Behavioural Activation (BA):
Guidance for IAPT therapists during the COVID-19 pandemic

Behavioural Activation (BA) is a stand-alone psychological intervention, and a core component of cognitive-behavioural therapy, focused on tackling low mood and depression and promoting positive mood and well-being.

In BA, low mood arises from lack of engagement with pleasurable activities & negative reinforcement resulting from relief of non-engagement, avoidance of burdensome/risky activities etc. BA involves activity scheduling to increase contact with positive reinforcers and to reduce the frequency of negatively reinforced avoidant behaviours.

For all guidance below, implement and support the precautions recommended by the Government and NHS – see https://www.gov.uk/coronavirus and https://www.nhs.uk/conditions/coronavirus-covid-19/

BA in the context of COVID-19 and lockdown

Central to BA (for both high and low intensity work) is to schedule (a) routine, (b) necessary, and (c) pleasurable activities to build up positive reinforcement and improve mood.

The lockdown in response to COVID-19 has constrained the range of reinforcing activities available (e.g., no family get-togethers, no socializing in the pub; no going out to restaurants, concerts, sports, gym, etc). Many people's normal routines will also be disrupted: no commute to work; children at home, etc.

Nonetheless, **the BA model remains perfectly suited to these circumstances.** The model hypothesizes that negative life events lead to a loss of sources of reward and disturbed routine, which in turn leads to low mood and symptoms, which become exacerbated and maintained if attempts to cope involve avoidance, withdrawal, rumination and worry. Thus, the BA model explains the natural low mood and anxiety that many people will feel as a consequence of the changes in their daily lives arising from COVID-19.

Both LI and HI approaches to BA can be effectively used to help patients with depression and low mood during the COVID lockdown. This guidance will provide more detail for HI work given the greater range of activities and assessment conducted at HI, whilst noting that some of the principles and examples may be useful for LI work.

How to deliver BA remotely via teleconferencing or video conferencing:
When working remotely using Skype, Zoom, telephone etc. you can use the same treatment BA components in their typical order. Telephone work is a well-established and well evidenced model, and widely used at Step 2.

Before video conferencing, check that the background behind you on the web camera is appropriate, neutral, and not distracting to clients, suitably lit and remove personal items (for tips in preparing telehealth see https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist). At the beginning of a session, establish that the patient has sufficient privacy and is unlikely to be disturbed during the session. Because video-conferencing sound quality can vary and images can freeze, agree how to handle this in advance and plan time to iron out technical issues.

Although good non-verbal communication is still possible with telephone or video conferencing, it is not as rich or as immediate as in face-to-face sessions. Therefore, recap and give capsule summaries regularly, check that the client has understood what has been covered, acknowledge what the client is saying and check your understanding, and make sure you maintain eye contact (if on video call).

Continue to draw out the therapy model and encourage the client to write down notes and homework plans in the sessions. A handheld whiteboard may be helpful for illustrating the model and examples. Some video-conferencing platforms have an in-built whiteboard function (e.g., Zoom). You can use the 'share screen' function in video-conferencing platforms to show text and treatment materials and work through handouts. Summaries and plans can be circulated by email between sessions.

When working at HI, one advantage of remote therapy with clients at home is that you may be able to directly rehearse some positive activities during the therapy session, e.g., client trying out a hobby or creative pursuit at home and reviewing it with you in real time.

Using BA at step 2 (Low intensity) during lockdown:

It is important for Psychological Wellbeing Practitioners (PWPs) to stick to the training model to avoid drift, to work within the PWPs competency, and to use the single strand Step 2 treatment.

The guided self-help model of BA at Step 2 still works well within the context of COVID-19 lockdown. The material used by clients (e.g. workbooks) could potentially be amended or supplemented to highlight some of the issues noted below with respect to routine (e.g., encouraging to ensure good schedule re meals and sleep; demarcation of work vs home activities) and pleasure (client self-generating activities to replace those not available).

The standard LI BA approach (e.g., Richards & Whyte 2011, Reach Out) will work well in this context.

As a reminder, the core steps are:

Step 1: Explaining BA model through the contacts with the client and within the treatment materials (e.g., workbook), emphasising the role of avoidance in maintaining mood and the importance of having a good mix of routine, pleasurable, necessary activities. Self-monitoring. The client's experience of low mood is explained as understandable and expected within the BA model given the changes in routine and activities.

Step 2: Clients identifying routine, pleasurable, and necessary activities using worksheet (workbook or online).

Step 3: Client makes hierarchy of routine, pleasurable, necessary activities, rating each of them by difficulty.

Step 4: Client plans routine, pleasurable, necessary activities he or she will do using a diary worksheet.

Step 5: Client implements BA exercises between clinical contacts and records those activities completed in diary.

Step 6: Review progress in subsequent clinical contacts: together with client, PWP reflects progress, provides feedback, and helps to problem-solve difficulties in implementation. This focuses on supporting the client in problem-solving, directing him or her back to intervention materials and encouraging the client to take responsibility.

With respect to the changes occurring from lockdown, and associated difficulties in identifying or implementing routine, pleasurable or necessary activities, it is useful for PWPs to use the COM-B (Capability Opportunity Motivation to Behaviour) model (Michie et al., 2011; Michie et al., 2014) at Step 6. To help a client to enact a desired behaviour (e.g., to work towards a goal, complete a plan or homework), it is important to check whether the client has the **C**apability to do this – does the client have the necessary skills, knowledge?; the **O**pportunity to do this – in particular how does social, interpersonal, physical environment impact on the plan and does the client have the **M**otivation to enact the plan.

With respect to COVID-19 and lockdown, many difficulties in implementation may relate to Opportunity. For example, clients may be isolated or lack access to people or places necessary for pleasurable or useful activities. In many cases, a useful way to address Opportunity will be the use of social support; signposting to support groups, agencies, community resources or online resources. This needs to be an active process incorporating all of COM-B. For example, if signposting a client to a support group seems like a good way to address isolation, these would involve the PWP providing signposting information and why it might be helpful to the client, the PWP addressing patients' questions, helping the patient draw up an action plan of when and where they will contact the support group and then a follow up to see if it occurred. Similar signposting to online resources and information could help to address other lockdown related issues, e.g., how to exercise at home.

In some cases, this could involve providing specific knowledge to address Capability issues e.g., signposting to information on using social media or video conferencing.

How to work collaboratively to build up positive activities for patients who are social distancing/ in social isolation (focused on working at Step 3 and High Intensity):

The following aspects of BA are particularly helpful:

- Develop **a detailed and clear rationale** with the client of how the current circumstances and associated changes/losses lead to change in mood.
- **Normalize the situation and the client's mood** – it is understandable that mood may be worse given this loss of reward and routine. Where appropriate, there may be benefit in therapist self-disclosure and in reflecting on the common shared experience of loss and change, e.g., many others will be experiencing similar difficulties. A key next step is to work with the client to take active steps to prevent avoidance that worsens the situation.
- **Self-monitoring:** Make plans for the client to record their activities and mood in a regular diary or form. This will allow you collaboratively to detect their routines (or lack of them), the relationships between activities and mood, and to spot warning signs and triggers for low mood and worry.
- **Scheduling routine activities:** building in routine is more important now that people are spending most of their time at home, with reduced boundaries between work and home life, and with the loss of prior well-established schedules such as regular meetings, commuting, taking children to school. To keep structure, make sure that

clients plan and keep to 3 regular meal-times a day, go to bed and get up at the same time each day, and explicitly schedule their working hours versus home/family times. Structure and routine have very strong benefits for reducing stress and balancing mood.

- **Planning necessary activities:** Work with clients to make detailed plans for the week ahead for necessary activities, e.g., planning and cooking meals, shopping, activities with children, exercise.
- **Mental and Physical Space:** Encourage clients to deliberately focus on only doing one thing at a time as an effective way to reduce stress and worry. Many people will benefit from scheduling some downtime for themselves – to unwind or take a break, especially with everyone stuck at home.
- **Collaborate with clients to make SMART plans (**Specific, Measurable, Achievable, Realistic, Time-Limited) **that follow the ACTION steps (A**ssess options; **C**hoose one; **T**ry it out; **I**ntegrate into daily routine; **O**bserve the effects; **N**ow evaluate and **N**ever give up). Break down tasks into smaller specific steps and ensure that activities are scheduled to specific places and times.
- Make behavioural plans that involve: **Replace, Return, Decrease or Disrupt (**a useful mnemonic is *R2-D2*!):
    - **R**EPLACE **-** Planned activities may include new 'functionally equivalent' behaviours to replace activities that are no longer possible in a person's changed life.
    - **R**ETURN/**R**EINSTATE - Activities may be a return to old behaviours that have been dropped or avoided.
    - **D**ECREASE - Activity schedules may be explicitly about reducing current behaviours that are avoidant and in the longer term maintain depression and anxiety.
    - **D**ISRUPT - Some scheduled activities may be used to disrupt unhelpful thinking or behaviours such as worry and rumination in the face of known danger signs and triggers.

Special considerations for scheduling pleasurable and reinforcing activities:

- Social Connection: Spending time with friends and family is one of the most frequent and reinforcing activities that people can do. Whilst everyone has to physically distance themselves from others, ensure that clients are contacting and communicating with their friends, family, and colleagues in other ways, such as social media, phone calls, Facetime, Skype, Zoom, writing letters/emails etc. This will combat the loneliness arising from being physically isolated.
- Physical Activity/Exercise: Another common and effective activity to improve mood is exercise and keeping fit and active. Explore how your client can undertake an exercise routine at home, in their garden, in a large empty park, or go for local walks, within the NHS and Government precautions. Review together YouTube exercise videos or online exercise classes to see which the client may like to try. Encourage the client to get up and move around regularly.
- Maintain variety: Ensure plans include a range of different positive and pleasurable activities, especially if there is a protracted lockdown. Too much of one activity is likely to lead to habituation and reduce the pleasure it provides (e.g., clients to avoid bingeing on box-sets, social media, gaming, etc).
- Loss of previously reinforcing activities: For many clients, the changes resulting from coronavirus may prevent them for participating in previously reinforcing activities, especially those involving other people and outside the home.

To address this, work collaboratively with the client to find new behaviours to REPLACE activities that are no longer possible. Ask what the client used to do and from what activities they get pleasure or a sense of achievement. Explore what it is about the activity that the individual finds positive. Ask what sensory, social, mental, physical or emotional qualities of the activity are reinforcing for the client when they do it, what positive effects follow the activity, and how the activity reflects their values and personally important goals. Use this information to identify an alternative activity that has similar qualities and fulfils similar values and goals but is still practical to do under current circumstances. Common valued goals include being creative, learning and getting better at something, discovering new things, connecting with others, connecting with nature, connecting with one's body.

For example, going to a gym class could be reinforcing because of social interactions or because of physical exertion; for the former, an alternative activity is to keep in touch with friends and colleagues; for the latter it is to build an exercise routine at home.

ABSORPTION (high intensity work): an effective way to increase contact with positive experience is to build in activities that are not just pleasurable but also where an individual is fully absorbed and immersed in what they are doing. Absorption involves directly attending to experience in the moment, with a deep and effortless involvement in the activity and focused attention on the task in hand. It is often experienced as very positive and motivating.

Absorption is useful because it can be applied to small things and moments in the day (e.g., listening to favourite piece of music; looking at a tree or flower; playing with the kids) and practised easily even when limited to being at home. For many people, creative activities (e.g., cooking, gardening, drawing, crafts, photography, writing, playing a musical instrument) or nature-related activities (e.g., going for a walk; watching birds out the window) can be absorbing.

An activity will not necessarily be absorbing every time but the chances of absorption can be increased by encouraging clients to schedule and approach the activity to:

- Deliberately focus attention on the task in hand and on the immediate moment
- Choose an activity that is the right level of difficulty (not too easy so it requires effort and concentration; not too hard to be frustrating – at a level just at the edge of the person's ability)
- Approach the task with an attitude of wanting to learn, discover and grow (rather than as a chore or an obligation)
- Minimise other external distractions
- Remove time pressure – i.e., schedule the activity when not in a hurry or a rush
- Set up the task so that the means of judging progress are clear and there is immediate feedback on how it is going – e.g., when playing a musical instrument, you immediately hear how it sounds and there is usually a clear sense of whether it sounds good or not.

<u>[More suitable for High-intensity work]:</u>
Review with the client a recent memory of a time they were absorbed and ask them to spend a few moments imagining themselves back in that memory as if they are there right now looking out through their eyes. Check for their experience in that exercise, including the sensory details they noticed, and whether they were absorbed in the activity. When absorbed, clients report loss of self-consciousness, a changed perception of time ((“time speeding up or slowing down”). and no “running commentary” in their minds on what they are doing.

This experiential exercise will indicate a behaviour that the client used to do but has stopped that can now be REINSTATED or inform new behaviours to REPLACE an activity that is no longer available. For some clients, the mental imagery exercise itself can be a useful way to move into a more positive mindset, break out of rumination, and increase motivation.

How to decrease (unhelpful) avoidance: BA emphasizes the role of unhelpful avoidance in exacerbating and maintaining low mood. Although enforced physical withdrawal is an unavoidable consequence of the current lockdown, the key treatment focus in on reducing emotional avoidance and withdrawal. Common examples include clients shutting themselves away; staying in bed; numbing themselves to emotions through comfort eating, alcohol, drugs or constant distraction (e.g., keeping too busy; playing computer games or web surfing; mentally occupying activities); and not tackling problems. Make plans with the client to gradually DECREASE avoidance and replace with approach, using a hierarchy of difficulty, starting with the easiest steps first. Help the client to work through problem-solving steps (identify problem; brainstorm options; review pros and cons; choose one and try it out).

For some clients, their current environment will be experienced as punishing, that is, there is a high level of negative (painful) outcomes, such as frequent criticism, emotional and physical abuse, conflict, and isolation. Restricted movement and households forced into close proximity for prolonged periods increase the risk for these negative outcomes. Look out for increased punishment as a cause for low mood. Explore with the client ways to DECREASE these negative outcomes through changing their behaviour or their environment. Problem-solving, looking at ways to de-escalate arguments, scheduling contacts with others, planning positive activities to do with others in the household or through online platforms, building in periods of relaxation and personal downtime can all help to reduce conflict and isolation. Where a client is at risk or trapped in an abusive situation, more active steps may be required including contacting other agencies and finding a place of safety, as per local Trust policies and guidelines.

How to tackle worry and rumination: Increased worry and rumination are likely consequences of uncertainty and fear about the coronavirus itself, as well as of the impact of the lockdown on jobs, finances, relationships, grades, exams, etc. Within the BA model, some worry and rumination can be recognized as a normal response to this situation. However, more excessive and frequent rumination and worry can be seen as an unhelpful habit.

The BA approach to worry and rumination is focused on identifying warning signs and triggers for worry and rumination and then DISRUPTING the ruminative habit by either removing the triggers OR practicing an alternative helpful behaviour instead of worry and rumination.

Explore recent episodes of worry and rumination with the client to identify the warning signs and triggers that come before worry and rumination. Common triggers include the environment (particular times of the day e.g., on waking, going to bed; personal routines; certain people); events (e.g., arguments, uncertainty; being evaluated by others, criticism); thoughts (e.g., intrusive memory or image, asking “Why?”, attention narrowing into “tunnel” vision); physical responses (e.g., tired, tense, hot, sinking feeling) and emotions (e.g., bored, frustrated, angry, anxious). More specific triggers related to Covid-19 may be negative updates on the news and social media; difficulties in getting through to others;

concerns about obtaining necessary food, household items and medicine; distraction from others (e.g., children) when working at home; feeling unwell.

Once a trigger or warning sign is identified, remove or DISRUPT the cue, where possible. For example, plan with clients to alter their routine where that can DISRUPT a cue; e.g., good stimulus control to tackle lying in bed worrying at night; e.g., organising ways to keep children occupied if working; e.g., reducing the number of times checking social media or news for updates and scheduling this to specific times once or twice a day; e.g., instead of listening to sad music, listening to upbeat music.

In addition, and when the cue cannot be removed, make plans for the client to do something useful instead of worrying and ruminating when they notice the warning signs for worry and rumination. Encourage the client to write down plans in the form of "IF I notice [my warning sign]-THEN I will do something helpful", e.g., If I notice that I am getting tense, then I will practice my relaxation exercise. These plans act as aide memoires and help clients to do something different to disrupt the worry habit.

Useful alternative actions include:

- Doing an absorbing activity, as described above.
- Problem-solving, as described above. In addition, for worry and rumination, it helps for clients to practice shifting away from abstract Why questions like "Why me?" "Why did this happen to me" "Why did they do that?" "What does this mean?" and What If questions like "What If this catastrophic thing happens?" to more concrete and practical "How?" questions e.g. "How did this happen? How can I start to tackle it? What is the first step I can take? What can I learn?"
- **OPPOSITE ACTION** – opposite action involves deliberately acting in the opposite direction to physical and emotional states to gain control and reduce the trigger for worry and rumination. For example, if feeling tense, the client does something calming and relaxing; if feeling tired, the client does something energising like dancing to their favourite song; if feeling sad, the client does something positive. This is effective for warning signs and cues relating to internal states such as physical sensation and mood.

Further Resources:
See here for a talk on tips for tackling worry that summarises the some of the above: https://www.exeter.ac.uk/wellbeing/natter/

Further treatment details can be found in: **Watkins, E.R**. (2016). *Rumination-focused Cognitive Behavioural Therapy for Depression.* Guilford Press.

Acknowledgements:
This document was created by Professor Edward Watkins at the University of Exeter.