



BEHAVIORAL ACTIVATION



Emory Child & Adolescent Mood Program

Phase I: Activation

Sessions 1- 5

Sessions 1 & 2 (90 mins) | Session 3 (in-scanner) | Sessions 4 & 5 (60 mins)

Session 1

Agenda:

1. Brief introduction to therapist, study description
2. Clinical Interview
3. Introduction of BA Model
4. Goal Setting
5. Homework Assignment
6. Meet with parent

In-session exercises:	Assigned homework:
<i>BA Model (Handout 1)</i> <i>BA Model of My Depression (Handout 2)</i> <i>Depression Orbits (Handout 3 & 4)</i> <i>Goal Log (Handout 5)</i>	<i>Activity Monitoring (HW 1)</i> <i>Mini Activity Scheduling (HW 2)</i>

1. Introduction

Provide brief explanation and introduction of:

- Therapist background
- Study description (16 weeks; in-scanner sessions)
- Nature of therapy (active, directive, outside of session practice)

2. Clinical Interview

Review results of initial assessment and do a more thorough assessment of the areas outlined below. It is important to be able to contextualize the patient's symptoms and begin placing information in the BA framework.

- Symptoms & Clinical Concerns
 - Severity of depressive symptoms, co-morbid anxiety symptoms
 - Number and severity of past depressive episodes
 - Suicidality and NNSI (*make safety plan if indicated)
 - Current activity level
 - Feelings about treatment
- Academic functioning
- Family & peer relationships
- Stressors and/or recent changes
- Interests, hobbies, activity level
- Spirituality, religious beliefs
- Typical day (re: schedule, activity, social interaction, sleep, and mood)
- If you weren't depressed, what would you be doing differently (e.g., in school, at home, exercise, socializing, activities, eating, sleeping, etc.)

3. Teaching Point: Psychoeducation and BA Model

- Provide psychoeducation on what depression is and how it develops using the behavioral model (BA Model: Handout 1). Be sure to highlight how depression is maintained by mood-driven vs. goal-driven behavior.

[BA Model of My Depression] (Handout 2) – Get examples for how this model fits and applies to patient’s life. Fill in model accordingly.

[Depression Orbits] (Handout 3 & 4) – Introduce the concept of one’s “world” as the people and activities that make one’s life meaningful. Identify who the important people and activities were in the patient’s life before onset of depression. Then identify how the world has shifted or narrowed with depression.

- Provide rationale for taking a behavioral approach to treating depression.

“There are several different ways we can go about targeting your depression. We could go after emotions, but those are hard to change and I’d imagine you’d already have done that if you could. Be we can also target what you do, your behaviors. We find this works very well and is an easier approach. We can also see from the model and your orbits some areas we can work on.”

4. Teaching Point: Goal Setting

- Work with patient to generate 3 short-term goals for the first phase of treatment. These goals will be used to help guide and structure future activity scheduling.

“Before we get going with this first phase of treatment we want to set some early goals. If you woke up tomorrow and weren’t depressed how would your life be different? What would be different about your days and what you would be doing (e.g., school, home, socializing, exercise, activity, eating, sleeping)? We can use this information to help us establish some helpful goals.”

[Goal Log] (Handout 5): Generate 3 short-term goals for the first phase of treatment.

Examples: Increase physical activity, study for tests, increase social contact

5. Assign Homework

- Activity Monitoring (HW 1) – record activities and mood for 3 full days (include weekday & weekend)
- Mini Activity Scheduling (HW 2) – pick 1-2 small activities to complete this week. (The goal of this homework is to provide patient with some exposure to how future treatment activities will unfold.)

6. Parent Meeting

- Review confidentiality & scheduling
- Psychoeducation of depression
- Present BA model and treatment structure & strategies
- Review specific ways parents can support treatment
 - Reduce chores/expectations for first 6 weeks
 - Assistance with transportation & resources
 - Strategies for punishment

Note. It is important to assess whether there are potential barriers to treatment as a function of family resources and time. This should be considered in treatment planning and activity scheduling. Make sure to meet realities of family - don't set patient up for treatment failure.

Phase I: Activation

Session 2

Agenda:

1. Mood check
2. Homework review
3. Discuss relationship between behavior and mood
4. Using behaviors/activities to shift mood
5. Introduce activity scheduling
6. Assign homework

In-session exercises:	Assigned homework:
<i>Mood Spirals (Handout 6 & 7)</i> <i>Activity Domains (Handout 8)</i> <i>Activity Menu (Handout 9)</i> <i>Master Activity List (Handout 10)</i>	<i>Activity Monitoring (HW1)</i> <i>Activity Scheduling (HW3)</i>

1. Mood Check

- Review BDI (inquire about any symptom change)
- Discuss mood and events over the past week
- Get feedback from session 1 and patient's feeling about treatment

2. Homework Review

Activity Monitoring Log – Review in detail:

- What activity-mood relationships do you notice?
- Are there fluctuations in mood and what activities are they associated with?
- What avoidance patterns may be interfering with functioning?
- What behaviors may be targets to increase or decrease?

Note. If homework is **not** completed discuss barriers and complete sheet in session for the past day.

3. Teaching Point: Mood-Behavior Links

- Introduce relationship between mood and behaviors. Use patient's activity log to help highlight patterns observed between mood and behavior in their own life.

“There is a strong link between mood and behavior. Feelings and moods typically pull for specific behaviors. For example:

Sadness → withdraw

Fear → avoid

Anger → lash out

However, while these action urges are natural they often perpetuate our problems, make us feel worse, and create a vicious cycle we have a hard time getting out of.

Example: I feel down → I avoid studying for my test and watch Netflix instead → I end up doing poorly on my test → I now feel really bad and sad → I go home and nap and decide to skip out on the movies with my friends.

[Mood Spirals] (Handout 6 & 7): Have patient map out a negative mood spiral that has recently occurred in her or his life.

“These spirals help show us how strongly mood and behaviors are linked. The good news is we can use this to our advantage. It’s really hard to just change how we feel (i.e., I’m going to stop feeling sad). If you could you would have already done it. But we can change our behaviors to change our mood.”

Return to mood spiral and look at where in the chain a different behavior could be substituted that may change the spiral

4. Teaching Point: Using Activity to Shift Mood

- Introduce how behavior can be strategically used to change mood and help patient begin to come up with ideas for potential activities to engage in.

“Given the strong link between behavior and mood, we can figure out how to use activities to help change your mood. Although this sounds simple, we know it’s very difficult. When you are feeling down and have low energy the last thing you want to do is get active and do things. However, engaging in activities is one of the best ways we can help you tackle your depression.

We need to first generate ideas of activities that can help boost mood. It can be hard to even think about potential activities when you’re feeling depressed. So let’s work together to start brainstorming some potential activities”

- Review the different life domains (e.g., school, social) and the different purposes (e.g., pleasure, mastery) potential activities can fall into and have.

Activities in different areas of our life: (see Handout 8)

- School
- Relationships (friends/family)
- Recreational
- Physical and Mental Health
- Daily Responsibilities

Activities for different *purposes*:

- **Pleasure:** Activities that bring a sense of enjoyment, fun, pleasure
 - e.g., hanging out with friends, walking the dog, going to the mall, playing games, watching a movie
- **Mastery:** Activities that make us feel competent, productive, accomplished, etc.
 - e.g., studying, cleaning your work, getting a job, trying something new or difficult
 - Can be seemingly small and simple things; getting out of bed in the morning and getting to class/work even when exhausted and just want to stay in bed
- **Values-based:** Activities that are in alignment with your larger values and goals.
 - e.g., animal rights advocacy, volunteering, being physically active

[Activity Menu] (Handout 9): If patient is having difficulty generating ideas provide with pre-made list of potential activities to look through

[Master Activity List] (Handout 10): Add ideas to master activity “idea sheet” to keep as a reference throughout treatment. These ideas can be ordered according to their perceived difficulty/effort (low, mod, high)

Note. If possible try to come up with activities for different domains and that have different purposes (mastery, pleasure, value-based). Look for ways current solitary activities can be enhanced with social component (e.g. expand playing video games to include friend or sibling).

5. Teaching Point: Activity Scheduling

- Introduce the rationale for scheduling activities

*“We are also going to work on structuring activities that follow **a plan rather than a mood**. To do this, we are going to plan out and schedule when you will do these activities.”*

Reasons to schedule activities:

- *It's easier when you know exactly when to do something*
- *It's harder for you to push it off*
- *It helps you stay committed to goal-directed activities that will make you feel better*
- *It lessens the chance your mood will stop you.*

*Provide examples of scheduling in action from own life (e.g., scheduling an exercise class and keeping workout clothes in the car, scheduling time to call sister)

[Activity Scheduling] (HW 3)– Using the scheduling sheet, map out activities for the patient to engage in over the next week.

Scheduling factors to consider:

- Transportation
- Parental availability/permission
- Financial resources
- Controllability; if activity is contingent on another person, make sure to make a plan in advance, as well as a back-up activity if plans fall through
- Behavioral specificity: make sure activity is *as specific as possible* in regards to activity, duration, person involved.

Note. We want to set up activity scheduling to maximize early success. This often means starting small and choosing activities that are likely to be naturally reinforcing in the short-term.

6. Assign Homework

- Activity Monitoring
- Activity Scheduling - make a specific plan for how patient will keep track of activities and mood ratings and where this information will be kept so it's not forgotten.

Considerations:

- Setting appointment reminders on phone for scheduled activities
- Taking a picture of recording sheet on phone
- Recording activity notes/ratings in notes section phone
- Posting sheet up on wall in bedroom

Phase I: Activation

Session 3

Agenda:

1. Pre-Scanner Check-In
2. Orientation to scanner session
3. Activity Review
4. Activity Brainstorm
5. Activity Scheduling

In-session scanner exercises:	Assigned homework:
<i>Activity Review Ratings</i> <i>Activity Brainstorm</i> <i>Activity Scheduling Ratings</i>	<i>Activity Scheduling (HW3)</i>

1. Pre-Scanner Mood Check

- Review BDI (inquire about any symptom change)
- Assess for any clinical issues that may impact scanner participation (e.g., intense suicidal ideation, self-harm)

*If clinical contraindications are reported complete session outside of the scanner and address urgent clinical concerns

2. Orientation to Scanner Session

Walk patient through the agenda and format of tasks that will be completed in the scanner: homework review, activity brainstorm, activity scheduling

Orient patient to motivation, reward, anxiety, and effort ratings (1-10 scale) .

3. In-Scanner Homework Review

Review scheduled activities homework starting with Monday:

For each completed activity ask patient to rate:

- How *motivated* she/he felt to complete activity
- How much *effort* the activity took
- How much *anxiety* she/he felt about completing activity
- How *rewarding* patient found the activity to be

For uncompleted activities assess:

- Barriers to completing scheduled activity

4. In-Scanner Activity Brainstorm

Drawing on activities from previous weeks and ideas generated in Session 2, talk with patient about what activities may be good to schedule this next week

Aim to come up with a 10-15 activities ranging in level of difficulty and time commitment

5. In-Scanner Activity Scheduling

Go through and schedule activities for the week with patient

For each scheduled activity ask patient to rate:

- How *motivated* she/he feels to complete activity
- How much *effort* the activity will take
- How much *anxiety* patient feels about completing activity
- How *rewarding* patient finds the activity to be

Phase I: Activation

Session 4

Agenda:

1. Mood Check
2. Homework Review
3. Short versus Long-Term Reinforcement
4. Building in Reinforcement
5. Assign Homework

In-session exercises:	Assigned homework:
<i>Pro/Con (Handout 14)</i> <i>Rewarding Yourself (Handout 16)</i>	<i>Activity Scheduling (HW3)</i>

1. Mood Check

- Review BDI (inquire about any symptom change)
- Discuss mood and events that occurred during the past week

2. Homework Review

Activity Scheduling – Review in detail:

- What went well? What didn't?
- How did mood change before and after activities? Normalize experience if patient's mood didn't change.
- Did you find any of the activities rewarding?
- *If patient is engaging in activities but not experiencing mood improvements be on lookout for behaviors that may be getting in the way (e.g., rumination, not being fully present; subtle avoidance behaviors)

Note. If homework is **not** completed discuss barriers and problem solve.

3. Teaching Point: Short versus Long-Term Reinforcement

- Introduce importance of resisting mood-driven behavioral urges

“In addition to scheduling activities to help regulate mood, we also want to make sure we make decisions in the moment that are guided by your goals, rather than your mood. When we are depressed we often engage in behaviors that help us feel better in the moment and short-term (e.g., napping, watching TV, withdrawing) but end up hurting us in the long run.”

Example: If I have conflict with my friends at school and come home feeling really upset I want to make sure my next actions aren't dictated by how I feel. If I do, I'll probably end up in a negative mood spiral.

[Pro/Con] (Handout 14) : Identify typical depression action urges (e.g., isolating, napping, watching TV, lashing out). Make a list of pro's/con's of acting on mood urge. Next, generate ideas for alternate actions that could be taken and review pro/cons of not acting on mood-behavior urges.

4. Teaching Point: Building in Reinforcement

- Introduce ways to use self-reinforcement strategies in daily life to help promote goal-directed behavior

“It’s also important to know how to use the principles of reinforcement to our advantage and the way we go about our days. This is especially true when we are trying to replace our mood-driven behaviors with more helpful behaviors. Even though these things will help us feel better in the long-run, it’s helpful to achieve more immediate reinforcers and rewards to help us stick with them. There are some strategies we can use to help increase our activity and mood throughout the day.”

- Review reinforcement strategies
 - Pre-plan a reward for yourself after completing a challenging activity
 - i.e., watch an episode of show after 30 mins of homework
 - Schedule activities at times you are most likely to succeed
 - i.e., exercise when you have the most energy
 - Pair difficult activities with rewarding activity
 - i.e., watch Netflix while cleaning room
 - Use a timer to set small, approachable intervals
 - i.e., approach cleaning room in alternating intervals of 5 mins with breaks to do something you enjoy
 - Set-up reinforcement plan with parents
 - i.e., if you complete responsibilities you can gain privilege on weekend

[Reinforcing Yourself] (Handout 15): Identify strategies patient could use to build in reinforcement to their daily schedules

Pick 1-2 strategies to try out this week and identify specific task/time to experiment

5. Assign Homework

- Activity Scheduling - *be sure to incorporate reinforcement strategies identified during session
- Reinforcing Yourself Plan

Phase I: Activation

Session 5

Agenda:

1. Mood Check
2. Homework Review
3. Establishing Routines
4. Activation Progress
5. Assign Homework

In-session exercises:	Assigned homework:
<i>Review Goal Log (Handout 5)</i>	<i>Activity Scheduling (HW3)</i> <i>Routine Regulation Experiment (HW4)</i>

1. Mood Check

- Review BDI (inquire about any symptom change)
- Discuss mood and events over the past week

2. Homework Review

Activity Scheduling – Review in detail:

- What went well? What didn't?
- How did mood change before and after activities? Normalize experience if patient's mood didn't change.
- Did you find any of the activities rewarding?
- *If patient is engaging in activities but not experiencing mood improvements be on lookout for behaviors that may be getting in the way (e.g., rumination, not being fully present; subtle avoidance behaviors)

Reinforcing Yourself – Review

Note. If homework is **not** completed discuss barriers and problem solve.

3. Teaching Point: Routine Regulation

- Introduce the rationale for establishing routines to help improve mood

“Now that we’ve increased your activity, and begun to figure out what activities improve your mood, we want to start helping you establish daily routines and rhythms that can support mood on a regular basis. This can help them you build up a buffer against negative moods and make sure you don’t get pulled into those depressive behaviors that keep you stuck. Sticking and establishing healthy routines can help keep mood on track.”

- Review areas where routines can help improve mood
 - **Sleep:** consistent sleep schedule

- **Movement:** regular physical activity (walk, dance, run, online workout videos)
- **Eating:** consistent eating schedule, healthy foods

Places for mini-routine development:

Morning	Mornings can set the tone for the entire day; they are usually hurried and stressful	Wake-up plan, morning playlist, coffee/team breakfast, morning walk/movement
After-School	After coming home from day at school we are often tired and stressed. Developing a plan that gives you time to decompress, relax and approach homework is important.	Decompress plan, homework strategy, exercise
Bedtime	Winding down is important for getting good sleep and the routines you set at night can impact the next day.	Stretching/ yoga, wind-down activities, laying out clothes/backpack, screen time limit

[Routine Regulation] (*Handout X*): Pick one mini-routine to implement over the next week. Identify where routine regulation could be most helpful.

4. Activation Progress

- Review Phase I goals with patient
 - Identify and reflect with patient on where activity has increased
 - Determine where there are still some barriers and gaps (e.g., are there a lack of social activities? Missing mastery activities?)

[Goal log] (*Handout X*): Review Phase I goals. Set 3 new goals for next phase of treatment

Note. The areas/activities that are the most difficult and distressing (e.g., social, school) are often avoided during the early phase of treatment. Patient's may focus on planning activities that feel easier and safer. Although that is okay early on, it will be important to increase activation and overcome avoidance in these areas. Be on the lookout for these patterns and incorporate into goals.

5. Assign Homework

- Activity Scheduling
- Routine Regulation Experiment

Phase II: Targeting Avoidance

Sessions 6 - 9

Sessions 6 & 7 (60 mins) | Session 8 (in-scanner) | Sessions 9 (60 mins)

Session 6

Agenda:

7. Mood Check
8. Homework Review
9. Introduce to Avoidance
10. Identifying Avoidance Patterns
11. Homework Assignment

In-session exercises:	Assigned homework:
<i>Avoidance Patterns (Handout 18)</i> <i>Avoidance Targets (Handout 19)</i>	<i>Activity Scheduling (HW 2)</i> <i>Avoidance Monitoring (HW 5)</i>

6. Mood Check

- Review BDI (inquire about any symptom change)
- Discuss mood and events over the past week

7. Homework Review

Activity Scheduling – Review in detail:

- What went well? What didn't?
- How did mood change before and after activities? Normalize experience if patient's mood didn't change.
- Did you find any of the activities rewarding?
- *If patient is engaging in activities but not experiencing mood improvements be on lookout for behaviors that may be getting in the way (e.g., rumination, not being fully present; subtle avoidance behaviors)

Routine Regulation Experiment – Review

- What went well? What didn't?
- Did you notice any changes in your mood on days you stuck to routine?

Note. If homework is **not** completed discuss barriers and problem solve.

8. Teaching Point: Avoidance

- Introduce concept of avoidance and it's connection with depression.

We have a natural tendency to want to avoid difficult, uncomfortable, and stressful things. This can include difficult thoughts, feelings, situations, tasks, or social interactions. In order to protect ourselves from these aversive experiences we often try to avoid or escape from them.

For example, we may try to avoid daily hassles, stressors, and social interactions quitting activities we used to participate in, procrastinating, giving up on school assignments, and staying away from people. Does this sound familiar to you?"

When people get depressed avoidance often becomes a primary coping strategy. When you don't have energy for activities, tasks seem overwhelming and effortful, and you don't think you'll enjoy something or be able to do it, there is an urge to checkout and avoid.

However, relying on avoidance coping ends up making our mood (e.g., we feel even more alone, unproductive, bored) and causes even more problems to build up that keep us trapped. We lose contact with our friends, we stop participating in activities, we fall behind in school....

So it's critical that we identify and target and replace the avoidance behaviors and patterns in your life.

- Review behavioral avoidance

*Avoidance can come in a number of different forms. One common form is **behavioral avoidance**, in which we engage in behaviors that help us avoid or escape certain activities, situations, and people. Even some of our social behaviors, like lashing out or yelling at our parents, can be a form of behavioral avoidance. It's a way to push other people away from us so we can be alone.*

Examples: napping, watching excessive TV, ignoring texts or social situations, drug use

**Ask patient to come up with a few types of behavioral avoidance they engage in*

- Review cognitive avoidance

*Another form of avoidance is **cognitive avoidance**. This one is harder for other people to see or notice since it happens internally. This is when we engage in certain thinking patterns and strategies in order to avoid uncomfortable feelings or situations. This includes things like worrying or rumination. (Describe rumination if needed).*

While we may think we are helping ourselves by planning or preparing for problems (i.e., worry), or trying to figure out why we are upset and what went wrong in the past (i.e., rumination), these avoidance strategies actually keep us passive and remove us from sources of reward and reinforcement in our lives.

Examples:

If you do poorly on a math test, you might think about how stupid you are, how you'll never get a good grade in math, or how you should have studied harder. You might not think about how it would be helpful to meet with your teacher to get some extra help or perhaps get a tutor for a couple nights a week. When we ruminate we aren't preparing ourselves for action and problem solving (which could ultimately help make the situation better).

If you are out with a group of friends and you spend the entire time ruminating about why you aren't having a good time and why you are feeling so down, you can't be fully present with your friends and are less likely to gain the natural reward from the social interaction.

* Ask patient to come up with a few types of cognitive avoidance they engage in

- Discuss problems with avoidance coping

Now, there is a place for avoidance in our lives. We obviously want to avoid dangerous situations (e.g., avoid walking in a dark alley way alone at night). However, in today's world we often have an over-reliance on avoidance coping and we avoid things that are uncomfortable (e.g., negative emotions, uncertainty, challenge, fear of failure), but not life or death.

The problem with avoidance is that while it may provide temporary relief, it doesn't help us solve our problems and it limits our world. We start constructing our lives around avoiding things we don't want instead of pursuing things that are important to us. As a result, we feel more isolated and less satisfied. This makes depression worse and harder to get out of.

9. Teaching Point: Identifying Avoidance Patterns

- Help patient take inventory of the avoidance patterns operating in their life.

[Avoidance Patterns] (Handout X): Complete avoidance patterns grid with patient to be identifying key avoidance patterns and targets.

If patient is having a difficult time identifying avoidance behaviors reference:

- Life domains sheet – see if there are specific areas where avoidance is occurring (e.g., school, social)
- Checklist of Avoidance Strategy Engagement of Adolescents (CEASE-A)

[Avoidance Targets] (Handout X): Select 1-3 avoidance behaviors/patterns to systematically target in the next phase of treatment. For general avoidance patterns make a list of behaviorally specific approach actions that could be taken.

- E.g., Talk to friends; text Ryan, attend dance with friends, invite Sarah over
- E.g., Missing assignments; make to-do list, talk to teachers about make-up plan, make a study schedule

10. Assign Homework

- Avoidance Monitoring; keep a log of avoidance behaviors engaged in over the past week.
 - Encourage patient to pay attention to both behavioral and cognitive avoidance (especially rumination)
 - Also notice “sneaky avoidance” – doing other seemingly healthy behaviors (e.g., reading in room) as a way to avoid something (e.g., spending time with family)
- Activity Scheduling; make sure to schedule at least 1-2 activities based on identified avoidance targets

Phase II: Targeting Avoidance

Session 7

Agenda:

1. Mood Check
2. Homework Review
3. Targeting Avoidance
4. Skills Practice
5. Homework Assignment

In-session exercises:	Assigned homework:
<i>Approach Coping Skills</i> (Handout 20)	<i>Approach Coping Experiment (HW 6)</i> <i>Activity Scheduling (HW 2)</i>

1. Mood Check

- Review BDI (inquire about any symptom change)
- Discuss mood and events over the past week

2. Homework Review

Activity Scheduling – Review in detail:

- What went well? What didn't?
- How did mood change before and after activities? Normalize experience if patient's mood didn't change.
- Did you find any of the activities rewarding?
- *If patient is engaging in activities but not experiencing mood improvements be on lookout for behaviors that may be getting in the way (e.g., rumination, not being fully present; subtle avoidance behaviors)

Avoidance Monitoring – Review in detail:

- What did you notice about your avoidance behaviors?
- Were there certain activities, times, situations, people you found yourself avoiding?
- Did you notice any cognitive avoidance/rumination?

*If needed, spend additional time discussing and identifying avoidance patterns from last session.

Note. If homework is **not** completed discuss barriers and problem solve.

3. Teaching Point: Targeting Avoidance

- Review skills and strategies that can be used to target different types of avoidance

Now that we have a better sense of what and when you are avoiding, we need to learn some skills that can help you move from avoidance to approach coping. I'm going to go through a number of different skills with you, but we ultimately want to find and practice ones that work for you.

	When to Use	What to Do
Mindfulness Skills	Not fully participating in activities or interactions Spending a lot of time ruminating or worry	Try different mindfulness activities (e.g., breathing, drawing, walking, mantra)
Opposite Action Skill	Feeling strong or uncomfortable emotions that make you want to avoid	Come up with activities to engage in to combat mood-driven urge (e.g., go for run, watch a funny youtube video)
Pro-Con List	Having an urge to avoid a challenging or stressful problem or task	Write out a pro/con list for engaging in approach vs. avoidance behavior
Self-Soothing Skills	Feeling aversive emotions or sensation that make you want to avoid	Practice relaxation and soothing skills that can help reduce emotion distress (e.g., sight, sound, touch, taste)
Assertiveness/ Communication Skills	Avoiding social situations because they are stressful and you're not sure how to approach them	Use assertive communication skills (e.g., DEAR MAN) and scripting

4. Teaching Point: Skills Practice

- Provide in-depth practice with skills relevant to patient's particular avoidance patterns.
 - Practice different mindfulness exercises
 - Review opposite action for different scenarios
 - Practice creating pro/con list for approach behavior vs. avoidance behavior
 - Teach self-soothing skills
 - Review assertiveness training or basic communication skills

5. Assign Homework

- Approach Behavioral Experiment; select at least one specific skill to use over the next week to counter avoidance. Record skill use in experiment log
- Activity Scheduling; make sure to schedule at least 1-2 activities based on identified avoidance targets

Phase II: Targeting Avoidance

Session 8

Agenda:

1. Pre-Scanner Check-In
2. Orientation to scanner session
3. Activity Review
4. Activity Brainstorm
6. Activity Scheduling
7. Assign Homework

In-session scanner exercises:	Assigned homework:
<i>Activity Review Ratings</i> <i>Activity Brainstorm</i> <i>Activity Scheduling Ratings</i>	<i>Activity Scheduling (HW3)</i> <i>Avoidance Behavioral Experiment (HW5)</i>

1. Pre-Scanner Mood Check

- Review BDI (inquire about any symptom change)
- Assess for any clinical issues that may impact scanner participation (e.g., intense suicidal ideation, self-harm)
- Review Avoidance Behavioral Experiment Homework

*If clinical contraindications are reported complete session outside of the scanner and address urgent clinical concerns

2. Orientation to Scanner Session

Walk patient through the agenda and format of tasks that will be completed in the scanner: homework review, activity brainstorm, activity scheduling

Orient patient to motivation, reward, anxiety, and effort ratings (1-10 scale) .

3. In-Scanner Homework Review

Review scheduled activities homework starting with Monday:

For each completed activity ask patient to rate:

- How *motivated* she/he felt to complete activity
- How much *effort* the activity took
- How much *anxiety* she/he felt about completing activity
- How *rewarding* patient found the activity to be

For uncompleted activities assess:

- Barriers to completing scheduled activity

4. In-Scanner Activity Brainstorm

Drawing on activities from previous weeks and ideas generated in previous sessions talk with patient about what activities may be good to schedule this next week

Aim to come up with a 10-15 activities ranging in level of difficulty and time commitment

5. In-Scanner Activity Scheduling

Go through and schedule activities for the week with patient

For each scheduled activity ask patient to rate:

- How *motivated* she/he feels to complete activity
- How much *effort* the activity will take
- How much *anxiety* patient feels about completing activity
- How *rewarding* patient finds the activity to be

6. Assign Homework

- Approach Coping Experiment; select at least one specific skill to use over the next week to counter avoidance. Record skill use in experiment log
- Activity Scheduling; make sure to schedule at least 1-2 activities based on identified avoidance targets

Phase II: Targeting Avoidance

Session 9

Agenda:

1. Mood Check
2. Homework Review
3. Breaking Things Down (Graded Task Assignments)
4. Homework Assignment

In-session exercises:	Assigned homework:
<i>Graded Task</i> (Handout X)	<i>Activity Scheduling</i> (HW 2) Graded Task Assignment (HW X)

1. Mood Check

- Review BDI (inquire about any symptom change)
- Discuss mood and events over the past week

2. Homework Review

Activity Scheduling – Review in detail:

- What went well? What didn't?
- How did mood change before and after activities? Normalize experience if patient's mood didn't change.
- Did you find any of the activities rewarding?
- *If patient is engaging in activities but not experiencing mood improvements be on lookout for behaviors that may be getting in the way (e.g., rumination, not being fully present; subtle avoidance behaviors)

Approach Coping Experiment– Review in detail:

- What went well? What didn't?
- How did it turn out?
- What was your mood before and after?
- If you didn't do it, what stopped you?

Note. If homework is **not** completed discuss barriers and problem solve.

3. Teaching Point: Breaking Things Down

- Introduce concept of graded tasks and breaking things down into smaller, manageable tasks

There are a lot of different reasons why we avoid things. One of the most common reasons we avoid is when something seems too overwhelming, stressful or challenging. We don't even know where to begin and how to

approach it. This is especially true when we are depressed and even normal tasks seem overwhelming and stressful. But if we don't learn how to approach difficult things we are going to be in trouble.

One important skill is learning how to break overwhelming tasks into smaller, manageable steps. This helps us develop a plan for moving forward that is realistic and doesn't totally stress us out. Using this approach can help us re-engage with pleasurable activities and deal with problems and difficult issues. Although it's a relatively simple task, no one usually shows us how to do it. However, once you have this skill down you'll be able to move forward on things you've been avoiding, problems you're facing, activities you want to pursue, and goals you have.

- Review steps for creating graded-tasks
 1. Choose activity or goal to break down
 2. Break down activity into all and every small step you can think of
 3. Put steps in the most logical order
 4. Schedule your first step
 5. Optional: set up a reward for yourself for accomplishing task

Example: Catching-up on missing assignments

Step 1: Talk to teacher and ask if you can turn-in late assignments

Step 2: Make a list of all assignments that need to be completed

Step 3: Rank assignments by amount of time to complete and level of difficulty

Step 4: Make a day-to-day schedule of specific assignments to complete; start with quick and easy ones to help build your motivation

Step 5: Set up specific rewards for assignment completion throughout plan

Step 6: Complete scheduled assignments each day

[Graded Task] (Handout X); Select a goal/task that patient needs to approach and is currently having difficulty with. Create a graded-task plan with them in session

To help patient get practice with this skill have them generate a stepping-stone plan for the following scenarios:

- Studying for a big test
- Reconnecting with a friend that they withdrew from during depression
- Joining an extracurricular activity

4. Assign Homework

- Graded Task Assignment- Decide what steps to take
- Activity Scheduling – Be sure that scheduling includes reference to avoidance patterns and works to incorporate approach behavior in these areas; make sure the first step of graded behavior assignment is scheduled.

Phase III: Goal Pursuit

Sessions 10 -14

Session 10

Agenda:

1. Mood Check
2. Homework Review
3. Progress Check-In
4. Goal Setting
5. Goal Pursuit
6. Homework Assignment

In-session exercises:	Assigned homework:
<i>SMART Goals</i> <i>ST/LT Goal Log</i>	<i>Activity Scheduling</i> <i>Graded Task Assignment</i>

1. Mood Check

- Review BDI (inquire about any symptom change)
- Discuss mood and events over the past week

2. Homework Review

Activity Scheduling – Review in detail:

- What went well? What didn't?
- How did mood change before and after activities? Normalize experience if patient's mood didn't change.
- Did you find any of the activities rewarding?

Graded Task Assignment – Review:

- Where you able to complete first step?
 - If so, how did it go?
 - If not, what got in the way?

Note. If homework is **not** completed discuss barriers and problem solve.

3. Progress Check-In

- Review patient's progress towards Phase II goals and general feelings about treatment
- Discuss what behavior changes, skills, and goals are still outstanding and should be the focus of next treatment phase

- If depressive symptoms have persisted, focus on what changes still need to occur and identify behaviors that may be interfering with treatment (e.g., excessive rumination, homework non-compliance, not picking rewarding activities)
- If depressive symptoms have remitted, this phase of treatment can be framed as a focus on pursuing goals that are important to the patient and helping them build a life they feel good about.

4. Teaching Point: Setting Goals

- Help patient identify personal short and long term goals they would like to achieve

[ST/LT Goal Log] (Handout): Identify a list of three short-term and long-term goals

Short-term examples: exercising, participating in sport, reconnecting with friends, improving relationships

Long term examples: getting into college, finding a job, making new friends

- Introduce how to make SMART goals

“When we are thinking about setting goals, it’s really important that we know how to structure and set good goals. When we come up with goals that are too big or vague we set ourselves up for failure. Learning how to set good goals can make a big difference. Anyone can set goals, but if they are not structured effectively, there’s less chance of success. There are a couple of characteristics and criteria that make for good goals and they form the acronym SMART.

Specific – *our goals should be behaviorally specific. We want to define the goal as much as possible and identify what we want to accomplish. Without specifics, our goals can be too vague and thus difficult to approach.*

Example. I want to be a better piano player → I want to learn XXX and play it at my next piano recital

Measurable – *our goals should be measurable. This means we decide on metrics we can use to measure and track progress towards our goal. When we don’t know if we are making progress, we are more likely to give up. One way to do this is to identify how much time will be spent, or how many days something will be done.*

Example. Study for biology test -> study for 30 mins on Tuesday and Wednesday OR complete chapter 1 study guide

Attainable – *our goals should be attainable. We often set goals that are not necessarily realistic, which sets up for failure. When we don’t achieve them, we feel*

bad and may fall into an avoidance trap. However, if we had set smaller goals we probably would have been more successful at moving towards our goal, rather than giving up. To make sure goals are attainable, we need to be sure to identify and plan for potential barriers. We also want to make sure we have control over our goals and they are not contingent on other people.

Example. Get a B in math class → attend afterschool math tutorial once a week; complete weekly homework; study for 1 hour the night before tests

Relevant – *our goals should be relevant. We want to make sure our goals are relevant and consistent with our needs and wants. We are less likely to follow through on goals that aren't important or relevant to us.*

Time-bound - *our goals should have a timeframe. There should be a specific timeframe or window in which this goal will be completed. This helps keep you motivated and accountable to working on your goal.*

Example. Study for the SAT/ACT → complete 2 full-length practice tests by the end of the month

[SMART Goals] (Handout): Review goals generated from goal log above and assess whether they meet SMART criteria. If they do not, re-write goals using SMART format. For longer-term goals that involve multiple steps this may involve making a series of smaller SMART sub-goals.

If patient needs additional practice with SMART goals skills, provide them with hypothetical goals and have them revise them with SMART criteria.

Examples of goals to revise:

- To get better grades
- To make new friends
- To spend less time feeling sad
- To feel happier more often

5. Teaching Point: Goal Pursuit

- Review how graded tasks approach can be used for pursuing both short and long-term goals

[Graded Task: Goals] (Handout 21): Work with patient to map out steps for pursuing one of the long-term goals identified in goal log

Example: Develop an art portfolio

- Ask mom to go shopping for supplies
- Sketch 5 days a week (20 mins)
- Watch instructional video on oil pastels on YouTube

- Research local art classes
- Apply for summer program at art school

Example: Raise grade

- Meet with teacher about make-up work and extra-credit options
- Develop a study plan
- Study for biology 2 hours a week
- Attend after-school tutorial once a week for extra help
- Raise hand once a class for participation grade

Example: Earn money

- Research pet sitting jobs available in neighborhood
- Make business card/flyers
- Post flyers at local areas or neighborhood online platforms

Example: Improve relationship with dad

- Watch tv show with dad instead of going to room
- Tell dad about your day over dinner
- Help dad clean out the garage
- Ask dad to go to a game together

- Identify potential obstacles or skills that need to be improved/ addressed to promote approach towards goals (e.g., assertiveness, time-management)

6. Assign Homework

- Activity Scheduling; make sure to schedule first step of identified goal
- Graded Task: Goals Assignment; Have patient write out graded steps for 2 other long-term goals identified in session

Session 11-14

Agenda:

1. Mood Check
2. Homework Review
3. Individualized goal pursuit and skills practice
4. Homework Assignment

*Note. This phase of treatment is highly individualized to patient's goals and needs

In-session exercises:	Assigned homework:
	<i>Activity Scheduling (HW 2)</i> <i>Individualized Homework</i>

1. Mood Check

- Review BDI (inquire about any symptom change)
- Discuss mood and events over the past week

2. Homework Review

Activity Scheduling

Graded Task: Goals – Review

- Were you able to take next steps?
 - If so, how did it go?
 - If not, what got in the way?

Note. If homework is **not** completed, discuss barriers and problem solve.

3. Individualized Goal Pursuit and Skills Practice

- Help patient develop plan to systematically approach goals identified in last session
 - Approaching these goals should incorporate skills learned throughout treatment
- Provide targeted skills training as needed to help patient achieve goals
 - Review previous approach coping skills (e.g., mindfulness, opposite action, graded-tasks) if needed
 - If there is a deficit in interpersonal skills or assertiveness that interferes with social goal pursuit, practice skills in session.

4. Homework Assignment

Individualized homework assignment – Structure homework assignment based on goals and skills being practiced. This may involve setting up behavioral experiments to test out new behaviors.

Phase IV: Relapse Prevention

Sessions 15 -16

Session 15-16

Agenda:

1. Mood Check
2. Homework Review
3. Review and consolidate treatment gains
4. Relapse Planning
5. Wrap-Up

In-session exercises:	Assigned homework:
<i>Relapse Prevention Plan (Handout 22)</i>	

1. Mood Check

- Review BDI (inquire about any symptom change)
- Discuss mood and events over the past week

2. Homework Review

Individualized assignment from previous week.

3. Reviewing and Consolidating Treatment Gains

- Review skills and techniques that were most helpful over the course of therapy
- Identify primary themes that emerged over the course of therapy (e.g., specific mood-behavior links, avoidance patterns, activities that work best for mood)
- Discuss changes that have been made over the course of therapy

- Troubleshoot implementing BA skills without regular therapy
 - Discuss strategies for incorporating activity scheduling into daily life
 - Steps for noticing avoidance patterns
 - Regular goal setting

4. Relapse Plan

- Provide psychoeducation on relapse; normalize fluctuations in mood
- Develop a personalized relapse prevention plan with patient

[Relapse Prevention Plan] (Handout 22): Write out relapse prevent plan and make a copy of completed handout for patient to take.

- Review early potential warning
 - *Examples:* sleeping more, staying in room a lot of the time, not laughing as much, more irritable with parents, avoiding friends
- Create action plan
 - Behaviors to engage in
 - Routines to adjust
 - People to talk to
- Identify upcoming potential stressors likely to impact mood and develop game plan
 - Proactive coping strategies to use
 - Breaking down overwhelming tasks into smaller steps
 - Interrupting avoidance patterns

5. Wrap-Up

- Give patient opportunity to discuss what worked well and what didn't over treatment
- Discuss limits of future contact
- Provide summary of progress and strengths