



Behavioral Activation

The Manual

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Introduction

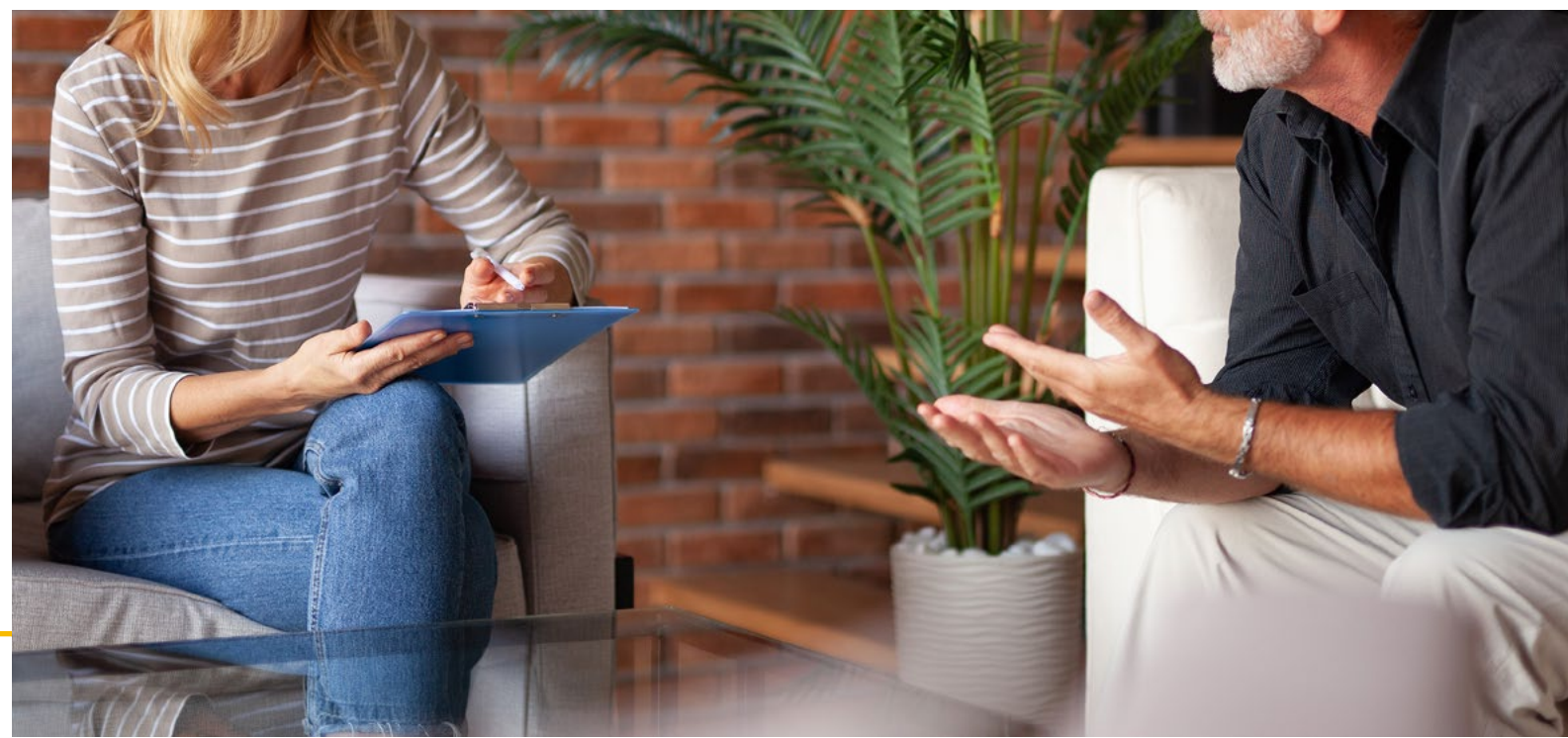
EMPOWER is an initiative housed within the Mental Health For All Lab at Harvard Medical School, under the Department of Global Health and Social Medicine led by Professor Vikram Patel. Our **mission** is to empower **frontline providers** to learn, master, and deliver evidence-based psychosocial interventions by deploying a range of digital tools, products and methods.

Within the framework of our evidence-based training series designed to equip frontline providers to address adult depression, the **Foundational Skills (FS)** digital training serves as the introductory course, providing learners with essential mental health and counseling concepts. Subsequently, the **Behavioral Activation (BA)** course delves into the development of specific skills required to deliver a brief, evidence-based psychosocial intervention for individuals grappling with depression. **This manual** serves as an additional resource to further enhance the learning experience, aligning its structure with the digital course to offer enhanced support. In the following **Behavioral Activation (BA) manual**, learners will gain an understanding of depression and become acquainted with the behavioral activation model. The manual subsequently guides learners through the process of delivering BA in three phases. Additionally, valuable strategies for addressing specific client challenges, such as sleep issues, are included.

Each chapter within this manual corresponds with a digital training module. Within each chapter, you will find an **overview**, content enriched with practical examples and explanations, linked **worksheets** as well as **infographics** summarizing key takeaways.

In addition to the FS and BA manuals, EMPOWER has developed a **client manual** that aligns with the course content. This resource comprises infographics and worksheets designed for clients, intended to support providers in practice and enhance the delivery of interventions.

To maximize the benefits of this training manual, we suggest you approach it with an **open mind and compassionate attitude**. Take your time to absorb the covered topics and remain mindful of your personal feelings and biases. The overarching goal is to enhance your knowledge, skills, and compassion in promoting mental well-being, regardless of your profession, prior experiences, or background.



Module 1: Understanding Depression

MODULE OVERVIEW

In this module you will learn:

- What is depression? – Depression is a **mood disorder** that is more common than we think.
- What are the **symptoms** of depression and **common problems** that coincide with depression?
- How is depression detected? - how to use the **PHQ-9 form**.
- Interventions available for depression.

1.1 What is depression?

1.1.1 Stories of Depression

To understand what depression is, let us think of a few case examples of people who experience depression differently.

Case 1

Mario, 50, a divorced father of three, lives alone after his wife left him. His eldest daughter moved away and he sees his teenage sons only a few weekends each month. Learning about his ex-wife's new fiancé and their plans to relocate, Mario feels isolated. Since his children left, he keeps to himself and has lost touch with friends. Overwhelmed with despair, Mario sleeps up to 14 hours daily, feeling hopeless, worthless, tired, and sad.

Case 2

Manisha, 35, lives with her husband who has not had a regular job for many years. He drinks alcohol throughout the day, and often fights with Manisha and hits her. Manisha recently started a job, but finds herself unable to concentrate on work. She also feels tired and sleeps poorly. She doesn't feel interested in her life anymore and a few months ago, she called her sisters crying, saying she had swallowed a whole bottle of pills.

Case 3

Noah, 25, unemployed and unable to pay rent, moves back in with his parents. Job rejections worry him, fearing he won't find enjoyable work. He spends hours on social media, seeing his boyfriend and friends at parties and vacations. Noah feels irritable, loses interest in once enjoyed activities, experiences unexplained fatigue, paces at night, and lacks appetite during family dinners. He relies on marijuana for sleep.

Case 4

Georgia, 42, constantly fatigued, experiences body aches, sleep difficulties, and struggles with focus at work as a teacher. Her husband's sudden death eight months ago weighs heavily on her. She mourns their lost future, anxiously pondering how to cope alone. Isolating herself, Georgia frequently calls in sick, spending hours crying or lying in bed.

We may meet clients like Mario, Manisha, Noah or Georgia during our work as providers. What are they struggling with? How can we help them? In this course, we will find the answers to these questions.

1.1.2 What is Depression?

Depression is a common mood disorder characterized by **negative affective states** ranging from unhappiness and discontent to an extreme feeling of sadness, pessimism, and despondency that interferes with daily life



- Depression can happen to anyone. It is common and it exists in every country, across all ages, and with every gender.
- Depression is 2-3 times more common in women than men.¹
- Depression can affect a person's physical health by increasing the risk of heart disease and diabetes. When people with a physical illness have depression, they are less likely to seek help for their physical problems and are less likely to follow the recommended interventions.
- Depression can impact other areas of life such as relationships. Having limited or troubled relationships makes a person's depression worse because of loneliness.
- Depression, if untreated, can also be fatal. People with depression might have suicidal thoughts which must be assessed (see 1.3.2, page 10, for more information).

¹ World Health Organization (WHO). "Depressive Disorder (Depression)." Accessed September 16, 2023. <https://www.who.int/newsroom/fact-sheets/detail/depression>

Depression is often **hard to identify** since people with depression may continue to keep up with their daily activities – at work, school, and home – as usual.

Depression may have many names.

Often, people may not **describe their experience** as being “depressed”. Instead, they may use phrases such as: “feeling down”, “being low”, “feeling stressed,” or just a sense of being “tired”.

It is helpful to substitute the term “depression” with the specific language that helps you connect most effectively with your client – try to **use their own words**.

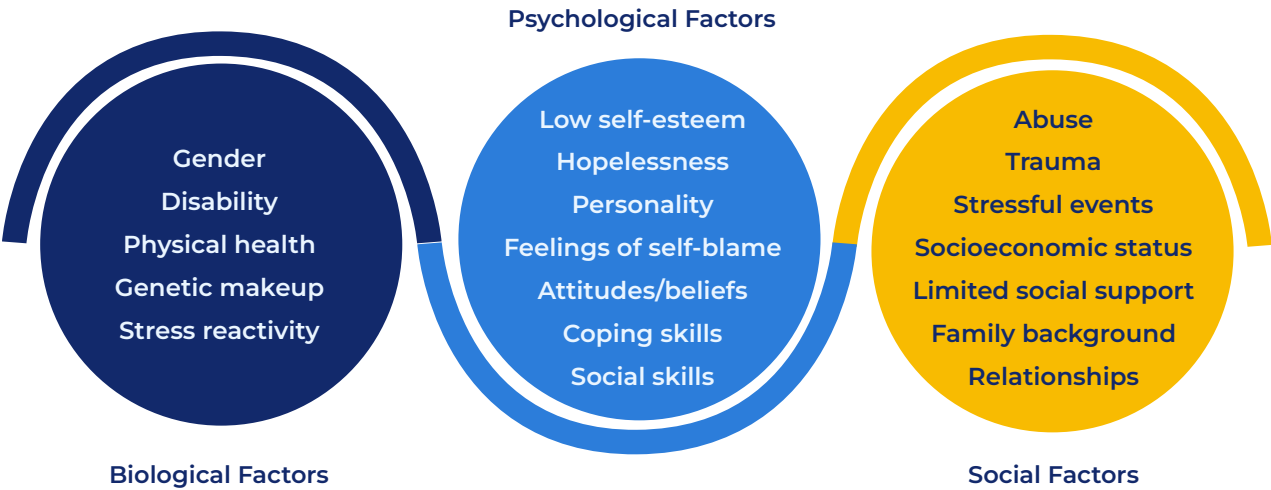
Misconceptions and facts associated with Depression

Myth	Fact
Depression means you are weak or lazy.	Depression is a serious and valid health concern, just like any physical health issue. Tiredness and loss of interest in activities are symptoms of depression.
Depression is caused by spirits and can be cured by religious rituals.	Depression is an illness that can be treated with counseling and medication.
All depressed people are pessimistic by nature.	Irritability and having negative thoughts are symptoms of depression.
Depression is only caused by life stressors.	Depression is caused by a combination of biological, psychological, and social factors.

As part of our job as providers, it is important to **correct any myths** people may have about depression, while still respecting their views and personal experiences. Since depression can look and feel different for every individual, it is important to be curious and interested in our clients’ experiences. This knowledge will help our clients feel better and enable us to help them reach their goals.

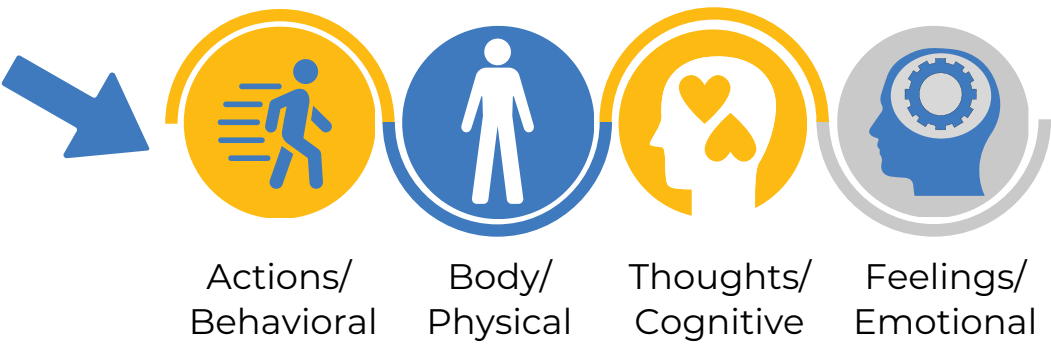
1.1.3 Causes of Depression

While depression is often related to difficulties in daily life, it is caused by a **combination of biological, psychological, and social factors**.



1.2 What are the symptoms of depression?

The experience of depression has many components. We can think of these symptoms as falling into **four broad categories**:



Clients may first seek intervention through their primary care provider for the **physical symptoms** of depression —like tiredness, weakness, aches and pains, sleeping too much or too little, and poor appetite or eating more than usual. Clients might also feel either restless or slowed down.

When we ask more questions, these clients often have symptoms in the **other categories** as well. For example, they may share feelings of sadness or guilt, thinking that nothing will improve for them, or withdrawing from friends and family.

1.2.1 Depression symptoms

Depression: presence of most of the symptoms, more than half of the days in a week for at least two weeks. Symptoms impact the client’s everyday functioning.

Physical Symptoms	Emotional Symptoms	Cognitive Symptoms	Behavioral Symptoms
• Fatigue • Aches and pains • Trouble sleeping or sleeping too much • Changes in appetite • Restlessness or being slowed down	• Sadness • Feeling guilty • Irritability • Loss of interest in things • Feeling empty	• Worthlessness • Feeling like nothing will get better • Hopelessness • Feeling negatively about themselves or their life • Difficulty concentrating • Suicidal thoughts	• Withdrawing from loved ones • Withdrawing from responsibilities • Stopping enjoyable activities • Self-harm

1.2.2 Factors to determining depression

It is important to pay attention to four other things as we determine whether the symptoms indicate depression.

1.

Number of symptoms. A client experiences many symptoms. The more the symptoms, the more likely it is that the client has depression.
2.

Nature of symptoms. A client feels either sadness and/or loss of interest in daily activities, which are the classical symptoms of depression.
3.

Frequency of symptoms. How often are these symptoms occurring and how long have they lasted? If they occur nearly every day for at least two weeks, the symptoms may be part of depression.
4.

Impact of symptoms. Are these symptoms affecting the client’s functioning at work, school, or home? If these symptoms are getting in the way of functioning on an everyday basis, they may indicate depression.

1.3 How is depression detected?

In addition to listening to the client’s experiences and symptoms, we can use a short questionnaire, called the **Patient Health Questionnaire 9 (or PHQ-9)**² (Appendix 1, page 82) - to screen for depression.

PHQ-9 is a self-report questionnaire that helps us identify and measure the symptoms of depression in a client over the past two weeks. It can be provided to clients in three ways:

1. Paper-pencil
2. Digitally
3. Oral administration

1.3.1 Scoring the PHQ-9

Each item on the questionnaire is rated between 0 to 3, depending on how often the client experienced that symptom in the last 2 weeks. We count one point for each item checked several days, two points for items checked more than half the days, and three points for items checked nearly every day. The total score is then calculated by adding all the item scores. Possible scores range from 0 to 27, with higher scores indicating greater depression severity.

PHQ-9 Score	Depression Severity
0-5	None
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe

You will be using the PHQ-9 **throughout** your Behavioral Activation counseling, so you and the client will become very familiar with it. While it might be useful to do the first one together, you can also ask the client to fill it out before coming to the session.

² “Patient Health Questionnaire (PHQ) Screeners,,” Pfizer, accessed September 3, 2023, <https://www.phqscreeners.com/select-screener/>.

1.3.2 PHQ-9 and suicidal thoughts

Item 9 on the PHQ-9 refers to suicidal thoughts:

“Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?”



If the client says yes to this item, **immediately conduct a suicide risk assessment**, which we covered in Module 6 of the Fundamentals of Counseling training and manual. It is a top priority to assess a client’s risk and consider their safety.

1.4 Interventions available for depression

There are different ways to treat depression, the most common intervention options are **talking interventions**, also known as **counseling**, and **medication**.

Talking Interventions	Medication
Focuses on changing the client's thoughts and behaviors for long-term recovery.	Can improve depression by changing the chemical balance in the brain.
Providers help clients by talking about their concerns and helping them make changes in their behavior.	Only licensed providers can prescribe medications for mental illnesses.

Clients may ask questions about antidepressants in a session. If you are not sure about how to answer questions about medications, make sure to reach out to your supervisor.

1.5 Module 1 Summary

1.5.1 Infographic on Depression Symptoms



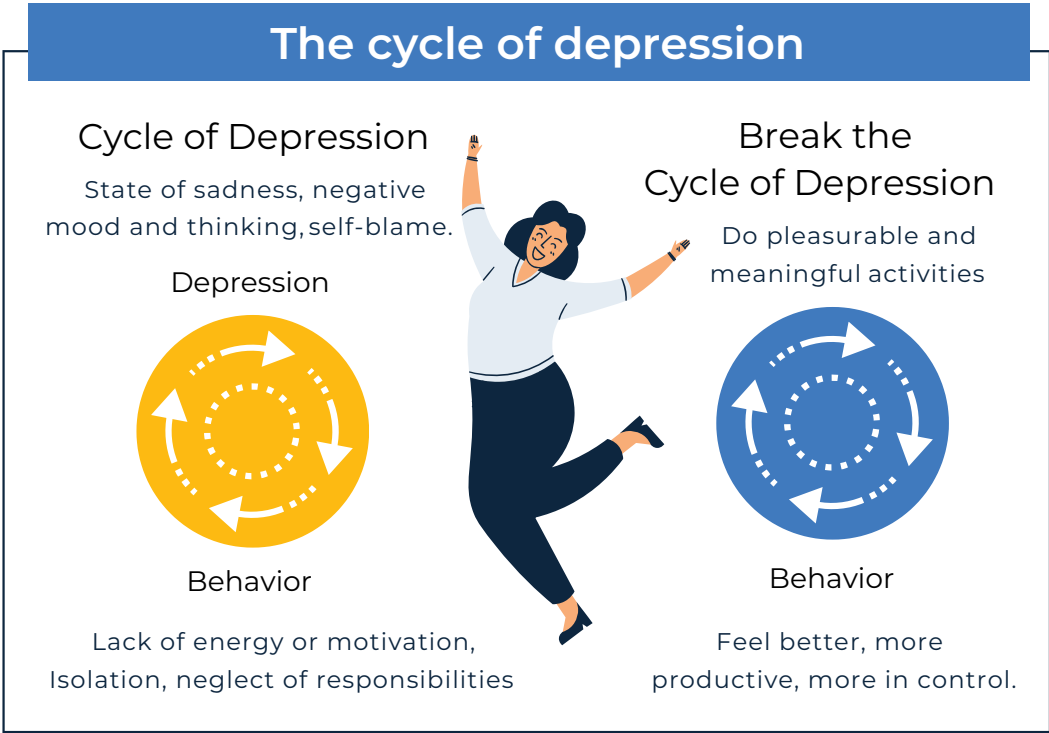
1.5.2 Infographic on understanding depression



2.2 BA Model of Depression

Although depression has physiological, cognitive, and emotional aspects to it, depression affects our behavior, and our behavior affects depression. BA reduces depression by helping people change their behaviors, that is, what people do when they feel depressed.

When clients understand this rationale clearly, they are more likely to engage in the intervention and do the homework exercises that lead to improving depression symptoms.



2.2.1 What is the goal of BA?

Depression causes us to stop doing many activities that previously brought us:

- A sense of pleasure.
- The feeling of accomplishment.

The goal of BA is to activate what was suppressed. Once clients restart doing activities they stopped doing because of depression, they can start to feel better and more connected to what matters to them.

BA has four main parts, which are framed as questions that are simple and easy to recall:

- | |
|---|
| 1. What happened? |
| 2. How did you feel? |
| 3. What did you do or did not do? |
| 4. Have any problems started, continued, or worsened? |

The four BA questions provide a useful guide for us when getting to know our clients as well as when explaining the counseling process to our clients. It is often helpful to draw the different elements of the model, corresponding to these four questions, as you discuss the questions together or use the BA model of depression worksheet (Appendix 2, page 83).

2.3 BA Terminology and Concepts

BA is an intervention that helps to activate dormant behaviors. There are two ways to figure out which specific behaviors to activate.

2.3.1 Identify and activate activities that align with important life values

Values are beliefs of what is important and matters to us.

Examples of values people care about are family connections, meaningful work, social bonds, physical health, and community engagement. These values can be manifested through the behaviors we choose to activate.

Use the chart in Appendix 3 (page 84) to help identify values.

³ David Ekers et al., "Behavioural Activation for Depression; An Update of Meta-Analysis of Effectiveness and Sub Group Analysis," PLoS ONE 9, no. 6 (June 17, 2014): e100100, <https://doi.org/10.1371/journal.pone.0100100>.

2.3.2 Rate their sense of accomplishment and pleasure

Activities that have a **high rating** of either accomplishment, pleasure, or both, are wonderful activities to practice using the BA model.

Activating the right set of behaviors ultimately improves mood, which is the goal of BA.

Example:

Activity- Behavior	Sense of Accomplishment (1-10)	Sense of Pleasure (1-10)
Taking a walk	8	7
Washing dishes	6	5
Playing with dog	5	8
Coffee with friend	7	9



2.4 Moving through BA phases

BA follows a general course over time – these are described as phases of counseling. The table below describes the phases of BA and identifies relevant sections of this manual.

Number of sessions: 6- 8

Session duration : 30 -60 minutes

Frequency: every other week

Goals

1. Engage and establish an effective counseling relationship.
2. Help clients understand the BA model
3. Elicit commitment counseling.

Description

Includes getting started, understanding the client’s problem using the BA model, getting commitment to the treatment and addressing barriers to treatment engagement.

Phase 1

Early Phase
(Delivered in 1-2 sessions)

Manual
Module 3

Phase 2

Middle phase
(Delivered in 3-6 sessions)

Manual
Module 4

Goals

1. Assess activation targets and encourage activation.
2. Identify activation barriers and learn how to overcome these.
3. Help clients solve (or cope with) life problems

Description

Includes assessment and activation strategies as well as problem solving when needed.

Goals

1. Review and strengthen gains that the client has made during treatment in order to prevent relapse.

Description

Includes summarizing key learning from the treatment and preparing for situations in the client’s life that may trigger depression in the future and generating plans to deal with such situations.

Phase 3

Ending phase
(Delivered in 1 session)

Manual
Module 5



2.5 Module 2 Summary
2.5.1 Infographics on BA

The three phases are meant to be a helpful guide for the provider and occur in a sequence. So, we move from one phase to the next based on whether the **goals of the previous phase have been achieved**.

In practice, the phases may **overlap** with one another. Sometimes, clients may need to remain in one phase for a longer time if the goals have not been achieved or if they do not show improvement.

Reminder – we keep track of the client’s **PHQ-9 scores** to help us know if a client is improving; a reduction in the client’s score over time is an important indicator of improvement.

2.4.1 Suggestions for moving between phases

- The early phase can be done in one session but might take a bit longer.
- If the client has not met the goals of the middle phase by session 4 or 5, check in with your supervisor. This phase may need to be extended.
- If the client has not met all the goals of BA by session 8, again check in with your supervisor. In some cases, the client may be referred for antidepressant medication or further intervention.

We use the phases of BA to guide our progress and goals for each session. There is **flexibility** in terms of how much time we spend on each phase. If you are not sure whether you and the client are ready to proceed to the next phase, always **check in with your supervisor** for guidance.

What is B.A.?

Behavioral activation (BA) is a useful type of counseling treatment to treat depression.

B.A. involves getting active in your life so you can do more to feel a sense of pleasure, accomplishment, and connection.

B.A. can work just as well as medication for some people.

4 questions of B.A.

The four BA questions provide a useful guide for us when getting to know our clients and explaining the BA counseling process to them.

1. What happened?
2. How did you feel?
3. What did you or did not do?
4. Have any problems started, continued or worsened?

Depression affects behavior and behavior affects depression

When clients understand the B.A. rationale, they are more likely to engage in treatment and the homework exercises that lead to improving depression.

Goals of B.A.

- 1 Identify links between feelings and actions.
- 2 Activate behaviors that people have stopped doing due to depression but were meaningful before the depression began.

B.A. Model of Depression

There are 4 categories of depression symptoms:

Actions/Behavioral, Body/Physical, Thoughts/Cognitive, Feelings/Emotional

BA focuses on changing the “actions” category in order to change the other three categories: body, feelings, and thoughts.

The cycle of depression

Cycle of Depression: State of sadness, negative mood and thinking, self-blame. Depression. Behavior: Lack of energy or motivation, isolation, neglect of responsibilities.

Break the Cycle of Depression: Do pleasurable and meaningful activities. Behavior: Feel better, more productive, more in control.

Activate

Two ways to figure out which specific behaviors to activate:

- 1 Identify activities that align with important life values and activate those behaviors.
- 2 Have clients rate their sense of accomplishment and pleasure in doing various activities.

Activity	-Accomplishment	-Pleasure
Walk	7	8

3 phases of B.A.

Phase 1

1-2 sessions

- Establish a positive relationship with your client.
- Get to know them.
- Explain the BA model.

Phase 2

~ 3 sessions

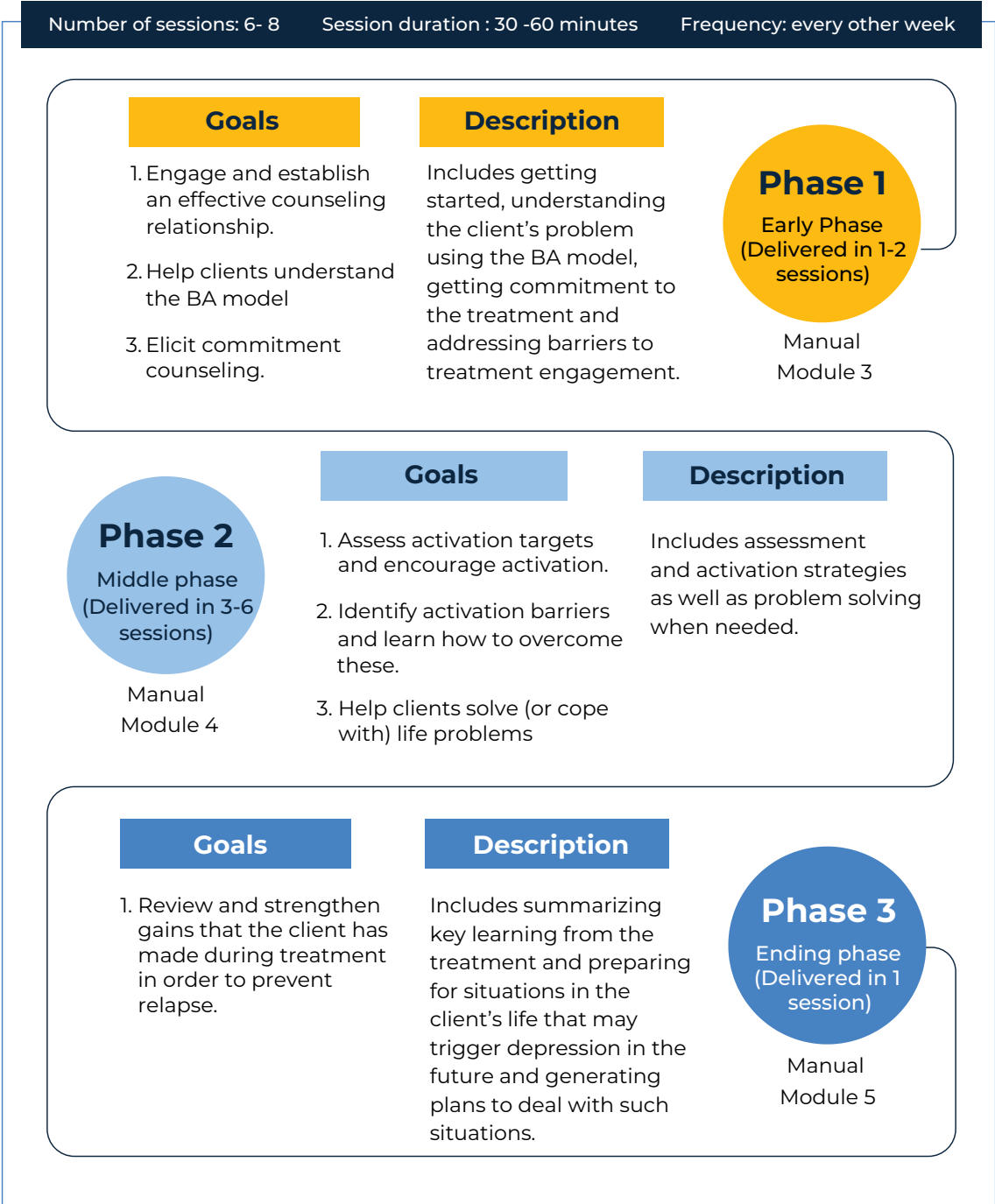
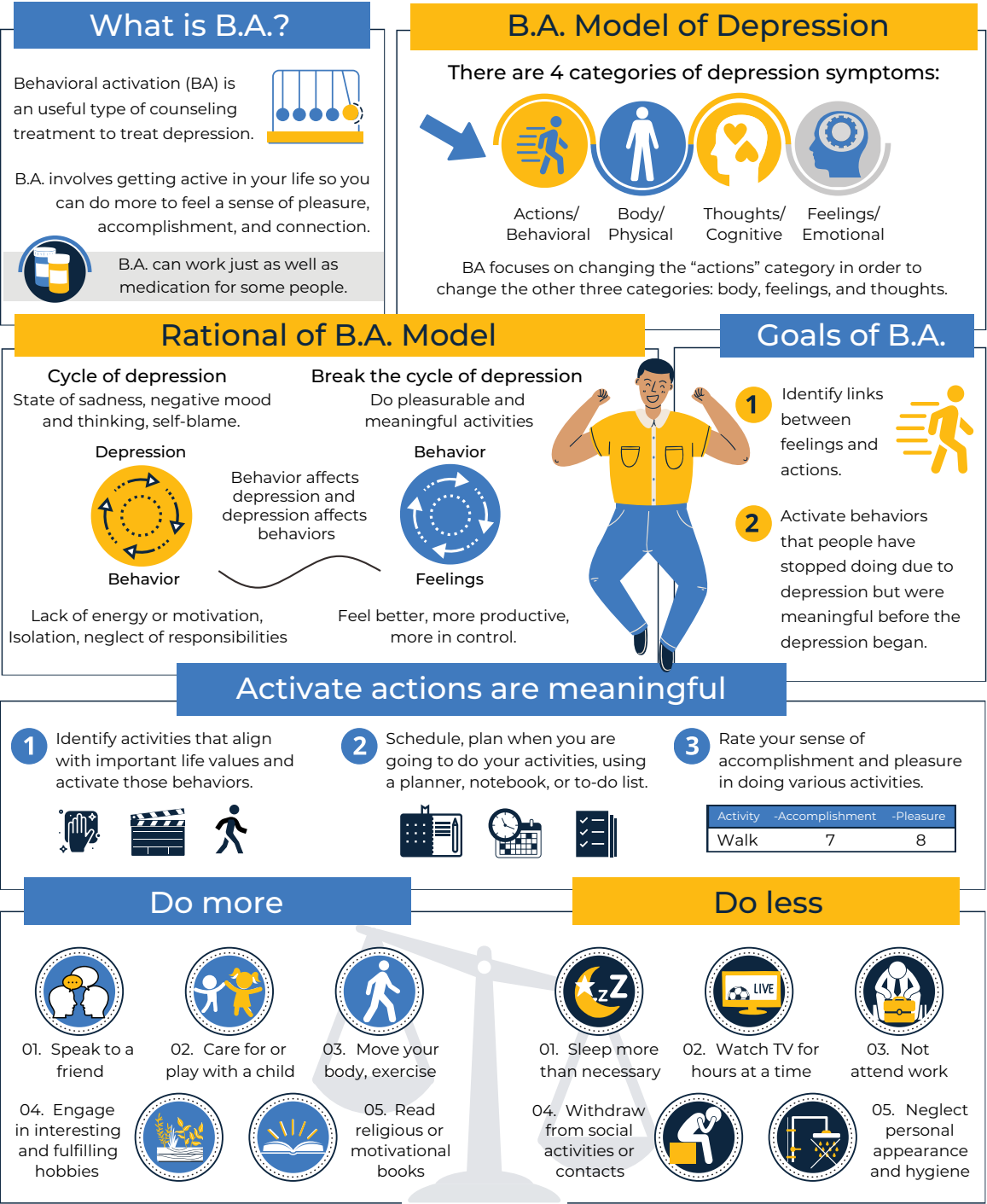
- Identify and activate activities that align with important life values.
- Teach problem-solving skills.

Phase 3

1-2 sessions

- Client understands BA and practices skills learned in counseling.
- Client's PHQ-9 score is improving.
- Ending well
- Plan for the future

2.5.2 Infographic on BA counseling mode

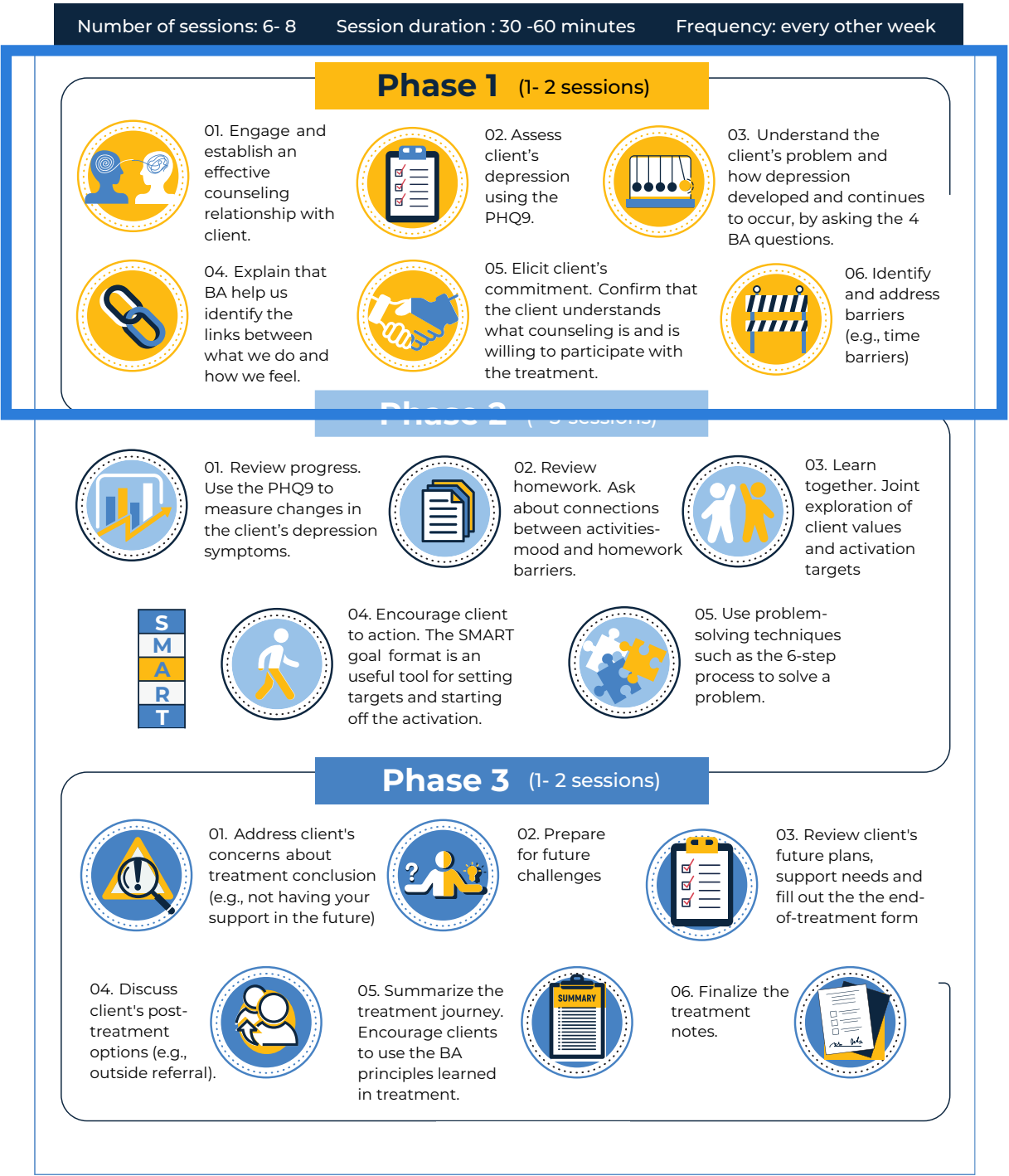


Module 3: Phase 1

MODULE OVERVIEW

In this module you will learn:

- **Introducing** ourselves to clients.
 - Structuring and setting agenda for the initial sessions.
- **Getting to know** clients and understanding their depression.
 - Identifying life stressors that contribute to their depression.
 - Identifying how clients respond to the life stressors and its impact.
- **Explaining the rationale of BA** to clients.
- **Eliciting the client's commitment** to attending and putting in the work for BA sessions.
- **Overcoming barriers and concerns** for attending BA sessions.
 - Common barriers people face while engaging in the intervention and potential solutions.
- **Assigning homework** for clients to work on in between sessions.
- **Summarizing** key points covered at the end of each session.
 - Giving clients the opportunity to summarize learning in their own words.
- **Next steps** to follow at the end of each session.
 - Scheduling client's next appointment.
 - Completing session notes.



BA Overall Checklist:

- Phase 1
 - Establish a positive relationship with your client.
 - Get to know them.
 - Explain the BA model.
- Phase 2
 - Skill building.
 - What activities does your client enjoy?
 - Homework that focuses on accomplishment, feeling joy, and pleasure.
 - Teach problem-solving skills.
- Phase 3
 - Decide transitions to this phase when:
 - Client understands BA and actively practices skills established during counseling.
 - Client's PHQ-9 score improves.
 - Review skills learned, apply skills to future challenges, and cement any lessons learned

3.1 Introduction

In the first session share what counseling entails:

1.

Who we are- our training and by whom we are supervised.
2.

Duration of counseling – the number of sessions, length of each session, and overall duration of counseling.
3.

Structure of counseling- where the sessions will be conducted – at home, in the organization, or by telehealth – by phone or a video call. The general structure of counseling involves:
 - Setting an agenda
 - Assessing suicide risk
 - Planning homework
 - Summarizing session and providing feedback
 - Setting the next session date
 - Completing notes

4.

The rationale of BA and the evidence base for it.
5.

Contacting us. How we can be contacted outside the sessions, and under what circumstances (e.g. only in an emergency).

The content of the first session is critical. Focus on building a relationship with the client and having a conversation rather than a lecture or interview. Make sure to pace the session slowly so that the client understands the information and feels that you have understood their experiences. In the first session, focus on **getting to know the client**, which means asking questions and letting them tell their story.

3.1.1 Introducing ourselves

Your introduction to the client may be different depending on how they were referred to you.

- Start off by giving your **name** and your **role** at the organization.
- Explain **confidentiality**. (For more information see Foundational Skills manual, Module 5).

Example:

“Hi! My name is ____, and I’ll be your provider. Today is our first session. I’ll share the agenda with you in a few minutes, but first, I wanted to let you know we have planned for a 50-minute session today. Does that still work with your schedule?”



3.1.2 Establishing agreement about the length of your first meeting

Some clients may not have planned to do a counseling session as part of their health visit, or some may not be able to stay for the entire duration required of a first BA session. Check with the client about their **availability** and make a **collaborative plan** for how to proceed.

Example:

“Today is our first session. I’ll share the agenda with you in a few minutes, but first, I wanted to let you know this discussion will take about 50 minutes. Can you stay for that long today?”



If the client can’t stay for the entire duration of the session, we may say:

“Then I would like to take about 10 minutes to describe to you how I can help you with your concern. Is that okay?”



If the client agrees to a full session, continue by setting an agenda.

3.1.3 Setting an agenda

In the first session, help the client understand **why** setting an agenda is necessary. We begin by making a list of items that we would like to cover in the session, such as:

- Asking about the client’s **problems**.
- Explaining **counseling** and how it can help them.
- Making a plan for what to **prioritize** in future sessions.
- Setting the **next session date**.

The next step of agenda setting is to ask the client if they **agree with the list** and if there are any **additional items** that they would like to add. Many clients will be unfamiliar with a structure that invites them to be active participants with their healthcare providers.

And so, in the first session, we take the lead in setting the agenda. In subsequent sessions, however, we first invite the client to list agenda items, and then we add ours.

Example:

“It’s lovely to see you today. Before we begin, I would like to tell you that at the start of each of our meetings, I want us to make a plan about what we will talk about together. This way, we can focus on what is most important for you and will have a guide for us to use during the session to make sure that we are staying on track.

Does that sound good?”

“Alright. I have a few things that I would like to speak with you about today. I want to know more about you and the problems you are facing. Then, I’ll explain the counseling program that can help with your difficulties and see if you’re interested in participating. We can then make a plan of how to proceed and arrange our next session together. How does this sound to you?”



3.2 Getting to know your client

In this stage, you should get to know your client better to **establish trust**.

Example:

“I’d like to get to know you better. Can you explain when these symptoms began and what was going on for you at the time?”



Assessing suicide risk - PHQ-9 and interview questions

We need to **assess the risk of suicide** among all clients. If during the course of our assessment, we find that suicide risk is present, or if the suicide item is positive on the PHQ-9 (i.e. item 9) (Appendix 1, page 82), then we **must add this to the agenda**. This becomes the immediate focus of the session. Assessment and management of suicide risk is detailed in the **Foundational Skills manual**.

Example:

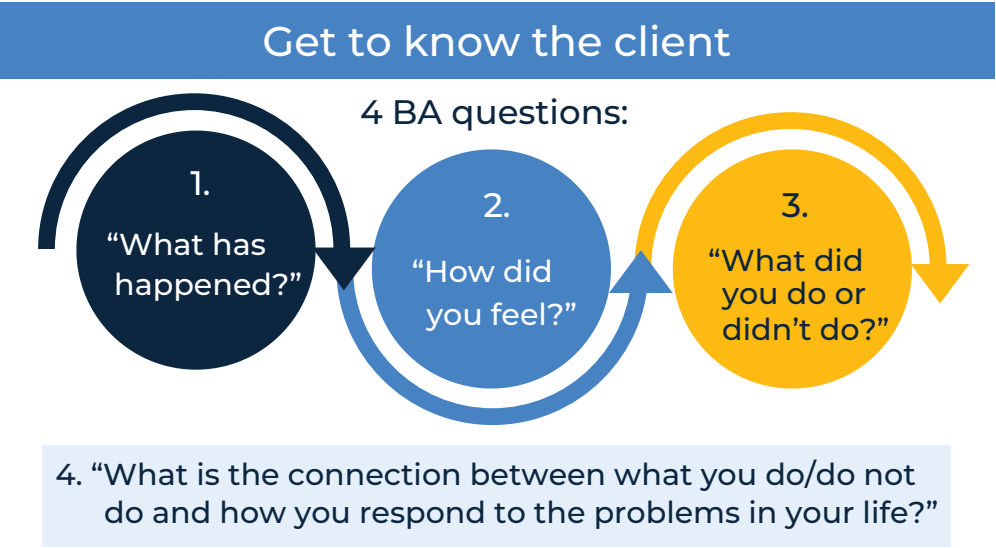
“You’re taking a very important step in your recovery by coming to this session today. I’m hopeful about the work we can do together to reduce your depression symptoms.”

“Sometimes, when people feel depressed, they also have thoughts of hurting themselves. Has this happened for you?”



3.2.1 Understanding the client's depression

You should get to know your client better and explain the BA process to them. To understand how a client's depression **develops and continues to occur**, the diagram below offers a useful guide when explaining the BA counseling process to our client.



If the client has difficulty identifying such factors, we can **offer possibilities of common factors**. We might say, *"It is common for people who are feeling down or stressed to have struggles with things such as..."*

A common list of factors might include:

- Biological factors (e.g., family history of mental health concerns).
- Social factors (e.g., loneliness).
- Interpersonal factors (e.g., arguments with partner).
- Acute stress, defined as a difficult event that has recently happened (e.g. death of a loved one, loss of a job, serious accident or injury).
- Long-term stress, defined as problems that the client has been dealing with for a long time (e.g. work-related or relationship problems; lack of safety in one's neighborhood or home; long-term financial problems; or having to care for a sick family member).
- Adverse childhood experiences in the past (e.g. abuse, neglect or trauma).

3.2.2 "What has happened?"

This question helps us **identify stressors**, which are stressful life events that may have triggered the depression symptoms or that are keeping the depression going.

Think about depression as occurring in response to things that happen in your client's life. Ask:

"Did anything happen when you started feeling down or stressed?"

"Or has anything been going on in your life right now that makes your life more stressful or harder (or that keeps you feeling down)?"



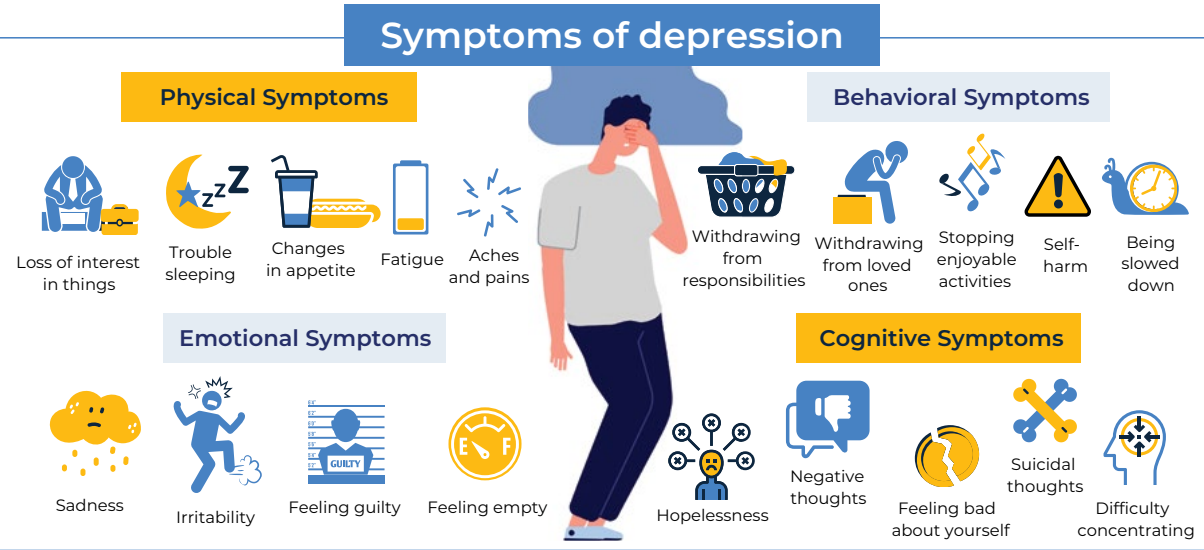
3.2.3 "How did you feel?"

Ask this question to explore **how the client was impacted** in the context of what happened.

Ask how clients felt in an **open-ended** manner so they have space to talk about their reactions.

You could ask, *"What was that like for you? I'm interested in knowing how it affected you - your mood, your thoughts, your sense of stability as you dealt with this challenge?"*

Explain that common symptoms linked with depression include:



If the client has difficulty recounting their symptoms, we can refer them to the **items of the PHQ-9** that were scored positively and ask about those experiences. We can also **normalize** these feelings by explicitly saying – “*these reactions are quite normal when facing life’s challenges.*”

If the client does not easily describe activities, you can ask: “*Are there activities or behaviors you were doing earlier that you have stopped doing ever since you started feeling depressed?*”

Again, it is very important to emphasize that it **makes sense** that one would start or stop doing such activities when feeling all the emotions and sensations that come with depression.

3.2.5 “How did your action influence your response to problems in life?”

Our **actions or lack of actions** may keep us stuck in depression.

Many times, the activities or behaviors that clients engage in, or stop engaging in, help them feel better in the short term. But, over time, these behavioral patterns actually make things worse. The reasoning is simple - the less one does, the less one feels like doing!

Example:

“How did your action influence your response to problems in life? It makes sense that you want to withdraw from the world and your loved ones when you are feeling down. It is a natural part of depression, actually. But the problem with this kind of withdrawing behavior is that it keeps you stuck in feeling low because you become much less engaged in rewarding relationships that once made you happy.”



While asking these questions...

Remember to normalize the information your client shares with you at all stages of this process. **Clients take a risk when they trust us** - so honor that risk by being compassionate, empathic, and kind.

You could say, “*Of course -- it must feel so heavy to experience all these symptoms and have such little support! It’s totally normal to want an escape when you feel so depressed and hopeless. Thanks for sharing that with me.*”

Activities that do not make you feel good and activities that make you feel good

It is important to **discuss with clients** the ways in which their actions, or lack of actions, may be keeping them stuck in depression.

Patterns of **withdrawal** can also cause the problems in one’s life to build and increase. The less one does, the more stressors add up or worsen.

3.2.4 “What did you do?”

Ask this question to explore what the client **does** - or **does not do** - when feeling down. This is the basis of BA.

It is helpful to ask simply and directly, “*When you are feeling stressed (sad, tired, etc.), what do you do (or not do)?*” It is often helpful to explain that it is common for people to start or stop doing certain activities when feeling down.

These can include withdrawing from:

- Friends and family.
- Work responsibilities.
- Usual routine.
- Physical activity.

Clients may also do things that worsen depression:

- Engaging in conflict with loved ones.
- Ruminating about problems.
- Avoiding problems, shutting out emotions (e.g., drinking, using drugs, and oversleeping)

Example:

We can explain this by saying “When people face a stressful situation like financial problems and lack of support, they tend to stop doing many activities. For instance, you shared with me that you stopped meeting your neighbors and wanted to stay in bed for longer in the morning.”

“This probably helped in the sense that it made you feel better at first, and you felt less tired in the moment. But, in the long run, no longer seeing loved ones probably also prevents you from doing things that naturally boost your mood. You were saying you used to be social and enjoyed social interactions to feel better, so the withdrawing behavior has actually left you feeling less supported in coping with the other life problems you are now facing.”

“Is it true for you that staying alone at home worsens your sadness?”

“Does this add on to your depressed mood so that you don’t want to do anything, in a cycle that goes on and on?”



It is exactly these activities, or withdrawal from activities, that BA focuses on. In BA, we call these activities, **“the activities that do not make you feel good”** and our counseling sessions work to decrease such activities. Examples of a few of these activities that do not make you feel good are:

- Withdrawing from social activities or contacts.
- Watching TV for hours at a time.
- Not attending work.
- Neglecting personal appearance and hygiene.

Finally, it is useful to ask about **“activities that make you feel good”** or things that have helped clients feel better in the past. In BA, we call these **“activities that make you feel good”** and our counseling sessions work to increase such activities. Some examples are:

- Speaking to a friend.
- Caring for or playing with a child.
- Occupying your mind with interesting and fulfilling hobbies.
- Praying or reading religious or motivational books.
- Moving your body through gentle exercise (e.g., a daily walk).

3.3 Explaining the rationale of BA

- Explaining the rationale of BA

Example:

“In BA, we would together identify the links between what you do and how you feel. By identifying and practicing behaviors that make you happy, you would activate a positive emotional state and feel better. We would help you to practice this skill which you could bring into your life. You would eventually have a lower level of depression.”



- Providing hope and encouragement

Example:

“I’m really hopeful that this intervention will work well for you! You seem to have so many strengths, including being organized and motivated for intervention, which will help you meet your goals.”



- Discussing the specifics of counseling

Example:

“We will meet every week for 6 weeks. Our sessions will be 50 minutes long. If you prefer video-conferencing instead of coming in for one of the sessions, just let me know!”



3.4 Eliciting client’s commitment

It is important to confirm that the client understands what counseling entails and is willing to proceed with the intervention. Participation in counseling is a **voluntary choice** that the client makes, so eliciting commitment is an important step.

Example:

“This intervention lasts about 6 sessions. We will work on learning and practicing skills so you have more tools in your toolkit. Can I get a commitment from you to attend all 6 sessions to start?”



The activity-mood monitoring worksheet is attached in Appendix 4 (page 85).

Here are additional steps providers could take to seek commitment from the client:

- Involving a significant other.
- Identifying and overcoming barriers to intervention.
- Addressing the client's chief concern.
- Planning homework.
- Summarizing and providing feedback.

It is often helpful to provide encouragement during the first sessions.

Openly explore with the client:

- How would life be different if they did not have depression?
- Their hope for recovery.
- Their strengths.
- The top concerns they wish to address in counseling.

Elicit commitment from clients at the end of the session by:

- Asking what they have **understood** so far - get them to take an active role in summarizing what they learned.
- Highlighting their **strengths in coping** with previous challenges in their lives.
- Inspiring **hope for change** - connect their past strengths with the current stressors and help them develop confidence that they can get better.

Example:

“We’ve discussed how these problems triggered your depression symptoms, and what you can do about it. I am excited to get to know you better and go through this intervention together. I want to know how you understood the intervention in today’s session. Would you briefly explain what you have understood from our discussion and how willing you are to participate in this counseling?”



We need to give our client some time to talk about their understanding, clarify their doubts, and go over parts that they may not have understood.

3.5 Overcoming barriers and addressing concerns

Since clients can experience barriers to engaging in intervention, we want to be **proactive in exploring any barriers** by discussing them together. This is a great discussion to have in the first phase of BA.

Example:

“Do you anticipate any challenges in attending counseling sessions? I am curious about why you prefer not to attend counseling. Could you help me understand this better?”



Here are some common barriers faced by clients and potential solutions providers may offer.

Client barriers to attending counseling	Some solutions may include:
• Physical/medical disabilities • Time barriers • Lack of time due to demands on their time (e.g. caregiving)	• Offer telehealth services • Offer shorter appointment • Conduct sessions once in two weeks instead of weekly sessions



Client is skeptical about whether talk therapy will help.

- Preoccupied with physical health concerns
- Prefers medication over therapy

- Share that BA involves active problem-solving
- Share information on mind-body link and how treating depression symptoms can improve physical health behaviors
- Address that medications can be used alongside therapy



Client does not open up.

- Ask more close-ended questions to engage them
- Discuss how BA will help them
- Assess if the client is preoccupied with personal crises or recent grief



Additional support and solution may include:

- Create space for their feelings
- Express warmth and understanding for their problems in a genuine way

Address the client's chief concerns

Remember:

- Let the client lead.
- Pay attention to whatever their chief concern is.
- Track this concern across sessions.

Showing that you are paying attention to your client's concerns demonstrates to them that you **care about their problems** as much as they do.

Example:

"You mentioned last week that insomnia has been the worst part for you - tell me, how has your sleep been the last few nights? ...Yeah, I know you have been holding some concern for your brother ever since he was laid off. I would love to know how that is showing up for you - are you worried or preoccupied more than usual?"



Frequently asked questions about counseling

Clients might have questions about counseling. See below some of the most common questions.



FAQ: "Are medicines not enough? Do I have to come here for counseling?"

Example Answer: "Counseling is known to increase the chances of recovery significantly. In fact, the benefits of counseling can last even years after the sessions are completed. And if you are receiving medicines from the doctor for your other health concerns, you can still continue to receive these while you do the counseling. Counseling gets at the root issues that cause depression, while medications can help with symptom relief. So, counseling can be seen as a long-term solution and medications can help a great deal in the short run, and sometimes longer if needed."



FAQ: "What if I cannot come to the organization to see you?"

Example Answer: We can have sessions at your home, if this is ok with you. We can also arrange to speak on the phone or video if you are unable to come to the organization. Let me know which option you prefer."



FAQ: "Can you speak to my husband/wife/sister/mother to solve my dispute with them?"

Example Answer: "I will be very happy to meet your relative so they can understand the nature of your concerns and what they may be able to do to help. It will be very useful to have them involved in your intervention."



FAQ: "Can this counseling really help me? I am already doing so many activities, but I still feel stressed."

Example Answer: "We will be working together to examine the quality of these activities. We will take a closer look at what you are doing and also what you are not doing to see how the overall activities are impacting your mood. Once we identify what is reducing your depression and what is adding to it, we can start making changes that you can sustain across the long run. I want you to know that BA has helped many people with mental health concerns similar to yours."



3.6 Planning homework

We encourage clients to do **assignments** or “**homework**” between sessions. Homework can include reading materials, monitoring their activities and mood, or practicing a skill.

Best practices for homework:

- Create the homework assignment together with the client so the homework is highly **relevant and applicable** to their lives.
- Set a tone that homework is **important to complete** each week so clients can practice these skills in their daily lives to see the best results.
- Directly ask about challenges clients may have in completing homework. Then use a teamwork approach to **solve these problems together**.

Example:

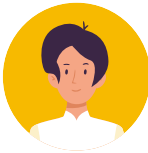
“Homework is a big part of this intervention, as it is a chance to practice skills outside the session in your daily life. Do you foresee any barriers to completing homework this week? Let us think through these barriers and come up with a plan.”



Homework is an important part of this intervention, as it is a chance to practice skills outside sessions in their daily lives.

Also, ask about possible barriers in performing the homework and address them.

“What challenges might come up with completing the homework assignment of reading the session materials I just provided you? Let us problem-solve ahead of time so we can set you up for success.”



3.7 Summarizing the session

Summarizing refers to providing a brief description of the session. The summary should include the **key points** that were discussed and the **homework** for the coming week.

Best practices for summarizing the session:

- A good summary is short but comprehensive so that the client remembers the key points that happened in a session.
- It is ideal to give the client an opportunity to summarize the information.

For example, you could say:

“We are nearing the end of our session. I wonder – in your own words – can you share with me what you took away from this session and what next steps you are willing to commit to before our next session?”



3.8 Next steps

3.8.1 Setting the next session date

The time and place for the next session is best arranged **collaboratively** with the client.

3.8.2 Complete documentation

After the client leaves, we document, or write the notes for the session. Documentation should include:

1. What we covered in the session.
2. The client’s response to the session information.
3. Future planned contact with the client.

3.9 Module 3 Summary

3.9.1 Infographic on Phase 1 of BA



3.9.2 Phase 1 Checklist

The first phase of BA is delivered in one or two sessions.

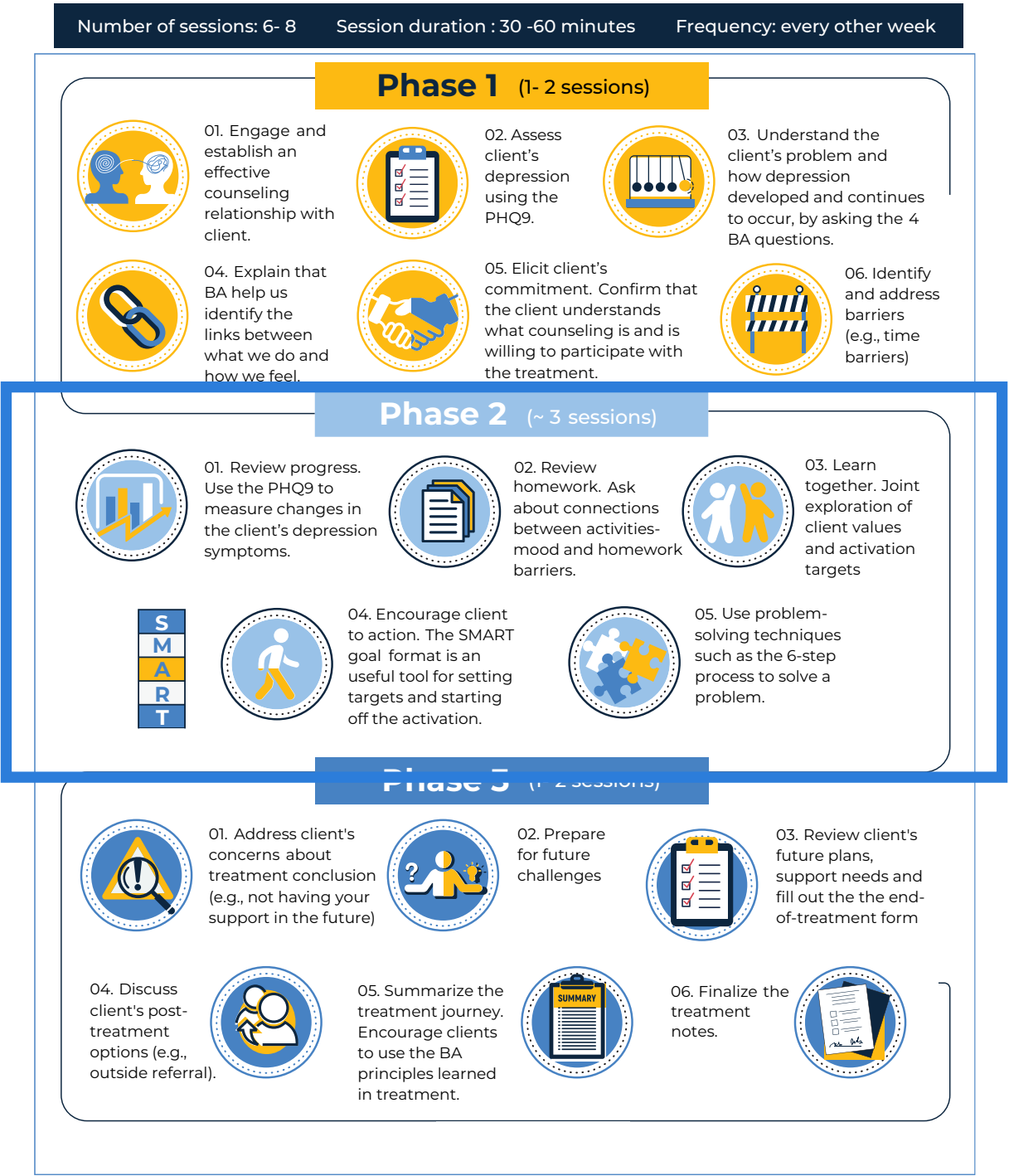
1. **Introduction**
 - Introducing ourselves
 - Establishing agreement on the length of meeting
 - Setting agenda
2. **Getting to know your client**
 - "What has happened?"
 - "How did you feel?"
 - "What did you do?"
 - "What is the connection between what you do or do not do, and how you respond to the problems in your life?"
3. **Explaining the rationale of BA**
4. **Eliciting commitment and addressing barriers**
 - Let the client lead to identify and address concerns.
 - Provide encouragement.
 - Pay attention to their chief concerns and track them across sessions.
5. **Planning homework**
 - Plan relevant assignments and problem-solve barriers.
6. **Summarizing the session**
 - Provide short but comprehensive summary to help clients remember the key points.
 - Give the client an opportunity to summarize the information.

Module 4: Phase 2

MODULE OVERVIEW

In this module you will be introduced to:

- **Reviewing the progress** of clients by monitoring their PHQ-9 scores.
- **Setting an agenda** at the beginning of each session.
 - Planning to review and prioritize clients' problems in the session.
- **Reviewing homework** assigned to clients in the prior sessions.
 - Addressing any barriers to completion of homework.
- **Learn together** with clients to:
 - Discover **values** important to them.
 - Identify **activation targets** based on their values.
 - Assess the **connection** between their activities and mood.
- **Getting active** using strategies including:
 - Activity-mood monitoring.
 - Setting SMART goals.
- **Solving problems** of life challenges impacting their depression
 - **6-Step** problem-solving process.



BA Overall Checklist:

- Phase 1
 - Establish a positive relationship with your client.
 - Get to know them.
 - Explain the BA model.
- Phase 2
 - Skill building.
 - What activities does your client enjoy?
 - Homework that focuses on accomplishment, feeling joy, and pleasure.
 - Teach problem-solving skills.
- Phase 3
 - Decide transitions to this phase when:
 - Client understands BA and actively practices skills established during counseling.
 - Client's PHQ-9 score improves.
 - Review skills learned, apply skills to future challenges, and cement any lessons learned

To ensure the client’s contribution in the process of agenda setting, we can begin as follows:

1. Go over the list of concerns the client had described in session 1, prioritizing the goals for intervention. Answer any questions about the BA program that clients may want to discuss in the session. This is important because it provides continuity between sessions.

2. Review problems and BA model. Go over any new problems that came up in the past week while reviewing progress.

3. Identify new problems. Based on the client’s responses, make a list of agenda items in which we add things that we would like to discuss with the client, such as:
 - Homework review. Ask about the homework assigned to the client (i.e., reading the handout).
 - Record activities and mood ratings the client performs and how they feel when doing these.
 - Activity scheduling. Make a plan to identify at least one activity that can help them feel better and schedule this activity to be completed prior to the next session.

4. Setting the next session date

4.1 Reviewing progress

Checking progress means measuring how much the client’s symptoms have increased or decreased since the last session using the PHQ-9 (Appendix 1, page 82). We compare the current PHQ-9 score with the score from the previous visit and provide feedback to the client. This gives us an objective report of the client’s current state.

If the suicide item (#9) is positive on the PHQ-9, we need to assess and manage suicide risk as an immediate priority. If item 9 is not endorsed, we can proceed to the next steps in the session.

The final step of agenda setting is to ask the clients if they are in agreement with the list. Consult the client and add items as needed.

Example:

“It’s great to see you today. As I explained the last time we met, at the start of each of our meetings, we’ll make a plan together to keep us on track. This will ensure that we focus on what is most important for you. Are there any topics you want to make sure we address together today?”



4.2 Setting agenda

At the beginning of every session, we start by setting an agenda collaboratively with the client. It is often helpful to explain to clients the rationale for using agendas to guide sessions. Take time to pause to allow the client to contribute items to the agenda or to ask questions.

4.3 Reviewing homework

Since BA is an **action-oriented program**, we work together to develop an action plan, or homework, for the client to do before the next session. In each following session, it is important to review the client's experience with the homework. The **review of homework** helps us identify the next steps for the client to take.

Ask simply and directly about the client's experience with the homework assigned in the last session.

Example:

*“How did the homework go this week?”
or “What questions do you have about what you read?”*



Because the first homework assignment is often reading about BA, it is helpful to ask the client to **describe their understanding** of BA. We could draw out more responses by asking, “Can you tell me what you have understood about this approach so far?”

This is an opportunity for us to **fill in parts** that the client did not understand or correct any misunderstanding.

4.3.1 Planning homework, addressing barriers

It is important to **encourage** any progress that the client has made with the homework and to review what was done (or not done) in detail.

If the client has not completed the homework, start by **asking directly**, “*What happened?*” or “*What got in the way?*”.

It is important to address this topic in a **matter-of-fact** and **non-judgmental** style. Learning what got in the way of completing the homework is important in knowing how to help the client take the next steps toward their recovery. It also helps us to learn about their life and the barriers they are facing.

Our role as trained EMPOWER providers is to **praise** our clients for making efforts and **be supportive** when they run into challenges.

Here are some common barriers and potential solutions:

Barriers/challenges	Solution
Client does not fill in the activity -mood monitoring chart.	Re-orient the client to the reasons for filling out this sheet. Knowing the rationale can help to strengthen motivation.
Client does not complete worksheets	Explore the reasons why the client hasn't been filling out the worksheet. Go over why homework is a part of this intervention. Explain that worksheets can provide detailed knowledge of which activities improve mood and which activities make you feel worse.
Client fills out the monitoring chart (Appendix 4, page 85) but is missing important specific details.	Explore the reasons why the client hasn't been filling out the worksheet. Ask client-specific questions to add detail or clarity.
Client forgets to complete the activity.	Help the client create some reminders. One idea to pass on is to use the activities monitoring chart (Appendix 4, page 85). Ask clients to leave the activity monitoring chart by the coffee maker or on their nightstand, or set an alarm on their phone.
The client does not have time to do their assigned activity.	Talk about how they can make time for their assigned task. We can also problem-solve by asking the client how they may reduce some of their other tasks to make time for the assigned activity. Suggest that the client plan a specific time and day for the activity. This goes back to activity scheduling so we are being realistic about what's possible within the client's time constraints.

4.3.2 What to do if the client did not do the homework?

1. Do the homework with them.	It is quite common for clients to skip homework – especially in the initial stages when they are still learning what counseling means and have higher depression symptoms. One way of overcoming this barrier is to use session time to complete the task that was assigned as homework. In this way, you can model that homework is a crucial part of progressing and you can also model how to do the homework so it demystifies it for the client.
2. Remind clients of the importance of homework.	Remind clients that the main work of BA is done outside the counseling session . When clients engage in homework, they are building new ways of behaving and thinking that will promote long-lasting changes in their mood and life. Assist clients to realize that practicing the skills in the context of their lives will help them take control of their depression.
3. Brainstorm ideas for homework.	Discuss why the client was unable to do the homework and brainstorm ways to address that problem before the next session.

4.4 Learning together

In this part, the goals are:

1. Discover **values**.
2. Identify **activation targets**. Brainstorm activities that overlap with these values.
3. Assess **links** between activity and mood.

BA guides clients to do activities that help them feel better, solve problems, and achieve goals. However, how do the provider and client know **what activities will help?**

In phase 2 of BA, one of the tasks is to learn together by **identifying the links between activities and mood** in the context of the client's daily life.

For this, we need to identify the activities that help the client feel better and those that do not help the client feel better in order to build effective action plans. A client with depression, for example, is likely to report more activities that do not help them feel better in their routine.

We should assess a range of activities that the client is doing and the **effect of the activity** on the client's mood. We can then plan with the client how to increase the activities that help them feel better.

We do so by skillfully making them a part of the client's routine. On the other hand, we reduce activities that do not help them feel better through problem-solving.

We may also use terms like ‘things that make you happy’ or ‘things that make you sad’ to convey the same meaning so it is easier to understand.

BA is action-oriented and focused on creating clear **action plans** that improve our clients' depression. We always **make plans together**, as a team, so our clients have a sense of ownership in their recovery process.

4.4.1 Discover values

Values are beliefs of what is important and matters to us. BA involves assisting clients in **identifying** activities that align with important life values and **activating** those behaviors.

How to know what activities will help the client to improve their mood:

1. **We discover values.** Talk about what feels meaningful to them, and what is important to them. We can use tools like a values worksheet (Appendix 3, page 76) to do this in a systematic way.
2. **We brainstorm with our clients.** Come up with as many ideas together about activities that overlap with these values.
3. **We observe** – Get real reports from clients about which activities make them happy and which activities reduce their energy.

4.4.2 Identify activation targets that align with the client’s values

Brainstorm together with the clients on activities that overlap with their values. Below are a few examples:

- 
 - For a client who values connecting with friends, making social plans every week would be a great activation target.
- 
 - For a client who values community involvement, engaging with an organization to volunteer can be a wonderful way to realize this value.
- 
 - For a client who values family relations, having dinner with family members would be a nice way to accomplish the value.
- 
 - For a client who has religious/spiritual values, meditation might be a good activation target.

Values can change over time. What clients may prioritize as their top values for one month may be different next month. Encourage clients to check in about their values often and align their actions with their values.

4.4.3 Assess links between activity and mood.

The third step in the learning together phase is to assist clients in assessing the links between activity and mood.

There are two main ways to identify activities that help clients feel better and activities that do not help the client feel better.

1. Use the 4 BA questions

The BA questions can assist clients in recognizing the link between their activities and mood.

1. What happened?

2. How did you feel?

3. What did you do or not do?

4. How did these actions make you feel?

1. Use the BA model (4 BA questions).
2. Use an activity-mood monitoring chart.

Orient clients to the BA approach by using the BA questions.

“Do you remember how we talked about our approach in BA? In this counseling approach, we draw out the connections between your feelings and actions. Well, we can use that same approach to understand what happened last week, and it will help us develop an effective action plan for you to try. Does that sound ok?”



2. Use an activity-mood monitoring chart

Use an activity-mood monitoring chart to assess clients’ activity and mood. It involves recording activities that clients do during the day and their mood when they are doing the activity.

The activity-mood monitoring chart is attached in Appendix 4 (page 85).

Example:

Time	Activity/Behavior	Mood (1-10)
9:00 am	Take a 30 minute walk	8
9:00 am	Do chores, clean the house for 1 hour 30 minute	6
11:00 am	Prepare lunch and eat, 1 hour	5

How to introduce and explain the activity-mood monitoring chart to clients.

1. Explain rationale. Explain the reason why filling the activity-mood monitoring chart is an important part of the counseling. Remind them of the BA model and how the activities they do, or do not do, can affect mood and stress. We can say:

“It is helpful for us to have a detailed picture of the different activities you performed during the day and to understand how you feel when you do these activities. We can then choose activities that make you feel better and discuss how you can increase these.”

“Similarly, we can discuss how to reduce those activities that make you feel worse. What do you think?”



2. Start the activity-mood monitoring chart in the session.

Example:

Provider: “We can use the activity-mood monitoring chart to help us understand what activities help you feel better. Is it ok for us to work on this together now?”

Client: “Ok, great.”

Provider: “Let’s start at the beginning of the day today. When did you wake up? And what did you do after waking up? What did you do next?”

3. Identify any links between activity and mood. Finally, assist clients in identifying any links between activity and mood. This step will help them to see how to draw out these connections, so they get some practice in the session itself.

Example:

“Thanks for filling this out with me. What are you seeing here on the worksheet? Is there anything that you have noticed about these activities and your mood?”

“What about here? It seems like you rated your mood higher when you were making dinner, and lower when you were resting in bed in the afternoon.”

Methods to rate mood

There are different ways to rate mood. The most common ways are:

1. Rate mood on a scale of 0 to 10.

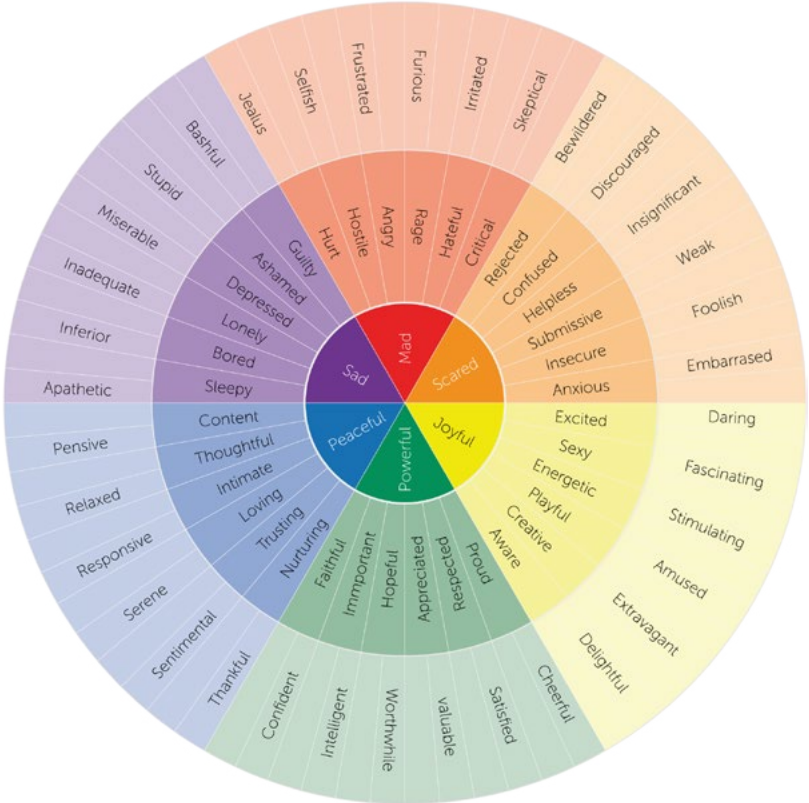


Example:

“I want you to think of your mood as a number on a scale. This scale spans ‘0’ which is a very low, depressed, sad mood to ‘10’ which represents a content, happy, joyful mood. What number best describes your current mood?”

2. Use the Feeling Wheel.

Assist clients in identifying how they feel using the Feeling Wheel (see Appendix 5, page 86).⁴



3. Use two categories to rate mood.

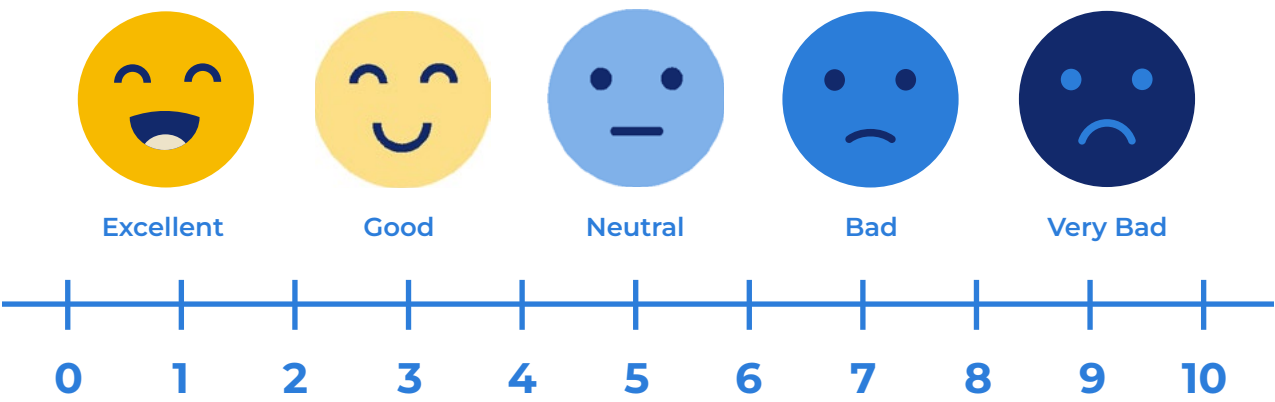
Some of our clients may not give a lot of detail on the intensity of mood. For them, it might be helpful to ask them to choose one of two categories, such as -

- Do you feel happy or sad?
- Good or bad?
- Up or down?

⁴ Feeling Wheel, The Feeling Wheel, January 1, 1982, <https://allthefeelz.app/cc/feeling-wheel/>.

4. Use images/icons to assist clients rate their mood.

We can also use descriptive icons to identify how they are feeling, especially if a client has difficulties reading or writing.



4.5 Getting active

This role-play demonstrates how “getting active” requires **structured planning** to make the activity more likely for clients to actually do it.

Molly is a 52-year-old African-American woman. She is divorced and has two kids. Molly began to feel depressed after a major workplace injury to her back that left her bedridden. Molly has been on leave from work for the past year. She receives financial support from disability and has had major lifestyle changes. She has a lot more free time as she recovers from her injury.

Provider: “Molly, the last time we spoke, you showed me the activity plan and told me about some interesting things that you had realized while monitoring your activities. I wonder if it would be helpful for us to talk about that again? I think you had some really good ideas!”

Molly: “I notice that when I am feeling socially connected to people, it is a fulfilling experience, and that distracts me from the pain...”

Provider: “Let’s talk more specifics, as I do wonder if you may be taking on too much this week to plan a block party? How about breaking this down into smaller steps? Maybe start with something that has worked for you in the past?”

Provider: “Let me tell you a way that works for me. I want my goals to be SMART – that’s an acronym that stands for ‘specific’, ‘measurable’, ‘attractive’, ‘realistic’, and ‘time-bound.’ Let’s think about an idea for connecting with your neighbors and fit it into this SMART-goal format (Appendix 6, page 87)?”

Molly: “I like that! Maybe I can invite my neighbor over for a coffee?”

Provider: “Given your current lifestyle – the chores you have planned on weekends – would Sunday still be a convenient time for you to plan this? [Check barriers]”

Molly: “Yes, I think coffee is manageable on Sunday. If I run behind, I can always grab pastries from the bakery nearby. And I want to keep it within an hour.”

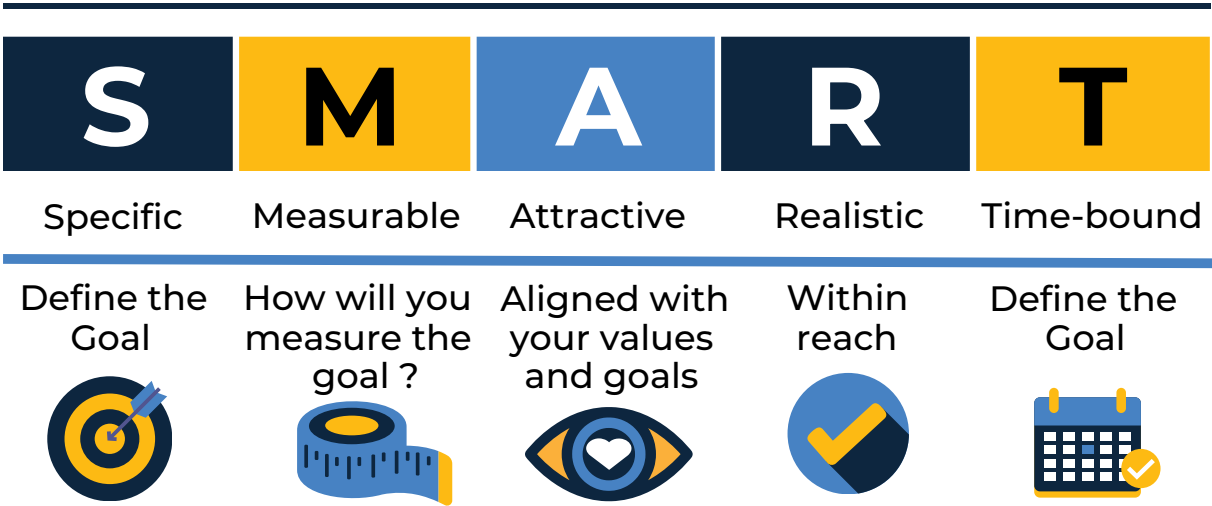
Provider: “Excellent idea. So, walk me through how this fits the SMART goal format. Are we on target with it?”

Molly: “I think this plan is quite specific. I know I will meet my neighbor for coffee at my place and I will either bake or buy some banana bread. It’s measurable, in the sense that we will either do the plan or not do it – so that’s clearly something I can ‘measure.’ It’s attractive, because I want to spend time with my neighbor - it’s fun for me. The plan is realistic – now that I have figured out Sunday plans. And I guess it’s also time-bound because I have planned it for an hour!”

The provider took these steps to help Molly get active:

1. Highlighted the **activity-mood connections** that Molly made.
2. Helped her identify an **activity** that would help her get active, which was informed by the connections she had noticed.
3. Encouraged her to **break down** this activity so it was more doable.
4. Taught her the **SMART goal format** and had her practice thinking through her activity using this format.
5. Anticipated some **barriers** while making plans.

The SMART goal format is an useful tool for setting targets and starting off the activation.



The **SMART goal** format is a useful tool for setting targets and starting off the activation (Appendix 6, page 87).

This role-play demonstrates how 'getting active' requires **structured planning** to make the activity more likely for clients to actually do it. When we understand a clear framework for helping someone get active, we can guide them more effectively!

The skills of BA are designed to help clients reverse the downward spiral of depression and start to feel better. The trick is to **set small, achievable goals for activation to start off**.

Once clients accomplish these activities, they start to feel a sense of motivation. It is important to note that motivation often follows the first steps of getting active--we cannot wait for motivation because it keeps people stuck in the downward spiral of depression.

Instead, getting active through **structuring and scheduling** activities helps people engage in activities that provide enjoyment and accomplishment and connect with what they value.

Eventually, activation becomes **self-reinforcing** – which means, activation is something that clients want to do by themselves without it being assigned as homework.

So, keep assigning homework activities, informed by the specific connections between activity and mood that you and your client have learned together.

4.6 Problem-solving

Problem-solving is another important skill you can use with your clients that can help them **overcome feelings of depression**.

Many of our clients with depression may be struggling with difficult life problems. These kinds of problems could have **triggered or might be worsening** their depression.

Examples of these are financial problems, relationship issues, health concerns, lack of exercise or not getting to work on time.

When someone is depressed, even small things can be hard to do. These difficulties can impact the client's depression symptoms in significant ways. It is helpful to **talk through** these problems in our sessions and help them **find potential solutions** that work for them.

Focusing on problem-solving can show people how to **recognize** what is in their control and then **use a clear strategy** to address it. This can really give our clients a sense of accomplishment.

4.6.1 6-Step Problem-Solving Process

We work with clients on problem-solving using a **6-step process** (See infographic on page 61).

- 1. Define the problem.
- 2. Generate solutions.
- 3. Select a solution.
- 4. Apply solutions.
- 5. Evaluate solutions.
- 6. Repeat.

Problem-solving is most likely to be successful when the **client generates** which solutions might work best for them. It is critical that the provider is **not “telling”** the client what to do.

Problem-solving is a great skill to add to the client’s **“toolbox”** when they face more difficult situations. Our goal is to give them tools for the future to prevent depression from returning or worsening.



4.6.2 Solutions for common problems

Some clients might find it difficult to think of possible solutions to their problems. We can use **specific questions** to lead them more directly to potential solutions.

Sometimes, we may want to suggest some solutions, while asking for their feedback on what will work best for them.

Common problem	Possible options
1. The client feels their relationship with their partner or family is not going well.	The client could seek additional counseling such as couples or family therapy. The client could identify ways of communicating better.
2. The client is worried about their finances.	The client could seek help from family, friends, or government programs. The client could explore ways of saving. The client could look for better job opportunities.
3. The client is facing a lot of stress at work.	The client could seek support from coworkers, supervisors or HR. The client could enhance skills that would improve their work. The client could improve their time management. The client could learn coping skills such as taking short breaks.
4. The client feels stressed or is lonely about living far from family.	The client could join community activities. The client could schedule regular communication with family. The client could create a support network of friends where they live.

These solutions will not work for everyone. The first step is eliciting the **details and context** of the client's problem. Then, think about which of these suggestions might **work best** for their particular situation, and seek their feedback.

The final steps in the problem-solving approach are to **evaluate** the solution and **repeat** it if necessary. From there, we can also help the client learn to use this skill on their own.

4.7 Module 4 Summary

4.7.1 Infographic on Phase 2 of BA

1. Review progress



Measure how much the client's symptoms have increased or decreased since the last session using the PHQ-9

2. Review homework



Explore how the homework went. Ask about:

01. Connections between activities and mood

02. Barriers to completing homework.



3. Learning together

We "learn together" by assisting clients to identify the links between activities and mood and:

01. Identifying and increasing the activities that help the client feel better.

'Things that make me happy'



01. Speak to a friend



02. Move, exercise



03. Play with a child

'Things that make me sad'



01. Neglect hygiene



02. Watch too much TV



03. Not attend work

02. Reducing activities that do not help them feel better through problem-solving.

3.1 Discover values

Values are beliefs of what is important and matters to us.



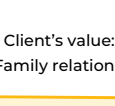
Faith



Family



Health



Hard work

01. Assist clients to identify activities that align with important life values and activate those behaviors.

02. Use tools like a values worksheet to assist client to identify values.

3.2 Identify activation targets

Brainstorm activities aligned with clients' values.

Examples:

Client's value: Family relations.

Client's value: Spirituality.

Activation target: Have dinner with family members.

Activation target: Pray, meditate everyday.



3.3 Assess links between activity and mood

Assist clients to assess the links between activity and mood by:



01. Use the 4 BA questions.

02. Use an activity-mood monitoring chart

Activity	-Accomplishment	-Pleasure
Walk	7	8

Remind clients of the BA model and how the activities they do, or do not do, can affect mood.

4. Get active

The SMART goal format is an useful tool for setting targets and starting off the activation.

S	M	A	R	T
Specific	Measurable	Attractive	Realistic	Time-bound
Define the Goal	How will you measure the goal?	Aligned with your values and goals	Within reach	Define the Goal



5. Problem solve

Help clients to problem solving using a 6-step process.



1

2

3

4

5

6

Define the problem

Generate solutions

Select solutions

Apply solutions

Evaluate solutions

Repeat

4.7.2 Infographic on Problem-Solving

6-Step Problem Solving Process

1

2

3

4

5

6

How can it be applied to this problem?	Outcome
1. Define the Problem Clearly define the problem.	The client has not seen or talked with his kids in a long time.
2. Generate Solutions Brainstorm possible solutions in behavioral terms: what needs to be done to address the problem.	Brainstormed solutions: -Kids visit him -Learn texting -Schedule talk times -Video chat -Email
3. Select Solutions Discuss the possible solutions: advantages and disadvantages of each option, and choose the best solution. Focus on one solution at a time.	Video chat with children Pros: see his children's faces Cons: not see children in person
4. Apply Solutions Try out the solution: set specific times and goals to practice the solution.	Learn how to video chat and talk with one of his kids this week.
5. Evaluate Solutions Assess how the solution went: How did it go? Did you find any barriers?	Next session: debrief how it went
6. Repeat If the solution wasn't successful, go back to step 1.	Next session: revise solution based on client's experiences



60 | Behavioral Activation

Behavioral Activation | 61

4.7.3 Phase 2 Checklist

The second phase of BA is delivered in 3 to 5 sessions.

1. **Review process**

- Measure how much the client's symptoms have increased or decreased since the last session using the PHQ-9.

2. **Review homework**

- Explore how the homework went, connections between activities and mood, and barriers to completing homework.
- Invite discussion so your client can understand their patterns better.
- Encourage any progress.

3. **Learn together**

- Introduce the activity-mood monitoring chart and practice filling out one day's worth of activities with the client during the session.
- Ask the client specific questions to add detail or clarify when details are missing from the activity-mood monitoring chart.

4. **Get active**

- Introduce the SMART goal format.

5. **Problem-Solving steps**

- Problem definition - Define problems clearly. Be specific!
- Solution generation - Brainstorm solutions with the client.
- Choose the best solution - Discuss the pros and cons of each solution.
- Apply and evaluate the solution - Practice applying the solution and assess the outcome.
- If the solution works, congratulations! Or go back to step b.

6. **Plan homework, summarize the session, and set up the next session date.**

Module 5: Phase 3 and Ending

MODULE OVERVIEW

In this module you will be introduced to:

- **Recognizing the client's concerns** about ending the intervention.
- **Anticipating future challenges.**
 - Discuss the client's **options** moving forward.
 - Go over the client's **future plan for support.**
 - Fill out the **end-of-counseling form** with the client.
- **Summarizing** the intervention.
- **Completing** intervention notes.



Number of sessions: 6- 8 Session duration : 30 -60 minutes Frequency: every other week

Phase 1 (1- 2 sessions)



01. Engage and establish an effective counseling relationship with client.



02. Assess client's depression using the PHQ9.



03. Understand the client's problem and how depression developed and continues to occur, by asking the 4 BA questions.



04. Explain that BA help us identify the links between what we do and how we feel.



05. Elicit client's commitment. Confirm that the client understands what counseling is and is willing to participate with the treatment.



06. Identify and address barriers (e.g., time barriers)

Phase 2 (~ 3 sessions)



01. Review progress. Use the PHQ9 to measure changes in the client's depression symptoms.



02. Review homework. Ask about connections between activities-mood and homework barriers.



03. Learn together. Joint exploration of client values and activation targets



04. Encourage client to action. The SMART goal format is a useful tool for setting targets and starting off the activation.



05. Use problem-solving techniques such as the 6-step process to solve a problem.

Phase 3 (1- 2 sessions)



01. Address client's concerns about treatment conclusion (e.g., not having your support in the future)



02. Prepare for future challenges



03. Review client's future plans, support needs and fill out the the end-of-treatment form

04. Discuss client's post-treatment options (e.g., outside referral).



05. Summarize the treatment journey. Encourage clients to use the BA principles learned in treatment.



06. Finalize the treatment notes.



BA Overall Checklist:

- Phase 1
 - Establish a positive relationship with your client.
 - Get to know them.
 - Explain the BA model.
- Phase 2
 - Skill building.
 - What activities does your client enjoy?
 - Homework that focuses on accomplishment, feeling joy, and pleasure.
 - Teach problem-solving skills.

- Phase 3
 - **Decide transitions to this phase when:**
 - Client understands BA and actively practices skills established during counseling.
 - Client's PHQ-9 score improves.
 - **Review skills learned, apply skills to future challenges, and cement any lessons learned**

5.1 Recognizing concerns

It is important to recognize that clients might feel **emotional or worried about ending** their work with you. They have made themselves vulnerable by sharing their feelings with you.

Seek to introduce the idea of **ending intervention in advance**, in the last few sessions of Phase 2. This gives clients space to discuss their concerns, and it is also a chance to be reassuring and emphasize that the work they have done with you will carry them forward.

Phase 3 of BA is a chance to remind clients of the skills they have learned and the strengths you see in them to inspire hope.

5.2 Anticipate future challenges and how to problem-solve

Clients will still face challenges in their lives, but they can **apply the skills** they have learned during the BA intervention to continue improving their mood.

The more consistently clients use the BA principles and skills, the better equipped they are to prevent future depressive episodes.

In our last session, we can wrap up by:

5.2.1 Discussing the client's future plans for any intervention or support.

The options for them might vary depending on where you work. For example, they may want to engage in long-term intervention, and you could discuss referral options. Or you might be able to offer booster sessions at your organization.

5.2.2 Go over the client's future plans for support:

- Do they want to continue counseling?
- Can you refer within your organization, or help them with an outside referral?
- Does your organization offer “booster sessions” if they want to check in in the future?
- Do they have a safety plan in place in case of relapse or future suicidal ideation?
- How will they seek support from their social support and community?

5.2.3 Fill out the end of counseling form

Clients may still experience depression in the future. Assist clients in filling out the end-of-counseling form (Appendix 7, page 88) for planning to remain well after the completion of the intervention. The end-of-counseling form involves:

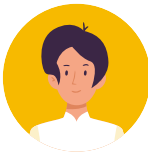
1. Listing the activities that the client needs to maintain or increase.
2. Identifying triggers and situations that can increase the risk of depression in the future.
3. Reckoning activities that the client might start doing which will make them feel worse.
4. Recognizing activities that the client can restart to feel better.
5. Anticipating possible barriers and solutions.

5.3 Summarizing

At the end of the intervention, help the client summarize what we did together in the session and over the course of the intervention. After the clients say what they learned, **repeat their ideas and add:**

“We have looked back on what you have learned during counseling to help you feel better. We have identified possible situations in your life that may make you feel stressed again.”

“We have made a plan of how you will use the skills you have learned to deal with these situations.”



It is important for us to **summarize the client's efforts** during the counseling, **thank** them for their participation, **ask** about any remaining questions or concerns, and **remind** them of contact details in case they need additional help.

Remember:

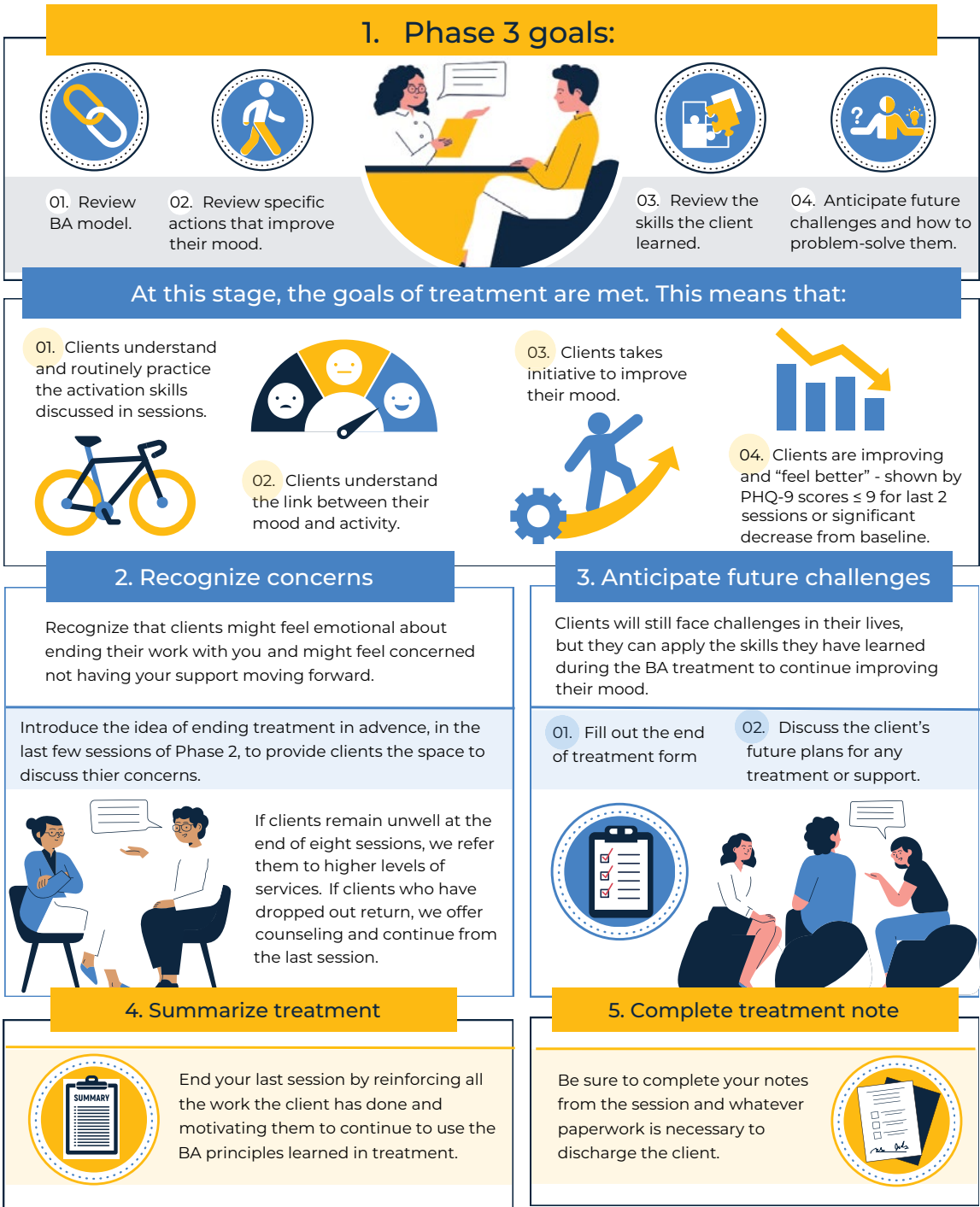
If clients remain unwell at the end of eight sessions, we **refer them to higher levels of services**. If clients who have dropped out return, we offer counseling and continue from the last session.

5.4 Completing note

Be sure to **complete your notes** from the session and the **necessary paperwork** to discharge the client. End your last session by reinforcing all the work the client has done and motivating them to continue to use the BA principles learned in the intervention.

5.5 Module 5 Summary

5.5.1 Infographic on Phase 3 of BA



5.5.2 Phase 3 Checklist

- To continue to Phase 3, make sure that:
 - Client understands the link between mood and behavior/activities.
 - Client takes initiative to improve their mood.
 - Client is improving and “feels better”, shown by PHQ-9 scores ≤ 9 for last 2 sessions or significant decrease from baseline.
- Review client progress with PHQ-9.
- Set an agenda collaboratively for how to end the intervention.
- Review homework, BA model, and skills learned to improve mood.
- Anticipate future challenges and problem-solve.
 - Fill out the end of counseling form
- When ending intervention with your client, be sure to consider the following:
 - Do they want to continue counseling?
 - Can you refer within your organization, or help them with an outside referral?
 - Does your organization offer “booster sessions” if they want to check in in the future?
 - Do they have a safety plan in place in case of relapse/future suicidal ideation?
 - How will they seek support from their social support and community?
- Summarize the session.

Module 6: Useful Strategies for Specific Problems

MODULE OVERVIEW

In this module you will be introduced to:

- **Co-occurring problems** with depression.
 - Anxiety overlaps with depression 60% of the time.
- **Thinking too much.**
 - If clients report thinking too much, teach them to stay engaged and fully present while doing “feeling good” activities to gain the full benefit of performing chosen activities.
 - Another strategy is to identify how a client can slow down for more relaxation and calm.
- **Sleep difficulties.**
 - If clients are having trouble sleeping, a good first step is to talk through what sleep habits they have already established. Then, establish a plan accordingly.
- When to **consult and refer** clients.
 - Oftentimes, people who struggle with depression have co-occurring problems going on. We may want to **re-strategize and think about other resources** or the sequence of steps more carefully in these situations.
- During a **pandemic**, we would need to modify BA to fit the new context, such as using telehealth and shifting activation activities online.
- It is always important to consider the **environment and context** we are working in.

6.1 Co-occurring problems with depression

It is common for depression to occur alongside **other mental health challenges and life stressors**. Depression tends to occur in combination with other types of problems such as anxiety, sleep difficulties, relationship, and communication challenges.

It is important to consider common problems that accompany depression so we can be thoughtful about how to address these in BA when they arise.

Depression and anxiety are estimated to overlap 60% of the time.⁵ It is no wonder that anxiety symptoms crop up so often when a client feels depressed.

The high overlap between depression and anxiety requires us as providers to be well-equipped with knowledge and tools. Anxiety often comes up in sessions and when it is too much for a client to handle, it may interfere with using BA skills to help with their depression.

The common anxiety problems that overlap with depression can be classified into four categories:

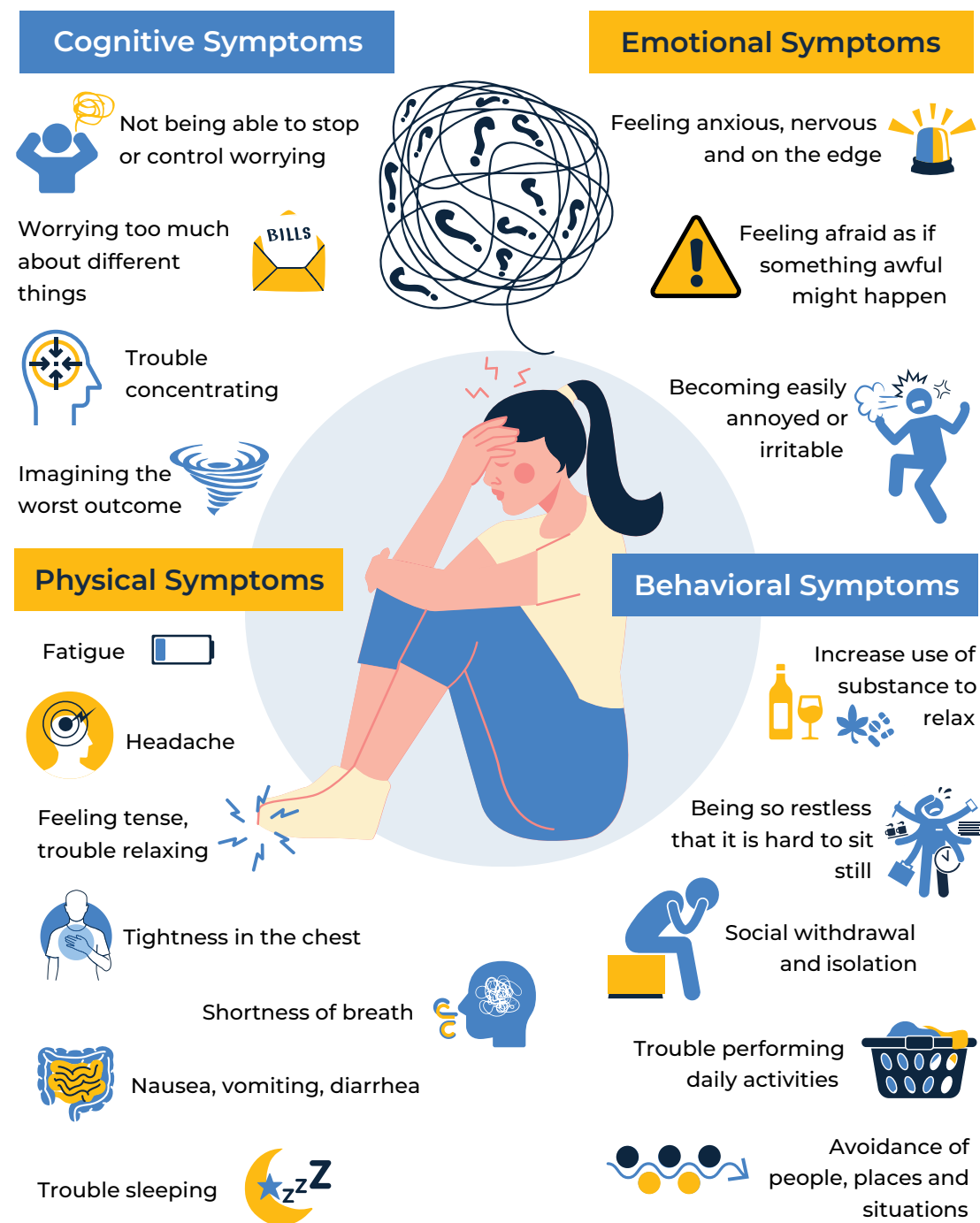
1. **Cognitive** – like thinking too much
2. **Body-based** – like having trouble relaxing and getting good sleep
3. **Behavioral** - like avoiding situations, people, and activities that are overwhelming
4. **Social** – like struggling with relationships

Also, when people feel depressed or anxious, they also can feel irritation or agitation. This can add **strain to relationships and challenges with communicating clearly**. So, taking it all together – it makes complete sense how these common problems are often part of working with depression.

Feeling overwhelmed with anxiety will obviously make it tough to keep up with BA. While the BA approach is focused on depression, many of the skills are also helpful for anxiety problems. We can help our clients with **other specific skills** for common anxiety symptoms too.

⁵ National Alliance on Mental Health (NAMI). “The Comorbidity of Anxiety and Depression”. Accessed September 20, 2023 <https://www.nami.org/Blogs/NAMI-Blog/January-2018/The-Comorbidity-of-Anxiety-and-Depression>





6.2 Thinking too much

People suffering from depression often focus on thinking about themselves and how they feel, the condition in which they find themselves, and the reasons for their struggles. Often clients describe this experience – repeating thoughts about these topics over and over again in one’s mind as– **thinking too much**.

This is a common problem that gets in the way of staying engaged with activities and experiencing the benefit that activity can have on mood.

When clients think too much, they often **do not stay fully present** in their activities – so, no matter how much the activity might bring enjoyment or accomplishment, they will not get much benefit until their attention is focused on the present moment.

If clients report thinking too much, teach them to **stay engaged and fully present** while doing “feeling good” activities in order to gain the full benefit of performing chosen activities.

Another strategy is to identify how a client can **slow down**. This could include rescheduling some activities from a busy schedule, meditating, taking a day off, etc. This would help clients to relax and calm down.

6.2.1 Help clients pay attention to the sensations in the present moment

Clients can keep their minds focused in the present moment by using all **five senses**, directing their attention to what they feel, see, smell, hear, and touch.

Some examples of specific sensations clients can focus on include:

- Notice objects and colors around you.
- Notice the sounds you hear around you.
- Notice the smells that are present.
- Notice what you can feel or touch.

6.2.2 Help clients distract from their thoughts instead of focusing on them

Distracting involves shifting focus to notice something new or different around them. Some helpful activities to distract themselves may include:

- Physical activities (e.g., walking, household tasks, etc.).
- Activities that you enjoy (e.g., watching movies, talking to someone close to you).
- Activities that shift location (e.g. visiting a neighbor, walking outside).

6.3 Sleep problems

Many clients with depression will have poor sleep. This may take many forms:

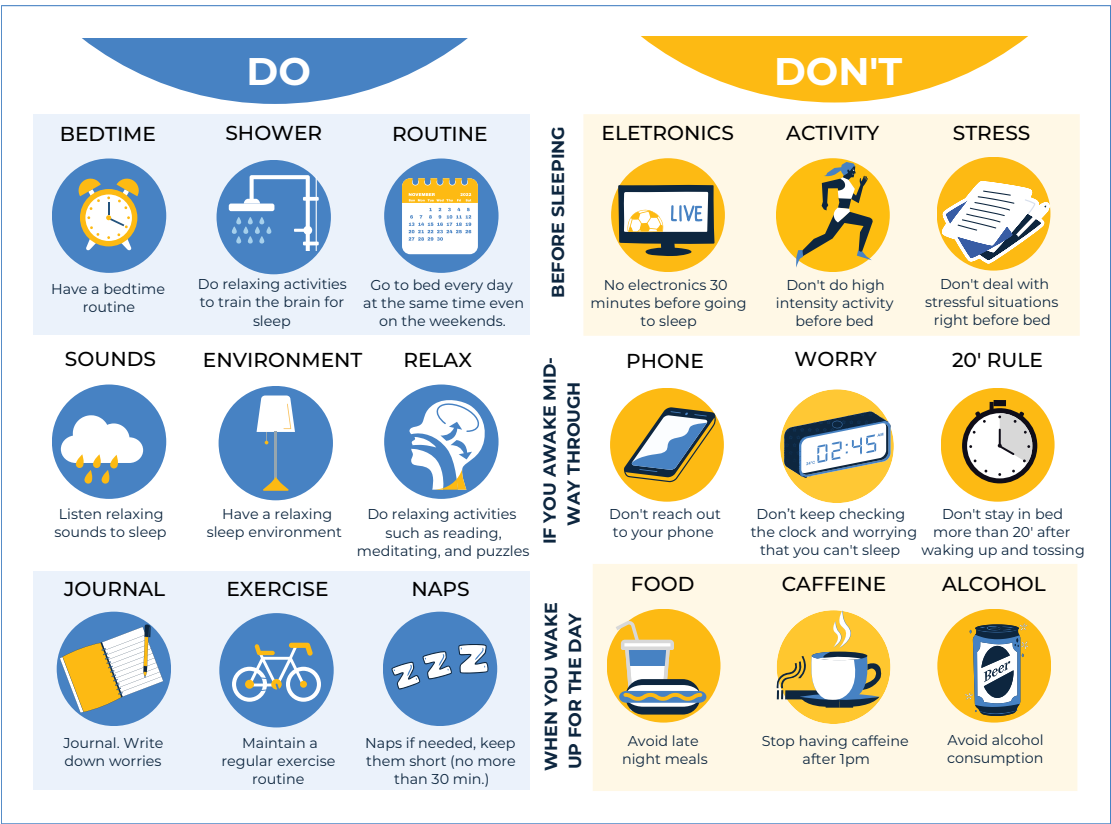
- Inability to fall asleep leading to lying awake in bed for hours at night.
- Waking up frequently during the night and being unable to sleep again.
- Waking up much earlier than one’s usual time and being unable to fall asleep again.

Inadequate sleep leads to clients feeling even more tired, which can interfere with activities and further worsen their mood.

There are simple methods the client can use to sleep better. We can refer the client to the information provided in the client’s manual on sleep hygiene tips.

6.3.1 Sleep Hygiene Tips

 Before Sleeping.	• Have a bedtime routine: do relaxing activities to train the brain for sleep. • No electronics 30 minutes before going to sleep - blue light keeps circadian rhythms active. • Standard bedtime: every day, even weekends. This helps train the body to sleep.
 If woken up midway through.	• 20-minute rule: do not stay in bed more than 20 minutes after waking up and tossing / turning in bed. • Relaxing activities: reading, meditating, puzzles, or write down worries (“worry jar”).
 When waking up for the day.	• Standard wake up time: every day, even weekends. This helps train the body for alertness and builds up sleep drive. • Stop having caffeine after 1pm: caffeine stays in your body for 8 hours. after consumption. • Limit naps: if needed, keep them short (no more than 30 minutes) to promote “hunger for sleep”.



Sleep problems are common to both depression and anxiety. It is well worth understanding how to enhance restful sleep. If your client is struggling to sleep, a good first step is to talk through what sleep habits they already have established.

Clients can also feel more powerful when they realize they can influence their own sleep. It takes careful and consistent practice to develop healthy sleep behaviors.

Keep in mind that some people face insomnia as their primary problem – i.e., the main issue that is driving their depression. If you notice this to be the case, and the focus on evening routines and sleep habits is not working, seek supervision. You may need to connect your client to specialized sleep experts if they have severe insomnia.

6.4 When to consult and refer clients

Oftentimes, people who struggle with depression have other co-occurring problems. If depression is the main issue, BA can help resolve the depression and that may help the other problems too.

Some situations – like domestic violence or heavy substance use - can interfere with the BA skills we want to teach clients.

We may want to re-strategize and think about other resources or the sequence of steps more carefully in these situations.

6.4.1 In the case of domestic violence

For clients experiencing domestic violence:

1.

Address our client's immediate safety needs before moving forward with BA.
2.

Link the client with case management services – for example, a domestic violence shelter – and connect them to medical services they need if they are injured in any way. Sharing resources is always a good practice with clients experiencing domestic violence. That way, they have choices about what to do when they are ready to take action.
3.

If children are involved in witnessing or being victims of domestic violence, we will likely need to make a child abuse report to Child Protective Services after gathering relevant information.

BA is an effective intervention for depression, which can certainly follow traumatic events like domestic violence. Even during a situation of experiencing violence, we can use the skills of setting goals and helping clients take action toward their goals. However, the **timing would be inappropriate** if we focused on BA for a client who is **currently experiencing violence**. Consult your supervisor if something does not feel right in counseling.

Remember: You will not be doing any of this alone. **Consult with your supervisor** for further guidance on how to assist clients experiencing domestic violence.

6.5 Delivering BA during a pandemic

We have talked about some common problems that often go together with depression. But what about when the **broader environment also impacts depression**, or how we care for our clients?

The COVID-19 pandemic, for instance, significantly impacted clients' emotional well-being and changed the way we engaged in care.

6.5.1 Impact of COVID-19 on clients

COVID-19 triggered a new episode of depression or made their existing depression worse.

Some people were stuck at home during lockdowns, while others continued to work in the community and worried about exposure to the virus. People were unable to see loved ones, felt isolated, and felt a lot of uncertainty about the future. For a long time, COVID-19 made people's lives difficult or added to **stressors** that were already there.

For people who have ongoing effects of COVID-19 or people who have lost loved ones to COVID-19, the impact of the pandemic has continued through enduring **physical and mental health challenges**.

During the pandemic, many clients **started feeling depressed** because of the way their life changed during COVID-19. While for others, their **depression got worse**.

COVID-19 impacted the delivery of BA

Regular counseling sessions in person were not possible anymore, requiring **telephone counseling** overnight.

The pandemic made engaging in certain activities more difficult for clients, which is the essence of BA. So, when planning and setting goals, it was necessary to account for how they would work **in the context**.

It is important to update the BA model by bringing a new level of creativity to thinking about ways to get active.

Pre-Covid-19 BA Approach:	Post-COVID-19 BA Approach:
Suggesting a client who wants to re-introduce social time to do so by meeting a friend for coffee.	If clients have tested positive, suggest that they set up a phone call or video chat with their friend to catch up.

Changed activation target

A common way that many clients improved their mood was by seeing friends, but for a while that wasn't possible in the ways that were most familiar. So of course, when we were brainstorming positive activities, we had to keep in mind **what was realistic** during COVID-19.

We **changed some of the activities** to adapt to this new norm during COVID-19, such as changing from going to the gym to doing at-home workouts.

COVID-19 also changed the way we **deliver counseling**. For a while, we saw many of our clients using telehealth, so we called them on the phone or used video chat to connect. If we needed to see someone in person, we followed safe COVID protocols like wearing masks and meeting outside if possible.

We definitely had to **adapt the format** of counseling. We had to consider how to build a relationship with clients just over the phone or video, how to show we were listening, and how to share materials like worksheets or screening tools.

For BA specifically, we had to go back to our initial BA model and update it, and we had to bring a new level of **creativity to strategize how to get active**.

Whether we are delivering BA during a pandemic or not, it is always important to **consider the environment and context** we are working.

Continue thinking about how we need to modify the delivery of BA to work for our clients, while still staying true to the essential components of the approach.

6.6 Module 6 Summary

6.6.1 Infographic on Thinking Too Much



Credits

Original and adapted film scripts created for EMPOWER, which form the basis of this manual, were created by Sheena M. Wood, NP, and Anushka R. Patel, PhD. The digital training content was reviewed and supported by Vikram Patel, MBBS, PhD, and John Naslund, PhD. Expert review was conducted by Sona Dimidjian, PhD, Donna Baptiste, Ed. D, LCP, LMFT and Tara Mehta, PhD.

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Glossary

Activation target: Activities that align with important life values and are to be activated during BA.

Activity-mood monitoring: Involves recording activities that the clients do during the day and their mood when they are doing the activity, used to assess clients' activity and mood.

Anxiety: An emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune.⁶

Anxiety disorder: Any of a group of disorders that have as their central organizing theme the emotional state of fear, worry, or excessive apprehension.⁶

Agenda setting: Verbalizing to the client a list of discussion points and/or skills that will be covered in the session at the beginning of every session.

Behavioral Activation (BA): An extremely useful type of counseling to treat depression, focusing on changing actions/behavioral categories of depression symptoms.

Clients: Person receiving treatment or services, especially in the context of counseling or social work, i.e., beneficiaries of treatment.⁶

Client's consent: Voluntary approval given by an individual: specifically, permission granted by an individual for medical or psychological treatment, participation in research, or both. Individuals should be fully informed about the treatment or study and its risks and potential benefits.⁶

Confidentiality: A professional promise providers make to clients to keep their information private.

Counseling: Professional assistance in coping with personal problems, including emotional, behavioral, vocational, marital, educational, rehabilitation, and life-stage (e.g., retirement) problems.⁶

Depression: A common mood disorder, characterized by negative affective states ranging from

unhappiness and discontent to an extreme feeling of sadness and pessimism that interferes with daily life.

Gender identity: The individual's own psychological perception of being male, female, neither, both, or somewhere in between.⁷

Homework: Tasks assigned to a client to be performed between sessions of therapy. Assignments may include reading materials, monitoring their activities and mood, or practicing a skill.⁶

Mental health: The collective psychological, social, and emotional well-being across all stages of our development; this concept encompasses both mental wellness and mental illness.

Mental illness/disorder: Any condition characterized by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these.⁶

Mental wellness: The holistic ability to function well in our daily lives, get along with others, have good social relationships, engage in our work or school, and take care of ourselves and anyone else we're responsible for.⁶

Pandemic: widespread or universal: affecting significant proportions of many populations over a large area (e.g., several countries), particularly with reference to a disease or disorder.

Patient health questionnaire-9 (PHQ-9): A self-report questionnaire that helps us identify and measure the symptoms of depression in a client over the past two weeks.

Problem-Solving: The process by which individuals attempt to overcome difficulties, achieve plans that move them from a starting situation to a desired goal, or reach conclusions through the use of higher mental functions. It is an evidence-based skill that alleviates depression symptoms.

Providers: A professional (e.g., physician, psychologist) or facility (e.g., hospital, skilled nursing facility) that provides health care services to clients.⁶

Referral: The act of directing clients to a provider, physician, agency, or institution for evaluation, consultation. ⁶

Screener/Screening tool: Brief self-report measures that clients can fill out themselves to report their symptoms in a specific timeframe.

Sexual orientation: One's enduring sexual attraction to male partners, female partners, or both.⁷

Social support: Any person in the client's life who plays an important part in the client's emotional well-being and is ready to participate in the counseling process to help the client overcome their problems.

SMART goal: Specific, measurable, attractive, realistic, and time-bound. A useful format for setting targets and starting off behavioral activation.

Sleep hygiene: Techniques for the behavioral therapy of insomnia that involve instructions given to the client to follow certain routines aimed at improving sleep patterns.

Stigma: The negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual.⁶

Thinking too much: Repeating thoughts about these topics over and over again in one's mind, also referred to as rumination.

Treatment: The administration of appropriate measures (e.g., drugs, surgery, psychotherapy) that are designed to relieve a pathological condition.⁶

Values: The moral, social, or aesthetic principles accepted by an individual or society as a guide to what is good, desirable, or important, including beliefs of what is important and matters to us.

⁶ "APA Dictionary of Psychology," accessed September 25, 2023, <https://dictionary.apa.org/>.

⁷ Ami Rokach and Karishma Patel, "Chapter 7-Sexual Orientation," in Human Sexuality, ed. Ami Rokach and Karishma Patel (Academic Press, 2021), 7, <https://doi.org/10.1016/B978-0-12-819174-3.00003-6>.

Appendix

A1: PHQ-9 Questionnaire

PATIENT HEALTH QUESTIONNAIRE-9
(PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

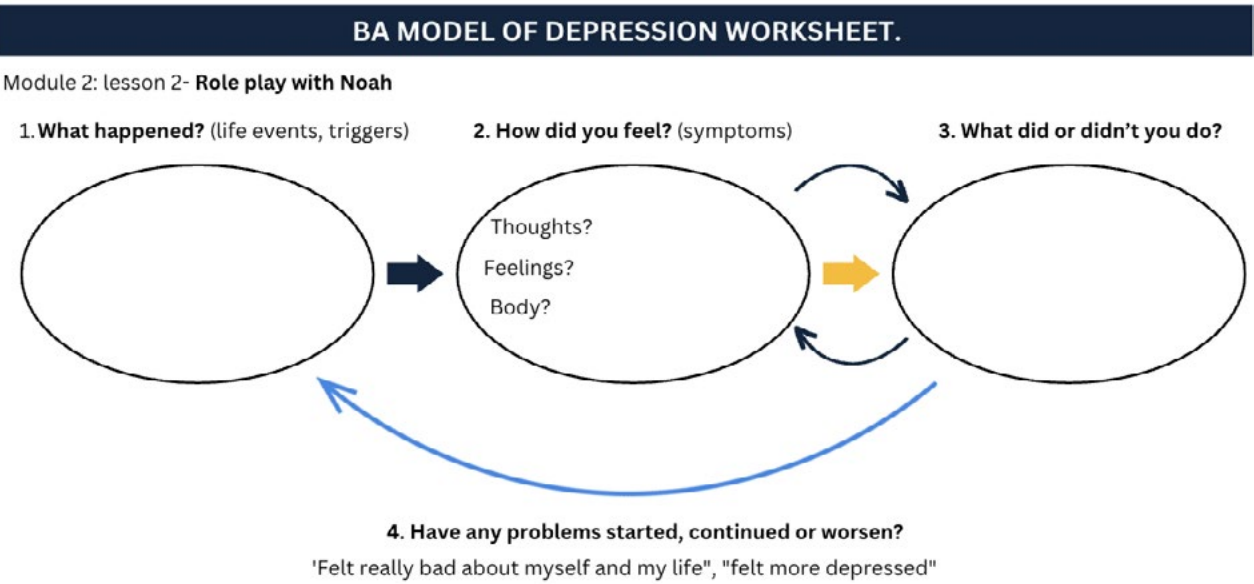
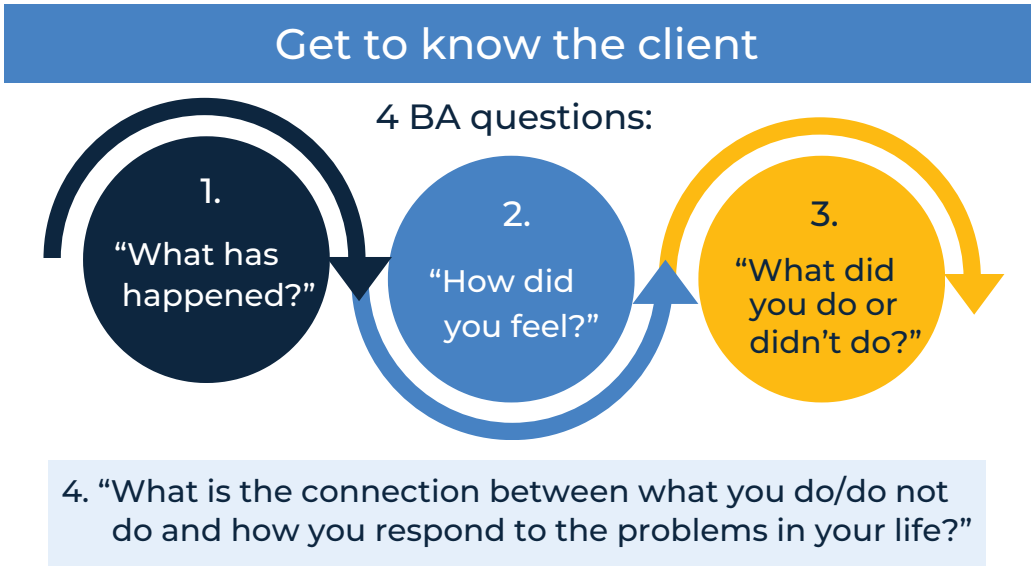
FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

A2: Model of depression worksheet



A3: Model of depression worksheet

Identify your most important values and then reflect on why the values you choose matter to you. Then, you can plan activities that align with those values.

_____ Family

_____ Friends

_____ Community

_____ Hard Work

_____ Dedication

_____ Honesty

_____ Integrity

_____ Health

_____ Safety

_____ Responsibility

_____ Accountability

_____ Service

_____ Independence

_____ Cleanliness

_____ Order

_____ Beauty

_____ Creativity

_____ Fitness

_____ Compassion

_____ Empathy

_____ Kindness

_____ Love

_____ Growth

_____ Learning

_____ Moderation

_____ Organization

_____ Maturity

_____ Humility

_____ Wisdom

_____ Spirituality

_____ Peace

_____ Harmony

_____ Purpose

_____ Respect

_____ Forgiveness

_____ Justice

_____ Freedom

_____ Fearlessness

_____ Caring

A4: Activity-mood monitoring worksheet

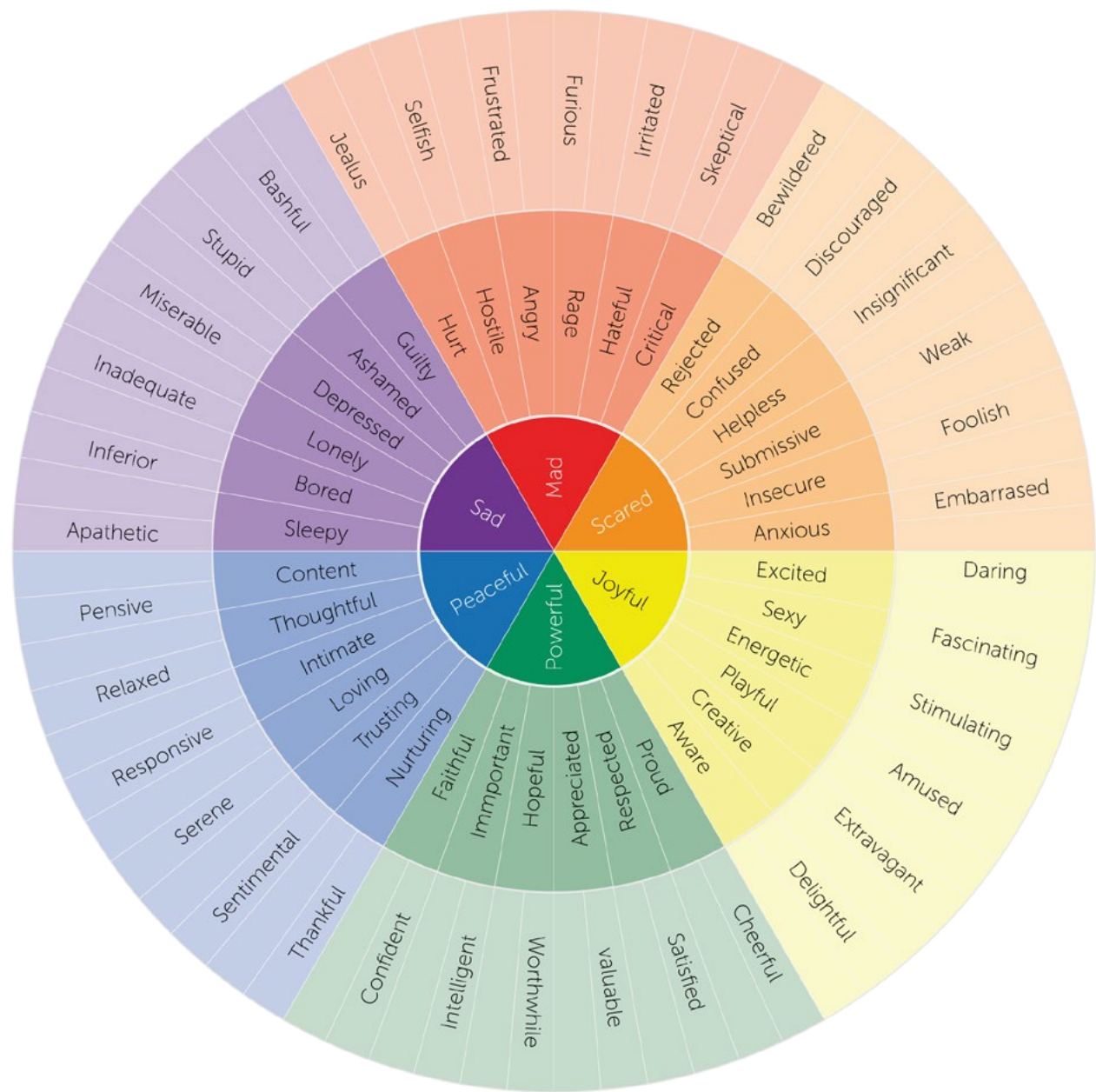
Record your activity for each hour of the day (activity, with whom, where) and rate your mood while doing the activity.

Scale: From 1 to 10, “1” indicates the lowest mood and “10” indicates the best mood.

Time	Activity	Mood
7-9 am	Lying alone in bed	3

<https://mentalhealthforalllab.hms.harvard.edu/empower>

A5: Feeling Wheel



A6: SMART goals

Goal setting - BA Worksheet

Define one specific goal. Then, break it down into small steps and plan when to address each of them.

	Steps	Action Steps	When
S	Specific Define the Goal E. g.: Walk for 30 minutes		
M	Measurable How will you measure the goal ? E. g.: walk 3 x per week for 30 minutes		
A	Attractive Aligned with your values and goals		
R	Realistic Within reach		
T	Time-bound Time frame and deadline to accomplish goal		

A7: End of Counseling form

END OF TREATMENT FORM

Name: _____Date: _____

Complete this form with your provider to help you make a plan for remaining well after the completion of the treatment.

1.Depression maintenance and prevention. What are the activities that make you feel good and you want to continue to stay well?

2. Identify triggers. Which situations can increase your risk of a depression episode in the future?

In these situations, what are the activities you may start doing again which will make you feel worse?

What will help you to do the things that will make you feel better?

Step 5: Identify barriers and solutions: _____

On a scale of 0-10, how committed and confident are you that you can achieve your goal?

012345678910

Client's Signature

Date

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