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Behavior Modification
35(2) 111–161
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DOI: 10.1177/0145445510390929
http://bmo.sagepub.com
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Ten Year Revision of the Brief Behavioral Activation Treatment for Depression: Revised Treatment Manual

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Abstract

Following from the seminal work of Ferster, Lewinsohn, and Jacobson, as well as theory and research on the Matching Law, Lejuez, Hopko, LePage, Hopko, and McNeil developed a reinforcement-based depression treatment that was brief, uncomplicated, and tied closely to behavioral theory. They called this treatment the brief behavioral activation treatment for depression (BATD), and the original manual was published in this journal. The current manuscript is a revised manual (BATD-R), reflecting key modifications that simplify and clarify key treatment elements, procedures, and treatment forms. Specific modifications include (a) greater emphasis on treatment rationale, including therapeutic alliance; (b) greater clarity regarding life areas, values, and activities; (c) simplified (and fewer) treatment forms;

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(d) enhanced procedural details, including troubleshooting and concept reviews; and (e) availability of a modified Daily Monitoring Form to accommodate low literacy patients. Following the presentation of the manual, the authors conclude with a discussion of the key barriers in greater depth, including strategies for addressing these barriers.

Keywords

depression, reinforcement, activation, matching law

Following from the seminal work of Ferster (1973) and Lewinsohn (1974), as well as theory and research on the matching law (Herrnstein, 1970; McDowell, 1982), Jacobson et al. (1996) found that the behavioral components of cognitive behavior therapy (CBT) for depression (Beck, Rush, Shaw, & Emery, 1979) performed as well as the full CBT package. Jacobson et al. referred to the behavioral component of CBT as behavioral activation (BA), and it included a wide range of behavioral strategies across 20 sessions, including (a) monitoring of daily activities, (b) assessment of the pleasure and mastery that is achieved by engaging in a variety of activities, (c) the assignment of increasingly difficult tasks that have the prospect of engendering a sense of pleasure or mastery, (d) cognitive rehearsal of scheduled activities in which participants imagine themselves engaging in various activities with the intent of finding obstacles to the imagined pleasure or mastery expected from those events, (e) discussion of specific problems (e.g., difficulty in falling asleep) and the prescription of behavior therapy techniques for dealing with them, and (f) interventions to ameliorate social skills deficits (e.g., assertiveness and communication skills).

From Jacobson et al. (1996), Martell, Addis, and Jacobson (2001) and then Martell, Dimidjian, and Hermann-Dunn (2010) provided a more comprehensive BA treatment manual that was expanded to include a primary focus on targeting behavioral avoidance as well as a variety of other related strategies more indirectly related to BA (e.g., periodic distraction from problems or unpleasant events, mindfulness training, and self-reinforcement). Lejuez, Hopko, and Hopko (2001) developed a compact 12 session protocol limited to components directly related to BA, including a focus on activity monitoring and scheduling with an idiographic, values-driven[1] framework supporting this approach. In recognition of the findings of Jacobson et al., Lejuez and colleagues (2001) named their approach brief behavioral

activation treatment for depression (BATD), with the original version of the manual published in this journal.

Hopko, Lejuez, Ruggiero, and Eifert (2003) provided a thorough comparison of the treatment components of BA and BATD, including strengths and weaknesses, as well as a review of the supportive literature for the two approaches. Comparative effectiveness studies have not been conducted to determine the superiority of either approach or for which patient's each version would be best suited. However, some have hypothesized that BA may be the treatment of choice in cases of more complicated depression, whereas BATD may be more appropriate in cases where a more straightforward and brief approach is desirable (Kanter, Manos, Busch, & Rusch, 2008; Sturmey, 2009). In addition to conceptual pieces (e.g., Hopko et al., 2003; Jacobson, Martell, & Dimidjian, 2001; Sturmey, 2009), specialized books (Kanter, Busch, & Rusch, 2009), and meta-analyses (Cuijpers, van Straten, & Warmerdam, 2007; Ekers, Richards, & Gilbody, 2008; Mazzucchelli, Kane, & Rees, 2009), recent recommendations from clinical guidelines have indicated that BA is efficacious for treating depression (National Institute of Health and Clinical Excellence [NICE], 2009).

Several key large-scale,randomized clinical trials (RCTs) have indicated that BA is a cost-effective and efficacious alternative to cognitive therapy and antidepressant medication (Dimidjian et al., 2006; Dobson et al., 2008). Several trials provide support specific to BATD. Hopko, Lejuez, LePage, Hopko, and McNeil (2003) showed improved depressive symptoms for patients within an inpatient psychiatric hospital as compared with the treatment as usual at the hospital in a small-scale RCT. In a second study highlighting the brief nature of BATD, Gawrysiak, Nicholas, and Hopko (2009) showed that a structured single-session of BATD resulted in significant reductions in depression as compared with a nontreatment control for university students with moderate depression symptoms. Several studies also have demonstrated efficacy for BATD for depression in the context of other comorbid conditions. In addition to case-controlled studies of individuals with depression comorbid with obesity (Pagoto et al., 2008) and cancer (Hopko, Bell, Armento, Hunt, & Lejuez, 2005), two RCTs support BATD, one among a community-based sample of smokers attempting cessation (MacPherson et al., 2010) and the other among individuals in residential drug treatment (Daughters et al., 2008). In the context of our clinical and research experience with the treatment combined with extensive manual development efforts (including the key informant interviews with patients, counselors, and supervisors), useful modifications to the manual have been made. These fit

well within the framework of Rounsaville, Carroll, and Onkin (2001) on the stage model of behavior therapies research development. Specifically, evidence for BATD has been provided for each part of Stage I, including (a) pilot/feasibility testing, (b) manual writing, (c) training program development, and (d) adherence/competence measure development. Good progress has been made in Stage II requirements of RCTs to evaluate efficacy as noted above, with the more recent studies using revised BATD (BATD-R) manual (Daughters et al., 2008; Gawrysiak et al., 2009; MacPherson et al., 2010). Moreover, although these studies have not explored mediation, they have shown significant changes compared with a control group in activation and reinforcement-based variables hypothesized as mediators, with future work planned to formally test mediation. On the basis of this progress, Stage III work is being conducted, which centers on systematically answering the key questions of transportability (e.g., generalizability, implementation, and cost effectiveness) in unique settings, including residential drug treatment centers for adults and adolescents, a college-orientation program, a junior high school summer scholars program for low-income youth, a hospital-based cancer treatment program as well as international settings, including a community health center with Spanish-speaking patients and a torture survivors recovery program in the Kurdistan region of Iraq.

In considering the development of BATD, it is important to address the role of functional analysis. Although a comprehensive functional analysis is not included in BATD because of the brevity of this treatment approach (Hopko et al., 2003), several treatment components fit well within a functional analytic framework. This is most evident in the selection of activities tied closely to values given the dual focus on (a) identifying positive and negative reinforcers that maintain or strengthen depressive behavior and (b) identifying positive reinforcers that maintain or strengthen healthy behavior across multiple life areas. Establishing values prior to identifying activities helps ensure that selected activities (healthy behaviors) will be positively reinforced over time, by virtue of being connected to values as opposed to being arbitrarily selected. Patients are asked to consider multiple life areas when identifying values and activities to ensure that they increase their access to positive reinforcement in several areas of life rather than in one or two, the latter of which can narrow the opportunities for success. The review of monitoring with planned activities at the start of each session also tied it closely to the principles of functional analysis. Specifically, the patient and therapist consider planned activities that were not completed and develop a plan for successfully completing these activities in the coming week. Similar to what might be done in a more formal functional analysis, this plan could include

selecting smaller, more attainable activities in line with the process of shaping or using contracts to address environmental barriers in completing activities by soliciting social support to provide a more supportive environment. Alternatively, this plan could include dropping activities (and possibly values) for which the potential positive consequences of completion do not outweigh the negative consequences or where the environmental barriers to completion are not modifiable.

Presentation of BATD-R

The purpose of this article is to provide a revised manual of BATD that reflects modifications over the past 10 years, largely focused on simplifying and clarifying the key treatment elements, procedures, and treatment forms for both research and clinical settings. These changes in no way alter the theoretical underpinnings of the approach but instead are structural in nature to improve delivery and patient acceptability. As a result of these efforts to streamline the protocol, this revised manual (i.e., BATD-R)[2] provides the treatment in five unique sessions and includes five additional sessions to allow for concept review and termination/posttreatment planning. Although there has yet to be systematic work comparing different lengths of treatment, this 10-session protocol serves as a useful standard recommendation because it presents the manual in the fewest number of sessions needed to provide all unique material and concept reviews as indicated above. However, additional sessions are certainly not contraindicated, and BATD-R can be modified to include fewer sessions when needed, with studies indicating significant reductions in depression from 6 to 8 sessions (e.g., Daughters et al., 2008; MacPherson et al., 2010) and one study even showing some benefits of BATD-R with a single session (Gawrysiak et al., 2009). It is notable that although research protocols require a preset number of sessions, BATD-R also can be used very flexibly in clinical settings with the treatment shortened or extended on a case by case basis given the unique characteristics of the patient and the setting. BATD-R is also quite amenable to be used in conjunction with other approaches in the case of comorbidity, patient preference, or as supported by clinical judgment. Taken together, BATD-R can be provided in a manualized packaged program with evidence providing support across a range of sessions, it also used flexibly where strict adherence to a manualized protocol is not a requirement.

Although streamlining the protocol is a clear goal in BATD-R, the revised manual also was developed with the goal of including (a) greater emphasis on treatment rationale including therapeutic alliance, (b) greater clarity

regarding life areas, values, and activities, (c) simplified (and fewer) treatment forms, (d) enhanced procedural details including troubleshooting and concept reviews, and (e) the availability of a revised daily monitoring (with activity planning) form to accommodate low literacy. We also provide a sample treatment adherence checklist in Appendix A. As with the original manual, the revised manual is written to be used by both the therapist and patient. As an important procedural note, we recommend that the patient keep the manual and copies of all treatment forms and homework, including completed monitoring forms from previous weeks over the course of treatment. This allows patients the opportunity out of session to reflect on their values, associated activities, and changes in daily activities over time. We also recommend that the therapist make copies of all completed forms and retain them for treatment planning to provide a back up if the patients do not bring their manual to session. Before presenting the revised manual, we provide a discussion of each change and the associated rationale.

Greater Attention to the Treatment Rationale, Including Therapeutic Relationship

To move expeditiously to therapeutic content, the original manual provided only limited guidance on how to provide patients with the treatment rationale. Because the patient's understanding of the treatment rationale is an essential first step of treatment that sets the framework for all sessions, we now provide therapists with more clear and comprehensive detail on the treatment rationale. Our experience indicates that a greater level of attention to the treatment rationale also has important implications for developing a strong therapeutic alliance (see Daughters, Magidson, Schuster, & Safren, 2010; Lejuez, Hopko, Levine, Gholkar, & Collins, 2006), and facilitates therapist training and treatment fidelity. In presenting the rationale, it is important to note that while the treatment is manualized and sessions are structured, BATD-R allows for ample flexibility toward the particular background, goals, and skills of the patient. This latter point is addressed in further detail throughout the manual and in the discussion.

Greater Clarity Regarding Life Areas, Values, and Activities

The revised manual provides greater clarification for the relationship and distinction between life areas, values, and activities as well as the manner in which they are integrated in treatment. For each life area, the patient is asked

to identify their values, which are broad descriptions of how they would like to live within that particular life area. Activities are the most reducible and concrete manifestations of these values. Activities are specific behaviors that can be accomplished on a daily basis and are within the patient's current ability and resources. For example, for the life area of relationships, a mother might identify the value of "being a good parent," with activities, including "taking a walk with my daughter each Tuesday evening" and "telling my daughter that I love her once each day."

The current manual has been simplified to include a single form that links life areas, values, and activities that provides greater clarity in the distinction between these three concepts and how they are connected to one another in treatment. Activities are derived from values, and once selected, they become the work of therapy. Patients with depression often have the tendency to select activities that are aversive, difficult to complete, not closely linked with their values, and/or associated with delayed as opposed to immediate reinforcement. For example, a patient who identifies the value of "physical fitness" might select activities that are motivated by the desire to lose a large amount of weight (e.g., jog 3 miles 5 times a week), which initially may be aversive, difficult to accomplish, and have low levels of immediate reinforcement. As a result, it is unlikely that the activities will be sustained, increasing likelihood of failure. The revised manual more strongly emphasizes that activities are directly tied to values, are small manageable steps that can occur on a daily basis, and are identified as enjoyable and/or important by the patient so that they have the capacity to be immediately reinforcing. Thus, the patient who values fitness might instead consider smaller and less aversive activities that are also healthy and meaningful such as taking the stairs instead of the elevator; preparing healthy recipes; light intensity, enjoyable exercise such as walking with a friend; and/or joining a health-related Internet chat group to garner social support for their lifestyle changes. As depressed behavior often is largely maintained by negative reinforcement that is immediate and certain, selected activities that provide positive reinforcement that is also immediate and certain are important for displacing depressed behavior and ultimately leading one to a life consistent with one's values.

Although patients must maintain their daily focus on activities throughout treatment, a common problem is when patients attempt to move directly from the life area to the activity without considering their values in that life area. For example, in the life area of education/career, a patient may immediately suggest returning to school in his or her previous area of study. Although this ultimately may be a good choice for this patient, it is important for the patient to first understand their values in this life area that will guide the selection of

activities. Thus, the patient first should consider what they value about education, such as the opportunity to learn or to provide improved employment opportunities and then select the most relevant activities. This consideration might suggest not only returning to the same area of study but also a slightly different focus of study or taking a different path altogether. Using values as a starting point to select meaningful activities will increase the likelihood that the activities will be a match to the values and that they ultimately will be accomplished.

Taking a closer focus on activities, a patient might at times select an activity that cannot feasibly be completed because it requires several intermediary steps. In this case, the patient and therapist can identify the smaller intermediary activities and plan these at first. For example, if the life area is education/career and a value is obtaining advanced education, an activity might be to attend a class at a local community college. However, the patient may first need to identify local schools with relevant programs, obtain a list of courses, and set up an appointment to talk to a school advisor about the available courses as initial steps. In cases where patients are repeatedly unable to complete an activity they strongly report valuing, efforts to find intermediary smaller activities may be a useful strategy to provide the support and momentum the patient needs to make progress. Those activities are broken into the smallest, most manageable steps that are essential in maximizing the patient's weekly success experiences and minimizing failure experiences.

Simplified (and Fewer) Treatment Forms

In addition to the development of the Life Areas, Activities, and Values Inventory, several important changes were made to the treatment forms in the original BATD manual. The life areas checklist, rewards, baseline assessment of depressive symptoms, and the progress graphs are four forms that were omitted from the original manual. The life areas checklist held some value in terms of providing ideas about possible activities but was removed because it could be viewed as overly general or insensitive to cultural differences. Moreover, this checklist at times actually constrained patients from thinking more creatively about activities that are linked to their values and resulted in arbitrary selection of activities as opposed to values-driven activities. Rewards were removed because they often created confusion when the selected rewards were activities themselves (as opposed to tangible good etc.), obscuring the difference between rewards for progress and weekly activities as part of the treatment itself. In addition, the rewards process often was limited by the need for the patient to serve as the gatekeeper for their reward. The baseline assessment of depressive symptoms and the progress

graphs were removed for similar reasons. The collection of the key outcome data is a core feature of BA and behavior therapy in general, but this may be best left up to the therapist to provide the most appropriate, timely, and comprehensive assessment. In addition to the omitted forms, important changes also were made to the Daily Monitoring Form and contracts outlined below.

The Daily Monitoring Form. The original Daily Monitoring Form was used only for the first 3 weeks of treatment largely to allow patients to obtain a clearer understanding of their daily activity. This form is now used throughout the entire course of treatment. Hourly mood ratings were eliminated because many patients have difficulty in noticing and reporting subtle mood changes over such a short period of time. Instead, the patient is asked to rate the level of enjoyment and importance of each activity, and make a single overall mood rating for the day. This modification is in line with the concept of desynchrony, which suggests that cognitive and mood changes may be delayed even when tied to positive behavior change (Rachman, 1978). The new ratings may help the patients understand that doing enjoyable and important activities will lead to better mood over time, even if that association is not evident in the moment.

In the original BATD manual, the behavioral checkout and master activity log were used to assess activity planning and completion, but they were somewhat complex; in their place, the Daily Monitoring Form (see Form 1, available from http://bmo.sagepub.com/supplemental) also is now used for activity planning in later sessions. The goal of the new approach was to combine the function of these three forms into one simple highly intuitive form (i.e., Daily Monitoring Form) that is used throughout therapy.

Contracts. The purpose of contracts in the original manual was to address the unfortunate reality that the actions and statements of others can punish the patient's healthy behavior and possibly provide negative reinforcement for their unhealthy behavior. This goal fits with behavioral theory but was reported by many therapists and patients as being difficult to address in the context of BATD and as having the potential for unexpected negative effects. For example, some patients reported difficulty in understanding how to convey to a family member who is handling responsibilities for them that these efforts may be contributing to the patient's depression without making that family member feel blamed and the patient feel guilty or manipulative. As an alternative approach, the emphasis of contracts has been altered from a focus on the unhelpful behaviors of other people to concrete strategies for the patient to get assistance and social support for their activities. Specifically, contracts now involve the patient identifying (a) an activity that is difficult to accomplish, (b) up to three supportive individuals who might be able to assist/support, and (c) specifically how and when each person might do this. This

change in emphasis provides the patient with an opportunity to identify concrete needs and provides a specific plan on how to obtain the help needed. Although contracts no longer target the negative "enabling" behaviors of others, it is expected that if patients can request concrete ways for others to be more supportive of their healthy behavior, the unsupportive behaviors of those individuals also can be displaced by more supportive behaviors. Given that the content of contracts is now directly tied to support for activities, this component of treatment has been moved to occur after the introduction of activity planning (Session 5), as opposed to before activity planning in the previous manual.

Enhanced Procedural Details, Including Troubleshooting and Concept Reviews

In the revised manual, more structure and guidance are provided to the therapist for troubleshooting treatment challenges, including difficulty in identifying values and/or selecting and planning activities as well as noncompliance to daily monitoring. In addition, concept reviews have been added to later sessions. In addition to providing a refresher for the patient, reviewing core concepts at a point when depressive symptoms have begun to improve can deepen the patient's understanding of the concepts and reinforce continued use of BA strategies after therapy. The concept review is also especially important if depressive symptoms have not improved because it provides the opportunity to reinforce the treatment rationale and for continued practice of treatment strategies. The revised manual also now offers more detailed material on posttreatment planning to encourage patients to continue monitoring and planning after treatment, thereby helping maintain the gains after therapy has ended. In addition to the material provided in the manual, the Discussion section following the presentation of the manual addresses key barriers in greater depth, including strategies for addressing these barriers.

Revised Daily Monitoring (With Activity Planning) Form for Low Literacy

Although a strength of BATD-R is its uncomplicated nature, the reliance on paper-and-pencil Daily Monitoring Forms presents some challenges to low-literacy applications. Enlisting a supportive family member to help with written assignments is one strategy; however, we now also provide a revised supplemental version of the daily monitoring and activity planning form that low literacy patients can complete without assistance from a literate other (Form 1 Supplement, available from http://bmo.sagepub.com/supplemental).

As indicated in the manual below, this modified monitoring form includes stickers with symbols that represent different activities that can be used in place of a written description of each activity. In the sample included here, we provide seven common activity stickers but acknowledge that the images may not be appropriate for all cultures and ages. Therapists and researchers are encouraged to develop unique forms with symbols that are most relevant culturally as well as age appropriate for a particular patient population. Although to date we have used these forms only with low-literacy adults, a similar approach would be useful when using the treatment with children or the elderly where the standard monitoring forms may be less developmentally appropriate and/or difficult to complete.

When using this revised supplemental version of Form 1, the text in the manual remains unchanged with the exception of adding the following text when daily monitoring is first introduced in Session 1.

> At the top of the form you will see a series of pictures, each representing a common daily activity. We will now discuss what each picture means. For example, the first picture is a fork and knife, and this represents the activity of eating. The other activities indicate sleeping, exercising, watching TV, spending time with family, doing housework, and talking on the phone. We also can develop new pictures that fit with your daily activities. You can have up to 20 pictures. Whenever you complete an activity, write the number corresponding to the picture that best represents your activity.

For a patient with some ability to read and write, space is provided to write in any details to supplement the activity stickers. Information specific to the low-literacy form is not included in the manual as presented below to limit confusion, but the information in this current paragraph easily can be added in cases where the low-literacy monitoring form would be useful.

The Revised Treatment Manual for the BATD-R

Session 1

Session 1 Key Elements:

1. Discussion of Depression
2. Introduction to Treatment Rationale
   - What about stressful life events and loss in your life?

3. Introduction to Daily Monitoring (Form 1)
   - Enjoyment and importance ratings
   - When should you complete the Daily Monitoring Form?
4. Important Points About the Structure of This Treatment

Discussion of Depression. This treatment was designed to help you with depression, which is defined as an extended period of time of at least 2 weeks in which a person experiences a depressed mood or a loss of interest or pleasure in activities that were once enjoyed, along with several other symptoms. Many people will experience at least one episode of major depression in their lifetime and it can affect people of all ages, cultures, income, education, and marital status. Depression can have a major impact on your life, including decreased optimism or motivation, low self-esteem, trouble concentrating (paying attention), self-harm, and/or suicidal thoughts and behavior. Medical problems associated with depression include heart disease, chronic pain, type 2 diabetes, substance use, fatigue, and malnutrition. Individuals with depression often keep to themselves and avoid their normal activities. This isolation can cause additional problems, such as loneliness, relationship problems, decreased job satisfaction or unemployment, and educational failure. Given all these resulting problems, the identification and treatment of depression are critical.

The specific symptoms of depression may include the following:

- Feeling sad or down most of the time,
- Loss of interest in usual activities,
- Significant weight loss or weight gain,
- A decrease or increase in appetite,
- Difficulty sleeping or sleeping too much,
- Feelings of agitation or irritability,
- Feeling tired or loss of energy (fatigue),
- Feelings of worthlessness or excessive/inappropriate guilt,
- Difficulty thinking or concentrating or making decisions,
- Crying spells,
- Feeling hopeless,
- Suicidal thoughts and/or attempts.

Although most individuals experience some form of the above symptoms from time to time, a diagnosis of depression only is made if you feel strong feelings of distress, or you are having a lot of trouble with your day-to-day functioning. Some people can identify stressful life events including loss of

a loved one, financial difficulty, or job loss as a reason for their depression. However, the specific causes of depression are rarely known, and depression might start without warning. Regardless of the initial cause of depression, depression results in a specific pattern of behavior that leads to feelings of loneliness, sadness, isolation, lack of purpose, and/or hopelessness. The key to feeling better is not in identifying the root cause of depression because this is nearly impossible, but rather in understanding and changing your depressed patterns of behavior.

Introduction to Treatment Rationale for Behavioral Activation. Treatment will involve an approach called Behavioral Activation. According to this approach, the key to a depression-free life is to develop healthier patterns of behavior where each day contains important and/or enjoyable activities that help you feel fulfilled and as if your life has purpose. Once you have identified the areas of your life you want to focus on and your values within those areas, we will begin to identify and plan daily activities that help you to live according to the values that are most important to you. This is important because when you accomplish activities that are closely linked to what you value in life, you are more likely to have positive and enjoyable experiences, which will improve how you feel and think about your life. It is difficult to feel depressed and hopeless if you are regularly doing activities that you feel are valuable and worthwhile and that bring you a sense of pleasure and accomplishment.

This manual targets changing your behavior as a method for improving your thoughts, feelings, and overall quality of life. Many individuals with depression often feel tired and lack the motivation to do various activities; thinking that once they have more energy and think more positively, they will be able to do the activities they have ignored or have been unable to accomplish in the past. The opposite approach is taken in this treatment—behavior is changed first as a way to increase energy and motivation as well as positive thinking and feelings. The focus on behavior change, however, does not mean that we ignore thoughts and feelings. Instead, we suggest that negative thoughts and feelings will change only after you change your behavior and have more positive life experiences. Healthy behavior is defined as behavior that is directed toward improving your quality of life and attaining the values you have in your life. In contrast with healthy behavior, unhealthy (depressed) behavior generally is not directly related to improvements in the quality of your life and does not move you closer to living according to your values.

You should know that it is possible for you to be active, yet still be depressed. This can happen if you feel overwhelmed with activities that are

unfulfilling or forced by others. For example, although you may be busy at work and home, these activities may be focused only on helping others. Although it certainly is important to help others, it is never a good idea to focus so much on others that your own needs and feelings are completely neglected. Focusing entirely on the needs of others may result in feelings of emptiness and dissatisfaction, followed by confusion and guilt for having such feelings. Thus, it is important not only to have many activities in your life but also specifically to have activities that bring you some degree of pleasure and fulfillment.

What about stressful life events and loss in your life? Often people who have experienced stressful life events and loss end up having long-standing feelings of depression. After something very bad has happened or loved ones are lost, life can feel empty or meaningless. It can feel as if there is very little to live for and that all the support and happiness you once had is gone forever. Thoughts and bad dreams may keep coming back about the bad experience or about the loved one who has passed away. In this treatment, it is very important for the therapist to understand what happened to you, how you felt about it, and most importantly, how it affects your life now. At every session, we will spend some time talking about events in your life that have led to your depression. However, this treatment requires more than just talking about what has happened. In addition, we also will spend some time trying strategies that will help you to live a more fulfilling and meaningful life going forward. Nobody can change events of the past, but we can plan for a better future by what we do today. Often, when people have experienced stressful life events and loss, negative thoughts and feelings about the event come to mind all the time. It becomes hard not to think about it or feel terrible that it happened. We find that it is important to understand how these experiences affect your current behavior. Often after a loss or stressful life event, people change how they spend their time, and this can lead to depressed behavior patterns. For example, you might find it difficult to sleep at night, and so you spend a lot of time sleeping during the day. If you sleep during the day, you may be unable to perform important daily activities or lack the energy and desire to socialize with family and friends. This treatment will help you to identify activities that might be making your depression worse and can help you modify or change those activities so that you feel depressed less often. After a loss or stressful event, it can often take time and focus to decide how you want to live your life moving forward, and this treatment is designed to help you with that. The goal is to help you make the best life possible for yourself. This can be hard work, but if you trust the process you will find that good things will come from your effort. We will

work at a pace that is comfortable for you. Are you willing to work on this together?

Daily Monitoring Form (Form 1). Because the main focus of this treatment is increasing your healthy behavior, it is important to become aware of what you do each day. Although you probably have an idea of how you spend your time, we really need exact information about what you are doing each day. To that end, we would like you to spend the next week writing down all of your activities. This is useful for several reasons. First, it will help us to identify the pattern of your depressed behaviors and moods. Every person is different, so it is important for us to see how depression is affecting your daily activities. Being aware of your patterns might motivate you to increase your healthy activity level. Second, this will provide us a measure of your current activity level, which we will then be able to compare with your activity level later in treatment, after you use the treatment strategies. Finally, a close look at your daily routine might lead you to develop some ideas about where you might consider adding some healthy activities to each day. To monitor your current activities, you keep a detailed log (hour by hour) of all activities that you do, including those that seem insignificant, such as sleeping or watching television. You will use the Daily Monitoring Form (Form 1) to record your activities. You will need to complete one form for each day. For now, just do things as you normally would do them. Your only task is to write down your activities, trying to be as accurate and as thorough as you can.

Enjoyment and importance ratings. Once you have recorded the activity, you then rate the activity in terms of two things: (a) enjoyment and (b) importance. For the enjoyment rating, think about how much you enjoy the activity. In other words, think about how much fun or pleasure you have when you are doing the activity. You will use a scale from 0 to 10 to rate enjoyment. A rating of 0 will be for activities that you do not enjoy at all. A rating of 10 will be for activities that you enjoy very much. For example, going to a picnic might be considered a very enjoyable activity and be assigned a rating of 10, whereas washing the dishes might be considered no fun at all and be assigned a rating of 0.

For the importance rating, think about how important in your heart it is to have this activity in your life. On a scale from 0 to 10 rate each activity, with 0 meaning that the activity has no importance at all and 10 meaning that the activity is of the highest importance in your life. For example, going to work is probably a very important activity in your life because it is your source of income to support your family. You might give your work a rating of 10. However, watching television is probably a less important activity in your life. You might give watching TV a low rating such as a 2.

Consider for a moment that some activities might be very important but not very enjoyable, and other activities might be very enjoyable but not very important. For instance, washing clothes might be high in importance but not very enjoyable, whereas watching a favorite TV program might be very enjoyable but not very important. Meanwhile, some activities may be rated as high on both enjoyment and importance and others as low in enjoyment and importance. For example, eating dinner with family might get rated as a 9 in enjoyment and importance because it is both very enjoyable and important. However, lying in bed in the afternoon might be rated a 0 in both enjoyment and importance because it is neither important to your life nor very enjoyable. In addition to enjoyment and importance ratings for each activity, you also should provide a single rating for your overall mood for the day at the bottom of the form. The rating should be between 0 for the most negative mood and 10 for the most positive mood. You don't have to rate your mood for each hour of the day, just a general rating of your mood for the day.

When should you complete the Daily Monitoring Form? To complete your Daily Monitoring Form, you might choose to record your activities as you go through your day or you might prefer to wait until the end of the day to do so all at once. You may do whichever you prefer. However, it is best to record your activities on the day that they occurred, as opposed to several days later. For example, on Wednesday it will be difficult to remember the activities you did on Monday. We will spend a lot of time reviewing your Daily Monitoring Forms each week, so be sure to complete and bring the completed forms to each session.

Important Points About the Structure of This Treatment. Before we finish today, it is important to understand that this is a structured treatment. This means that the treatment involves a series of steps. Depression is a problem that builds over time, so it is not possible to overcome it in a few days or after just one or two visits. It takes some work and it is very important to practice all of the strategies we will review in this treatment. Although you may notice some immediate benefits in the first few sessions, only coming to a small number of sessions may not be helpful in the long term. Consider the example of cancer treatment. Attending regular chemotherapy sessions is essential to completely eliminating the cancer. Coming to only half of your chemotherapy sessions or just one or two might slow the cancer down temporarily but it is likely to come back unless the full course of treatment is delivered. Skipping several weeks between chemotherapy sessions could also slow the treatment effect, making you vulnerable to cancer returning or only partially remitting. The cancer would continue to grow between sessions

and only worsen. Although it might seem very different, the treatment for depression requires the same structure and consistent attention. For this reason, we ask that you commit to try to come to all scheduled sessions. We realize that sometimes unforeseen events can arise that might cause you to miss a session, and this is understandable, but we urge you not to cancel a session because you are feeling depressed, tired, or unmotivated. Most people find that even when they are feeling depressed before a session, they are likely to feel much better after the session. This idea of motivating yourself to take positive steps like attending treatment sessions even when you are feeling depressed, tired, or unmotivated is an approach that will help you tremendously in this treatment and in overcoming depression.

In addition to the importance of regular attendance, these sessions will include both assignments for you to complete during our session and assignments for you to work on at home. Completing the homework assignments is very important for progress as we find that people who regularly complete the homework assignments see the most improvement in their lives. If you find any homework assignments difficult or overwhelming, we can discuss this and come up with ways to make it easier for you to do. It is very important that we work together to make sure that this process feels comfortable and useful to allow you to complete these important assignments.

Assignments:

1. Complete Daily Monitoring Form

Session 2

Session 2 Key Elements:

1. Daily Monitoring: Review Assignment (Form 1)
   - Troubleshooting
2. Treatment Rationale: Review
3. Complete Life Areas, Values, and Activities Inventory (Form 2, available from http://bmo.sagepub.com/supplemental)

Daily Monitoring: Review Assignment (Form 1). We will begin this session by reviewing your Daily Monitoring Forms (Form 1) from the past week. Notice the types of activities you are doing and if they are enjoyable, important, both, or neither. Often people with depression find themselves spending very little time in activities that are enjoyable. They often will also withdraw from activities that are important to them. We should discuss your

level of activity and how often you are doing enjoyable and important activities. In the next few sessions, we will focus on making changes in your daily activities but right now do not try to change anything. Instead, just pay attention to what your life is like every day, what you are doing, and to what extent these activities are leading you to feel better or worse.

Troubleshooting. Some people find it difficult to complete the Daily Monitoring Forms. If you have not been able to complete this form in the past week, it first will be important to understand why. One reason it may be difficult to complete the monitoring is that you may feel you already have a good sense of how you spend your time and that it would not be useful to write activities down. You can probably recall a lot of things you have done in the past week, but there may be quite a few activities that you might have forgotten about by now. Having your daily activities recorded on paper for each day can be helpful for both me and you to identify those depressed patterns that we discussed in last session. Many people are very surprised by patterns they notice on the forms and begin to gain a real understanding of how certain patterns lead to more depressed feelings, whereas others lead to more positive feelings. Having these forms for the session allows our work to be more efficient by allowing us a clear sense of exactly how you are spending your time moment to moment without having you try to recall all of that information in the session.

A second reason it may be difficult to complete the monitoring is that you may feel like it is an overwhelming task. Writing down all of your activities of the day can feel like a lot of work, but in the end you are likely to find that what you learn is well worth the effort. One way to make this easier is to keep your recordings as brief as possible (e.g., "lunch," "took kids to school," and "cooked dinner"). Another way to keep this easier is to complete the form at the end of the day. Finally, if you find it extremely challenging to do the forms at all, you might consider initially doing the forms for 2 or 3 days of the week (being sure to include both week and weekend days) and then gradually increasing the number of days each week that you complete the forms. You are likely to find that once you get into the habit of doing the forms, it will seem less burdensome. People who have some difficulty in writing and/or reading also may find the forms difficult to complete. If this is the case, a modified form that does not require writing or reading is available.

If you were not able to complete any Daily Monitoring Forms for the past week, it is not recommended that you attempt to remember the entire week right before the session or in the session with your therapist. Remembering the necessary level of detail will be too difficult, and with so much information missing, it will be difficult to detect any consistent behavior patterns. Instead, you should complete a form right now in session for the past day or

two. You will likely be able to recall most of your activities from today and 1 or 2 days ago. Even though it is only 1 or 2 day's worth of activities, it is a starting point, and you and we can begin to look for behavior patterns. Completing the forms for each day of the coming week will increase the chances of making good progress.

Treatment Rationale: Review. Review treatment rationale as needed using content from Session 1.

Life Areas, Values, and Activities (Form 2)

Life areas. An important step in this treatment involves thinking about the most important areas of your life. Think for a moment about each of the following life areas:

1. Relationships: This life area refers to the part of your life that involves family, friends, and/or your romantic partner (for example, your spouse, boyfriend, or girlfriend).
2. Education/career: This life area refers to time spent in developing your education and your career. This can include formal education such as college or a trade school but could also be informal such as reading books on a particular topic. It also includes working at your current job or finding a new job.
3. Recreation/interests: This life area refers to leisure time, when you can have fun and/or relax. It also may include doing things for others such as volunteering.
4. Mind/body/spirituality: This life area refers to physical and mental health as well as religion and/or spirituality.
5. Daily responsibilities: This life area refers to your obligations and responsibilities to others and your belongings.

Values. Once we have considered these different life areas, we move to identify your values in each of these areas. A value is an ideal, quality, or strong belief in certain way of living.

In other words, what is important to you about each of these life areas? What are you striving to be in each life area? What are the qualities of that life area that are important to you? A value is something that is important to you, in your heart, about that life area. Be sure that the values you identify are very personal to you and not necessarily the values of other people in your life or society in general.

Activities. A primary goal of this session is to identify key values from each life area and translate them into activities. Life areas are the important parts of your life, values are how you want to live your life in each of those areas, and activities are things you can do to actually live according to the values. Becoming more aware of your values and using them as a guide to selecting your activities is the key to this treatment. However, without the activities that help you live according to your values, the values are just words and ideas, and not a reality. Please see the examples of life areas, values, and activities provided in Appendix B.

The Life Areas, Values, and Activities Inventory allow you to turn your values across the key areas of your life into reality. For each life area, you have space for both values and activities (you can add extra blank sheets for each life area to add additional values and activities). Each activity should be something that you might do to live consistently with the value that you identified. For example, if "being a good husband/wife" is something you value, list some activities that you think are consistent with being a good husband or wife. Possible activities might include planning a date with your husband or wife once a week or helping your husband or wife with a household chore he or she dislikes. When selecting activities, it is important to remember that the activity must have two specific characteristics: they should be both observable by others and measurable. Therefore, "feeling better" is not what we mean by activity but "eating dinner with my mother twice a week" would be appropriate. This latter activity could be observable and measurable in the sense that you could meet with her twice per week. The activity should also be broken into its smallest piece. For example, if an activity is going for a bike ride, consider that a number of intermediate steps are required before one can do this. Such steps might include bringing the bike up from the basement, checking the air in the tires, finding a tire pump, pumping the tires, and so on. So the first step in the activity of going for a bike ride might just include checking that the bike is in good shape, with later weeks including the actual ride. Activities are far easier to accomplish if they are broken into the smallest pieces possible. Thus, if these three conditions (observable, measurable, and smallest piece possible) are met, you have identified an acceptable activity.

Sometimes it is tempting to select very difficult activities for which the benefits are in the future and not a guarantee. For example, getting a college degree is a long-term goal that may take some time to achieve. It is important to have these types of goals, but it is even more important to be clear about the rewarding activities that are a part of achieving that long-term goal. This might include activities that get you to the goal but are important and/or

enjoyable on a daily basis such as studying a topic you enjoy or having a discussion about something you learned in a class. Therefore, you should select activities across a range of difficulty, with only a few being smaller steps toward more difficult long-term projects. To improve the likelihood of initial success and to help you start this program, some of the activities you choose should be activities you already are doing regularly but would like to increase in frequency or duration (see your Daily Monitoring Forms for assistance). We will now complete this form together, and you will continue adding to it and editing it for homework.

Assignments:

1. Complete Daily Monitoring Form (Form 1)
2. Review and edit Life Areas, Values, and Activities Inventory (Form 2)

Session 3

Session 3 Key Elements:

1. Daily Monitoring: Review Assignment (Form 1)
2. Life Areas, Values, and Activities Inventory: Review Assignment (Form 2)
3. Activity Selection and Ranking (Form 3, available from http://bmo.sagepub.com/supplemental)

Daily Monitoring: Review Assignment (Form 1). We will begin this session by reviewing your Daily Monitoring Forms (Form 1) from the past week. Notice the types of activities you are doing and if they are enjoyable, important, both, or neither. Often people with depression find themselves spending very little time in activities that are enjoyable. Some people withdraw from activities that are important to them and end up spending long periods of time during the day in activities that are neither enjoyable nor important. In this case, you may find it hard to find any activities that are rated high in either enjoyment or importance. However, some people with depression have many important activities in their week but very few that are enjoyable. These people often spend a lot of time working, taking care of others, and meeting various obligations to the exclusion of any time spent on self-care or pleasurable activities. For many people with depression, their important activities are not very enjoyable. How would you describe your activities? How often are you doing enjoyable and important activities? In the next few sessions, we will focus on making changes in your daily activities, and I know we have

already started identifying values and activities in various areas of your life but for now do not try to change anything. Instead, just pay attention to what your life is like every day, what you are doing, and to what extent these activities are leading you to feel better or worse. You might also find over time that recording your activities in this way becomes easier.

Life Areas, Values, and Activities Inventory: Review Assignment (Form 2). From last session you have learned about life areas, values, and activities. For example, the life area of "education/career" and the related value of "getting a college education" might include specific actions such as identifying a school, speaking to an enrollment counselor, enrolling in classes, and so on. As another example, the life area of "family relationships" and the value of "developing a closer relationship with a particular family member" may include specific actions such as eating dinner together every Saturday, talking on the phone twice a week, or offering specific assistance (e.g., baby sitting). Although completing activities aimed at one specific life area and value can be satisfying, it is important to select activities across a wide range of life areas because depression is rarely the result of only one aspect of your life. For example, someone with depression might think that if they could only get a certain job, they would not be depressed anymore. As a result, all of their focus might be on would-be activities that have to do with getting that job. In this situation, it would certainly be helpful to work on activities related to the job, but it is just as important to work on activities tied to other life areas. Living a fulfilling life is not about getting a certain job, achieving a certain body weight, being with one particular person and no other, or having a specific amount of money. By narrowing your focus on one aspect of your life, you limit your opportunity to have positive experiences and feel fulfilled in other areas. Ultimately, this can worsen your depression, especially if the goals you have in mind require a long period of time or are extremely difficult to obtain. Finally, be sure that you have both "enjoyable" and "important" activities in your plan, with emphasis on the type of activity that is less frequent in your Daily Monitoring Forms. Throughout treatment, be sure to keep thinking about values in each life area and to generate new activities in line with these values.

Activity Selection and Ranking (Form 3). By now, you will have identified many activities for each of the values in your life areas. Today, we will pick 15 activities to use as a starting point. As you select an activity, add it to the left column of Form 3 (activity selection and ranking). Remember that the

activities should be observable, measurable, in their smallest pieces, and directly relevant to the values you listed in the Life Areas, Values, and Activities Inventory (Form 2). The more your daily activities are linked to your values, the more likely you will experience the activities as both pleasurable and meaningful, and the more you will feel that you are living the life you want to live. This is extremely important to pay attention to because there is no reason to busy yourself with activities that do not make you feel that you are living a richer, more meaningful life. Once you have your 15 activities listed on Form 3, rank them from 1 (*easiest to accomplish*) to 15 (*hardest to accomplish*) on the right column of Form 3. One way to do this is to first identify the easiest and assign it a 1 and then to identify the most difficult and assign it a 15. From there, try to fill in the others. In activity planning, you will start with the easiest activities and gradually work toward the more difficult ones. However, don't worry this week about starting any of these activities. We will use the next session to rereview your list and get you started with the activities.

Assignments:

1. Daily Monitoring (Form 1)
2. Continue to review and edit Life Areas, Values, and Activities Inventory (Form 2)
3. Review and edit activity selection and ranking

Session 4

Session 4 Key Elements:

1. Daily Monitoring: Review Assignment (Form 1)
2. Daily Monitoring With Planning (Form 1)

Daily Monitoring: Review Assignment (Form 1). We will begin this session by reviewing your Daily Monitoring Forms (Form 1) from the past week. Notice the types of activities you are doing and if they are enjoyable, important, both or neither. Be sure to take some time to think about and discuss your level of activity and how often you are doing enjoyable and important activities. At this point you might also think about if there are certain life areas in which you have very few important and/or enjoyable activities. This type of information will help us with activity selection and planning. Now that you have had some practice, you might find that recording your activities is becoming easier. If not, or if it is becoming more

difficult, we can come up with some strategies for making this an easier task for you.

Daily Monitoring With Activity Planning (Form 1). Once you have identified the 15 target activities, you will need a plan for how you will include these activities in your daily schedule and how you will monitor your progress. We will use your Daily Monitoring Forms for the upcoming week to help you plan your new activities. Your opinion will be critical in deciding how many activities to select, and it is important that you challenge yourself without becoming overwhelmed. The simplest approach is usually to start with 1 to 3 of the easiest activities. We will begin now by identifying activities for the coming week and entering these activities into the blank Daily Monitoring Forms for each day at the time that you plan to do them. For example, if your activity is "play with your daughter" you might enter that activity (Form 1) at 11 a.m. on Monday, 10 a.m. on Wednesday, and 9 a.m. on Thursday.

Be sure to seriously consider whether you are ready for a particular activity and consider barriers that you might encounter. If you are not ready, you may wait for another week to do it. If there are barriers to doing the activity, we should discuss steps you might take to first overcome those barriers. Remember in previous sessions when we discussed breaking activities down into the smallest pieces possible? When you run into difficulty with an activity, it can be useful to consider if you really have broken the activity down far enough. For example, if your activity is to go to the gym twice a week, you first might have to buy clothing, research gyms, find a partner to go to the gym with, or arrange for transportation. In this case, "going to the gym" may not be the smallest piece of this activity. You should add any additional activities to overcome these barriers on Form 2 (Life Areas, Values, and Activities Inventory). A key aspect of this treatment is to plan the specific day and time that you will do each activity. This will require you to really think through where you can realistically fit the activity into your schedule. By doing this, you will find that you are more likely to accomplish the activity.

During the upcoming week, you will complete the Daily Monitoring Form just as you have been doing each day. However, circle each planned activity in your form if you completed it. Be sure to give it an enjoyment and importance rating at this time too. This is important because it will allow us to see if you experienced the activity as more or less enjoyable or important than you originally thought. If you did not complete the activity at the scheduled time, put a line through it (but do not erase it) and write in the activity you did accomplish at that time. If possible, try to replan the missed activity

for another time that week (or even that day) and be sure to circle it if you complete it. We will review your Daily Monitoring Forms next week as usual, but this time we will look for the circled activities you planned, how enjoyable and important they were, and if you encountered any problems trying to accomplish them. We can work together to address whatever challenges arise.

When you begin to complete your activities, you will begin to move toward the values you have set out for yourself in important life areas and you will be living a fuller life and feeling less depressed. The key is to not focus too much on whether you have succeeded at accomplishing the values but instead it is to focus entirely on completing the daily activities that come directly from your values. Many values require a lifelong effort (e.g., being a good parent) where you constantly try to live in a way that is consistent with your values. For this reason, values are not considered an endpoint of a process, but instead they are a guide throughout the process, proving information about how we want to live our lives and helping us to choose the activities that are the vehicles that help us move in the direction of our values.

Assignments:

1. Daily Monitoring with Activity Planning for upcoming week (Form 1)

Session 5

Session 5 Key Elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1)
2. Contracts (Form 4, available from http://bmo.sagepub.com/supplemental)
3. Daily Monitoring With Activity Planning for the Upcoming Week (Form 1)

Daily Monitoring With Activity Planning: Review Assignment (Form 1). Let's review your seven forms of daily monitoring with activity planning for the week. How many of the planned activities did you accomplish? For those that you accomplished, how easy or difficult were they? How enjoyable and important did you find them? How did you feel about having accomplished those activities? Would you like to continue those activities or select different

ones for next week? Are you finding that you feel better when you are more active? If so, this is good progress.

Were there activities that you planned that you did not accomplish? If so, what happened? Was it because you really do not find the activity to be enjoyable and/or important? If this is true, then one option is to select a different activity instead. If it is an activity that you want to keep trying to do, then there are a few other issues to consider. Was the activity more difficult to accomplish than what you originally had expected? If so, we can discuss breaking it into smaller steps as we have discussed previously. Alternatively, you might have felt you just ran out of time and could not complete this activity. We should revisit your monitoring forms and think about ways to fit new activities into your schedule. You might also have to seriously consider strategies for reducing your time spent in less valued current activities to make more time for these new more valued activities. This may include the difficult task of setting stricter boundaries around your time. In this case, we can discuss how to plan some activities to help set those boundaries and reclaim some time for yourself. Although these types of changes in your daily routine may be difficult, the planning and monitoring in this treatment can help reduce currently unfulfilling activities and to get you doing more enjoyable and important new activities.

Contracts (Form 4). Your chances of overcoming depression are much improved when you have support from others for your healthy activities. Family and/or friends can be a great support in our lives, but sometimes they may be more likely to notice your depressed behavior than your healthy activities. Other times, supportive people would like to help but they either do not know how or they tend to do things that they think are helpful but are not actually helpful. For example, sometimes friends or family take over your responsibilities because they see what a hard time you are having now or instead they may nag or push you to do things you are not ready to do. In both cases, the support person wants to help, but is doing things that are not helpful.

Contracting will help you to ask support people for help for your healthy activities in the ways that you need it. To get you the help you need, let's begin with Form 4 (Contracts) by identifying activities from Form 3 that you could use some help to complete. Once you have done that, let's identify up to three people who could help you and the specific ways they could help. For example, you might find that going grocery shopping once per week is difficult because you don't have a car. In this case, you would list grocery shopping and then any person who might be able to give you a ride. In addition,

you might find grocery shopping really boring. In this case, you could add others who might go grocery shopping with you to make it more enjoyable. In this case, you might end up with the names of two people who might give you a ride and a third who might go shopping with you. Once you have identified the activity, identified one or more people who can help, and described exactly how each person might help, the next step is to tell each person what you are trying to accomplish and exactly how they can help. You might learn that involving others in your activities makes the activity not only more likely to occur but also more enjoyable. Involving others can also strengthen your relationships. All of these things will have a positive impact on the way you feel every day. You can either show the support person the actual contract or simply just have a discussion with the support person about the specific ways they can help with an activity.

In using contracts, it is important to note that you do not want to become dependent on those around you, especially if some people in your support network may be unreliable. Thus, you should use contracts to enhance your ability to do things that are enjoyable and important to you, but you should never rely entirely on others as well. As we develop contracts, we will consider how to ensure that we can gain support from others without becoming reliant on them.

Daily Monitoring With Activity Planning for the Upcoming Week (Form 1). On the basis of our discussion in this session, you should now plan your activities for the next week. If you are able, try to plan for one or more new activities for the upcoming week in addition to the activities you accomplished the previous week.

Assignments:

1. Daily Monitoring with Activity Planning for the Upcoming Week (Form 1)
2. Continue adding/editing contracts (Form 4)

Session 6

Session 6 Key Elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1)
2. Contracts: Review Assignment (Form 4)
3. Daily Monitoring With Activity Planning for the Upcoming Week (Form 1)

Daily Monitoring With Activity Planning: Review Assignment. Let's review your seven forms of daily monitoring with activity planning for the week. How many of the planned activities did you accomplish? For those that you accomplished, how easy or difficult were they? How important and/or enjoyable were your planned activities? How did you feel about having accomplished those activities? Would you like to continue those activities or select different ones for next week? Are you finding that you feel better when you are more active? If so, this is good progress.

Were there activities that you planned that you did not accomplish? If so, what happened? Was it because you really do not find the activity to be enjoyable and/or important? If this is true, then one option is to select a different activity instead. If it is an activity that you want to keep trying to do, then there are a few other issues to consider. Was the activity more difficult to accomplish than what you originally had expected? If so, we can discuss breaking it into smaller steps as we have discussed previously. Alternatively, you might have felt you just ran out of time and could not complete this activity. We should revisit your monitoring forms and think about ways to fit new activities into your schedule. You might also have to seriously consider strategies for reducing your time spent in less valued current activities to make more time for these new more valued activities. This may include the difficult task of setting stricter boundaries around your time. In this case, we can discuss how to plan some activities to help set those boundaries and reclaim some time for yourself. Although these types of changes in your daily routine may be difficult, the planning and monitoring in this treatment can help reduce currently unfulfilling activities and to get you doing more enjoyable and important new activities. Finally, you might need help from others to complete scheduled activities. In this case, be sure to use contracts to secure the help you need from others.

Contracts: Review Assignment (Form 4). Were you able to accomplish at least one contract? If not, it might be helpful to discuss the challenges you encountered. What made it difficult? If you are finding it difficult to identify supportive people, we might discuss planning some activities that will help you build a more supportive network of friends. For example, are there people in your workplace, neighborhood, or community who are your age and have had similar experiences as you? Perhaps there are ways to get to know these people better. Another idea is to identify places you can go where you will meet people who are similar to you. Then you can plan activities around visiting these places. If you were able to complete a contract, how did it go? How important and/or enjoyable did the activity turn out to be?

You may find that some activities are more enjoyable when done with the help of a supportive person. This could be especially crucial for planning activities that are important but not very enjoyable. Thus, doing laundry or grocery shopping with a friend might be more tolerable than doing it alone. Alternatively, you may use contracts to schedule an enjoyable activity with a friend to occur immediately after a low-enjoyment activity you needed to do, almost as a reward for following through on the first activity. Finally, always remember that you are responsible for your activities even if a support person does not follow through on a contract. This may involve contracting with someone else and then rescheduling the activity or scheduling the activity again at another time alone. The important thing to remember is that contracts can be helpful but you are responsible for the activities you select. If you are still having trouble with any part of contracts, it might be useful to take some time in this session to further review contracts with your therapist.

Daily Monitoring With Activity Planning for the Upcoming Week (Form 1). On the basis of our discussion during this session, you should now plan your activities for next week. If you can, try to plan one or more new activities for the upcoming week, in addition to the activities you accomplished last week.

Assignments:

1. Daily Monitoring with activity planning for the upcoming week (Form 1)
2. Continue adding/editing contracts (Form 4)

Session 7

Session 7 Key Elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1)
2. Life Areas, Values, and Activities Inventory: Concept Review and Edit (Form 2)
3. Daily Monitoring With Activity Planning for the Upcoming Week (Form 1)

Daily Monitoring With Activity Planning: Review Assignment. Let's review your seven forms of daily monitoring with activity planning for the week. How many of the planned activities did you accomplish? For those that

you accomplished, how easy or difficult were they? How did you feel about having accomplished those activities? Would you like to continue those activities or select different ones for next week? Are you finding that you feel better when you are more active? If so, this is good progress.

Were there activities that you planned but did not accomplish? If so, what happened? Was it because you really do not find the activity to be enjoyable and/or important? If this is true, then one option is to select a different activity instead. If it is an activity that you want to keep trying to do, then there are a few other issues to consider. Was the activity more difficult to accomplish than what you originally had expected? If so, we can discuss breaking it into smaller steps as we have discussed previously. Alternatively, you might have felt you just ran out of time and could not complete this activity. We should revisit your monitoring forms and think about ways to fit new activities into your schedule. You might also have to seriously consider strategies for reducing your time spent in less valued current activities to make more time for these new more valued activities. This may include the difficult task of setting stricter boundaries around your time. In this case, we can discuss how to plan some activities to help set those boundaries and reclaim some time for yourself. Although these types of changes in your daily routine may be difficult, the planning and monitoring in this treatment can help reduce currently unfulfilling activities and to get you doing more enjoyable and important new activities. Finally, you might need help from others to complete scheduled activities. In this case, be sure to use contracts to secure the help you need from others.

Life Areas, Values, and Activities Inventory: Concept Review and Edit (Form 2). Today, we will review the concept of values to make sure that the activities that you are accomplishing still seem consistent with the values you mentioned earlier in treatment. Remember, an important step in this treatment approach involves determining the activities you would like to add to your life. Although becoming more active in life is important, we need to be sure that the activities that you select are ones that are enjoyable and/or important to you and that make you feel like you are living the life you want to live. One way to help identify activities that are important to you is to think about what you value in life. Let's revisit each of the life areas and the values you have in these areas. Remember, a value is something that is important to you in your heart about that life area. Review your values for the following: relationships, education/career, recreation/interests, mind/body/spirituality, and daily responsibilities. Think about how much the activities you have identified in the last few weeks fit into your values. Are there new values that

have come to mind? Are each of the activities consistent with the values you mentioned?

Daily Monitoring With Activity Planning for the Upcoming Week (Form 1). On the basis of our discussion in this session, you should now plan your activities for the next week. If you are able, try to plan for one or more new activities for the upcoming week in addition to the activities you accomplished the previous week.

Assignments:

1. Daily monitoring with activity planning for the upcoming week (Form 1)
2. Continue adding/editing contracts (Form 4)

Session 8

Session 8 Key Elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1)
2. Activity Selection and Ranking: Concept Review and Edit (Form 3)
3. Daily Monitoring with Activity Planning for the Upcoming Week (Form 1)

Daily Monitoring With Activity Planning: Review Assignment (Form 1). Let's review your seven forms of daily monitoring with activity planning for the last week. How many of the planned activities did you accomplish? For those that you accomplished, how easy or difficult were they? How did you feel about having accomplished those activities? Would you like to continue those activities or select different ones for next week? Are you finding that you feel better when you are more active? If so, this is good progress.

Were there activities that you planned that you did not accomplish? If so, what happened? Was it because you really do not find the activity to be enjoyable and/or important? If this is true, then one option is to select a different activity instead. If it is an activity that you want to keep trying to do, then there are a few other issues to consider. Was the activity more difficult to accomplish than what you originally had expected? If so, we can discuss breaking it into smaller steps as we have discussed previously. Alternatively, you might have felt you just ran out of time and could not complete this activity. We should revisit your monitoring forms and think about ways to fit new

activities into your schedule. You might also have to seriously consider strategies for reducing your time spent in less valued current activities to make more time for these new more valued activities. This may include the difficult task of setting stricter boundaries around your time. In this case, we can discuss how to plan some activities to help set those boundaries and reclaim some time for yourself. Although these types of changes in your daily routine may be difficult, the planning and monitoring in this treatment can help you fill your life with enjoyable and important activities. Finally, you might need help from others to complete scheduled activities. In this case, be sure to use contracts to get the help you need from others.

Activity Selection and Ranking: Concept Review and Edit (Form 3). Throughout treatment, you may have added, subtracted, or changed activities in your Activity Selection and Ranking Form (Form 3). We can take some time to review how to go about selecting activities to add (as well as activities to remove or change) in Form 3. In general, if you believe that completing a particular activity would bring a sense of pleasure and/or accomplishment, then it probably would be good to include it. It is also important to decide which life area and value each activity is associated with. This is a good reminder to revisit the activities on your list and to think of the relevant life values. Also, when selecting activities, it is important to remember that they must be observable by others, measurable, and broken into the smallest piece. For example, "being a better daughter" is not an activity that you could plan but "offering to help mom make dinner twice a week" would be appropriate. If these conditions are met, you have identified an appropriate activity. Although it is sometimes tempting to select very difficult activities for which the benefits are very delayed or uncertain. For example, having your own home is a long-term goal. To address this potential problem without limiting your ambition, break activities into small steps and select activities across a range of difficulty, from easy activities you are currently doing to extremely difficult activities that will take some effort.

Daily Monitoring With Activity Planning for the Upcoming Week (Form 1). At this point, you might find that you want to make changes to the 15 activities in Form 3 (activity selection and ranking). Often new activities come to mind or you change your mind about activities you originally put in Form 3. You should feel free to change Form 3 as you would like, adding new activities, changing them, breaking them into smaller steps if necessary, or removing some that you no longer want to include. Overcoming depression is a process, and as you begin to feel better, your plans for yourself may

change. You might find it easier to be more active and set increasingly difficult activity goals. However, you might feel that your original plan was too difficult and have new ideas on how to reduce the difficulty of your activities. Do not feel stuck with your original plan as it is always open to change. The important thing is that you are increasing your activity level, and as you do this, your depression is improving. It is impossible to live an active, fulfilling, and enjoyable life and be depressed at the same time. The idea is to increase the amount of time you spend in healthy, active, fulfilling, and enjoyable activities so that this is what your life is about instead of your life being about depression.

Assignments:

1. Daily monitoring with activity planning for the upcoming week (Form 1)
2. Continue adding/editing contracts (Form 4)

Session 9

Session 9 Key Elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1)
2. Contracts: Concept Review and Edit (Form 4)
3. Daily Monitoring With Activity Planning for the Upcoming Week (Form 1)

Daily Monitoring With Activity Planning: Review Assignment (Form 1). Let's review your set of seven forms of daily monitoring with activity planning for the week. How many of the planned activities did you accomplish? For those that you accomplished, how easy or difficult were they? How did you feel about having accomplished those activities? Would you like to continue those activities or select different ones for next week? Are you finding that you feel better when you are more active? If so, this is good progress.

Were there activities that you planned but did not accomplish? If so, what happened? Was it because you really do not find the activity to be enjoyable and/or important? If this is true, then one option is to select a different activity instead. If it is an activity that you want to keep trying to do, then there are a few other issues to consider. Was the activity more difficult to accomplish than what you originally had expected? If so, we can discuss breaking it into

smaller steps as we have discussed previously. Alternatively, you might have felt you just ran out of time and could not complete this activity. We should revisit your monitoring forms and think about ways to fit new activities into your schedule. You might also have to seriously consider strategies for reducing your time spent in less valued current activities to make more time for these new more valued activities. This may include the difficult task of setting stricter boundaries around your time. In this case, we can discuss how to plan some activities to help set those boundaries and reclaim some time for yourself. Although these types of changes in your daily routine may be difficult, the planning and monitoring in this treatment can help reduce currently unfulfilling activities and to get you doing more enjoyable and important new activities. Finally, you might need help from others to complete scheduled activities. In this case, be sure to use contracts to secure the help you need from others.

Contracts: Concept Review and Edit (Form 4). In Session 5, you began to use the contracts to help complete some of your activities (Form 4). It would be helpful to take some time to review how well the contracts have worked for you. At this point, have you used a contract to get help completing a difficult activity? Remember, getting supportive people to help you accomplish healthy activities will not only make the activities easier to accomplish but will also help to strengthen your support system. Contracts are a way to get your supportive people to help you overcome depression. As we discussed before, sometimes supportive people in our lives would like to help us, but they either do not know how or they tend to do things for us that they think are helpful but are not actually helpful. Contracting will help you to ask for the specific help you need. Again, it is not important that you show the support person the written contract, just that you have a discussion with the person about the specific ways they can help. If you have not yet tried a contract, now might be a good time to review the material from Session 5 and give it a try.

Daily Monitoring With Activity Planning for the Upcoming Week (Form 1). Once again, plan for one to two additional activities on Form 3 and write them on your Daily Monitoring Forms for the coming week.

Assignments:

1. Daily monitoring with activity planning for the upcoming week (Form 1)
2. Continue adding/editing contracts (Form 4)

Sessions 10 and Beyond

Session 10 and Beyond Key Elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1)
2. Daily Monitoring With Activity Planning for the Upcoming Week (Form 1)
3. Preparing for the End of Treatment

Daily Monitoring With Activity Planning: Review Assignment (Form 1). Let's review your seven forms of daily monitoring with activity planning for the week. How many of the planned activities did you accomplish? For those that you accomplished, how easy or difficult were they? How did you feel about having accomplished those activities? Would you like to continue those activities or select different ones for next week? Are you finding that you feel better when you are more active? If so, this is good progress.

Were there activities that you planned that you did not accomplish? If so, what happened? Was it because you really do not find the activity to be enjoyable and/or important? If this is true, then one option is to select a different activity instead. If it is an activity that you want to keep trying to do, then there are a few other issues to consider. Was the activity more difficult to accomplish than what you originally had expected? If so, we can discuss breaking it into smaller steps as we have discussed previously. Alternatively, you might have felt you just ran out of time and could not complete this activity. We should revisit your monitoring forms and think about ways to fit new activities into your schedule. You might also have to seriously consider strategies for reducing your time spent in less valued current activities to make more time for these new more valued activities. This may include the difficult task of setting stricter boundaries around your time. In this case, we can discuss how to plan some activities to help set those boundaries and reclaim some time for yourself. Although these types of changes in your daily routine may be difficult, the planning and monitoring in this treatment can help reduce currently unfulfilling activities and to get you doing more enjoyable and important new activities. Finally, you might need help from others to complete scheduled activities. In this case, be sure to use contracts to secure the help you need from others.

Daily Monitoring With Activity Planning for the Upcoming Week (Form 1). Once again, plan for one to two additional activities on Form 3 and write them on your Daily Monitoring Forms for the coming week.

Preparing for the End of Treatment. We have done a lot of great work together throughout treatment and you have accomplished so much. When we look back at your Daily Monitoring (Form 1) from the first week of treatment and compare them to your Daily Monitoring with Activity Planning (Form 1) from the last week of treatment, what do you see? It is important to identify your patterns of behavior not only now but also at the start of treatment that will help you know what patterns to look out for in the future.

At this point, you have learned a number of skills that can help you feel better and live healthier when you begin to feel depressed again. You are strongly encouraged to consider continuing to use these forms to monitor and plan, especially in the next few weeks. In some cases you might find it useful to schedule booster sessions to review material and solve any difficulties you are having using this process on your own. Eventually, you may find you are living consistent with your values on a daily basis without having to use the forms to monitor and plan, but you might find it helpful to review this manual and practice all of the skills again should depressed feelings return.

Of course, it is possible that feelings of depression could return, but you should remain aware that depression is far less likely to persist when you live a healthy, meaningful, and fulfilling life. No matter what has happened in the past, it is possible to make changes to our lives, to make the best of circumstances, and spend time doing activities that fill your life with purpose and meaning.

Assignments:

1. Daily Monitoring with activity planning for the upcoming week (Form 1)
2. Continue adding/editing contracts (Form 4)

Discussion

In summary, BATD-R is a clear and straightforward treatment approach that can be used in the treatment of depression. However, as with all approaches, there are important areas for clarification and barriers for consideration in the use of the treatment. In this discussion, we will attempt to

highlight the relevant issues and provide supplemental material for using BATD-R.

First, it is important to consider the patient characteristics that seem to be associated with good response and treatment acceptability in BATD-R. Although to date there has been no systematic work aimed at identifying patient characteristics associated with treatment outcome, feedback from developers, clinicians, and patients suggest that BATD-R is well suited in patients who are open to change and amenable to the idea that therapy is an active process aided by efforts outside of the session. Patients with a more traditional view of talk therapy may initially be confused or frustrated by the focus on homework assignments, in particular the daily monitoring and activity planning. In this case, the therapist should spend extra time on the treatment rationale and engaging the patient's commitment to this approach in treating depression. Revisiting the treatment rationale throughout the course of therapy can help to reinforce the purpose of the activities and assignments. Taking time to develop the rationale will also facilitate a stronger therapeutic alliance that is necessary to help patients embark on a way of living that might seem quite overwhelming at first (see Lejuez et al., 2006).

Even after providing a clear treatment rationale, treatment resistance can sometimes occur. One common form of resistance is when the patient attempts to spend a large amount of the session "venting" or discussing frustrations and life stressors, both generally and with particular reference to events since the previous session. Unstructured discussion can thwart the session agenda, and to the extent that it exacerbates rather than relieves negative affect, it can slow progress. The therapist should work with the patient to determine whether such discussion is associated with feeling better or worse, and the therapist can work with the patient to allow some time in the session for such discussion as well as help the patient develop other social outlets for venting their frustrations, but in a manner that does not interfere with the goals of BATD-R. For example, Hopko, Sanchez, Hopko, Dvir, and Lejuez (2003; later continued in Lejuez et al., 2006) presented a case study of a patient presenting with comorbid depression and borderline personality disorder and being treated with a combination of BATD and dialectical behavior therapy (DBT; Linehan, 1993). In the early sessions, the patient struggled with the therapist to spend therapy time discussing stressful events of the week while the therapist attempted to bring the focus back to the tasks of therapy (e.g., Daily Monitoring Forms and progress on planned activities). Because neither the goals of the therapist nor the patient were being achieved, a plan was constructed where BATD and DBT strategies were addressed in the first half of the session, and on their completion, full attention was devoted

to discussing stressful events of the week in the last half of the session. BA strategies also were used to help the patient develop opportunities outside of the session to obtain social support. Even in cases where discussing daily frustrations helps to relieve negative affect in the short term, it is important to consider that this relief is immediate but not likely long lasting. BATD-R strategies can help patients work toward building a more fulfilling life in a way that has potential for long-lasting improvements in depression. To the extent that venting absorbs session time, the patient's opportunity to experience long-lasting benefits of therapy is lessened. In cases of treatment resistance, longer treatment duration may be necessary to complete BATD-R strategies. Occasionally, venting behavior can occur simply because it is what the patient expects is their role in therapy, it serves as an avoidance behavior, or it is reinforced by the therapist. Agreeing on a clear agenda at the beginning of each session and adhering to the agenda is essential to insure that the patient and therapists have the same expectations. Helping the patient seek out appropriate times to solicit social support in session and in their natural environments using activity planning and contracts can address otherwise problematic venting in a more productive manner for the patient.

Homework completion is another treatment challenge. From the first session, the therapist must establish the centrality of homework in the therapeutic process to help the patient understand the value of efforts that occurs outside of the therapy session. Reviewing the monitoring forms for the week at the beginning of each session helps to highlight the importance of homework, which is now simplified with the use of a single form that is used for both monitoring and planning in BATD-R. If a patient attends a session having not completed homework, the therapist should first determine whether the patient understood the assignment and has the skills to carry it out. The newly added Low-Literacy Behavior Monitoring Form in BATD-R may be useful when low literacy and/or comprehension is an issue. If homework was incomplete for other reasons, the therapist should troubleshoot the barriers to completion with the patient, while continuing to reinforce the importance of homework to treatment outcome. Incomplete homework should be worked on in session, but we do not recommend completing entire assignments in session because the treatment will have its optimal effect if the patient devotes time outside of session to the therapy.

Another treatment challenge in BATD-R is when the patient is focused on a single unchangeable event or condition as the root cause of depression. For example, a patient who has experienced the death of their spouse might believe that it is not possible to feel better now that they cannot go on in productive manner without this person. Alternatively, a patient might believe that they

will be depressed as long as they are overweight and the only chance for recovery is if they lose a large amount of weight. Strong resistance is often evident in such cases as the patient may be unwilling to acknowledge the utility of enjoyable and important activities, unless these activities have an immediate impact on this particular issue. For example, if the overweight person had an enjoyable time walking with friends, he or she might minimize the enjoyment because this activity alone cannot address the weight problem in that moment. It becomes the job of the therapist to not only acknowledge the long-term value of weight loss but also to encourage the patient to focus on their daily activities developed in BATD-R to experience happiness at their current weight, while considering other important values and activities that are unrelated to weight. The goal is to draw the patient's attention to the impact of activities related and unrelated to weight on their mood in the moment to help them realize that there are a broad range of experiences that can make them feel joy and happiness, regardless of their current weight. Working broadly to increase positive experiences across multiple life areas with such patients is important to help in the goal of creating a more rounded life.

Patients who have severely limited settings and/or resources can also present challenges when using BATD-R. For example, a patient who is in an inpatient treatment program for depression or a related condition may have little flexibility in how his or her time is allotted and might feel that there are no activities he or she could be doing that are important or enjoyable. Also, patients who have very little income, are homebound, or who work long hours might also feel like they have little ability to do anything different with their time. In these cases, it is important that the therapist work as creatively as possible to generate enjoyable and/or important activities within the patient's limitations. Much of our work within inpatient drug treatment settings (Daughters et al., 2008) has shown that patients can identify a large range of activities even in the most restricted settings if they start with values and creatively examine their daily life for opportunities where more value activities could be activated.

One strength of BATD-R is that it is highly flexible and extremely amenable to individual tailoring based on any range of patient characteristics, including symptom severity, functioning, socioeconomic status, health status, other comorbid conditions, age, intellectual functioning, social support, and cultural background. The focus on life areas, values, and the activities that embody those values remains the same across patients, but the values and activities selected will be unique to each patient and his or her circumstances. For example, values and activities selected by a patient who is HIV-positive and in an inpatient substance abuse recovery facility may be very different from those of a working mother of three children living in a suburban

neighborhood. For the first patient, the value of staying healthy might be pertinent and lead to activities such as taking medication on time each day and going for walks. The value of building a social support network might lead to activities such as attending the HIV-support group and writing a letter to an old friend. In the second patient, the value of achieving work/life balance might be pertinent and lead to activities such as asking her husband to assume a household chore and her saying no to staying late at work, whereas the value of being a good mom might lead to activities such as eating dinner as a family every night and taking the kids bowling. Using BATD-R, the therapist can help the patient to develop a values-driven life within the means, resources, and environments available to the patient, which can change in a dynamic manner over time.

Understanding the cultural values of the patient is essential to BATD-R because these values should be incorporated into treatment. For example, if family is an especially strong cultural value for the patient, the therapist can work with the patient to incorporate family into as many activities as possible, regardless of the life area. BATD-R is also applicable across the life span. When working with children or elderly patients, attention must be paid to the level of independence and participation of caregivers. Modifications can also be made to forms as was done for low-literacy patients in the revised Form 1. BATD can also be modified to fit patients with a high level of technological literacy. Such individuals may prefer electronic forms of self-monitoring using a computer or with mobile technology in line with advancements in ecological momentary assessment approaches. In addition to electronic self-monitoring in BATD-R, treatment delivery itself also can be conducted online to increase the dissemination of treatment to individuals for whom attending therapy regularly may be difficult (Egede et al., 2009) Finally, the focus of treatment and how BATD-R can be applied can vary greatly across patients. Although BATD-R is a manualized treatment, it is by design an idiographic approach to treating depression.

In conclusion, this revised manual (BATD-R) addresses practical issues and shortcomings of the original manual while still preserving the theoretical underpinnings of the original BATD manual. We present BATD-R as a stand-alone treatment, but we also recommend the use of BATD-R in combination with other treatment approaches. When done in a theory-driven manner and considering key contextual issues and patient characteristics, such a combined approach, may provide flexibility to therapists treating more complicated cases, including those where comorbid mental and/or physical health conditions are evident. In addition, although BATD-R is designed as a traditional therapy manual, it would be useful for future efforts to consider

technological advancements such as web-based or mobile phone platforms. Certainly, these efforts come with additional costs and unique challenges and also hold great potential for increasing treatment adherence, depth and immediacy of information and feedback, opportunity for more therapist–patient interaction outside of session, and scope of dissemination. In conclusion, we are excited about the contribution of BA strategies to the treatment of depression and comorbid conditions and we are optimistic that this 10 year revision of BATD will support further progress.

Appendix A

Adherence Checklist

Session 1 key elements:

1. Discussion of Depression ____
2. Introduction to Treatment Rationale ____
   - What about stressful life events and loss in your life? ____
3. Introduction to Daily Monitoring (Form 1) ____
   - Importance and enjoyment ratings ____
   - When should you complete the Daily Monitoring Form? ____
4. Important Points About the Structure of This Treatment ____

Assignments:

1. Complete Daily Monitoring Form ____

Session 2 key elements:

1. Daily Monitoring: Review Assignment (Form 1) ____
   - Troubleshooting ____
2. Treatment Rationale: Review ____
3. Complete Life Areas, Values, Activities Inventory (Form 2) ____

Assignments:

1. Complete Daily Monitoring (Form 1) ____
2. Review and edit Life Areas, Values, and Activities Inventory (Form 2) ____

(continued)

Appendix A (continued)

3. Review Appendix A: Moving from life areas and values to activities ____

Session 3 key elements:

1. Daily Monitoring: Review Assignment (Form 1) ____
2. Life Areas, Values, and Activities Inventory: Review assignment (Form 2) ____
3. Activity Selection and Ranking (Form 3) ____

Assignments:

1. Daily monitoring (Form 1) ____
2. Continue to review and edit Life Areas, Values, and Activities Inventory (Form 2) ____
3. Review and edit activity selection and ranking ____

Session 4 key elements:

1. Daily Monitoring: Review Assignment (Form 1) ____
2. Daily Monitoring with Activity Planning (Form 1) ____

Assignments:

1. Daily Monitoring with activity planning for upcoming week (Form 1) ____

Session 5 key elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1) ____
2. Contracts (Form 4) ____
3. Daily Monitoring With Activity Planning for the Upcoming Week (Form 1) ____

Assignments:

1. Daily monitoring with activity planning for the upcoming week (Form 1) ____

Appendix A (continued)

2. Continue adding/editing contracts (Form 4) ____

Session 6 key elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1) ____
2. Contracts: Review Assignment (Form 4) ____
3. Daily Monitoring With Activity Planning for the Upcoming Week (Form 1) ____

Assignments:

1. Daily monitoring with activity planning for the upcoming week (Form 1) ____
2. Continue adding/editing Contracts (Form 4) ____

Session 7 key elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1) ____
2. Life Areas, Values, and Activities Inventory: Concept Review and Edit (Form 2) ____
3. Daily Monitoring With Activity Planning for the Upcoming Week (Form 1) ____

Assignments:

1. Daily monitoring with activity planning for the upcoming week (Form 1) ____
2. Continue adding/editing contracts (Form 4) ____

Session 8 key elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1) ____
2. Activity Selection and Ranking: Concept Review and Edit (Form 3) ____

(continued)

Appendix A (continued)

3. Daily Monitoring With Activity Planning for the Upcoming Week (Form 1) ____

Assignments:

1. Daily monitoring with activity planning for the upcoming week (Form 1) ____
2. Continue adding/editing contracts (Form 4) ____

Session 9 key elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1) ____
2. Contracts: Concept Review and Edit (Form 4) ____
3. Daily Monitoring With Activity Planning for the Upcoming Week (Form 1) ____

Assignments:

1. Daily monitoring with activity planning for the upcoming week (Form 1) ____
2. Continue adding/editing contracts (Form 4) ____

Session 10 and beyond key elements:

1. Daily Monitoring With Activity Planning: Review Assignment (Form 1) ____
2. Daily Monitoring With Activity Planning for the Upcoming Week (Form 1) ____
3. Preparing for the End of Treatment ____

Assignments:

1. Daily monitoring with activity planning for the upcoming week (Form 1) ____
2. Continue adding/editing contracts (Form 4) ____

Appendix B

Moving From Life Areas and Values to Activities

Life area (1/5): Relationships
- Value: Being a loving parent
  - Activity: Tell my child I love them every day
  - Activity: Make a special breakfast for my child on Saturday
  - Activity: Pick up my child from school promptly each day
- Value: Being an attentive and caring friend
  - Activity: Call my friend once per week
  - Activity: Text my friend
  - Activity: Ask my friend about his or her week
- Value: Caring for the needs of your spouse
  - Activity: Make special plans with spouse
  - Activity: Tell spouse I love them every day
  - Activity: Buy my partner a surprise gift

Life area (2/5): Education/career
- Value: Get more formal education
  - Activity: Ask a friend for advice about school
  - Activity: Write out a plan for enrolling in school
- Value: Learn new skills for work
  - Activity: Ask someone at work to teach me a new skill
  - Activity: Take a class
- Value: Be knowledgeable about the world around you
  - Activity: Read the newspaper everyday
  - Activity: Talk about current events to a stranger
- Value: Improve your job performance and satisfaction
  - Activity: Set a work-related goal
  - Activity: Read a book about my profession
- Value: Find a new job that fits with your skills and interests
  - Activity: Look at job advertisements
  - Activity: Talk to someone who has a job available

Life area (3/5): Recreation/interests
- Value: Being active
  - Activity: Go to the park with my son
  - Activity: Take a walk outside
  - Activity: Play football on Saturday

(continued)

Appendix B (continued)

Value: Being artistic and creative
Activity: Knit
Activity: Make crafts
Value: Making a sacrifice for something you believe in
Activity: Start a petition
Activity: Spend time helping at my place of worship
Value: Helping others less fortunate or who need help
Activity: Donate clothes
Activity: Spend 30 min helping an elderly person
Value: Showing a commitment to your country
Activity: Vote in an election
Activity: Volunteer for a campaign
Life area (4/5): Mind/body/spirituality
Value: Being physically healthy
Activity: Go to a doctor for a physical/check-up
Activity: Eat fruit everyday
Activity: Take my medication as prescribed
Value: Talking to someone about your problems and feelings
Activity: Ask someone to lunch to talk
Activity: Make an appointment with a therapist
Activity: Write in a journal
Value: Developing your religious/spiritual views
Activity: Talk with a religious figure
Activity: Talk to others with religious beliefs you are interested in
Value: Living a spiritual life
Activity: Pray everyday
Activity: Read my religious material
Activity: Attend a religious service
Value: Being tolerant, nonjudgmental, accepting of others differences
Activity: Talk to someone with a different background
Activity: Read a book about a different culture
Life area (5/5): Daily responsibilities
Value: Being someone others can depend on
Activity: Arrive at work on time
Activity: Offer to help someone who is very busy
Activity: Repay a debt

(continued)

Appendix B (continued)

Value: Taking care of your belongings
- Activity: Complete a much-needed household repair
- Activity: Wash your clothes and shoes
- Activity: Clean the house

Value: Being organized
- Activity: Review my days activities the night before
- Activity: Use a calendar to record dates and meetings
- Activity: Develop a filing system for important paperwork

Authors' Note

All forms and form supplements are available online at http://bmo.sagepub.com/supplemental. They can also be requested from the first author.

Acknowledgment

The authors would like to thank Jessica Magidson, Leila Guller, Sandra Hopko, Kristen Schneider, Kesha Rose Sebert, and Greivis Vasquez for extremely helpful comments on this manuscript.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

Funding

Funding for this work was provided by the National Institute on Drug Abuse (DA 18730, PI: Lejuez; R01 DA22974, PI: Daughters), the National Institute of Mental Health (R03 MH067569, PI: Hopko; R01 MH78012, PI: Pagoto), the National Cancer Institute (R03 CA112918; PI: Hopko), the National Institute on Aging (R21 AG23495, PI: Acierno), and the Susan G. Komen Breast Cancer Foundation (PI: Hopko).

Notes

1. Acceptance and Commitment Therapy (ACT) provides a useful discussion of values that provided a useful starting point in use of life areas, values, and activities (Hayes, Strosahl, & Wilson, 1999).
2. In retrospect, it may have been more prudent to name the treatment BBATD instead of BATD, with the first B to highlight the brief nature of the treatment.

In this revision, we considered changing the name of the treatment to reflect this aspect. However, we decided a change at this point would produce more confusion than clarity, and therefore simply refer to the revised manual as BATD-R. A modifiable version of the manual, formatted for patient use, is available from Dr. Lejuez.

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Bios

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