

Behavioral Activation Therapy Self-Assessment of Needed Skills

A behavioral activation therapist will demonstrate the ability to...

...Understand the Behavioral model of depression.

- **Effective:** Therapist recognizes how life events and learning history affect reinforcement contingencies that initiate and maintain depression and can describe how the client's personal history and attempts to cope with depressed mood keep him or her stuck in a downward cycle.
- **Less Effective:** Therapist understands the concepts and can present them to the client but does so broadly based only on theory without taking into account the specific variables effecting a specific client

.... Develop a case conceptualization using the approach described by Martell, Addis & Jacobson, (2001)

- **Effective:** Therapist uses information provided by the client to individualize the conceptualization as it applies to the client's situation. Therapist solicits feedback from the client throughout the development of the conceptualization and modifies the conceptualization as necessary
- **Less Effective:** Therapist applies some of the client's information to the case conceptualization, but considers the model broadly without checking with the client about the relevance to his or her specific situation.

.... Describe how behavioral excesses and deficits impact the client's depression.

- **Effective:** Therapist can recognize and empathically describe to the client how such behaviors as spending excessive time in bed, drinking too much, involving oneself in distracting activities, negatively impact the client's depression and collaboratively works with the client to develop goals for modifying these behaviors.
- **Less Effective:** Therapist explains how the client's behavior has a negative impact on depression, and suggests change strategies without collaborating with the client.

.... Collaborate with client to assign activity monitoring.

- **Effective:** Therapist describes the importance of monitoring activity and mood, and collaborates with the client to plan when and where the client

will record data between sessions in order to optimize client's willingness and ability to conduct monitoring. Collaboratively discuss possible barriers to completing monitoring and problem-solve solutions to overcome barriers.

- **Less Effective:** Therapist explains the importance of monitoring generally and assigns activity and mood monitoring without considering limitations on the client's time or difficulties with internal barriers such as poor motivation.

.... Review activity charts to develop a hypothesis regarding potential "antidepressant" behaviors for the client.

- **Effective:** Therapist spends ample time in session reviewing the client's activity and mood monitoring chart, asks clarifying questions, helps to state behavior in concrete terms and notes mood shifts the client has recorded. Therapist and client collaborate in the hypothesis stage to determine potential "antidepressant" behaviors that will subsequently be scheduled in an activity chart.
- **Less Effective:** Therapist asks client what he or she recognized as patterns and briefly reviews the activity and mood monitoring chart. The therapists asks the client to choose one or two behaviors that they will attempt to increase over the next week.

.... Describe the difference between the form of a behavior and the function of a behavior.

- **Effective:** Therapist understands that all behavior serves a certain function for the client and does not simply see some behaviors as positive (such as "going out with friends is always a good thing that is likely to lead to positively reinforced increases in activity) and that the contingencies maintaining a behavior define its function (e.g. the client that goes out with friends does so because he or she dreads being at home alone, doing necessary work on the computer and paying bills and the social activity is negatively reinforced by relief from the dreaded task).
- **Less Effective:** Therapist recognizes that the function of a behavior may be different from its form, but does not conduct a detailed analysis with clients in order to recognize the subtleties of a functional analysis.

.... Identify behaviors that may function as escape or avoidance for a client.

- **Effective:** Therapist recognizes and helps the client identify behaviors that may formally look adaptive and “good” (like the social behavior mentioned above) but that serve as escape from or avoidance of important activities that the client experiences as aversive (such as being home alone, above).
- **Less Effective:** Therapist explains the concept of avoidance to the client and identifies obvious avoidance behaviors like declining an invitation to a party because the client feels “too down” to go, but does not identify subtle avoidance or escape behaviors.

.... Collaboratively work with client to schedule activities that are likely to be antidepressant for a client or that will increase accomplishment or pleasure.

- **Effective:** Works collaboratively with the client to break activities into smaller components, schedules the various components either on an activity chart (time and date) or by developing a list of the number of times the client will engage in part of the task over the week, anticipates difficulties in advance and works with the client to plan strategies to overcome difficulties.
- **Less Effective:** Therapist works with the client to schedule activities or develop a detailed list of activities including the number of times the client will do the activity, but does not sufficiently break activities into steps or anticipate difficulties the client may have in completing the assignment.

... Teach basic problem solving skills to address barriers to engaging in antidepressant activities.

- **Effective:** Therapist teaches the client how to define a problem in concrete, behavioral terms, generate possible solutions and decide on a solution to try. The client and therapist collaboratively plan for implementation of the solution to address barriers between sessions.
- **Less Effective:** Therapist teaches the client the process of problem-solving and assigns problem-solving for homework but does not work with the client to develop an implementation plan.

.... Work within a goal-setting framework.

- **Effective:** Therapist and client work together to identify goals that are important for the client given his/her values and set short-term goals for therapy and steps to longer-term goals that move the client in a valued direction.

- **Less Effective:** Therapist focuses on goals for therapy that will decrease depression such as generally increasing pleasant activities but does not collaborate with the client to set meaningful goals, fitting with his or her values.

... Work collaboratively with the client to identify and modify avoidance behaviors.

- **Effective:** Therapist and client collaboratively analyze the client's coping behaviors to a variety of situations and the therapist teaches the client to recognize when he or she is avoiding and helps him or her develop alternative coping strategies to avoidance behavior. May use acronyms such as TRAP/TRAC as teaching tools.
- **Less Effective:** Therapist collaboratively works with client to recognize when he or she is using avoidance as a coping behavior and suggests that he or she approach rather than avoid various situations or emotions.

... Identify the function of client rumination, and work with client to modify ruminative thinking as a process (rather than changing the content of a particular belief).

- **Effective:** Therapist recognizes thinking as a process and works with the client to recognize when he or she is brooding or ruminating and teaches the client to replace such behavior with problem-solving or by practicing "attention to experience" exercises.
- **Less Effective:** Therapist recognizes that the client is brooding or ruminating, but focuses on the negative content of the rumination, confusing more cognitive interventions with the behavioral approach.

... Use self-report measures to monitor progress in treatment.

- **Effective:** Therapist chooses appropriate self-report measures and has client complete on a regular basis to monitor treatment progress and discusses progress or problems with client throughout the course of treatment.
- **Less Effective:** Therapist asks client to complete depression inventories or other self-report measures but does not discuss progress or client's concerns about progress through the course of therapy.

.... Help client to formulate a relapse prevention plan and extend treatment beyond the completion of therapy.

- **Effective:** Therapist and client collaboratively anticipate situations, mood shifts, or other factors that may pose a challenge for the client after the completion of therapy. Client writes a “personal self-help log” including strategies for managing future challenges based on the strategies learned in BA.
- **Less Effective:** Therapist and client discuss the potential for relapse and therapist suggest considering activation rather than “shutting down” and engaging in avoidance or ruminating should the client begin to feel more depressed in the future.