UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES

Meta-Competency 7-d: Behavioral Activation

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Meta-Competency 7-d: Behavioral Activation

Competency

- 7-d: Apply brief, evidence-based treatment for common mental health presentations, including depression, based on behavioral activation principles.

How to Use This Unit

This unit guides the instructor on teaching evidence-based behavioral activation (BA) strategies to reduce depressive symptoms. The goal of this unit is to prepare the new practitioner to work in community-based practice with patients or clients experiencing elevated depressive symptoms. Instructors may choose to add topics related to the use of BA strategies for different service settings or related to evidence-based adaptations for diverse patient populations.

BA is a brief evidence-based behavioral intervention for use in primary care, other medical and mental health care, and community settings. BA strategies teach patients who are experiencing depressive or anxiety symptoms a set of skills to re-engage in valued life activities that they once found rewarding and enjoyable. Research shows that BA significantly improves patient outcomes in a wide range of settings and patient populations (Cuijpers et al., 2023; May et al., 2024).

Competency Assessment Example for MC7-d: Behavioral Activation

Example activities and resources are provided throughout this unit. The activities are designed to encourage applied learning and may serve as formative and/or summative assessments of competencies when paired with fidelity rubrics showing assessment criteria.

As students build their foundational knowledge, they may begin applying their learning in role plays to demonstrate competency. Some suggested approaches for role plays include:

- Students practice one competency at a time with a dedicated instructor or teaching assistant.
- Students submit audio or videotaped role plays assigned for homework (may include several submissions). Students' demonstrations are rated using fidelity forms as assessment criteria (may be used for formative and/or summative assessments). Alternative approaches may assess fidelity via classroom role-play performances.
- Final submissions of audio or videotaped full role plays are assigned for homework and rated using fidelity forms, which may serve as summative assessments, and determine readiness for BHSS to see real clinic patients.

Summative Assessment Example

- Behavioral Activation Fidelity Rubric

For practicum experiences with real clinic patients, the same fidelity rubrics may be used for summative assessments.

Sample Readings for MC7-d: Behavioral Activation

AIMS Center. (2023). *Evidence base for collaborative care*. https://aims.uw.edu/wordpress/wp-content/uploads/2023/06/0-Evidence-Base-for-Collaborative-Care_052323.pdf

Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., Dickens, C., & Coventry, P. (2012, October 17). Collaborative care for depression and anxiety problems. *The Cochrane Database of Systematic Reviews, 10*(10), CD006525. https://doi.org/10.1002/14651858.CD006525.pub2

Feliciano, L., Renn, B. N., & Segal, D. L. (2018, May 11). Depressive disorders. In D. C. Beidel & B. C. Frueh (Eds.), *Adult psychopathology and diagnosis*, (8th ed., pp. 247–298). John Wiley & Sons. https://doi.org/10.1002/9781394258970.ch8

Morrison, J. (2014). Developing rapport. In *The first interview* (4th ed.). The Guilford Press. https://www.perlego.com/book/4409836/the-first-interview-pdf

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Sample Learning Sequence

FOUNDATIONS →	ADVANCED →	PRACTICUM
LO-1 Describe the BA model for alleviating depressive symptoms.	LO-2 Implement the BA model with a role-play patient.	LO-3 Appreciate the impact of BA for depression on symptom intensity, functioning, and quality of life.

BHSS Foundations

LO-1 Describe the BA model for alleviating depressive symptoms.

Key Terms and Concepts for LO-1

- **depression:** characterized by depressed mood, diminished interest, and several other emotional and physical symptoms. It can be considered a medical illness with multiple causes, including biological, psychological, social, and medical factors (American Psychiatric Association, 2025).
- **behavioral activation strategies:** evidence-based strategies for patients experiencing elevated depressive symptoms involving psychoeducation on the nature of depression; facilitating patient brainstorming of activities that are rewarding or meaningful to them; guiding the patient to schedule feasible rewarding activities for the week; and reinforcing patient efforts and problem solving any difficulties in patients meeting their goals (Dimidjian et al., 2011).
- **avoidance:** the tendency not to pursue rewarding activities or interactions with others due to a perception that it will take too much effort or energy.

- **case formulation:** an understanding of specific changes in the patient's life and activity level that contribute to the maintenance of their depressive symptoms.
- **rewarding activities**: any activity that is meaningful to the patient, which can be physical, social, recreational, cultural, religious, spiritual, etc.
- **weekly activity schedule:** a schedule created by the patient for the next week that aims to include at least one rewarding activity each day (e.g., an enjoyable, social, or physical activity) over and above their routine. There is space next to each activity for the patient to rate their level of satisfaction after doing the activity.

Key Teaching Points for LO-1

Cycle of Depression

- A behavioral model of depression posits that when people get depressed, they don't feel up to doing the kinds of activities they typically enjoy. By doing fewer enjoyable activities, they begin to feel worse. As they feel worse, they do even less and get caught up in a vicious cycle.

BA Strategies Help Break Cycle of Depression

- BA strategies involve helping patients engage in rewarding and meaningful activities, which help break the vicious cycle of depression and improve mood, interest level, and energy.

Avoidance

- People with depression often avoid doing rewarding activities due to a perception that they will take too much effort or energy.
- When people avoid, they feel relief in the short term, because they save themselves effort and possible discomfort. This avoidance maintains depression because patients do not engage in activities that would elevate their mood, motivation, and energy levels (Dimidjian et al., 2011).

Case Formulation

- A case formulation is developed by asking patients questions about how their depressive symptoms negatively impact their activity level and increase their avoidance, and how that avoidance, in turn, maintains their depressive symptoms.

Process of Discussing BA with a Patient

- Connect the cycle of depression to a patient's symptoms:
    - Following general psychoeducation on the BA model of depressive symptoms (i.e., vicious cycle of do less, feel worse, which maintains depression), the BHSS discusses with patients how this cycle applies in their own lives (e.g., identifying specific activities they are no longer engaging in or are avoiding, and how this maintains the negative emotions and symptoms they are experiencing).
- Brainstorm rewarding activities:
    - Patients and BHSSs work together to brainstorm a list of rewarding and meaningful activities relevant to patients' identities.
    - BHSSs have their patients brainstorm a list of rewarding and meaningful activities by asking, "What are some activities that you have done that have been rewarding for you?" These could be physical, social, recreational, cultural, religious, or spiritual activities.

    - Brainstorming can be further facilitated by asking patients what they did before experiencing depressive symptoms or what they might recommend to a loved one in a similar situation.
- Identify the level of difficulty for activities:
    - BHSSs inquire about the difficulty level of each activity for the patient (e.g., easy, medium, or hard) to set the stage for feasible activity planning for the patient.
- Create weekly activity schedules:
    - BHSSs guide patients to make specific plans for the coming week by using a weekly activity schedule. Patients will provide specific details on their chosen activities: what each step may involve, when they would like to begin each activity, for how long, and with whom.
    - BHSSs teach patients to identify obstacles to accomplishing activities and how to address these obstacles with Plan Bs.
- Review activity plans at the beginning of each session:
    - BHSSs review the patient's activity plans from the prior week at the start of every session.
- Reinforce successful efforts:
    - BHSSs reinforce successful efforts and encourage patients to reflect on their satisfaction level and any positive impact on their depressive symptoms.
    - BHSSs ask patients to reflect on any activities they completed in the past week, even if they were not originally motivated, that gave them a sense of accomplishment. This illustrates how BA strategies can be helpful for the patient.
- Identify barriers and solutions for the next week:
    - BHSSs help patients identify barriers to success and problem solve solutions for success in a new weekly activity schedule.

Sample Activities/Assessments for LO-1

The samples below represent a sequence of activities for learning BA strategies.

Activity: Introduction to BA Strategies

First, students watch a brief video presentation.

- Video: Introduction to Behavioral Activation Strategies, Part 1 (duration: 3:39)

Next, students receive a list of symptoms and behaviors. They must categorize which behaviors are depressive symptoms or avoidance behaviors that may contribute to depressive symptoms.

- List of Symptoms and Behaviors (Handout)
- Facts about Depression Handout ("Form A – Client Education")
- Vicious Cycle Handout ("Form B – Vicious Cycle")

Lastly, students watch the conclusion to the video introduction of BA strategies.

- Video: Introduction to Behavioral Activation Strategies, Part 2 (duration: 6:12)

Activity: Socializing Patients and Symptom Review (Step 1)

Students watch a brief presentation and role-play demonstration video.

- Video: Step 1 - Socializing Patients and Symptom Review (duration: 5:45)

- Video: Role-play demonstration of Step 1 (duration 8:40)
- Agenda for Meeting Session 1 Handout ("Agenda for Meeting Session 1")

Activity: Psychoeducation and Engagement (Step 2)

Students watch a brief presentation and a role-play demonstration video.

- Video: Step 2 - Psychoeducation and Engagement (duration 4:53)
- Video: Role-play demonstration of Step 2 (duration: 12:20)
- Client Education Handout ("Form A – Client Education")
- Vicious Cycle Handout ("Form B – Vicious Cycle")

Activity: Developing Activity List (Step 3)

Students watch a brief presentation and a role-play demonstration video.

- Video: Step 3 – Developing Activity List (duration: 5:54)
- Video: Role-play demonstration of Step 3 (duration: 14:00)
- Activity Form ("Form C – Activity Form")

Activity: Scheduling Activities (Step 4)

First, students watch a brief presentation.

- Video: Step 4 – Scheduling Activities, Part 1 (duration: 10:37)

Next, students complete an assignment on reframing.

- Reframing activity

Next, students watch a brief presentation.

- Video: Step 4 – Scheduling Activities, Part 2 (duration: 6:39)

Lastly, students watch a role-play demonstration.

- Video: Role-play demonstration of Step 4 (duration: 14:00)

Activity: Follow-Up Sessions (Step 5)

First, students watch a brief presentation.

- Video: Step 5 – Follow-up Sessions (duration: 9:08)

Next, students watch a role-play demonstration.

- Video: Scenario A – Patient is Improving (duration: 5:50)

Lastly, students watch a role-play demonstration.

- Video: Scenario B – Patient is Not Improving (duration: 10:12)
- Action Plan ("Form D – Action Plan")

Activity: In-Class Role Plays

In groups of three, students role play a full first encounter and then a full follow-up encounter with a patient. One student plays the patient and the other plays the BHSS. The third student is the observer and fills out the fidelity form for the person playing the BHSS. Each person should take a turn as the BHSS at least once.

- Summary Assessment BA Fidelity Rubric (Session 1)

- Summary Assessment BA Fidelity Rubric (Follow-up Sessions)

Specific Resources for LO-1

Resource: Role-Play Demo

Full Session: This is a compilation of the role-play demonstrations of all 5 steps of BA strategies.

- Role-Play Demo: Full Session (duration 50:00)

BHSS Advanced

LO-2 Implement the BA model with a role-play patient.

Key Terms and Concepts for LO-2

See LO-1.

Key Teaching Points for LO-2

See LO-1.

Sample Activities/Assessments for LO-2

Activity: Role Playing Step 1: Socializing Patients and Symptom Review

In class, students role play Step 1 with a patient. One student plays the patient and the other plays the BHSS. Each person should take a turn as the BHSS at least once.

Outside of class, students record themselves as the BHSS delivering BA to a person playing the role of a patient. Students share recordings with the instructor, who reviews the recording and provides feedback using the fidelity form.

- Agenda for Session 1 Handout
- Fidelity rubric for BA Strategies – Session 1

Activity: Role Playing Step 1 + Step 2: Psychoeducation and Engagement

In class, students role play delivering psychoeducation to a patient and engaging them in treatment. One student plays the patient and the other plays the BHSS. Each person should take a turn as the BHSS at least once.

Outside of class, students record themselves as the BHSS delivering BA to a person playing the role of a patient. Students share recordings with the instructor, who reviews the recording and provides feedback using the fidelity form.

- Client Education Handout ("Form A – Client Education")
- Vicious Cycle Handout ("Form B – Vicious Cycle")
- Fidelity Form BA Strategies – Session 1

Activity: Role Playing Steps 1-2, + Step 3: Developing Activity Lists

In class, students role play developing activity lists with a patient. One student plays the patient and the other plays the BHSS. Each person should take a turn as the BHSS at least once.

Outside of class, students record themselves as the BHSS developing activity lists with a person playing the role of a patient. Students share recordings with the instructor, who reviews the recording and provides feedback using the fidelity form.

- Activity Form ("Form C – Activity Form")
- Fidelity Form BA Strategies – Session 1

Activity: Role Playing Steps 1-3, + Step 4: Scheduling Activities

In class, students role play Step 4, scheduling activities with a patient. One student plays the patient and the other plays the BHSS. Each person should take a turn as the BHSS at least once.

Outside of class, students record themselves as the BHSS with a person playing the role of a patient. Students share recordings with the instructor, who reviews the recording and provides feedback using the fidelity form.

- Action Plan ("Form D – Action Plan")
- Fidelity Form BA Strategies – Session 1

Activity: Role Playing Steps 1-4, + Step 5: Follow-Up Sessions

In class, students role play a follow-up session with a patient. One student plays the patient and the other plays the BHSS. Each person should take a turn as the BHSS at least once.

Outside of class, students record themselves as the BHSS with a person playing the role of a patient. Students share recordings with the instructor, who reviews the recording and provides feedback using the fidelity form.

- Action Plan ("Form D – Action Plan")
- Fidelity Form BA follow-up session

Specific Resources for LO-2

See materials included in each activity for LO-2.

BHSS Practicum

LO-3 Appreciate the impact of BA for depression on symptom intensity, functioning, and quality of life.

Key Terms and Concepts for LO-3

- **functioning:** ability to perform activities in many domains, including mobility, self-care, interacting with others, daily responsibilities, and participation in the community.
- **quality of life**: for this guide, the following definition from the World Health Organization is used: "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (Orley & Kuyaken, 1994). It is important to note that there are many definitions of quality of life and health-related quality of life in the literature (Karimi & Brazier, 2016) that are distinct from or overlap with this definition.

- **reflective practice**: the continuous practice of examining self in relationship to patients and patients with the goal of understanding the helper's strengths and areas for professional growth.

Key Teaching Points for LO-3

Communicating the Value of BA Strategies to a Supervisor and Clinical Team

- Applicability of BA for all individuals:
  - The BHSS recognizes that BA strategies can help all individuals meet life goals and manage emotional health, given the relationship between engaging in valued, rewarding activities and mood, motivation, and self-esteem.
  - The BHSS recognizes how patient success in using BA strategies improves their functioning and overall quality of life.
- Using Motivational Interviewing (MI) strategies to help patients gain success with BA:
  - The BHSS asks patients about the importance of broader goals they identify, whether they are consistent with their values, and their readiness to work toward these goals in the coming week.
  - The BHSS understands the importance of helping patients explore alternatives to original action plans when patients do not follow through, either by helping them alter or scale back plans to achieve success.
- Distinguishing between patient avoidance and patient autonomy:
  - The BHSS understands the importance of checking in with patients who do not follow through on their action plans by revisiting the treatment rationale to determine whether depressive symptoms are leading to avoidance of valued activities, or alternatively, that particular action plans are not valued or important to them at this time.

Sample Activities/Assessments for LO-3

Reflective Practice

- Learners need to believe BA for depression is an effective and helpful approach across a variety of patient populations. This will mostly be evident once a BHSS begins working with patients, but a BHSS should be able to demonstrate with simulated or real patients a genuine belief that BA for depression will be effective in meeting patient goals.
- Learners should use supervision as an opportunity to reflect on the extent to which they engaged patients as partners in choosing personally meaningful and rewarding goals and activities; used MI strategies to gauge patient readiness for change in specific areas; and distinguished between patient avoidance and autonomy.

Activity: Personally Rewarding Activities

Students compile a list of personally rewarding activities, schedule activities for themselves over a week's period (using SMART goal strategies), and subsequently reflect on personal benefits and any challenges.

Specific Resources for LO-3

Resource: Summary Chapter on BA

The Oxford Handbook of Cognitive and Behavioral Therapies provides an excellent summary of BA as a third-wave psychosocial intervention for depression. The reader is guided through the history of BA and how it alleviates immediate problems while being culturally responsive by embracing a person's values, spirituality, relationships, and mindfulness. This resource will be useful to educate team members about BA when they are unfamiliar with the full scope of this psychosocial intervention.

- Nezu, C. M., & Nezu, A. M. (Eds.). (2016). *The Oxford handbook of cognitive and behavioral therapies*. Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199733255.001.0001

Unit Summary

Behavioral activation is a brief evidence-based intervention that helps teach patients a set of skills to re-engage in rewarding and meaningful life activities to manage their depressive or anxiety symptoms. BA strategies are suitable for use in a wide range of settings and patient populations. Through in-class demonstrations and frequent opportunities to role play the steps of BA, the BHSS should be able to demonstrate a genuine belief that BA strategies can be an effective and helpful approach to support patients in improving their depressive or anxiety symptoms.

Annotated Bibliography

Dimidjian, S., Barrera, M., Martell, C., Muñoz, R. F., & Lewinsohn, P. M. (2011). The origins and current status of behavioral activation treatments for depression. *Annual Review of Clinical Psychology, 7*(1), 38. https://doi.org/10.1146/annurev-clinpsy-032210-104535

- This review summarizes the origins of a behavioral model of depression and the BA approach to the treatment and prevention of depression.

Dimidjian, S., Hollon S. D., Dobson K. S., Schmaling, K. B., Kohlenberg, R. J., Addis, M.E., Gallop, R., McGlinchey, J. B., Markley, D. K., Gollan, J. K., Atkins, D. C., Dunner, D. L., & Jacobson, N. S. (2006). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology*, *74*(4), 658-670. https://doi.org/10.1037/0022-006x.74.4.658

- The authors tested the efficacy of BA by comparing it with cognitive therapy and antidepressant medication in a randomized placebo-controlled design in adults with major depressive disorder. This study found that among more severely depressed patients, BA was comparable to antidepressant medication, and both significantly outperformed cognitive therapy.

Fortney, J. C., Bauer, A.M., Cerimele, J.M., Pyne, J.M., Pfeiffer, P., Heagerty, P. J., Hawrilenko, M., Zielinski, M.J., Kaysen, D., Bowen, D.J., Moore, D.L., Ferro, L., Metzger, K., Shushan, S., Hafer, E., Nolan, J.P., Dalack, G.W., & Unützer, J. (2021). Comparison of teleintegrated care and telereferral care for treating complex psychiatric disorders in primary care: A pragmatic randomized

comparative effectiveness trial. *JAMA Psychiatry*, *78*(11), 1189–1199. https://doi.org/10.1001/jamapsychiatry.2021.2318

- This pragmatic randomized comparative trial examined the effectiveness of treating patients with complex psychiatric disorders, such as bipolar disorder or post-traumatic stress disorder (PTSD), using two approaches: telepsychiatry/telepsychology-enhanced referral and telepsychiatry Collaborative Care, including BA. There were significantly improved outcomes for patients enrolled in either randomized group, so the authors recommend that clinics implement whichever approach is more sustainable in their context.

Jakupcak, M., Wagner, A., Paulson, A., Varra, A., & McFall, M. (2010). Behavioral activation as a primary care-based treatment for PTSD and depression among returning veterans. *Journal of Traumatic Stress*, *23*(4), 491–495. https://doi.org/10.1002/jts.20543

- This preliminary study of Iraq and Afghanistan War veterans found that primary care-based BA treatment improved PTSD, depression, and quality of life for patients. Additionally, the study found that patients were highly satisfied with this treatment.

May, D., Litvin, B., & Allegrante, J. (2022). Behavioral activation, depression, and promotion of health behaviors: A scoping review. *Health Education & Behavior*, *51*(2), 321–331. https://doi.org/10.1177/10901981221090157

- The authors surveyed peer-reviewed studies examining the efficacy of BA interventions on individuals with depressive disorders. This review showed BA interventions to be effective at increasing desired health behaviors and reducing depression in participants.

Mazzucchelli, T., Kane, R., & Rees, C. (2009). Behavioral activation treatments for depression in adults: A meta-analysis and review. *Clinical Psychology: Science and Practice*, *16*(4), 383–411. https://doi.org/10.1111/j.1468-2850.2009.01178.x

- The authors concluded that BA interventions were effective treatments of depression in adults.

Stein, A.T., Carl, E., Cuijpers P, Karyotaki, E., Smits, J. A. J. (2021). Looking beyond depression: A meta-analysis of the effect of behavioral activation on depression, anxiety, and activation. *Psychological Medicine, 51*(9), 1491–1504. https://doi.org/10.1017/s0033291720000239

- This meta-analysis offers updated evidence that BA is effective in treating depression, and preliminary evidence demonstrating its efficacy in treating anxiety and facilitating activation.

Wang, X., & Feng, Z. (2022). A narrative review of empirical literature of behavioral activation treatment for depression. *Frontiers in Psychiatry, 13*:845138. https://doi.org/10.3389/fpsyt.2022.845138

- This review presents a conceptual overview of BA and the evidence supporting its efficiency for treating depression. The authors concluded that there is evidence of BA's effectiveness for sub-threshold and clinically diagnosed depression, as well as depressed patients with mental or physical comorbidities.

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Karimi, M., & Brazier, J. (2016). Health, Health-Related Quality of Life, and Quality of Life: What is the Difference? *PharmacoEconomics*, *34*(7), 645–649. https://doi.org/10.1007/s40273-016-0389-9

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