The brief behavioral activation treatment for depression is a simple, cost-effective method for treating depression. Based on basic behavioral theory and recent evidence that the behavioral component may be the active mechanism of change in cognitive-behavioral treatments of clinical depression, the authors designed a treatment to systematically increase exposure to positive activities, and thereby improve affect and corresponding cognitions. This article describes the rationale for the treatment and provides the treatment in manual form to be utilized by patients in therapy.

A Brief Behavioral Activation Treatment for Depression

Treatment Manual

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Behavioral techniques for treating depression frequently have been paired with a variety of cognitive interventions (Beck, Rush, Shaw, & Emery, 1979; Lewinsohn, Munoz, Youngren, & Zeiss, 1986). Research suggests, however, that it is the behavioral component of treatment (e.g., behavioral activation) that is sufficient for the alleviation of overt depressive symptoms as well as modification of maladaptive cognitions and improvement of life functioning (Gortner,

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Gollan, Dobson, & Jacobson, 1998; Jacobson, Dobson, Truax, & Addis, 1996; Jacobson & Gortner, 2000; Simons, Garfield, & Murphy, 1984). Despite data supporting use of behavioral activation in the treatment of depression, there have been few published and easily accessible resources that provide an explicit, step-by-step protocol for the provision of a purely behavioral activation treatment.

To address this gap in the literature, we designed the Brief Behavioral Activation Treatment for Depression (BATD) (Lejuez, Hopko, LePage, Hopko, & McNeil, in press), which provides clinicians with a powerful behavioral intervention to treat depression in a succinct and parsimonious package. Although the principles and processes underlying BATD are focused on behavioral activation, cognitive and emotional processes are not ignored. Moreover, although not directly targeted for change, these cognitive aspects of depression are presumed to become more adaptive following behavioral activation procedures and are assessed frequently across sessions as an index of treatment gains. Finally, we do not deny the potential effects of resulting covert changes; we merely assert that activation should be the direct target for change in a cycle that may lead to the long-term remission of depression.

The advantages of this protocol lie in its ease of implementation, including the absence of difficult skills for therapists to acquire. Additionally, this protocol easily is tailored to the ideographic needs of a particular patient. Within this structure, patients and practitioners collaborate to identify individualized target behaviors, goals, and rewards that serve to reinforce nondepressive or healthy behavior. Finally, considering the restrictions being imposed by health maintenance organizations, the time-efficient and cost-effective nature of BATD makes it a viable treatment option.

We developed BATD to specifically target contextual factors that affect behavior, using the matching law as a guiding principle (Lejuez et al., in press). According to the matching law (Hernstein, 1961, 1970), the proportion of behavior allocated to one alternative relative to a second possible alternative is equal to the proportion of obtained reinforcers on the first alternative relative to the second alternative. Applied to clinical depression, the matching law suggests that the relative frequency of depressed behavior compared with nondepressed

(i.e., healthy) behavior is proportional to the relative value of reinforcement provided for depressed behavior compared with nondepressed behavior (McDowell, 1982). In other words, depression persists because (a) reinforcement available for nondepressed behavior is low or nonexistent, and/or (b) depressed behavior produces a relatively high rate of reinforcement. Based on this philosophy, the behavioral activation treatment for depression is designed to increase exposure to the positive consequences of healthy behavior, thereby increasing the likely reoccurrence of such behavior and necessarily reducing the likelihood of future depressed behavior (see Lejuez et al., in press, for a more detailed discussion of the matching law conceptualization of depression).

Preliminary data examining implementation of BATD within clinical settings supports its effectiveness. First, in several outpatient case studies (Hopko, Lejuez, McNeil, & Hopko, 1999; Hopko, LePage, et al., 1999; Lejuez et al., in press) we have shown sizeable decreases in the Beck Depression Inventory–II (BDI-II) scores using BATD (pre-BATD = 29.7; post-BATD = 8.7). More recently, we have been testing the effectiveness of BATD within an inpatient mental health facility where inpatients received either BATD or supportive psychotherapy (Hopko, LePage, et al., 1999). Considering the data presently available, it was found that the change in BDI-II scores for individuals receiving BATD (pre-BATD = 34.6; post-BATD = 18.0) was significantly greater than that for individuals receiving the standard supportive therapy typically used within the hospital (pre-therapy = 36.6; post-therapy = 29.9; t (21) = 2.16, p = .04). In future studies, we are interested in establishing the utility of BATD when compared with other psychotherapies and pharmacotherapies. Additionally, although we have no reason to doubt its applicability across other modalities (e.g., group therapy) or with other populations (e.g., adolescents), empirical tests of its generalizability are needed.

A step-by-step patient manual for the implementation of BATD is provided below. The protocol is intended for distribution to the patient, with the practitioner serving to facilitate the patient's progress. Indeed, the intent is to have the patient take responsibility for change and to actively participate in the course of therapy, with an emphasis on work outside of the session. Therefore, the primary role

of the practitioner is to provide an environment supportive of behavior change and to ensure that the execution of the treatment occurs at a reasonable pace and is not overwhelming to the patient. The following is an example of how the treatment rationale might be introduced to the patient:

> You may not presently feel as though you are able to get much done or that you are always tired and lack motivation. You also may be waiting to feel better or think more positively before you become more active and start participating in activities that once brought you pleasure. As you know, however, getting yourself to feel better is not an easy thing to do. Therefore, we'd like you to try something different. The idea of the treatment we are about to begin is that your thoughts and feelings are affected by your interactions with others and your overall quality of life. So, we believe that for you to have more positive thoughts and to feel better, you must first become more active and put yourself into more positive situations. Although this will be quite difficult right now, it will become easier as more and more positive experiences occur. The treatment requires you to work hard, and I understand that you may be questioning your ability to make changes at this time in your life, but I will help you through this process, and we will work at a pace at which you feel comfortable.

The practitioner should initially provide a highly structured environment and be fairly directive and supportive. Over the course of treatment, and determined on an ideographic basis, guidance should gradually be faded. Throughout treatment, and particularly in the initial stages, the practitioner also should provide appropriate social reinforcement for treatment compliance and goal attainment.

Treatment generally consists of approximately 10 to 12 sessions. In earlier sessions that include an explanation of the treatment rationale, attaining environmental support, and activity and goal selection, sessions may take as long as 1 hour (Units 1-3). Over time, as the patient becomes more skilled at monitoring, sessions may be reduced to between 15 to 30 minutes. Depending on the progress of therapy and patient comfort with the protocol, less frequent and even shorter sessions, as well as telephone contact, may be utilized. Following the introduction of the treatment rationale, patients should be guided in the collection of baseline activity level and depressive symptom severity (Unit 4). As a final step in the preparation for the treatment proto-

col, patients should be directed toward the identification of contextual factors that may be influencing the occurrence of depressed behavior. This process likely will focus on the identification of reinforcers for depressed and nondepressed behavior, with special attention to the behavior of friends and family. Once these basic steps have been engaged, activities can be selected and placed within the framework described above (Unit 5). Finally, weekly assessment, planning, and adjustment are used to ensure that the treatment proceeds successfully (Unit 6).

The following sections comprise the manual that is to be given to the patient:[1]

UNIT 1: INTRODUCTION

This manual provides a step-by-step outline of a brief behavioral activation treatment for depression. It is designed for use in treatment sessions with your counselor, psychologist, psychiatrist, or physician. It may be used as a complete treatment or as a component of therapy that may include other therapeutic techniques and possibly medication. Units 1 through 3 provide you with general information about depression and the treatment approach taken in this manual, whereas Units 4 through 6 outline the process of treatment, including assignments for you to complete. Your treatment provider will assist in customizing the treatment to meet your individual needs and will help to ensure that treatment is moving at a comfortable pace.

UNIT 2: RECOGNIZING DEPRESSION

Definition and prevalence of depression. Depression is defined as an extended period of time (at least 2 weeks) in which a person experiences depressed mood or a loss of interest or pleasure in activities that were once enjoyed. Between 10% and 25% of women and 5% to 12% of men will experience at least one episode of major depression in their lifetime (*Diagnostic and Statistical Manual of Mental Disorders* [*DSM-IV*], American Psychiatric Association, 1994). Although depression most often occurs between the ages of 25 and 45, it can

affect people of all ages, cultures, income, education, and marital status.

For some people, the onset of depression is clearly related to stressful life events (e.g., loss of a loved one, financial difficulty, job loss). For others, the specific causes of depression may be unclear, and onset may occur without warning. Theorists have proposed that the development of depressive symptoms is influenced by a variety of behavioral/environmental, cognitive (i.e., thoughts, beliefs), social, and biological influences. These factors may act independently or together to produce and maintain depressive symptoms.

Whether it lasts a couple of weeks or as long as several years, an episode of depression may produce significant impairment in life functioning (e.g., unable to work, cook, or take care of children). Psychological consequences may include decreased optimism/motivation, low self-esteem, impaired concentration, fatigue, and possibly extreme behaviors such as self-injury and/or suicide. Medical consequences of depression may include heart disease, autoimmune disease, substance abuse or dependence, and impaired nutrition. Individuals with depression may isolate from others and/or assume a more negative approach to life that may result in a depletion of social support, divorce, decreased job satisfaction or unemployment, and educational failure. Given these possible consequences, identification and treatment of depression is critical.

If depressive symptoms are severe, major depression may be diagnosed. Major depression can be distinguished from ordinary "blues" or "feeling down" by several factors. *DSM-IV* (American Psychological Association, 1994) specifies that to meet criteria for a major depressive episode, there must be a period of at least 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities. Additionally, at least four of the following symptoms must be present:

- significant weight loss or weight gain
- decrease or increase in appetite
- insomnia or oversleeping
- feelings of agitation or irritability
- fatigue or loss of energy
- feelings of worthlessness or excessive or inappropriate guilt

- diminished ability to think or concentrate, or indecisiveness
- suicidal thoughts or attempts

Although most individuals experience some form of many of the above symptoms, these symptoms must either result in significant feelings of distress or interfere with day-to-day functioning (e.g., making it difficult to work, manage household or family responsibilities, or interact socially with other people) for a diagnosis of depression to be made. Additionally, the depressed mood cannot be a result of a medical condition or be caused by medications, alcohol, or other drug use.

UNIT 3: THE RATIONALE FOR THE BATD

When depressive symptoms are recognized, a number of treatment alternatives are available. If you decide to seek treatment, consultation with your mental health provider is recommended to determine the approach best suited to meet your needs. This manual is environmental/behavioral in nature, which means that it targets changes in your environment and behavior as a method for improving your thoughts, mood, and overall quality of life. Although we are focusing on behavior change, we are not ignoring thoughts and feelings. Instead, we suggest that negative thoughts and feelings often will change only after positive events and consequences are experienced more frequently. Said more simply, it is difficult to feel depressed and have low self-esteem if you are regularly engaging in activities that bring you a sense of pleasure and/or accomplishment (see Figure 1).

To place the focus on your behavior and motivation level, we refer to actions related to your depression and depressive symptoms as *depressed behavior.* Accordingly, we refer to positive actions that are inconsistent with depressed behavior as *healthy behavior.* In general, both depressed and nondepressed behaviors occur (a) to obtain or to acquire something or (b) to avoid or to escape something. Despite this simple formula, it is sometimes difficult to determine the specific reasons why we behave in particular ways.

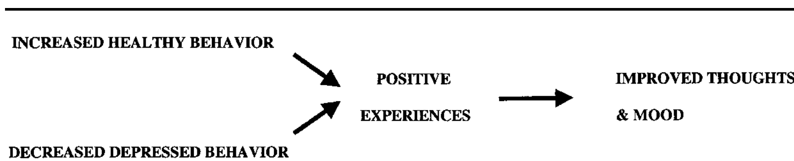


Figure 1. A diagram outlining the treatment rationale.

With regard to depressed behavior, possible benefits include the avoidance of certain unpleasant or stressful activities, other people completing your responsibilities, or receiving more attention and sympathy from your family and friends. Because of these immediate benefits, it is not surprising that depressed behaviors may become more frequent, especially if the benefits of healthy behavior appear to be more difficult to achieve and less immediate. Unfortunately, as the frequency of depressed behaviors increase and the frequency of healthy behaviors decrease, important life areas may become neglected (work absences or decreased social contact), and long-term negative consequences often result. Again not surprisingly, these consequences produce a downward spiral that may make you feel both overwhelmed and trapped in your depression.

Assessing reasons for your depressed behavior is not designed to make you feel badly or guilty. Instead, it is meant to highlight the fact that the experience of depression often is the result of natural responses to stressful environmental situations and changes. Indeed, the depressed behavior you are currently engaging in may be the best way you know to cope with overwhelming life events and situations. Nevertheless, we believe that the best way to stop the downward spiral of depression is that one must become active first and then the exposure to more positive experiences will produce positive changes in thoughts and mood. More positive and adaptive ways of responding to negative events require one to behave in a way that initially may feel uncomfortable and awkward. However, persistence and hard work eventually will produce favorable results.

Is this treatment right for you? This manual can be used independent of other interventions, and research has shown that it can be effective for many individuals when used this way. We acknowledge that

for some individuals, however, their depression may be too overwhelming to presently work toward directly changing their behavior. Additionally, particular individuals might prefer greater emphasis on addressing other potential causes of depression including biological, cognitive (thoughts and feelings), and social factors. In these cases, the manual may be used as a treatment supplement. Indications that this manual may be appropriate for you are as follows:

- You are experiencing depressive symptoms.
- You believe that changing your behavior can help change your mood.
- You are willing to actively work toward changing your behavior.
- Other treatment strategies have been ineffective.
- You are worried about potential side effects of medications.

UNIT 4: PREPARING FOR TREATMENT

Before beginning the treatment program, it is important to develop a clear picture of your current (also referred to as *baseline*) depressive symptoms and the ways in which these symptoms interfere with your everyday functioning. The following measures and exercises will give you and your treatment provider an idea of the present severity of your depression. This baseline assessment will be useful in treatment planning and will provide a reference point to assess your progress throughout treatment.

Baseline assessment of depressive symptoms (BDI-II scores). The BDI-II (Beck, Steer, & Brown, 1992) is a questionnaire that assesses the presence and severity of depression. This questionnaire will be given to you by your treatment provider at the start of treatment to measure your baseline level of depressive symptoms. The questionnaire also will be administered every 2 weeks throughout the course of your treatment to evaluate your progress. As the number of healthy activities you engage in increases, your mood may begin to improve, and your questionnaire scores may subsequently decrease.

Monitoring already occurring activities. As the main focus of this treatment is increasing your frequency of healthy behavior, it is

important to get an accurate assessment of your daily schedule of activities. Although you may believe that you have a good idea of how you are spending your time, we would like you to spend 1 week objectively recording your current activity level. This may be useful for several reasons. First, it provides a baseline measurement to compare your progress when you have increased your activity level later in treatment. Second, an examination of your current level of activity may enable you to realize that you are less active than you originally thought. Seeing evidence of this reality may provide motivation for you to increase your activity level. Finally, a close examination of your daily routine might lead you to develop some ideas as to what activities you have time for and might enjoy. To monitor your already occurring activity level, we ask that you keep a detailed record (hour by hour) of all activities that you engage in, including those that seem insignificant, such as sleeping or watching television. Keep this detailed record for 1 week, making an effort to behave in as normal a manner as possible. Try to be as accurate and as thorough as you can, as this will be one way that you will assess the outcome of treatment (see Figure 2).

Creating an environment that supports healthy behavior. Although there is no substitute for your own motivation, your chances of overcoming depression are improved when your environment is supportive of healthy behavior and your attempts to limit your depressive behavior. Some people are fortunate to have a supportive environment, but there are steps you may take to start creating such an environment if it does not already exist. To begin, you should talk with your family and friends about your need to gradually increase your level of healthy behavior. Sometimes family and friends are more likely to notice your depressive behavior than your attempts at healthy behavior, but this may not be intentional. Ask them to help you with this by *not* focusing on your depressive symptoms but rather on your efforts to engage in more healthy alternatives. Of course, we all need support and someone to listen when life is not going well, but the goal is to keep your depression from being the focus of your interactions with others. For example, you might ask friends to not allow you to spend more than 25% of your time together talking about what is

Daily Activity Record

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 AM							
7-8							
8-9							
9-10							
10-11							
11-12							
12-1 PM							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-9							
9-10							
10-11							
11-12							
12-1 AM							
1-2							
2-3							
3-4							
4-5							
5-6							

Figure 2. Daily Activity Record.

going wrong in your life to allow for more time to develop and discuss positive experiences.

It may be helpful to create a formalized agreement, or "behavior contract," outlining the specific ways family and friends can assist you

in creating a healthy environment. Complete a separate contract for each family member or friend with whom you are in frequent contact. Write your name in the first blank, followed by the depressed behavior you are targeting. Then your family member or friend should write how they will avoid rewarding this behavior. For example, “I, Jane Smith, will attempt to avoid engaging in the following: staying in bed for an entire weekend day. If I do, then my husband John Smith agrees to avoid rewarding this by not bringing me treats to cheer me up.” Next, write down what healthy behavior you will attempt to do instead. Your family member or friend should then write how they will reward this. For example, “Instead, I will try to engage in the following healthy behavior(s): forcing myself to get out of bed and visit a friend. If I succeed, then John Smith agrees to reward this by making time to come with me to my friend’s house on the following Saturday.” To increase the likelihood that your treatment will be successful, it will be important to abide by the behaviors outlined in the contract (see Figure 3).

UNIT 5: GETTING STARTED

Once you have established your baseline level of depressive symptoms and activity level, as well as made efforts to improve the supportive nature of your environment, you are ready to begin the treatment protocol.

Identifying potential activities. As a first step in this protocol, you must determine the activities you would like to target. In determining these activities, you might want to consider activities related to the following life areas (adapted from Hayes, Strosahl, & Wilson, 1999):

1. **Family Relationships** (e.g., What type of brother/sister, son/daughter, father/mother do you want to be? What qualities are important in your relationship with those in your family?)
2. **Social Relationships** (e.g., What would an ideal friendship be like to you? What areas could be improved in your relationships with your friends?)

Behavior Contract

Instructions: Make several copies before using. Complete a separate contract for each family member and friend chosen.

I, ________________________, will attempt to avoid engaging in the following unhealthy behavior(s): ______________________________________

____; If I do engage in the above behavior(s), then ______________________________ agrees to avoid rewarding this by ______________________________________.

Instead, I will try to engage in the following healthy behavior(s): _____________

____

____. If I succeed, then ____________________________ agrees to reward this by

____.

Signed:

____
Your Name

____
Family Member or Friend

Figure 3. Behavior Contract.

3. **Intimate Relationships** (e.g., What would your role be in an intimate relationship? Are you currently involved in this type of relationship, or would you like to be?)
4. **Education/Training** (e.g., Would you like to pursue further education or receive specialized training? What would you like to learn more about?)
5. **Employment/Career** (e.g., What type of work would you like to do? What kind of worker would you like to be?)
6. **Hobbies/Recreation** (e.g., Are there any special interests you would like to pursue, or new activities you would like to experience?)

7. **Volunteer Work/Charity/ Political Activities** (e.g., What contribution would you like to make to the larger community?)
8. **Physical/Health Issues** (e.g., Do you wish to improve your diet, sleep, exercise, etc.?)
9. **Spirituality** (e.g., What, if anything, does spirituality mean to you? Are you satisfied with this area of your life?)
10. **Psychological/Emotional Issues** (e.g., What are your goals for this treatment? Are there other issues besides depression that you would like to explore?)

Once you have determined areas you would like to address, you are ready to start identifying actual activities and listing them in Figure 4 (McPhillamy & Lewinsohn, 1971). For specific ideas, take some time to review Appendix A (Averill & Schmitz, 1997; Schmitz & Averill, 1998) and place a checkmark next to those activities that sound interesting. In completing this exercise, you likely will identify clusters of activities that make up larger long-term goals. For example, a long-term goal of attending college might include enrolling in classes, saving money to purchase textbooks, and studying several hours per week. As another example, a long-term goal of developing a closer relationship with a family member may include spending more time together, engaging in more activities that she or he enjoys, offering to baby-sit for her or his child, or initiation of mutually agreed-on family counseling. Although completing a cluster of activities aimed at a specific long-term goal can be satisfying, it is important to also select other activities across a wide range of life areas from social contact to the completion of life responsibilities.

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. When selecting activities, they should be both observable by others and measurable. Therefore, a general goal like “thinking more positively” is not appropriate. Instead, a more appropriate activity might include “visiting my brother at least twice per week.” Sometimes it is tempting to select very difficult activities for which the benefits are very delayed or uncertain. To address this potential difficulty without limiting your ambition, select activities of various difficulty, with only a few being more difficult long-term projects. To improve the likelihood of initial success and ease your transition into the program, three of the activities should be

Life Areas Assessment

Instructions: Describe activities that you would like to accomplish in these areas.

1. Family Relationships

____
____
____

2. Social Relationships

____
____
____

3. Intimate Relationships

____
____
____

4. Education/Training

____
____
____

5. Employment/ Career

____
____
____

6. Hobbies/ Recreation

____
____
____

7. Volunteer Work/ Charity/ Political Activities

____
____
____

8. Physical/ Health Issues

____
____
____

9. Spirituality

____
____
____

10. Psychological/ Emotional Issues

____
____
____

Figure 4. Life Areas Assessment.

Activity Identification Ranking Sheet

Instructions: Compile your desired 15 activities and rate the difficulty of each from 1 = least difficult to 15 = most difficult.

ACTIVITY	Rank

Figure 5. Activity Difficulty Level Ranking Sheet.

taken from activities you already are completing on a regular basis (see your completed Figure 2 for assistance).

In total, you should select 15 activities that are personalized to your own needs and desires as much as possible. As you select an activity, add it to Figure 5, in no particular order, and then rank them from 1 (*least difficult*) to 15 (*most difficult*).

Activity Hierarchy

LEVEL ONE

A. ______________________________

B. ______________________________

C. ______________________________

LEVEL TWO

A. ______________________________

B. ______________________________

C. ______________________________

LEVEL THREE

A. ______________________________

B. ______________________________

C. ______________________________

LEVEL FOUR

A. ______________________________

B. ______________________________

C. ______________________________

LEVEL FIVE

A. ______________________________

B. ______________________________

C. ______________________________

Figure 6. Activity Hierarchy.

Creating the activity hierarchy. After you have constructed and ranked your list of activities on Figure 5, assign the first 3 activities to Level 1, the 4th through 6th activities to Level 2, the 7th through 9th

activities to Level 3, the 10th through 12th activities to Level 4, and the 13th to 15th activities to Level 5 (see Figure 6). As discussed above, Level 1 activities should include those that you are already engaging in to some degree (see the daily monitoring record), but you may wish to use activities that you would like to do even more frequently. For example, if you are currently getting out of bed before 9:00 a.m. 1 day a week, you may include this with the expectation that you ultimately would like to accomplish this several more times in a given week. An example of a completed activity hierarchy is provided in Appendix B.

UNIT 6: CHARTING PROGRESS

The master activity log and the behavior checkout. Once you have identified the 15 target activities, you will need a plan for how you will work these activities into your life and how you will assess your progress. The master activity log (see Figure 7) is a useful way of tracking your progress on a weekly basis. In the first column, you and your treatment provider will copy your activity hierarchy, listing all of your proposed activities. In the columns next to the activity, you should list the following: (a) the number of times you eventually would like to complete the activity in a 1-week period (i.e., ideal frequency) and (b) the duration of the activity (you may write *UF*, signifying that the activity will continue until finished regardless of the duration). To start, you and your treatment provider should select the first few activities to chart for the coming week. We recommend charting two to three activities during the first week. The number of activities will vary each week but should range anywhere between three to five activities per week. Your input will be critical in determining goal selection, as it will be important that you are challenging yourself without becoming overwhelmed. For each activity selected for a given week, write down the frequency (#) and duration (Time) goals in the appropriate columns. Both you and your treatment provider should have a copy of the master activity log, and it should be completed on a weekly basis. Before completing the master activity log for the first time, make a few copies for future weeks.

Master Activity Log

	Ideal Goal		Week ________			Week________			Week________			Week________		
Activity	#	Time	Goal		Do	Goal		Do	Goal		Do	Goal		Do
			#	Time		#	Time		#	Time		#	Time	

Figure 7. Master Activity Log. The label # indicates frequency of a given activity and the label *Time* indicates duration of a given activity.

Now you are ready to record your progress on a daily basis, using the weekly behavior checkout (see Figure 8). Similar to the master activity log, you write down the frequency and duration goals in the appropriate columns for each activity you have selected for that week. Each day you circle *Y* if you completed the activity and *N* if you did not. To ensure that you maintain accurate records, it is best if you allocate a specific time of the day to complete this task (e.g., before bedtime). Once you complete the desired frequency and duration goal for the week, you may circle *G* as well as *Y* or *N*. Circling *G* acknowledges that regardless of whether you engaged in that activity on that day, you have successfully met your goal for the week. Furthermore, circling *G* should help to keep you from feeling guilty about not completing an activity on a given day if you are regularly completing your weekly goals. Again, you should complete the behavior checkout on a daily basis.

After a given week has come to an end, you should go back to the Master Activity Log and record the number of times that you met *both* your frequency and duration goals for a particular activity in the "Do" column. If you met (or exceeded) your goal, you might want to increase the frequency and/or duration for the following week (assuming you have not yet met the ideal goal). If you did not meet your goal, you and your treatment provider should decide if the weekly goal was (a) reasonable and missed due to unforeseen circumstances or (b) unreasonable or set too high. In the former case, you could leave the goal the same for the next week, but in the latter case you might strongly consider reducing the weekly goal (and potentially rethinking the ideal goal). In the case that your weekly goal is the same as the ideal goal, and you have met this goal 3 weeks in a row, the activity will be considered mastered. Once you have achieved mastery for any one activity, you no longer chart it each week, but instead, you may simply write *M* under "goal" and "Do" on the master activity log. You may use mastery of one activity as a cue to add a new activity to be charted; however, the speed at which new activities are added can occur more slowly or quickly and should be decided based on your individual circumstances. For a completed sample of the master activity log and behavior checkout, see Appendix C.

Behavior Checkout - Week _______

Activity	#	Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G

Figure 8. Behavior Checkout.

Rewards List

Possible rewards for completing weekly goals:

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

____________________ ____________________

WEEK	Reward Selected	Reward Earned?
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N

Figure 9. Rewards list.

REWARDING PROGRESS

It is important to reward yourself for achieving your weekly goals. Scheduling rewards at the end of each week gives you something to look forward to and provides motivation for completing your behavior checkout. Use Figure 9 to make a list of possible rewards for completing your weekly goals. The rewards that you choose should be attainable and within your control. Pick items that are enticing enough to motivate you to work toward obtaining them and that you will engage

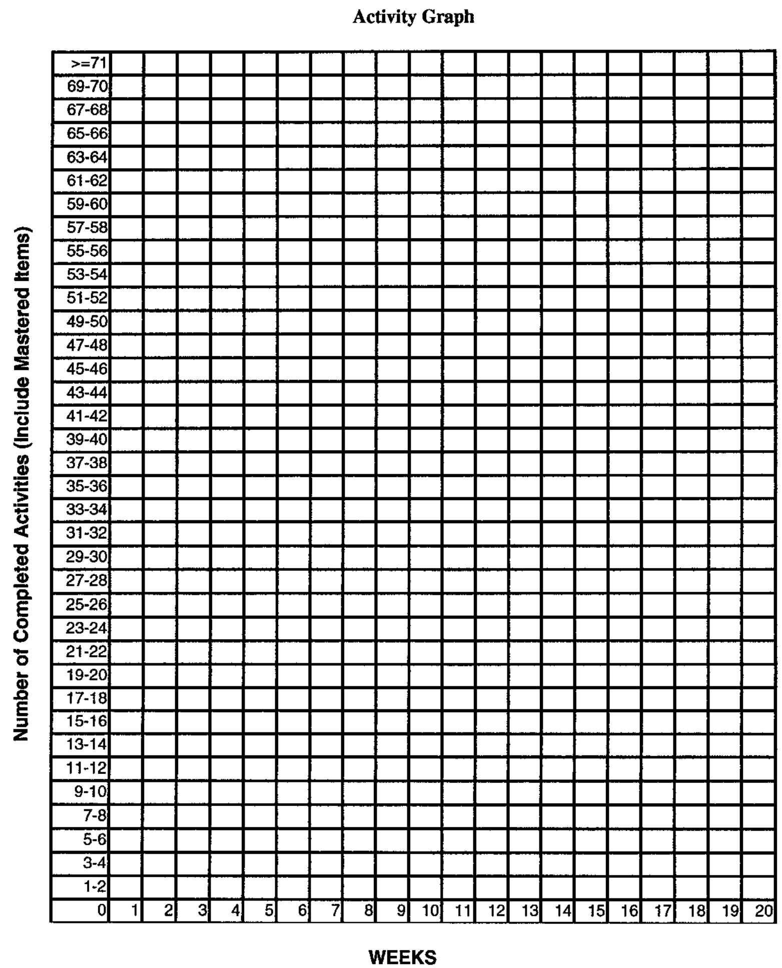
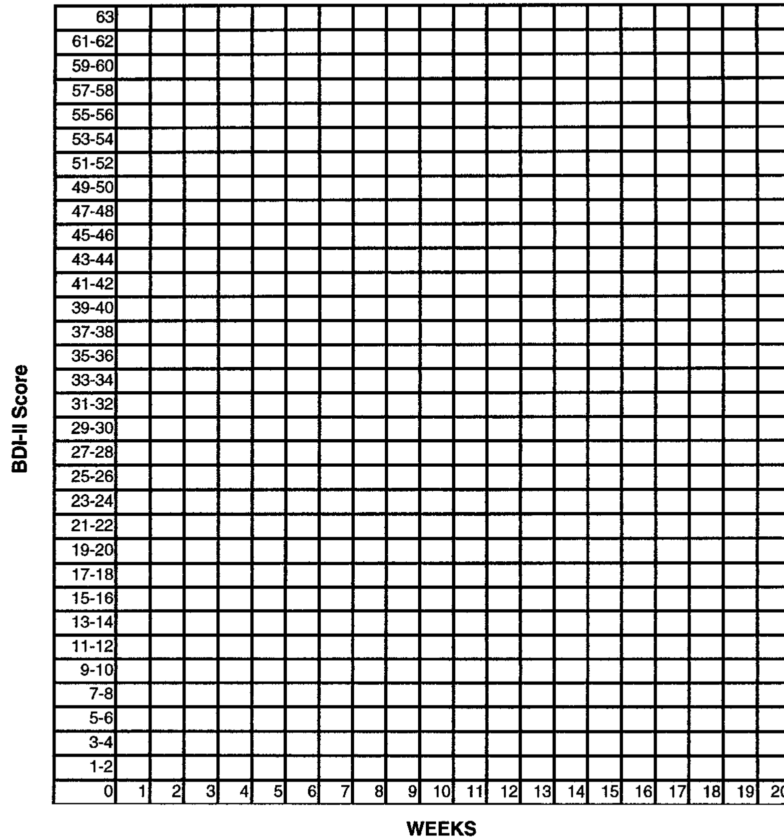


Figure 10. Activity Graph.

in *only* if you have completed your goals. Consider referring back to Appendix A for ideas if you are having trouble, but do not pick an activity on your activity hierarchy as a reward.

Graphing your progress. Sometimes it is helpful to use a visual tool such as a graph to assess your progress. You can create a graph both for

Depressive Symptom Severity Graph



(which may be somewhat jagged) slanted upward from the bottom left to the upper right of the page. For the BDI-II graph (see Figure 11), you can find the particular administration of the questionnaire on the horizontal axis (i.e., look for the number 3 on the horizontal axis if it is the third time you have completed the questionnaire) and mark the score according to the scale on the vertical axis. On successful completion of this program, the graph should indicate a line (which may be somewhat jagged) slanted downward from the top left to the bottom right of the page. Complete your graphs on a weekly basis (see Figures 10 and 11).

NOTE

1. A more comprehensive packaged manual may be obtained from the first author.

APPENDIX A
LIFE ACTIVITIES CHECKLIST

EXCURSIONS/COMMUNITY	√
1. Taking a trip or vacation	
2. Going to a fair, carnival, circus, zoo or amusement park	
3. Going to the beach	
4. Going on a picnic	
5. Going out to dinner	
6. Taking a road trip	
7. Riding on an airplane, hot air balloon, helicopter	
8. Staying at a hotel or bed and breakfast	
9. Camping	
10. Going to a museum or exhibit	
11. Shopping, garage sales, flea markets	
12. Going to the library or a book store	
13. Going out to the country	
14. Other:	

INTERACTIONS WITH OTHERS OR SOCIAL ACTIVITIES	
1. Going to or giving a party	
2. Giving and receiving physical affection	
3. Reminiscing, talking about old times	
4. Group activities	
5. Having a frank and open conversation	
6. Getting together with friends	
7. Discussing a topic of interest (sports, fashion, politics, news)	
8. Having family visit or visiting family	
9. Meeting someone new	
10. Eating out with friends or associates	
11. Visiting friends or having friends visit	
12. Other:	

ENTERTAINMENT	√
1. Watching TV or listening to the radio	
2. Bingo, gambling, playing the lottery	
3. Going to the movies	
4. Going to concerts	
5. Going to the races (horse, car, boat, etc)	
6. Going to a play , musical, comedy show	
7. Going to a sporting event	
8. Other:	

SPORTS AND GAMES	
1. Swimming, Snorkeling, or Scuba Diving	
2. Biking, Skating or Roller-blading	
3. Hunting or Shooting	
4. Playing lawn sports (croquet, horseshoes, badminton)	
5. Jogging, Hiking or Walking	
6. Tennis, Racquetball, Table Tennis, Handball, Squash	
7. Golf or Miniature Golf	
8. Fishing	
9. Birdwatching	
10. Playing board games	
11. Playing card games	
12. Puzzles, crosswords, brain teasers	
13. Rockclimbing or Mountaineering	
14. Baseball or Softball	
15. Boating (canoeing, kayaking, sailing)	
16. Pool, Billiards or Shuffleboards	
17. Computer Games	
18. Other:	

EDUCATION	√	HOBBIES, ARTS & CRAFTS AND THE ARTS	√
1. Learning something new (a language, how to play a musical instrument, etc.)		1. Playing a musical instrument	
2. Learning something artistic (painting, pottery, crocheting etc.)		2. Singing	
3. Reading		3. Dancing	
4. Taking a course on something of interest		4. Craft and art work (drawing, painting, sculpting, pottery, movie making)	
5. Writing stories, novels, plays, poetry, essays, reports etc.		5. Needle work (knitting, crocheting, embroidery)	
6. Reading a “How To Do It” book or article		6. Restoring antiques or refinishing furniture	
7. Going to a lecture or to listen to a speaker of interest		7. Photography	
8. Going back to school		8. Woodworking or Carpentry	
9. Taking a course in computers		9. Collecting things	
10. Other:		10. Other:	

DOMESTIC ACTIVITIES		HEALTH AND APPEARANCE	
1. Cleaning the house		1. Having picture taken	
2. Baking		2. Getting new clothes, shoes or jewelry	
3. Cooking		3. Putting on makeup or purchasing it	
4. Working in the yard, gardening, landscaping		4. Getting hair cut, going to the hairdresser	
5. Washing the car		5. Getting a manicure or pedicure	
6. Sewing		6. Getting a massage or body rub	
7. Being exempt from a domestic activity		7. Putting on perfume or cologne	
8. Buying flowers and plants		8. Preparing self to go out	
9. Re-arranging or redecorating a room or the house		9. Improving one's health (having teeth fixed, new glasses or contacts, eating healthier, starting an exercise program]	
10. Freshening up the house with potpourri		10. Getting a makeover or facial	
11. Fixings things around the house or working on the car		11. Getting a work out	
12. Other:		12. Other:	

PAMPERING SELF AND OTHER LEISURE ACTIVITIES	√	TREATS	√
1. Having free time		1. Chocolates	
2. Playing with or having a pet		2. Favorite candy	
3. Meditating or doing yoga		3. Ice cream	
4. Taking a bubble bath or soothing bath		4. Desert	
5. Being alone		5. Beverage	
6. Writing in a journal or diary or keeping a scrapbook or photo album		6. Favorite Dish	
7. Sleeping late		7. Other:	
8. Subscribing to special magazine		**ALTRUISTIC ACTS**	
9. Breathing fresh air		1. Volunteering for special cause	
10. Listening to music		2. Charity work	
11. Sunbathing		3. Doing favors for others	
12. Listening to the sounds of nature		4. Making contributions to religious, charitable or other groups	
13. Telling and listening to jokes		5. Giving gifts	
14. Going to a spa		6. Helping or counseling someone	
15. Daydreaming		7. Defending or protecting someone	
16. Reading the newspaper or magazine		8. Other:	
17. Walking barefoot in the sand		**RELIGIOUS AND CHARITABLE ACTIVITIES**	
18. Sitting around a fire		1. Going to a place of worship	
19. Staying up late		2. Attending a wedding, baptism, bar mitzvah, religious ceremony or function	
20. Other:		3. Joining a prayer or spiritual group	
MISCELLANEOUS PLEASANT ACTIVITIES		4. Praying	
1.		5. Reading sacred works	
2.		6. Participating in a church fellowship function	
3.		7. Other:	

APPENDIX B
SAMPLE ACTIVITY HIERARCHY

LEVEL ONE
A. Go to work
B. Wake up at 1 p.m.
C. Play with the dog

LEVEL TWO
A. Make dinner
B. Wash dishes
C. Talk to friends/family on the phone

LEVEL THREE
A. Exercise at gym
B. Wake up at 11 a.m.
C. Knit or crochet

LEVEL FOUR
A. Visit a friend
B. Write letter to a friend
C. Go to continuing education class

LEVEL FIVE
A. Attend church
B. Attend karate class
C. Volunteer

APPENDIX C
SAMPLE ACTIVITY LOG

Behavior Checkout - Week 4

Activity	#	Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Go to Work	5	UF	(Y) N G	(Y) N G	(Y) N G	Y (N) G	(Y) N G	Y (N) G	(Y) N (G)
Wake up by 1 PM	7	UF	(Y) N G	(Y) N G	(Y) N G	(Y) N G	(Y) N G	(Y) N G	(Y) N (G)
Play with dog	7	30 min	(Y) N G	(Y) N G	(Y) N G	(Y) N G	(Y) N G	(Y) N G	(Y) N (G)
Make dinner	2	UF	Y (N) G	(Y) N G	(Y) N G	Y (N) G	(Y) N (G)	Y (N) (G)	Y (N) (G)
Wash Dishes	3	UF	Y (N) G	Y (N) G	(Y) N G	Y (N) G	Y (N) G	(Y) N G	Y (N) G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G
			Y N G	Y N G	Y N G	Y N G	Y N G	Y N G	Y N G

Master Activity Log

	Ideal Goal		Week 1			Week 2			Week 3			Week 4		
Activity	#	Time	Goal		Do	Goal		Do	Goal		Do	Goal		Do
			#	Time		#	Time		#	Time		#	Time	
GO TO WORK	5	UF	5	UF	5	5	UF	5	5	UF	5	M	M	M
WAKE UP BY 1 P.M.	7	UF	6	UF	7	7	UF	7	7	UF	7	7	UF	7
PLAY WITH THE DOG	7	30 m	5	20 m	7	7	30 m	7	7	30 m	7	7	30 m	7
MAKE DINNER	3	UF				2	UF	3	3	UF	3	3	UF	3
WASH DISHES	6	UF				3	UF	2	3	UF	1	2	UF	2
CALL FRIENDS / FAMILY	2	UF										2	UF	3
EXERCISE AT GYM	5	30 m										3	15 m	2
WAKE UP BY 11 A.M.	6	UF												
KNIT OR CROCHET	3	UF												
VISIT FRIEND	1	1 h												
WRITE LETTER TO FRIEND	1	UF												
GO TO CE CLASS	2	UF												
ATTEND CHURCH	1	UF												
KARATE CLASSES	1	UF												
VOLUNTEER	1	1.5 h												

APPENDIX D
SAMPLE ACTIVITY LEVEL GRAPH

Number of Completed Activities (Include Mastered Items)

>=71
69-70
67-68
65-66
63-64
61-62
59-60
57-58
55-56
53-54
51-52
49-50
47-48
45-46
43-44
41-42
39-40
37-38
35-36
33-34
31-32
29-30
27-28
25-26
23-24
21-22
19-20
17-18
15-16
13-14
11-12
9-10
7-8
5-6
3-4
1-2
0

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

WEEKS

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