________________________

3. Any financial changes? ___________________________________________________

________________________________________________________________________

8. If you think about your work or school in the past five years, how did it change?

1. Any changes in responsibilities? ___________________________________________

________________________________________________________________________

2. Any changes in personal relationships? _______________________________________

________________________________________________________________________

3. Any financial changes? ___________________________________________________

________________________________________________________________________
CLINICIAN’S TIP

Clients are often unaware of the link between a particular event and their depression. Asking these questions during your assessment will help your client begin to understand this link, which in turn moves your client from “Something is wrong with me” to “Something changed in my life that was related to my depression.”

I also use this framework when a client is in therapy and their mood has decreased since I saw them last. When this occurs, I ask what has changed in the past week in their social relationships, in their health, and in their work and financial circumstances. If a client tells me nothing has changed, I ask them to tell me about their week and listen for any changes they may not have noticed.

Skill 2: Understand how changes in your client’s life affect their daily routines.

FOR YOU TO KNOW

Once you have identified changes in the client’s life overall, you want to understand how these changes have affected your client’s day-to-day life. Perhaps your client was able to identify that they became depressed after moving to a new city, because the lifestyle and community they’d been used to was now gone. That is important, and a first step in understanding their depression. However, you also want to help your client understand which activities they do more of because they moved, and which activities they have reduced. While moving back is not an option, it may be possible for them to engage again in some of the activities they used to enjoy and have stopped doing, so they can improve their mood.

FOR YOU TO DO

You can use the Understand Your Depression worksheet from CBT Made Simple either as a template to guide your questions in-session or as client homework between sessions. This worksheet will help your client understand, in a specific and concrete manner, how the life changes they identified in the previous step of BA have affected their daily routine—which is the first step toward developing an intervention to change this pattern.

In the next section, you will find an in-depth example of how you can use this worksheet in this step of BA.
# Understand Your Depression

1. **Changes or stressors in your life prior to your depression?**

2. **Since these changes or stressors, how have your activities changed?** Complete the form below.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Increased Since Life Changes or Stressors</th>
<th>Decreased Since Life Changes or Stressors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities I enjoy or that provide pleasure or mastery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities I do not enjoy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spending time with friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spending time with family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leisure or hobbies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking, overeating, alcohol or drug use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routines related to eating and sleeping</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CASE STUDY: JUDITH

Let’s look at an example of this skill in action. Judith is a woman in her early 80s. About twenty-five years ago, she had an episode of major depression. She was treated with medication and has not had a reoccurrence since that time. About three years ago, her husband passed away. For about a year after his death, Judith was extremely sad and withdrew from life. However, over the past two years, she has gone back to seeing old friends and regularly spending time with her children, and she has developed a good life.

During the time of COVID, Judith and I were doing telephone therapy. At one point, I had not seen her for three weeks. When I checked in and asked how she had been since our last appointment, Judith answered, “Not very well.” I asked her to tell me more, and her voice trembled as she explained that she had been “feeling edgy, not herself.” She sounded fragile as she said, “I’m scared I am going to go down that black hole of depression. I don’t want to go there again. I want this edgy feeling to stop.”

I acknowledged how frightened she was, and I wondered if there had been any changes in her life that had precipitated her change in mood. Judith said, “No, everything is fine. I’m just so scared I am going to get depressed again.”

I then asked specifically about any changes in her health, her social relationships, or her daily activities since our last session together. She explained that two weeks ago she had a cold, and while she was over the cold, she was still very tired. She had also cancelled her virtual weekly violin lesson, which she enjoyed, as she had been too tired to practice. Also, since she was tired, she had been walking less, and she often walked alone instead of with friends, as she wanted to go at a slower pace than her friends usually walked. She had also cancelled her regular appointment with her exercise trainer, as she thought she was too tired to exercise. Then Judith started telling me how attached she was to her trainer. She had met her trainer when her husband became ill, and the two of them had worked with her trainer through his long illness. It became clear that her time with her trainer also represented a special connection to her late husband.

If we look at the changes in Judith’s life this past week, we see a number of factors: (1) less energy, (2) no violin lesson, (3) less exercise, (4) less contact with friends, and (5) no contact with her trainer. When Judith and I looked at this summary, she added that she usually dropped off cookies to her grandchildren every week, but she had not felt like baking this past week; nor had she been in contact with her daughter over the phone. As we wondered if her change in mood was due to the many changes in her daily routine, Judith became less afraid that she was becoming depressed again. We then easily moved into planning how she could start to get more active, now that she was recovered from her cold, and which activities were the most likely to boost her mood.
Step 2

Monitor Your Client’s Daily Activities.

Skill 1: Help your client rate their moods.

FOR YOU TO KNOW

In these next three skills, you will explore if there is a relationship between your client’s mood and the activities that they engage in, as part of the larger task of monitoring their activities. If your client understands that their depression is at least partially related to changes in their activity levels, this opens up the possibility to problem solve how they can increase or change their current activity levels.

The first step in this process is for your client to learn to rate their moods. Some clients find rating their moods very easy, and if you ask them how sad they were at a given time on a scale from 1 to 10, with 1 representing the lowest mood and 10 the highest, they easily answer. However, for other clients, rating moods can be a new and very helpful skill. Either way, when your client rates their mood, they learn to reflect on how they feel and develop increased self-awareness.

Here is how I teach clients to rate their moods. We first identify a feeling. We then identify a situation in the client’s life in which that feeling was the strongest they’ve ever experienced, and we give that feeling an intensity rating of 10. For example, my client Bob, who was working with his feeling of anxiety, was the most anxious he had ever been when he had to give a speech in front of a hundred people. We then identify a situation in which the client did not have the feeling at all, or had the opposite of the feeling, to determine what will qualify as a 1 on the scale. In Bob’s case, he reported being completely calm when he was swimming in the lake last summer. The last step is to identify a situation that is in the middle of these two extremes, or a 5. For Bob, his 5 was answering a teacher’s question in class.

Below is what Bob’s Anxiety Scale looked like.

<table>
<thead>
<tr>
<th>How Anxious Am I?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>Swimming</td>
</tr>
</tbody>
</table>

FOR YOU TO DO

Use the following worksheet to help a client come up with an intensity scale for a particular feeling you’re working with. As clients start to rate their moods regularly, they become more self-aware and more flexible in their response to their own feelings.
Rate My Feelings

What am I feeling? ____________________________________________________________

One situation in which I felt this feeling very intensely (a 10 on the scale):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

One situation in which I felt this feeling somewhat intensely (a 5 on the scale):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

One situation in which I did not have this feeling, or felt the opposite of the feeling (a 1 on the scale):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

1 5 10
Not at all Somewhat Extremely

______________________________ ________________________________ ________________________________
Skill 2: Help your client understand the relationship between their mood and their activities.

FOR YOU TO KNOW
Most of us have very little idea how we spend our day. For example, we are often quite shocked when we actually calculate how much time we spend on our cell phones. In addition, when we are depressed, it often feels as if we are depressed the whole day. It can feel as there are no times when we feel better. Or, if there are times when our mood improves, it can feel irrelevant or arbitrary compared to the times when our mood is low. In this skill, you want to help your client explore if there is a relationship between their mood and the activities that they engage in. You are going to ask your client to monitor and rate what they do all day, hour by hour, and to rate their mood as they do each activity.

FOR YOU TO DO
Introduce the Daily Activities Schedule in the course of your session and guide your client through completing the worksheet for either today or the day before, to make sure your client understands how to use the worksheet before they use it on their own.

CLINICIAN’S TIP
When you complete the Daily Activities Schedule with your client for the first time, see if the two of you can notice any mood/activity relationship patterns in the day. Comment on any relationships you find and ask your client to notice whether these patterns hold over the course of the week as they continue using the Daily Activities Schedule to track their activities and their mood.
### Daily Activities Schedule

(1 = not at all depressed; 10 = very depressed)

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Skill 3: Help your clients find patterns in their day that are related to their moods.

FOR YOU TO KNOW

Once the Daily Activities Schedule is completed, you want to examine it with your client to see if there is a behavior/mood relationship or a situation/mood relationship at play. If you find a relationship between the activities your client engages in and their mood, you can use this to help them find ways to increase the number of times they do that activity or the amount of time they spend doing it.

Below are a set of questions to help you examine a client’s Daily Activities Schedule.

FOR YOU TO DO

Use the following Questions to Explore a Mood/Activity Relationship (from CBT Made Simple) to help clients analyze the patterns in their Daily Activities Schedule.

- Do you see an activity/mood relationship?
- What activities help you feel better?
- What activities or situations are connected to a low mood?
- What time periods are you most at risk for a low mood?
- Do you have any routines that help you maintain a positive mood?
- Is there anything you are avoiding?

CLINICIAN’S TIP

I often show this list of questions to my clients and we work through the questions together. After each question, I either summarize or ask my client to summarize what we learned. Then either I or the client writes the summary down. That way, we can refer to it later when we’re developing mood boosting activities.
Step 3

Plan Activities that Increase Your Client’s Positive Mood

Part 1: Plan the Activity

Skill 1: Focus on activities that are generally likely to boost your client’s mood.

FOR YOU TO KNOW

There are certain types of activities that tend to boost everyone’s mood.

1. **Pleasurable activities.** What is enjoyable differs for everyone, but some common ones include physical activities like sports; activities with other people, like trips to parks, playing games, or eating meals together; and things you do by yourself, like cooking, gardening, journaling, and more.

2. **Positive or even neutral social contact.** Spending time with people you are close to is the activity that is the most likely to boost your mood. Studies have found that even casual social contact can increase your mood. For example, if you say hello and chat to people who help you in a store, you are likely to feel more positive than if you just go in and do your errand. So, having your client spend time with other people in any type of social situation may help boost their mood.

3. **Activities that provide a sense of mastery or accomplishment.** This can be doing any task that you are good at. It can be a hobby, a work-related activity, or any other activity that provides a sense of mastery or accomplishment.

4. If there is a task your client has been avoiding, taking a first step towards accomplishing this task can create a sense of accomplishment. When we avoid tasks, they tend to hang over our heads; taking a first step toward completing a task can feel like a real success.

5. **Exercise.** There is very solid evidence that exercise, especially exercise that we do outside, boosts our mood. In fact, exercise is so effective that it is considered an evidence-based treatment for mild to moderate depression. Exercise does not mean running a marathon; a short walk is just fine.

6. **Activities that are consistent with our values and are meaningful to us.** When we engage in activities that are meaningful to us, we obtain a deep sense of satisfaction. These can be religious activities, activities related to political values such as recycling, or activities related to how we want to be as people, such as the activities involved in being a good parent or friend.

7. **Do something nice for someone.** New evidence is increasingly showing that human beings like being kind to others. If you’re very depressed, this can feel very hard to do, but even a small gesture of kindness to another can be meaningful. Just be sure it is something the client really wants to do and not an activity they will resent.
You can use this knowledge to help your client plan activities that will boost their mood. The following worksheet will help you and your client identify activities in each area that they can try.

**FOR YOU TO DO**

Below is a list of questions that are related to activities that may boost your client’s mood. Look at them and choose one or two questions that you might like to try asking your client.

1. What is an enjoyable activity I could add to my life?
2. Is there a way I could increase my social contact?
3. Is there anything I could do that would give me a sense of accomplishment?
4. Is there a task I have been avoiding? If so, what could be a first step toward completing that task?
5. Is there any way I could add exercise to my life?
6. Is there an activity I could do that would be meaningful to me? Is there an action, even a very small one, that I would like to do for someone else?

**CLINICIAN’S TIP**

You want to be sure that you choose just one or two activities for your client to add to their life so that you don’t overwhelm your client. You may also want to keep this list in your head and use it as a structure for what kinds of activities to encourage your client to engage in.

**Skill 2:** Help your client build on what they already do or what they used to like doing.

**FOR YOU TO KNOW**

Once you have identified a particular mood/activity relationship or mood/situation relationship, you want to use what you have discovered. Choose one or two activities in which you noticed an increase in your client’s positive mood and see if you can brainstorm ways to increase the number of times your client does this activity, and ways your client can do more of similar types of activities. For example, if your client’s mood increased when they went for a walk with a friend, can they see that friend again, see other friends, walk by themselves, or maybe even just find some time to sit outside in their garden or a park?

**FOR YOU TO DO**

Walk your client through the following worksheet on mood-boosting activities to help them plan which pleasurable activities from their Daily Activities Schedule they’d like to incorporate more regularly in their daily life and think of new ones.
Mood Boosting Activities I Would Like to Try

1. List one to three activities from your Daily Activities Schedule after which you experienced an increase in your mood.
   
   Activity 1 ______________________
   
   Activity 2 ______________________
   
   Activity 3 ______________________

2. How could you increase the number of times you do these activities in your day-to-day life, or the amount of time you spend doing them?
   
   Activity 1 ______________________
   
   Activity 2 ______________________
   
   Activity 3 ______________________

3. What could you do that would be similar and might also boost your mood?
   
   Activity 1 ______________________
   
   Activity 2 ______________________
   
   Activity 3 ______________________
CLINICIAN’S TIP

You may need to help your client think of activities that are similar and may also boost their mood. Also, remember to start small. When a client is depressed, any increase in activity feels challenging.

Skill 3: Help your client add new pleasurable activities to their lives.

FOR YOU TO KNOW

When we are depressed, everything seems too hard, and we withdraw from many activities. Ironically, it is often the activities that give us pleasure or that we enjoy most that we give up first. Over time, especially if we have been depressed for a long time, we may almost forget what we actually enjoy doing. So, an important part of BA is helping your client get back in touch with what they like to do.

FOR YOU TO DO

In the following pages, you will find a list of activities that many people enjoy. Look over them with your client and see if there are one or two that they might like to try.

CLINICIAN’S TIP

Many clients, when they are depressed, have trouble imagining they might enjoy any activity. Encourage your client to treat a new activity as an experiment. It can also be helpful to look for activities your client used to enjoy or that are similar to activities they already engage in.
Pleasurable Activities List

Physical Activity

- Pilates or yoga
- Walking
- Playing ball (tennis, basketball, baseball, ping pong, Frisbee, catch)
- Playing pool or billiards
- Bowling
- Bicycling
- Swimming
- Running, jogging
- Any team sport

Being with People

- Spending time with friends or family in person or on the phone
- Doing things with children
- Having coffee, tea, or a meal with friends
- Talking with people who you see but are not close friends with, such as colleagues, associates at work, classmates
- Inviting friends or family to the house for a meal
- Going on outings (to the park, museums, concerts, etc.)
- Taking a walk with a friend or family member
- Playing games (Monopoly, Scrabble, chess, checkers, etc.)
- Talking about topics that interest you such as sports, movies, politics, children, or grandchildren
- Meeting someone new of the same sex or opposite sex
- Going out for a meal with friends or associates
- Going to an event outside of the home, for example, a party, sports event, church function, club
- Complimenting or praising someone
- Being part of a group, for example, a sports team, a choir, a band, a charitable organization
Being Outside

- Being in the country
- Going to a city park
- Taking a walk in the neighborhood and noticing the trees
- Having a cup of coffee outside
- Breathing clean air
- Camping
- Being with animals
- Driving on the scenic route, mindful of what you normally don’t see
- Listening to the sounds of nature
- Watching the sky, clouds, or a storm
- Seeing beautiful scenery
- Hiking
- Going on field trips, nature walks, etc.

Doing Things for Yourself

- Thinking about people I like
- Cooking meals or snacks
- Doing odd jobs around the house
- Seeing or smelling a flower or plant
- Writing in a diary
- Saying prayers
- Meditating or doing yoga
- Reading the newspaper, comics, magazines, or novels
- Watching a movie or TV
- Doing solitary games such as crossword puzzles
- Going to a rock concert, museum, sports event, movie, lectures, plays
- Planning trips or vacations
- Buying things for myself
• Being at the beach
• Doing art work or a craft (pottery, jewelry, leather, beads, weaving, etc.)
• Rearranging or redecorating my room or house
• Thinking up or arranging songs or music
• Thinking about something good in the future
• Completing a difficult task
• Laughing
• Taking a shower
• Working on my job
• Doing a task well
• Taking care of something I have been putting off
• Playing a musical instrument
• Taking a nap
• Singing to myself
• Gardening, landscaping, or doing yard work
• Shopping
• Wearing new clothes
• Dancing
• Sitting in the sun
• Just sitting and thinking
• Listening to music, the radio, or a podcast
• Hearing jokes
• Eating good meals
• Being with happy people
Skill 4: Help your client to engage in activities that are consistent with their values.

FOR YOU TO KNOW

When we engage in activities that are consistent with our most important values, we feel good about ourselves. One of the hardest parts about depression is that as we withdraw from life, we also withdraw from meaningful activity. If your client can start to engage in meaningful activity, over time, they will start to feel better.

FOR YOU TO DO

Guide your client through the questions on the Identify Your Values worksheet in-session, or give them the worksheet to complete on their own.

CLINICIAN’S TIP

You may be able to see how your client is acting according to their values before they can. For example, one client of mine really valued being a caring father. I noticed that despite his depression, he continued to get up early so that he could give his children breakfast and drive them to daycare every day. In therapy, I was able to point this out to him.

Also, note that I don’t do this exercise unless I know that I can provide specific examples of how my client is continuing to act in ways that are consistent with their values.
Identify Your Values

1. Identify a value that is important to you. It could be a religious or spiritual value, a value related to a political activity, or a value related to how you treat friends and family members.

   Value that is important to me: __________________________________________________________

2. Identify ways, even small ways, that you are already acting on this value.

   How I am already acting on this value: ____________________________________________________

   __________________________________________________________

3. How could you increase the ways you act on this value? Try to identify a small step you could do that would be consistent with this value.

   A small step I could do that is consistent with this value: __________________________________

   __________________________________________________________
Step 3

Plan Activities that Increase Your Client’s Positive Mood

Part 2: Help your client increase their motivation.

Skill 1: Create effective activity plans.

FOR YOU TO KNOW

When we are depressed, we often to make plans to be more active, but then we are too tired or down to do them. And then, we feel worse because we never did what we planned on doing. This can add to our sense of hopelessness. What’s more, we then think that we lack willpower and blame ourselves, and this adds to our depression and low self-esteem. However, willpower is usually not the problem. Rather the problem is that we have not developed activity plans with a chance of success. Often, we are too ambitious, or our plans are too vague.

Psychological research has identified five guidelines that if you follow will increase the likelihood that your client will accomplish their activity plan. They are:

1. Does your client want to do this activity or were they told to do it?
2. Is the plan specific and concrete?
3. Is the plan doable?
4. Is the plan naturally reinforcing?
5. Can the plan be part of a regular routine?

Let’s look at each one, and how it might be relevant to your client’s life.

1. Does your client want to do this activity or were they told to do it? Often, when we are depressed, people “tell” us what to do. We can feel overwhelmed with “good” advice, but we don’t really want to do any of it. Your client needs to identify an activity that they truly believe would be good for them, and that they truly want to try.

2. Is the plan specific and concrete? Have your client think of specific, concrete behaviors they want to try. Your client will also want to plan how often they will do the activity and when they will do the activity. For example, “Exercise more” is not specific or concrete enough. “Take a fifteen-minute walk every evening” is a specific and concrete plan of action.
3. **Is the plan doable?** To check if the plan is doable, encourage the client to consider (1) if they have everything they need to accomplish this plan, (2) if the plan is too ambitious given their current state of energy, and (3) if they have the time they need to accomplish the plan.

4. **Is the plan naturally reinforcing?** We are more likely to engage in activities that are naturally reinforcing, because we want to do them and we enjoy them. So, especially when your client is first starting a behavioral activation plan, help them to choose activities that they want to do, rather than activities that they think they should do.

5. **Can the plan be part of a regular routine?** While we all love thinking about a great vacation or a summer holiday, what gives our days greater stability and long-term happiness are good routines. Routines can sound boring, but routines build a solid foundation to a good life. Try and choose activities that can be part of your client’s routine.

**FOR YOU TO DO**

Have your client complete the “Evaluate My Activity Plan” worksheet that follows so they can ensure that the activities they want to try meet the criteria for an effective activity.

**CLINICIAN’S TIP**

It is very helpful to teach your clients to evaluate the activities they set for themselves. If a client comes to therapy and did not accomplish the activity they had planned, the first thing we examine are these five factors: whether the client wanted to do the activity, whether the activity was specific and concrete enough, whether it was doable for them, whether it’s a naturally reinforcing activity, and whether it can be a part of the client’s regular routine.

Usually, clients will leave last column of the “Evaluate My Activity Plan” worksheet blank, but every so often a client will add something meaningful there that you will want to discuss with them.
# Evaluate My Activity Plan

<table>
<thead>
<tr>
<th>Activity I want to try</th>
<th>Do I want to do this activity or was I told to do it?</th>
<th>Is this activity specific and concrete?</th>
<th>Is this activity doable?</th>
<th>Is this activity naturally reinforcing?</th>
<th>Can this activity be part of a regular routine?</th>
<th>Anything else?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Skill 2: Identify the first step to your client’s mood-boosting activity.

FOR YOU TO KNOW

Once your client has identified a mood-boosting activity they want to add to their life, you want to help them identify the first step to doing that activity. This is really important, because the first step sets the tone for the rest of the activity. So, you want the first step to be something your client can and will actually do. For example, if your client’s activity is to plan a lunch date with a friend, what is the first step? Is it to send the friend an email? Is it for the client to check their calendar to see when they are free? Is it to choose a restaurant they want to suggest?

Clients who are really struggling may find it hard to figure out what is a good first step and for how long to engage in the first step. Let me give you an example. When my client Liesa became depressed, she stopped exercising completely. Her goal was to slowly start exercising again. She decided she would add fifteen minutes of brisk walking to her morning routine before leaving for work, three times a week. She wanted to start this Monday morning. Her plan met the guidelines for an effective activity plan: she wanted to do the activity, it was specific and concrete and naturally reinforcing; it could also be part of a regular routine.

We also identified the first step Liesa would take toward completing this activity: looking in her basement closet for her walking shoes, as she knew they were not in her bedroom closet. She also decided she would spend fifteen minutes looking for her shoes and no longer.

If your client is planning on doing a number of new activities during the week, you want to be sure to help them plan a first step for each one.

FOR YOU TO DO

You can have your client use the “My First Step” worksheet to list which activities they want to do, and identify the first steps they want to take.

CLINICIAN’S TIP

What if your client wants to plan steps 2 and 3 of their activity? That can be fine, but it can also feel overwhelming. Be careful that clients don’t set too many goals and then end up overwhelmed and unable to accomplish anything. Remember you are better off starting small and slow and having success.
My First Step Worksheet

Activities I want to do:

- Activity 1: 
- Activity 2: 

The first step I will take for:

- Activity 1: 
- Activity 2: 

<table>
<thead>
<tr>
<th></th>
<th>When will I do this?</th>
<th>Where will I do this?</th>
<th>For how long will I do this?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity 1, first step:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Activity 2, first step:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Skill 3: Help your client develop coping thoughts that encourage them to start their activity.

Clients often experience difficulty starting a BA activity. It can be helpful to teach them two skills: first, to identify the thoughts that stop them from engaging in the activity, and second, to develop coping thoughts that encourage them to get going.

Skill 3a: Help your client identify their sabotaging thoughts.

FOR YOU TO KNOW

Getting started on an activity is often the hardest part. When we are depressed, everything seems really hard. Often, we are our own worst enemy and sabotage ourselves by our thinking patterns. Some of the sabotaging thoughts we might have are I will do it tomorrow, It’s too much for me, It won’t make a difference, or I’m a loser. These types of thoughts make it very hard to start an activity.

The first step to helping your client manage these thoughts is to help them become aware of their own sabotaging thoughts. Sabotaging thoughts tend to come in different categories:

1. **Negative predictions about doing the activity.**
   Some examples might be: It will be too hard for me; I am too tired to do this now; It will take a lot of effort that I don't have; or I should rest first; it won't make a difference to my mood.

2. **Negative thoughts about the activity.**
   Some examples might be: This won't make a difference; It won't work out for X reason; I won't enjoy it even if I do it; or It doesn't matter.

3. **Negative thoughts about myself.**
   Some examples might be: I can't do anything; Nothing I do works out; I am a loser; or I am too depressed to even try; it doesn't matter; or I don't matter.

FOR YOU TO DO

Ask your client to think about a recent activity they had planned on doing and then backed down on. Ask them to imagine that they are back at that time and have them notice the thoughts that arose—especially the thoughts that stopped them from engaging in the activity. Then, work with your client to complete the “How I Sabotage Myself” worksheet that follows, which will help your client categorize their thoughts and learn about their own sabotaging thought pattern.

CLINICIANS TIP

You want to help your client identify their own sabotaging thought pattern. Sometimes I ask clients in session to think about doing the activity we had identified and notice the thoughts that come to mind. You can also ask clients to monitor their thoughts during the coming week.
How I Sabotage Myself

<table>
<thead>
<tr>
<th>Activity I had planned but did not do</th>
<th>Negative thoughts about doing the activity (e.g., It will be too hard for me)</th>
<th>Negative thoughts about the activity (e.g., I won’t enjoy it)</th>
<th>Negative thoughts about myself (e.g., I don’t matter)</th>
<th>Other sabotaging thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Skill 3b: Help your client develop coping thoughts to encourage them to get going.

FOR YOU TO KNOW

Once your client has identified how they sabotage themselves, they can consciously develop alternative self-talk that consists of their coping thoughts.

Coping thoughts are thoughts that help your client get going and engage in the task they want to do. You don’t want your client to simply try to stop their old sabotaging self-talk; when we try to stop thinking something, it typically comes back that much stronger. Instead, you want your client to gently put aside their sabotaging thoughts and engage in different, more helpful and motivating self-talk. Self-talk or coping thoughts are kind and compassionate, and they help you focus on the task.

Everyone has their own coping thoughts that are effective for them. You’ll want to help your client develop theirs.

FOR YOU TO DO

To help your clients develop their own coping thoughts, try guiding them through the questions in the following “Develop Your Own Coping Thoughts” worksheet.

CLINICIAN’S TIP

Ask your client to write down their coping thoughts. Writing helps review and consolidate the coping thoughts. It also gives you and your client an opportunity to examine if your client would like to modify their coping thoughts in any way to make them even more effective.

Note that good coping thoughts tend to be short. If your client has developed long, complex coping thoughts, see if you can find a shorthand way to refer to them.
Develop Your Own Coping Thoughts

Try to answer each of these questions. Write down your answers.

Activity that I want to try: ____________________________________________________________

1. What could you say to yourself that would help you start the activity?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. What advice would you give a friend in terms of helpful coping thoughts?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. What would someone who knows you well suggest you say to yourself to help you get going?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. If you were in an optimistic mood, what might you say to yourself?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. When you have started difficult activities in the past, what have you said to yourself? Which coping thought do you think would be the most helpful for you?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
Step 4

Treat the Activity as An Experiment

Skill 1: Help your client monitor their moods before and after an activity.

FOR YOU TO KNOW

When people are depressed, they expect the worst. If you ask a depressed person if they will enjoy an activity, even an activity that you know they had previously enjoyed, they will usually say “no.” If they do an activity and you ask them if they had fun, or enjoyed it, they will often say “no.” The truth is that when you are depressed, you don’t enjoy things as much as you used to. However, that doesn’t mean that the activity didn’t boost the person’s mood a little bit. Sometimes when a depressed person says they did not enjoy something, it’s because they only had a small mood boost, and usually they would have enjoyed the activity a lot more. However, the small mood boost is important. And it’s important to help clients learn to recognize that even small increases in their mood are significant.

Encouraging your client to monitor their mood before and after they engage in a mood-boosting activity is a first step in helping them see the impact of engaging in activities. Even a small boost is a good sign. It is also helpful for your client to predict how much they will enjoy an activity to see if their predictions are accurate. Usually, when we’re depressed, our predictions are darker than reality.

You want to try and adopt the attitude that the mood-boosting activity your client’s about to try is an experiment. By keeping track of their moods and seeing if their predictions are accurate, they are gathering data in the experiment. It is an opportunity to find out what works for them.

FOR YOU TO DO

Walk your client through the process of completing the “Predict Your Mood” worksheet to teach them the skill of tracking their moods as they complete mood-boosting activities.

CLINICIAN’S TIP

You want to complete the first three columns of the Predict Your Mood worksheet in session. You then give the worksheet to your client to complete at home after they engage in the activity. If possible, your client should complete the worksheet as soon as they finish the activity. But if they completed the activity, but did not complete the worksheet, you can fill the worksheet out with them in session.
<table>
<thead>
<tr>
<th>Date and Activity</th>
<th>How much will I enjoy this activity? (rate from 1–10; 1 = not at all; 10 = a lot)</th>
<th>Mood Before Activity (rate from 1–10; 1 = very happy; 10 = very depressed)</th>
<th>How much did I enjoy this activity? (rate from 1–10; 1 = not at all; 10 = a lot)</th>
<th>Mood After Activity (rate from 1–10; 1 = very happy; 10 = very depressed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Skill 2: Build on your client’s strengths.

FOR YOU TO KNOW

If your client was able to complete the Predict Your Mood worksheet, and there was even a small increase in their mood, they have discovered something important about themselves. First, acknowledge the client’s accomplishments: not only were they able to complete their mood-boosting activity, but they also noticed a change in their mood. Especially if you are depressed, engaging in an activity is difficult, as is being able to recognize the effect it may have had on how you feel.

Second, if your client’s mood increased, you want to build on their experience. You also want to help them start to question if their negative expectations about how much they will enjoy an activity are always true.

FOR YOU TO DO

First, encourage your client to give themselves a pat on the back. It is hard when you are depressed to engage in an activity; that they’ve tried and succeeded is a big deal. Have them take a moment to recognize that they did something that was hard for them, important, and a real accomplishment.

Second, if their mood increased following their mood-boosting activity, then ask the following questions.

1. How can you repeat the activity this coming week?

2. Is there a way that you can add more of the activity to your life? For example, can you go for a longer walk, talk to more than one friend, or stay for a longer time when visiting your family?

3. Was there an aspect of the activity that you particularly enjoyed, and can you build on that aspect for next time?

4. Are there similar activities that you can do?
CLINICIAN’S TIP

It is important that you recognize your client’s accomplishments, in addition to encouraging them to congratulate themselves. Our clients hear our voices in their heads; you may be the only person in their life who recognizes the importance of these small steps.

Remember that for every activity you client wants to plan for this coming week, you want to check that the activity follows the guidelines for an effective activity plan. To remind you, these guidelines are: (1) your client wants to do the activity, (2) the activity is specific and concrete, (3) the activity is naturally reinforcing, and (4) the activity can be part of a regular routine.

Skill 3: Problem solve any difficulties.

FOR YOU TO KNOW

Sometimes, despite their best intentions, your client just doesn’t do the mood-boosting activity they had planned; or they engage in a mood-boosting activity and their mood did not improve. When this happens, both therapist and client can feel hopeless, that nothing will change and be tempted to give up. It is important to remember that BA has solid evidence that it is effective and it’s important to persevere. You need to help your client adopt a problem-solving attitude.

A problem-solving attitude involves encouraging your client to be curious as to what went wrong. Ask them: How come you were not able to do the activity? What got in the way? How come your mood didn’t improve? Is there something you could change that would have made the activity more enjoyable and more doable?

Ultimately, you want to try to understand what got in the way, and then brainstorm how to overcome the difficulty.

FOR YOU TO DO

Below are questions you can use for clients who don’t complete their planned mood-boosting activities.

If your client did not do the planned activity: First, help your client understand how come they did not engage in the activity.

1. What do you think got in the way?
2. Did the activity follow the guidelines for an effective activity?
3. Were there any obstacles to the activity that you did not anticipate?
4. Did you engage in sabotaging thoughts?

Second, problem solve the obstacles your client encountered.

1. How could you overcome any obstacles that were identified?
2. What do you think might be a better mood-boosting activity?
3. When you consider the guidelines for an effective activity, is there any aspect of the activity that you could change to make it easier to do?

4. Do you need to modify your coping thoughts?

Third, work with your client to think of an activity that might boost their mood and that they think they would be able to do this coming week.

**If your client did the planned activity, but did not notice any increase in their mood:** First, try to help your client understand what kept the activity from having a positive impact on their mood.

1. What do you think got in the way of your enjoying the activity?

2. When you were doing the activity, what were you thinking?

3. When you were doing the activity, was anything else going on?

4. Did you engage in sabotaging thoughts that stopped you from enjoying the activity?

Second, problem solve the obstacles your client encountered. Try the following questions.

1. Is there some way you could modify the activity so that you would enjoy it more?

2. When you look at the guidelines for an effective activity, is there an aspect of the activity that you could change?

3. How could you focus on the enjoyable aspects of the activity?

Once your client has answered these questions, see if there’s a way you can change the activity so it will be doable and have a good chance of boosting your client’s mood.

**CLINICIAN’S TIP**

In addition to guiding clients to problem solve, I have found it helpful to consciously adopt a compassionate attitude towards my clients when they do not do an activity or do not experience a mood boost. Here are some of the phrases that I encourage them to think about:

- A lot of people have difficulty when they are depressed.
- I can be kind to myself.
- I can treat myself the way I would treat a good friend.
- My mistakes just show that I am growing.
- It’s normal to make mistakes.
- I don’t have to be judgmental towards myself.
Step 5

Develop Your Client’s Resilience Plan

FOR YOU TO KNOW

Behavioral activation is in some ways a philosophy of life. It is a philosophy that says:

1. It is important that I have as good a life as possible.
2. There is a lot I can't control, but given the constraints of my life, I can try to create as good a life as possible.
3. When hard times come, I can turn to BA as I would turn to a friend. I can take a close look at my life and find activities that are likely to sustain me in times of stress. These may be small activities, but that’s OK.
4. Life can be hard, but small activities like seeing friends and family, exercising, doing activities that I enjoy and are meaningful can make me more resilient.

Ultimately, the keys to long-term resilience are first to plan and practice healthy routines, and second not to panic when you experience a drop in your mood. Instead, accept that life can sometimes be difficult. Then, ask yourself if anything has changed in your life that is making life especially hard now, and finally, ask yourself if there are any activities you can add to give yourself a mood boost—even a little one.

FOR YOU TO DO

To help your client build their resilience plan for the long term, lead them through the process of assessing their strengths and vulnerabilities. The goal is to encourage them to both plan and do mood-boosting activities going forward.

Skill 1: Help your clients assess their strengths and vulnerabilities.

Have your client answer the following questions:

1. What activities have been the most important in stabilizing you or giving you a mood boost?
2. How can you build routines of mood-boosting activities into your day or week that will help keep your mood stable?
3. Which situations are hardest for you, and how can you handle them to make them a little less difficult?
4. What behaviors do you do that contribute to your depression cycle?
5. What would be a red flag for you that you need to take a close look at your life and add some pleasurable behaviors, with intention?
6. What can you do that will increase the chances that you will engage in mood-boosting and mood-stabilizing behaviors?
CLINICIAN’S TIP

It is helpful to go over this list of questions with your client at the end of therapy. I often write down the answers, or encourage my client to write the answers and keep the list.

Skill 2: Help clients practice gratitude.

FOR YOU TO KNOW

At this stage, your client has learned a lot about the importance of creating a good life for themselves and about the relationship between their activity and their moods. If they have been following the behavioral activation steps, their life is likely better than when they started therapy. At this point, you can help them recognize how different their life is from when they started therapy and how much they have to be grateful for.

There is very clear evidence that when we consciously stop and notice what we have to be grateful for, our mood increases. Note that the more specific and detailed our list is of things we are grateful for, the more effective the exercise of practicing gratitude. For example, it is more of a mood-booster for me to be grateful for my good friends Ron and Fran and how much we laugh together than to be grateful for friends generally.

To encourage your client to make gratitude a practice, ask them to begin keeping a gratitude journal in which they regularly write down what they're grateful for. Many people find it helpful to write out what they are grateful for and not just think about it. Writing makes it more concrete. Some people like to write in their gratitude journal every day, and some people find it more helpful to write once a week. See what fits best for your client.

FOR YOU TO DO

Use some version of the following instruction to get your client started keeping a gratitude journal.

I’d like to ask you to start keeping a journal of the things you’re grateful for. Pick a time of day to journal; many people find it helpful to journal before they go to bed. When you are ready to write, think of three things you are grateful for. Write at least one sentence for each. The things you’re grateful for can be mundane—maybe your office mate helped you with a quick question you had—to the really important, such as a medical test coming back with no problems. But remember, try to elaborate the details.

CLINICIAN’S TIP

Clients are often initially skeptical about the effectiveness of gratitude practice. Acknowledge their skepticism and encourage them to try it anyway, as an experiment. You want to have them write their first entry in your office with you. If you find a client is focusing exclusively on physical or actual things they’re grateful for, encourage them to also think about their personal relationships and other such intangibles.
In Conclusion

I hope you have found this resource helpful for your clients. I also hope that over the course of working through these worksheets you have also found the time to apply BA to your own life and have found it helpful for yourself. Like most people, I have had difficulties in my life; when my own tough times occur, I have consistently found it helpful to turn to the principles of behavioral activation to help keep me resilient during times of stress. I have no doubt you and your clients will too.
References


About the Author

Nina Josefowitz, PhD, is a psychologist and an acclaimed teacher known for her interactive, experiential approach. She has taught cognitive behavioral therapy (CBT) to mental health workers throughout the world, including psychiatrists and psychiatric residents in Ethiopia, psychologists in China, and graduate students in India. She has given workshops on CBT to social workers, nurses, occupational therapists, counselors, psychologists, and students in North America. For more than twenty years, she has taught CBT to graduate students in the department of applied psychology and human development at the Ontario Institute for Studies in Education (OISE) of the University of Toronto. She has published in the areas of trauma, women's issues, ethics, the therapeutic relationship, and a variety of issues related to CBT. Her most recent interests include adapting CBT to diverse populations and developing experiential teaching methods.