

A Behavioural Activation Manual for Perinatal Depression and Anxiety



Crystal Schiller, Paula Ravitz,
Laura La Porte, J. Jo Kim, James WonKyu Jung,
Sona Dimidjian, Daisy R. Singla

Copyright © 2020, 2023, Sinai Health System and The Regents of the University of Colorado. This work is licensed under the Creative Commons Attribution-NonCommercial 4.0 International license (CC BY-NC 4.0). To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc/4.0/>. All other rights are reserved.

Please reference our manual:

Schiller, C., Ravitz, P., La Porte, L., Kim, J. J., Jung, J. W., Dimidjian, S., & Singla, D. R. (2024). A Behavioural Activation Manual for Perinatal Depression and Anxiety.

For further queries, please contact Dr. Daisy R. Singla (daisy.singla@utoronto.ca)

Table of Contents

UNDERSTANDING THE SUMMIT BA TREATMENT	6
HOW TO USE THIS MANUAL	7
BRIEF OVERVIEW OF SUMMIT SESSIONS	8
EMPOWERS	9
<u>E</u> mphasizes collaboration	9
<u>M</u> aintains authenticity	9
<u>P</u> ractices non-judgment	9
<u>O</u> pen-ended questions	9
<u>W</u> arm and encouraging	10
<u>E</u> mpathic and validating	10
<u>R</u> eflects	10
<u>S</u> ummarizes	10
INTERPRETING SCORES ON THE DEPRESSION & ANXIETY SYMPTOM MEASURES	11
Depression Symptom Measure (EPDS)	11
Anxiety Symptom Measure (GAD-7)	12
PHASE 1: GETTING STARTED & LEARNING TOGETHER	13
PHASE 1: SESSION 1 - INTRODUCING BA & MAPPING	14
Session 1: Main Objectives	15
1. Discuss your role & review confidentiality	17
2. Establish an effective therapeutic relationship & explain the SUMMIT BA treatment	18
3. Share the core skill of "Mapping"	19
4. Identify a support person who she may confide in around participating in BA	22
5. Elicit commitment to completing SUMMIT BA treatment	22
<i>Document & Reflect</i>	23
PHASE 1: SESSION 2 – CIRCLES OF CONNECTION & ACTIVITY TRACKING	24
Session 2: Main Objectives	25
1. Review the map, reinforce engagement in the treatment & therapeutic relationship	27
2. Share the "Circles of Connection" to learn about close relationships	28
3. Share the core skill of "Tracking". Highlight pleasure, accomplishment & connecting activities	29
4. Collaborate with the patient to plan one healthy activity & practice the skill of daily tracking	32
<i>Document & Reflect</i>	33
PHASE 2: GETTING ACTIVE & SOLVING PROBLEMS	34
PHASE 2: SESSION 3 – ACTIVITY SELECTING, STRUCTURING, SCHEDULING & IDENTIFYING VALUES	35
Session 3: Main Objectives	36
1. Review healthy activities from last session	38

2. Share the core skill of “Identifying Values”	40
3. Share the core skill of “Activity Selecting, Structuring & Scheduling”	41
<i>Document & Reflect</i>	44

PHASE 2: SESSIONS 4-6 – BUILDING SKILLS: PROBLEM SOLVING & COMMUNICATION 45

Sessions 4-6: Main Objectives	46
1. Review and build on healthy activities from last session	48
2. Share and select from the menu of problem solving & communication skills	49
3. Collaborate with the patient to plan healthy activities, solve problems & practice tracking	52
<i>Document & Reflect</i>	53

PHASE 3: ENDING WELL 54

PHASE 3: SESSIONS 7-8 – ENDING WELL 55

Sessions 7-8: Main Objectives	56
1. Summarize all healthy activities & successful problem solving	58
2. Summarize and consolidate learning of each of the core skills	60
3. Discuss how the patient can use self-management skills to prepare for future challenges/risks	60
<i>Document & Reflect</i>	61

SESSION CHECKLISTS 62

Checklist for session 1	63
Checklist for session 2	65
Checklist for session 3	67
Checklist for sessions 4-6	69
Checklist for sessions 7-8	71

STRATEGIES FOR MANAGING CHALLENGES 73

WORKSHEETS 75

Resource & Information Guide	81
Mapping	82
Circles of Connection	78
Tracking	83
Activities Summary	86
Values Card Sort	87
Activity Selecting, Structuring, & Scheduling	96
COPE: Problem Solving	98
FIRM: Communication Skills	99
Ending Well	100

SAFETY CONCERNS & GUIDELINES 102

A. Suicide/Self Harm	103
B. Child Abuse/Risk Of Harm To Child	106
C. Homicide/Risk Of Harm To Others	107

D. Substance Abuse _____	108
E. Domestic Violence/Intimate Partner Violence _____	109
F. Postpartum Psychosis _____	110
G. Provider Safety & Wellbeing _____	111

SUMMIT TREATMENT LOG RECORD _____	112
--	------------

REFERENCES _____	118
-------------------------	------------

Understanding the SUMMIT BA Treatment

The SUMMIT Behavioural Activation (BA) treatment was developed for and in collaboration with perinatal patients who are struggling with feeling depressed, down, stressed, or isolated.

BA Treatment Providers offer valuable support to perinatal patients through sharing BA skills. These skills are designed to help perinatal patients engage more with values-based activities that bring a sense of pleasure, accomplishment, or connection to supportive others and to engage less with activities that fuel depression^{1, 2}. These skills also empower perinatal patients to solve problems, making their lives more rewarding and less stressful.

BA has been studied as a psychotherapy in many parts of the United States and as a lay counselling intervention in countries around the world^{3,4}. In India, this lay counselling approach is called the “Healthy Activity Program.”⁵ SUMMIT BA treatment and this manual are informed by the scientific studies and the manuals used in those studies that have shown these skills to be an effective path to overcoming depression. Because not all BA Treatment Providers are psychiatrists or licensed psychologists, it is important to emphasize that they may also share information with perinatal patients about other professional mental health resources.

SUMMIT BA treatment is delivered over three phases. Phase 1, called “[Getting Started and Learning Together](#)”, focuses on developing a positive therapeutic relationship as well as learning about the perinatal patient’s experience of depression. Phase 2, called

“[Getting Active and Solving Problems](#)”, shares skills that perinatal patients may use to engage in mood enhancing activities and solve problems that may be holding them back from feeling better. Phase 3, called “[Ending Well](#)”, focuses on how perinatal patients may continue using the skills of this treatment after the end of the final BA session.

In using this manual, BA Treatment Providers are encouraged to ensure:

- That the “EMPOWERS” skills are present in all of their interactions and BA sessions with perinatal patients.
- To transition flexibly from one phase to the next when the goals of the current phase have been achieved. However, skills and topics from one phase may overlap with those of another phase. To best support a patient’s learning and wellness, BA Treatment Providers may find it necessary to remain for longer than planned at a particular phase, return later to the skills and topics of an earlier phase, or introduce a skill or topic sooner or later than it was originally scheduled. This flexibility is balanced with the intention to cover all the core skills by the end of the final session.

After each session, BA Treatment Providers are expected to chart and complete a [SUMMIT Treatment Log Record Form](#). Each week, it is recommended that they engage in supervision to support their ongoing learning and be guided on managing challenges including safety concerns.

How to Use this Manual

The goals of this manual are to reinforce your training on how to share the BA skills, and help you feel comfortable sharing these skills and tools with perinatal patients. You may use this manual to help prepare for sessions with patients or as a quick-reference to help guide you during your sessions.

Each section includes a one-page overview that briefly outlines the content for each of the BA sessions and may be used as a quick reference guide and a reminder of topics to cover for a specific session.

Therapeutic communication principles and skills are required in all of your sessions and are summarized with the acronym EMPOWERS. If safety concerns arise (e.g., suicidal ideation, child safety, domestic violence), mandated reporting, consultation, or referral to a higher level of care may be needed. For additional guidance on responding to safety concerns, see the [Safety Concerns and Guidelines](#) section of this manual.

This manual is divided into specific guides for the eight BA sessions. At the beginning of each session guide, you will find a checklist of the therapeutic goals for that particular session. The checklist helps to shape guide the session agenda's specific content, and help you remember topics and BA core skills to discuss.

Over time, the checklists may become the part of this manual to which you return most as an easy-to-reference guide.

We encourage you to make these guides your own, by writing notes and reminders and any other information that helps you become confident in sharing the BA skills.

While you are developing your BA therapeutic skills, you may reference more frequently the examples of questions and responses included in this manual, but we encourage you not to treat this guide as a required script. It is not intended to be read to perinatal patients with whom you are working—instead, use your own words to feel natural and authentic in your conversation style.

There are also some examples of specific situations and tips for clarifying skills throughout. If they help to clarify, engage, or support your work with a patient, you can optionally draw from them specifically, but please know that not all of these examples need to be discussed.

We hope this manual serves as a useful support for you as you embark on the important work of being a BA Treatment Provider for perinatal women. You are a valuable support for the perinatal patients with whom you work.

Please note:

- ❖ We use the term 'women' to encompass all perinatal persons inclusive of all gender identities and expression.
- ❖ Providers should use the pronouns and identifiers as indicated by the patient.

Brief Overview of SUMMIT Sessions

In all sessions, at the beginning: establish an agenda, review symptoms, monitor for safety concerns, inquire about changes in medications or health status, review activity plan, and use [EMPOWERS skills](#). In the final 5-10", collaboratively agree on an action plan, anticipating barriers and review learning from the session. Following each session, complete charting.

	Sessions	Goals
Phase 1 Getting Started and Learning Together	1	<ol style="list-style-type: none"> 1. Discuss your role and review confidentiality 2. Establish an effective therapeutic relationship and explain the SUMMIT BA treatment 3. Share the core skill of "Mapping" 4. Identify a support person who she may confide in around participating in BA 5. Elicit commitment to completing SUMMIT BA treatment
	2	<ol style="list-style-type: none"> 1. Review the map and reinforce engagement in the treatment and therapeutic relationship 2. Share the "Circles of Connection" to learn about relationships and identify potential social or practical supports 3. Share the core skill of "Tracking" (i.e., support the patient in making the link between what she does and what she feels), highlighting pleasure, accomplishment, and connecting activities 4. Collaborate with the patient to plan one healthy activity and practice the skill of daily tracking
Phase 2 Getting Active and Solving Problems	3	<ol style="list-style-type: none"> 1. Review healthy activities from last session to highlight links between what she does and how she feels 2. Share the core skill of "Identifying Values" 3. Share the core skills of "Activity Selecting, Structuring, and Scheduling"
	4 – 6	<ol style="list-style-type: none"> 1. Review and build on healthy activities from last session, encourage the patient to add new healthy activities on to her schedule, highlighting interruption of downward spirals and introduction of upward spirals 2. Share and select from the menu of problem solving and communication skills to support the patient in overcoming barriers, asking for help or saying no, and help her to stay active, as needed 3. Collaborate with the patient to plan healthy activities, solve problems and continue to practice the skill of tracking
Phase 3 Ending Well	7 – 8	<ol style="list-style-type: none"> 1. Summarize all healthy activities, successful problem solving – highlighting changes associated with improved symptoms or situation (upward spirals) and aligned with values, connecting, accomplishment or pleasure 2. Summarize and consolidate learning of each of the core skills – tracking, connecting with supports, activity scheduling, problem solving and communication skills 3. Discuss how the patient can use the self-management skills to prepare for future challenges and risks 4. Reflect on strengths, efforts and gains along with when to seek further or future mental health care. Wish them well

EMPOWERS

Emphasizes collaboration.

BA Treatment Providers are collaborative in all of their interactions with perinatal patients. All of therapy is based on working together as a team. BA Treatment Providers invite patients to take an active role during sessions and they share responsibility for planning and decision making. They also are responsive to patients' experiences in the pace of discussions during sessions. They check in with patients to make sure that they are "on the same page," regularly ask for verbal feedback, and pay attention to non-verbal feedback throughout the sessions to guide the direction of the session. They also invite patients to summarize the "take home messages" during their sessions. The most effective BA sessions emphasize working collaboratively with patients and learning with them as active participants, rather than telling them what to do.

Maintains authenticity.

BA Treatment Providers are natural, genuine, collaborative, and authentic in their delivery of BA with perinatal patients. BA Treatment Providers learn from and with their patients and in training to deliver the examples and demonstrations in this treatment in and integrate those with their own natural style. To be most effective, BA Treatment Providers let go of efforts to sound like someone else and allow the delivery of BA to be in their own, authentic voice. BA Treatment Providers show up fully as who they are, without putting on an act, and at the same time, always keep their focus on what is best for the patients they are treating. That is, they do not engage in excessive or ineffective self-disclosure or put their needs above the patients'. They also are sensitive to the cultural or personal preferences, challenges, and needs of patients and tailor their natural style to be responsive to these^{6,7}.

Practices non-judgment.

BA Treatment Providers practice being non-judgmental in working with perinatal patients. They approach interactions with patients in a matter-of-fact, calm manner, even in the face of challenges, such as when a patient expresses discouragement, reports difficulties doing action plans, or misses sessions, or presents with safety concerns. BA Treatment Providers do not express blame or criticism of the patients with whom they work verbally or nonverbally. There are so many ways that patients judge themselves and there are so many critical and judgmental messages patients receive from the world in general. Depressed perinatal patients often come ready to be judged, and full of judgments of themselves. They often think that they "should" be happy, they "should" be active, and they "should" be different than they are. BA Treatment Providers model being non-judgmental and invite patients to practice being non-judgmental as they approach learning, activation, and problem solving.

Open-ended questions.

BA Treatment Providers are interested in patients' experiences and they invite patients to reflect and share with them through the use of open-ended questions. Patients are more likely to share their own experiences, feelings, and thoughts when asked open-ended questions, rather than closed yes/no questions.

Warm and encouraging.

BA Treatment Providers are warm and encouraging with perinatal patients, including in response to seemingly small improvements or efforts in the face of obstacles (“you’re working so hard at this.”). Part of the job as a BA Treatment Provider is to look for even the smallest signs of effort or improvement and encourage such change with warmth and enthusiasm. The BA Treatment Provider is not overly optimistic and cheery, and does not minimize patients’ experiences by using warmth and encouragement. In contrast, the BA Treatment Provider strives to reinforce even the smallest steps patients take toward their goals. Also, being warm and encouraging must be aligned with the EMPOWERS skill of authenticity. The BA treatment provider encourages patients to share their authentic experience, including challenges and barriers, and responds with authentic encouragement.

Empathic and validating

BA Treatment Providers are empathic in their work with perinatal patients. Thus, they make efforts to identify what patients feel, see from their point of view, and understand their experiences. When patients share their feelings, they also have the ability to remain calm, without getting overwhelmed or showing personal distress. Grounded in empathy, BA Treatment Providers use validation in all of their sessions with patients. At the simplest level, validation means demonstrating interest in the patient’s experience through the use of non-verbal behaviours such as making eye contact, nodding, leaning forward, and otherwise appearing awake and alert to the patients with whom they work. BA Treatment Providers also acknowledge verbally that they understand patients’ experiences and that these experiences make sense. BA Treatment Providers validate patients’ experience of challenges, such as difficulty getting active, attending sessions, and other problems that may arise. They validate the ways in which it makes sense that when a patient feels down, she withdraws from her family, doesn’t show up for your sessions, or forgets the action plans between visits. Validation can help patients know that their treatment provider understands them, and can ultimately help them understand themselves.

Reflects

BA Treatment Providers are interested in patients’ experiences and they invite patients to reflect aloud and share with them through the use of open-ended questions. Patients are more likely to share their own experiences, feelings, and thoughts when asked open-ended questions, rather than closed yes/no questions.

Summarizes

BA Treatment Providers use the active listening skill of summarizing through providing brief summaries of the conversation in the sessions periodically. This helps to underscore what has been discussed and to demonstrate that the treatment provider has been listening closely to the patient. It also provides opportunities for patients to clarify, further elaborate or correct misunderstandings.

Interpreting Scores on the Depression and Anxiety Symptom Measures

Depression Symptom Measure (Edinburgh Postnatal Depression Scale; EPDS)

Each item on the EPDS is rated between 0 and 3 depending on frequency of the experience **in the previous week**. Then the scores for all ten items are added together to generate the total score.

For each item, checking the top box adds 0 to the patient's score, then the next box adds 1, and so on until the bottom box, which adds 3 to her score. However, questions 3, 5, 6, 7, 8, 9, and 10 are reverse scored. This means that the top-box for each of these questions counts as 3 and the bottom box counts as 0.

After adding these scores together, the patient's total score may be interpreted using this table:

EPDS Score	What it means
Less than 10	None or minimal depression
10 – 11	Mild depression
12 – 19	Moderate depression
20 or higher	Severe depression

Begin the safety protocol (see [Safety Guidelines](#)) if:

- Question 10 of the EPDS is rated 1 or higher
- Has expressed ideas of harming self, baby or others

❖ *If a patient scores 20 or higher on the EPDS score over a minimum of two consecutive sessions, please consult a licensed mental health professional.*

Anxiety Symptom Measure (General Anxiety Disorder-7; GAD-7)

Each item on the GAD-7 is rated between 0 and 3 depending on the frequency of the anxiety symptom **in the previous week**. Then the scores for all seven items are added together to generate the total score.

After adding these scores together, the patient's total score may be interpreted using this table:

GAD-7 Score	What it means
Less than 5	None or minimal anxiety
5 – 9	Mild anxiety
10 – 14	Moderate anxiety
More than 14	Severe anxiety

PHASE 1: Getting Started and Learning Together

SESSION 1

SESSION 2



PHASE 1: SESSION 1

Introducing BA & Mapping

Session 1: Main Objectives

1. DISCUSS YOUR ROLE AND REVIEW CONFIDENTIALITY

- a. Introduce yourself and BA, discuss confidentiality
- b. Explain and review the depression and anxiety symptom measures
- c. Set an agenda

2. ESTABLISH AN EFFECTIVE THERAPEUTIC RELATIONSHIP AND EXPLAIN THE SUMMIT BA TREATMENT

- a. Introduce the structure and collaborative approach of the SUMMIT BA treatment
- b. Learn about her situation and identify treatment goals

3. SHARE THE CORE SKILL OF “MAPPING”

- a. Map the downward spiral and talk about how BA can help

4. IDENTIFY A SUPPORT PERSON

- a. Identify one person to confide in and receive support around participation in BA (e.g., share the significant other brochure)

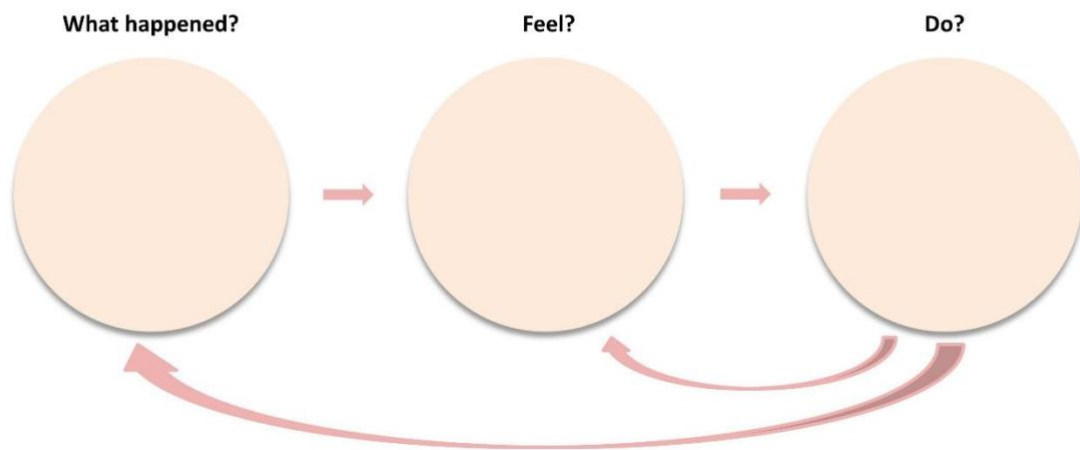
5. ELICIT COMMITMENT TO COMPLETING SUMMIT BA TREATMENT

- a. Make an action plan
- b. Review learning from this session

Document and Reflect

Session 1 Activities:

“Mapping”



DETAILED GUIDE FOR TREATMENT PROVIDERS

1. DISCUSS YOUR ROLE AND REVIEW CONFIDENTIALITY

a. INTRODUCE YOURSELF AND BA, DISCUSS CONFIDENTIALITY

1. Thank her for meeting with you – start with a warm welcome
2. Introduce yourself and BA
 - Identify yourself as a BA Treatment Provider
 - BA will provide the patient with tools to help her feel and do better now and in the future
 - Check-in and ask if she has any questions
3. Review confidentiality
 - Share the meaning of confidentiality
 - Describe the limits of confidentiality (i.e., safety concerns) and how you will discuss them together
 - Provide the rationale for audio recordings of your sessions together

b. EXPLAIN AND REVIEW THE DEPRESSION AND ANXIETY SYMPTOM MEASURES

1. Explain the reason for completing the measures:
 - To get a snapshot of her mood
 - To track her symptoms as they change with treatment
2. If she hasn't done so, ask her to fill out the EPDS and GAD-7
3. Pause and assess in more detail if safety is a concern. Begin safety protocol if:
 - Question 10 of the EPDS is rated 1 or higher
 - Has expressed ideas of harming self, baby, or others

❖ *If a patient scores 20 or higher on the EPDS score over a minimum of two consecutive sessions, please consult a licensed mental health professional.*

4. Provide feedback about the score:
 - To get a snapshot of her mood
 - To track her symptoms as they change with treatment
5. Ask if she has any questions.
 - Always encourage the patient to ask questions if she has them. Then answer them openly

c. SET AN AGENDA

1. Explain the purpose of setting an agenda
2. Preview the agenda
3. Check-in about the agenda and ask if she'd like to add anything

Preview the agenda

- ❖ Introduce the structure and collaborative approach to BA treatment
- ❖ Learn about her and her situation, and identify treatment goals collaboratively
- ❖ Share the skill of Mapping
- ❖ Make an action plan
- ❖ Schedule another time to meet

2. ESTABLISH AN EFFECTIVE THERAPEUTIC RELATIONSHIP AND EXPLAIN THE SUMMIT BA TREATMENT

a. INTRODUCE THE STRUCTURE AND COLLABORATIVE APPROACH OF SUMMIT BA TREATMENT

1. Talk about the structure and approach of SUMMIT BA treatment. Describe the basics of the treatment structure, providing information about the following points:
 - Number of sessions: 6 – 8 sessions, each last for 45 minutes, over 2 – 3 months
 - Location (your clinic or telemedicine)
 - Frequency of sessions: weekly sessions is the goal with some flexibility for cancelling/rescheduling if needed
 - Contact information for cancelling/rescheduling
 - Structure of sessions

Example: "We will work together to plan each meeting at the beginning with an agenda, and before we end each visit, we will review specific action steps you choose and plan to do that week."

2. Talk about working together as a team

- Let her know that you'll work together and that you'll support her in reaching her goals
- Ask if she has any questions about how you'll work together

b. LEARN ABOUT HER SITUATION, AND IDENTIFY TREATMENT GOALS

Invite the patient to tell you about her experience so that you get to know her and establish a common language to use in the sessions. Take notes about important events she shares and phrases she uses. You will **use these notes to map the downward spiral** and links in a way that is personally salient to her life.

- Ask about what brought her to this treatment and what she hopes to learn (and validate)
- Ask about problems (and validate)

(continued on next page...)

- Ask about goals

Example: “What is important to you? What would you do if you were not feeling down, overwhelmed, alone, or struggling now (use her words)? Do you recall a time when you felt better – what activities were part of your life at these times?”

3. SHARE THE CORE SKILL OF “MAPPING”

A map is a picture of the patient’s story. It contains her perspective on what happened, her feelings and her behaviour. Therefore the mapping exercise helps the patient and provider develop a shared understanding of the reasons for the patient’s distress, the rationale for treatment, and the specific BA skills. The map is a dynamic document. It should be revised in collaboration with the patient as your understanding of the patient’s story evolves and the patient makes progress in treatment, creating upward spirals. You will return to the map in succeeding sessions to orient you and the patient to the impact of behaviour change on emotions and the situation.

a. MAP THE DOWNWARD SPIRAL AND TALK ABOUT HOW BA CAN HELP

Example for transitioning to Mapping: “Thank you so much for sharing about what brought you here and how you are feeling. I know it can be really difficult to be open about these topics. We will explore together how to make sense of what’s been happening by visually drawing out what you have been describing using an activity called Mapping.”

1. Tell her that many patients have found mapping to be very helpful
2. Talk about ‘What Happened’
 - What was going on around the time you noticed you started to feel worse?
 - What do you think caused you to feel this way? Why do you think this is happening to you? Are there any parts of your background or identity that make a difference to how you’ve been feeling? Validate that these are very real and challenging stressors (e.g., “It sounds like things have been really tough.”)
 - Note that it’s helpful to map both specific situations (e.g., an argument with a family member) and broader contextual factors (e.g., history of domestic violence, preterm birth, lack of sleep, colic, prior traumatic birth experience, experience with racism/misogyny/ableism or other forms of discrimination) that inform your understanding of why the patient has been experiencing distressing emotions
3. Talk about ‘How did you feel’
 - Ask about emotions (e.g., overwhelmed, sad, angry, scared, irritated, afraid, guilty, ashamed, jealous, etc.)

USE THE
[MAPPING](#)
[WORKSHEET](#)

(continued on next page...)

- Validate that these are common emotions and sensations that are part of the map of depression and anxiety (e.g., “It makes sense that you’ve been feeling [negative emotions] given what happened.”). Highlight places where you understand, and ask questions to elaborate where you don’t understand (e.g., “How were you feeling when [situation] happened? How do you feel thinking about it now?”). Use EMPOWERS skills to validate, empathically reflect, without judgment, paraphrase, and ask using open-ended questions
- 4. Talk about ‘What did you do (or did not do)’**
 - Ask about activities that she does more of (or that she has started doing) since she began feeling this way
 - Ask about activities that she does less of (or that she has stopped doing) since she began feeling this way
 - Validate that this is very common when people are depressed or anxious
 - Note that in BA, being inactive (e.g., staying in bed) when in a state of ruminating worry (i.e., “thinking” or worrying) is placed in this third circle of the map. Automatic thoughts (e.g., “I’m a terrible mother.”) can be placed in the ‘What Happened?’ circle given that they are not volitional
 - 5. Talk about the 1st downward spiral or vicious cycle**
 - Explain the 1st downward spiral

Example: “Many times, the activities we do (or stop doing) help us feel better temporarily or give us an immediate sense of relief, but over time can make things worse.”
 - Reflect on her own downward spiral

Example: “How does this fit with your own experience of depression/feeling down or anxious?” [Use her words]
 - Validate that downward spirals are common and make sense, even though they may keep you stuck over time
 - 6. Talk about the 2nd downward spiral or vicious cycle**
 - Explain the 2nd downward spiral

Example: “Sometimes what you do or don’t do, in the third circle here, also affects the situation back in the first circle. Then this in turn can maintain or worsen the vicious cycle.”
 - Gently ask about her 2nd downward spiral (it may or may not fit with her situation)

Example: “Have any problems started, continued, or worsened?”
 - Validate that this 2nd downward spiral is common and makes sense
 - 7. Map positive activities (or upward spirals) if mentioned—highlight these activities that help improve her mood**

8. Highlight that IT MAKES SENSE and it's possible to feel better

Example: “What you’ve been feeling and doing makes sense to me. It makes sense to feel stuck with everything that’s been going on, and it can be really hard to get out of this spiral on your own. That’s why this treatment exists—I will share some tools with you to zoom in on certain parts of this map, and we’ll work together to make small changes here to see how they can help you feel better.”

9. Elicit questions and feedback to emphasize collaboration

Example: “How did this exercise make you feel? Anything to add or modify?”

10. Explain how behavioural activation will get her unstuck from this downward spiral so that she can feel better

Example: “I know that it can be overwhelming to see some of the things you’ve been struggling with mapped out like this. Knowing exactly what’s been going on is the first step to recovery—it will allow us to find ways to reverse this downward spiral and build upward spirals (or cycles). The heart of this treatment is about using activity to change how you feel. The SUMMIT approach is a simple one but that doesn’t make it easy. It’s important to have support. By working together as a team, I can support you in taking small steps in the directions that you want.”

11. There are three ways to use activities to change how she feels during your work together:

- Identify activities that maintain or worsen the downward spiral
- Identify activities that improve her mood and reverse the downward spiral
- Practice engaging in activities that improve her mood as action plan assignments

12. Provide encouragement

- This can be intimidating for patients, so be sure to share that you are eager to be her BA treatment provider and to support her
- **Note:** In future sessions (e.g., middle-phase sessions, to select/schedule antidepressant, values-based activities with supportive others, or to work on communication skills of ask for help or setting limits, and in reviewing changes in the ending-phase) you might refer back to these Circles of Connection

(continued on next page...)

4. IDENTIFY A SUPPORT PERSON WHO SHE MAY CONFIDE IN AROUND PARTICIPATING IN BA

a. Share the “Significant Other Brochure”

1. Explain the importance of a support person during the SUMMIT BA treatment

Example: “One of the reasons we do this activity is to help to identify an individual with whom you can confide in and seek support as you complete treatment. This is a person with whom you will connect with throughout your participation, for example you can share with this trusted other what you have learned in each session and what your progress is in learning and applying the BA skills. It may seem easy to brush off the importance of a social support person and you may think about just doing this treatment on your own. But I urge you to consider otherwise. The skills of this treatment may be simple, but they require a strong and sustained commitment that a support person can help you to maintain.”

Example: “Thinking about your relationships, who would you like to be your support person for this treatment? Remember, you can share with this person what you’re learning in each session and your reasons for doing this treatment.”

- Ask the patient to identify who she would like to choose to support her through the treatment and to read and share the BA brochure with. Ask questions to better understand how the relationship and potential cultural background may make a difference to treatment^{6,7}

Example: “Sometimes people have different ways of describing how they’re feeling to their family or closest supports. How would you describe your feelings or struggles and reasons for participating in BA to your support person?”

- Ensure that the patient understands specifically what the action plan is. If there are concerns about literacy, check if she would prefer to ask a family member or friend to read the booklet to her

5. ELICIT COMMITMENT TO COMPLETING SUMMIT BA TREATMENT

a. MAKE AN ACTION PLAN

1. Introduce action plans and the rationale

- Because the focus of this treatment is taking action, it is important for the patient to understand that the positive impacts of BA arise from what she does between sessions
- Ask the patient to read the Significant Other Brochure and identify someone to share it with

b. REVIEW LEARNING FROM THIS LESSON

1. Ask for questions and feedback

Examples:

- ❖ “How did it feel to be here today?”
- ❖ “What concerns do you have about completing this treatment?”
- ❖ “How was this session different from what you expected it would be?”

2. Ask her to summarize the session and action plan

Examples:

- ❖ “What are you taking away from our session today?”
- ❖ “What is your action plan before our next session?”

3. Add any key points to the summary

4. Schedule your next session together

5. Express enthusiasm about the opportunity to be her BA Treatment Provider and communicate hope. Emphasize that you are here to support and encourage her during your work together

6. Ensure she has a plan and any materials needed for her homework and action plan

- [BA Mapping worksheet](#) (found in BA Activity Booklet)
- Significant Other Brochure

Example: “How are you going to begin this conversation with your support person to share the BA brochure and share with them that you are participating in BA? When can you plan to have this conversation?”

Document and Reflect

Reflect on your session and complete the required forms

- If the patient experienced any serious adverse events (e.g. suicide attempt/self-harm, life threatening illness, domestic violence, hospitalization, or child-related hospital admissions) immediately report this to a licensed mental health professional
- Complete the [SUMMIT Treatment Log Record Form](#)
- Reflect on any questions you have from the session to share with your team



PHASE 1: SESSION 2

Circles of Connection and Activity Tracking

Session 2: Main Objectives

- 1. REVIEW THE MAP AND REINFORCE ENGAGEMENT IN THE SUMMIT BA TREATMENT AND THERAPEUTIC RELATIONSHIP**
 - a. Open the BA session
 - b. Review the previous session
 - c. Ask directly about the action plan

- 2. SHARE THE CIRCLES OF CONNECTION TO LEARN ABOUT CLOSE RELATIONSHIPS**
 - a. Reflect on close relationships
 - b. Learn about problems in relationships and who she may confide in or receive practical support from

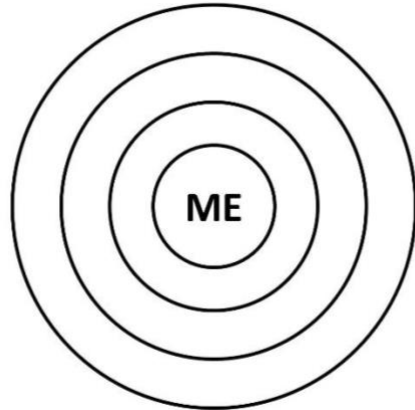
- 3. SHARE THE CORE SKILL OF “TRACKING”, HIGHLIGHTING PLEASURE, ACCOMPLISHMENT, AND CONNECTING ACTIVITIES**
 - a. Share the skill of Activity and Mood Tracking
 - b. Discuss Pleasure, Accomplishment and Connecting activities

- 4. COLLABORATE WITH THE PATIENT TO PLAN ONE HEALTHY ACTIVITY AND PRACTICE THE SKILL OF DAILY TRACKING**
 - a. Work with the patient to identify one pleasure, accomplishment, or connecting activity to complete as an action plan before the next session
 - b. Review learning from this lesson

Document and Reflect

Session 2 Activities:

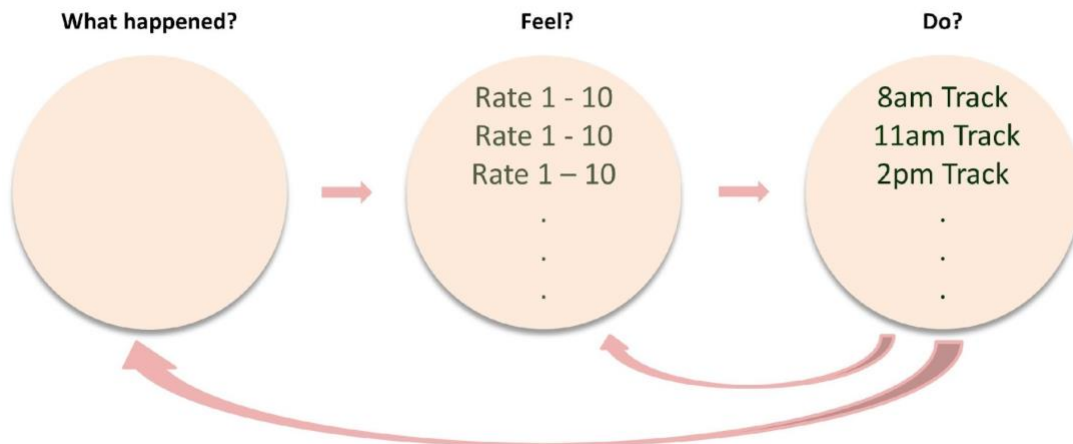
Circles of Connection



Mood Ladder



“Tracking”



DETAILED GUIDE FOR TREATMENT PROVIDERS

1. Review the map and reinforce engagement in the SUMMIT BA treatment and therapeutic relationship

a. OPEN THE BA SESSION

1. Check in

- Ask how she has been doing
 - Any changes in physical health?
 - Any changes in or new medication?
- Share your enthusiasm about working together

2. Review the depression anxiety symptom measures

- If she hasn't done so, ask her to fill out the EPDS and GAD-7
- Pause and assess in more detail if safety is a concern. Begin safety protocol if:
 - Question 10 of the EPDS is rated 1 or higher
 - Has expressed ideas of harming self, baby, or others

❖ *If a patient scores 20 or higher on the EPDS score over a minimum of two consecutive sessions, please consult a licensed mental health professional.*

- Provide feedback about the score
- Ask if she has any questions

3. Set an agenda

- Remind her about the purpose of setting an agenda
- Allow space for her to contribute to the agenda
- Preview the agenda

Preview the agenda

- ❖ Questions or reflections on last session
- ❖ Review circles of connection
- ❖ Learn the skill of "Tracking"
- ❖ Highlight pleasure, accomplishment, and connecting activities
- ❖ Summarize the session and discuss any questions
- ❖ Make an action plan – Tracking; Reading the Significant Other Brochure and talking with a support person
- ❖ Schedule the next session

b. REVIEW THE PREVIOUS SESSION

1. Reflect on the last session to learn together about the patient's experience with depression and anxiety, and how BA can help her

2. Highlight the main points that you summarized at the end of the last session

- Her story and goals for participating in this treatment
- Her map (show this to her, ask open-ended questions about her experience of the mapping)

(continued on next page...)

- How SUMMIT BA treatment can help
- The structure of SUMMIT BA treatment and the ways you can work together as a team

c. ASK DIRECTLY ABOUT THE ACTION PLAN

1. Briefly share the rationale for talking about the action plan in each session

Example: “Checking in about action plan helps me to be a more effective BA Treatment Provider. It allows us to”:

- ❖ “Celebrate your successes with focusing on your well-being”
- ❖ “Deepen our understanding of your experience by reviewing what you’ve learned, and”
- ❖ “Address challenges you encounter”

2. Ask directly about the action plan

- Explore how sharing with the identified support person about the patient’s participation in BA treatment went

3. If she didn’t complete the action plan, ask about barriers

Example: “What barriers or challenges did you face when trying to complete the action plan? What got in the way of doing the action plan?”

4. Encourage her to be honest and open with you about her experiences

2. SHARE THE “CIRCLES OF CONNECTION” TO LEARN ABOUT CLOSE RELATIONSHIPS

The Circles of Connection is done to identify important people in the patient’s life who can provide emotional or practical support, and to discover relationships that may be helped with communication skills or problem solving in future sessions. This helps the patient in their recovery to be supported by and connected with trusted caring others in healthy, values-based activities.

a. COMPLETE THE CIRCLES OF CONNECTION

Example for transitioning to the Circles of Connection: “In this next activity, we’ll be reflecting on your relationships, the important people in your life who you have a sense of safe connection or you feel close - who supports, cares about and understands you? And also which relationships are distressing or contribute to downward spirals?”

USE THE
[CIRCLES OF
CONNECTION
WORKSHEET](#)

1. Explain other reasons for completing the Circles of Connection

Example: “Relationships are important to our health and wellbeing – for emotional or practical support in times of need. We often have default people to go to or confide in when life gets tough. It may include the people that are physically close or just easiest to contact, or others who have been there for you in times of need. This activity can broaden how you think about the people who are there for you and the options you have for connecting or communicating with them in ways that can help. Seeing this broader support network can be especially important to have in mind when going through life’s challenges and really taxing times like during pregnancy or right after having a baby. Support might include: helping to take care of the baby or children, listening to worries and concerns, helping with finances or other practical problems like errands and household chores, spending time together, having fun together or visiting, or giving advice or guidance.”

2. Complete the Circles of Connection with the patient

- Start with the innermost circle

Example: “There are 3 layers of circles – the innermost ones are the closest relationships and the outermost are individuals with whom you may have relationships but infrequent contact with or do not confide in. There may be some people who used to be close but whom you’ve lost touch with, and some unsatisfactory relationships that cause distress. Let’s start with the innermost circle. These are the people that you trust the most, the ones who you can trust will be nonjudgmental, the ones you could imagine sharing secrets with. Who in your life would you put in this circle? Can you tell me a bit about them, and about your relationship? How have you described to them what’s been going on for you and how you’ve been feeling? How have they responded? What is your sense of what they think about how you’ve been feeling or what’s causing you to feel this way?”

- Write the people’s names and relationships to the patient in this inner circle as you explore these relationships, and ask them to tell you about each person, their relationship with them and how this may have changed – for example in the context of their struggles with depression and life changes, such as the birth of their baby. Then repeat for the next circles

Example: “Who would be in the next level out?”

3. SHARE THE CORE SKILL OF “TRACKING”, HIGHLIGHTING PLEASURE, ACCOMPLISHMENT, AND CONNECTING ACTIVITIES

Tracking is done to identify which activities and situations might be aligned with the patient feeling, better or worse; and to help with selecting and scheduling anti-depressant activities and/or to address situations during the middle phase with problem solving and communication skills.

(continued on next page...)

a. SHARE THE SKILL OF ACTIVITY AND MOOD TRACKING

Example for transitioning to Tracking: "I'd like to share with you a skill called Activity Tracking. Activity Tracking helps us discover the specific links in your life between activity and mood. This information is so important for us in finding which activities can help to improve your mood."

1. Introduce the concept of Tracking

Example: "The Mapping skill we learned in the last session showed how depression and anxiety is maintained in the specific context of your life and by patterns of activity. We cannot change events in the past and sometimes we cannot change current contexts, but we CAN change the activities that may be maintaining depression and anxiety. Changing activity is a skill that everyone can learn, but first it is important to use the skill of Tracking to find out which activities will be helpful for you. We will work together like detectives to create a behavioural antidepressant that's based on what we know about how your activities affect your mood."

2. Explain the Mood Ladder

The Mood Ladder provides a scale for tracking the patient's mood. A shared understanding of this activity will help you and the patient identify how different activities affect her mood

- Introduce the Mood Ladder (use the [worksheet](#))
- Identify meaningful anchors on the Mood Ladder

Example: "As you're tracking how you're feeling, you'll pick a number, with 1 being the most "down or anxious" and 10 being the most "positive or calm". To give a guide for yourself as you do the tracking, let's create some anchors based on your own life. When has your mood been at a 1? What about a 10? What about a 5?"

3. Explain how to track specific activities

- Describing the activity briefly (so that it will not be a burden for her to do the tracking)

4. Fill in some of the tracking sheet together using the hours before the session as an example

Completing some tracking together is an opportunity for you to demonstrate specifically how to do the tracking, and allows you to check for the patient's understanding of this skill

- Demonstrate Activity and Mood Tracking for the hours before today's session
- Identify a few links between activity and mood. Model an attitude of curiosity!

(continued on next page...)

- Any variation in how someone feels, no matter how small, can provide clues to figuring out which activities are closely tied to feeling down and which may be part of the path to feeling better

5. Make an action plan for tracking between now and your next session

- Discuss whether she prefers by hour or blocks of time format
- Discuss how often and when she'll track (make the plan clear, concrete and observable)
- Remind her that the point is learning

Example: *"The goal of this is learning – to simply keep track and make observations, like a detective so we can learn how certain activities affect your mood."*

- Troubleshoot likely problems or barriers

Example: *"What do you think might get in the way of completing your tracking? What concerns do you have about this plan?"*

b. DISCUSS PLEASURE, ACCOMPLISHMENT AND CONNECTING ACTIVITIES

1. Explain what PLEASURE, ACCOMPLISHMENT AND CONNECTING ACTIVITIES are, and ask the patient to identify some examples

Example: *"Oftentimes, through Tracking, patients will notice that there are three main types of activities that are linked to more positive moods. In Behavioural Activation, we label these three categories as pleasure, accomplishment and connecting with others, or any combination of those three. Noticing and practicing these activities can be helpful in starting to reverse the downward spiral and build upward spirals of mood and activity in your life."*

- PLEASURE

Example: *"Pleasure activities provide a sense of enjoyment, delight, or nourishment. Some examples may be taking a relaxing shower, eating a delicious meal, or going for a walk outside on a beautiful day. What are some activities in your life that falls into this category?"*

- ACCOMPLISHMENT

Example: *"Accomplishment activities provide a sense of accomplishment, a sense of getting things done, even if the activity itself is not particularly enjoyable. Some examples may be finally finishing a load of laundry that you had been planning on doing or completing an exercise program that you are working hard on. What are some activities in your life that fall into this cateaorv?"*

- CONNECTING

Example: *"Connecting activities meaningfully engage you with other people. Some examples may be going out to lunch with a friend or talking with your sibling on the phone. What are some activities in your life that fall into this category?"*

- ❖ *There may be people identified on the Circles of Connection with whom the patient could reconnect.*

4. COLLABORATE WITH THE PATIENT TO PLAN ONE HEALTHY ACTIVITY AND PRACTICE THE SKILL OF DAILY TRACKING

a. WORK WITH THE PATIENT TO IDENTIFY ONE PLEASURE, ACCOMPLISHMENT, OR CONNECTING ACTIVITY TO COMPLETE AS AN ACTION PLAN BEFORE THE NEXT SESSION

1. Introduce the action plan

Example: “Before the next session, part of your action plan will be to do an activity that is small and doable, and is high in feelings of pleasure, accomplishment, or connecting with others.”

Together, you have a few sources of information to help guide her in identifying this activity:

2. **Tracking:** If you have identified a link between an activity and feeling better, she might select this activity for action plan
3. **Mapping:** What is one activity that was identified in your discussion of the map that she might want to plan to do between now and your next session? This might be doing the opposite of an activity that was in the “third circle” of the map, as long as it is not too demanding (e.g., if she wrote down avoiding a particular activity on her map, she might plan to do one small step that is the opposite of avoiding)
4. If no specific activities were identified in the tracking or the map, what activities used to be part of her routine that are not on the schedule now or that faded away when she started feeling down, or during the transition of pregnancy and early parenting? If she were feeling more like her usual self now (or if she wasn’t feeling down or overwhelmed), what activities would be part of her day that aren’t now? Pick a small and manageable activity from this category. Take care to let the patient lead this discussion and not make recommendations. The patient will have a better sense of activities that fit with her life and that are both safe and affordable given her context
 - **Note:** Some patients may express hesitation and guilt about engaging in activities that boost their mood or bring them pleasure. They may think that they are being selfish. You might share the metaphor of the oxygen mask in airplanes

Example: “In order to take care of others, it is important for moms to take care of themselves. Have you ever listened to the safety demonstration on an airplane? If there is a problem with air supply on the plane, first you place the oxygen mask on yourself and then you place it on children or others who need help.”

5. Check that the activity is small, and doable, and affordable

6. Make an action plan: Identify when, where, and for how long she will do the activity

- Making sure that the plan is clear, concrete, and observable helps the patient be more likely to complete this activity

b. REVIEW LEARNING FROM THIS SESSION

1. Ask her to summarize the session

Examples:

- ❖ “To summarize, would you please tell me, in your own words, what we have discussed in our meeting and the key points we covered?”
- ❖ “Any questions?”
- ❖ “What are you taking away from today that may be helpful?”

2. Ask her to summarize and confirm the action plan

- Fill in any information that she does not include

Example: “To make sure we’re on the same page, can you remind me of what your action plans are for the week ahead?”

- ❖ Complete the tracking sheet for the scheduled times and days discussed
- ❖ One pleasure, accomplishment, or connecting activity scheduled as discussed, and track how that made her feel

3. Elicit questions or concerns and address them in a direct and encouraging manner

Example: “What concerns do you have about your action plan? What questions do you have about what we discussed today?”

4. Schedule your next session

5. Ensure she has the materials she needs to complete the action plan

- [Activity Tracking worksheet](#)

6. Express enthusiasm about the opportunity to be her BA Treatment Provider and communicate hope

- Emphasize that you are here to support and encourage her during your work together

Document and Reflect

Reflect on your session and complete the required forms

- If the patient experienced any serious adverse events (e.g. suicide attempt/self-harm, life threatening illness, domestic violence, hospitalization, or child-related hospital admissions) immediately report this to a licensed mental health professional
- Complete the [SUMMIT Treatment Log Record Form](#)
- Reflect on any questions you have from the session to share with your team

PHASE 2: Getting Active and Solving Problems

SESSION 3

SESSIONS 4 - 6



PHASE 2: SESSION 3

Activity Selecting, Structuring
and Scheduling & Identifying
Values

Session 3: Main Objectives

- 1. REVIEW HEALTHY ACTIVITIES FROM LAST SESSION TO HIGHLIGHT LINKS BETWEEN WHAT SHE DOES AND HOW SHE FEELS**
 - a. Open the BA session
 - b. Review the previous session
 - c. Ask directly about the action plan
 - Explore the patient’s experience completing the tracking sheet
 - Use the tracking sheet to identify links between activity and mood

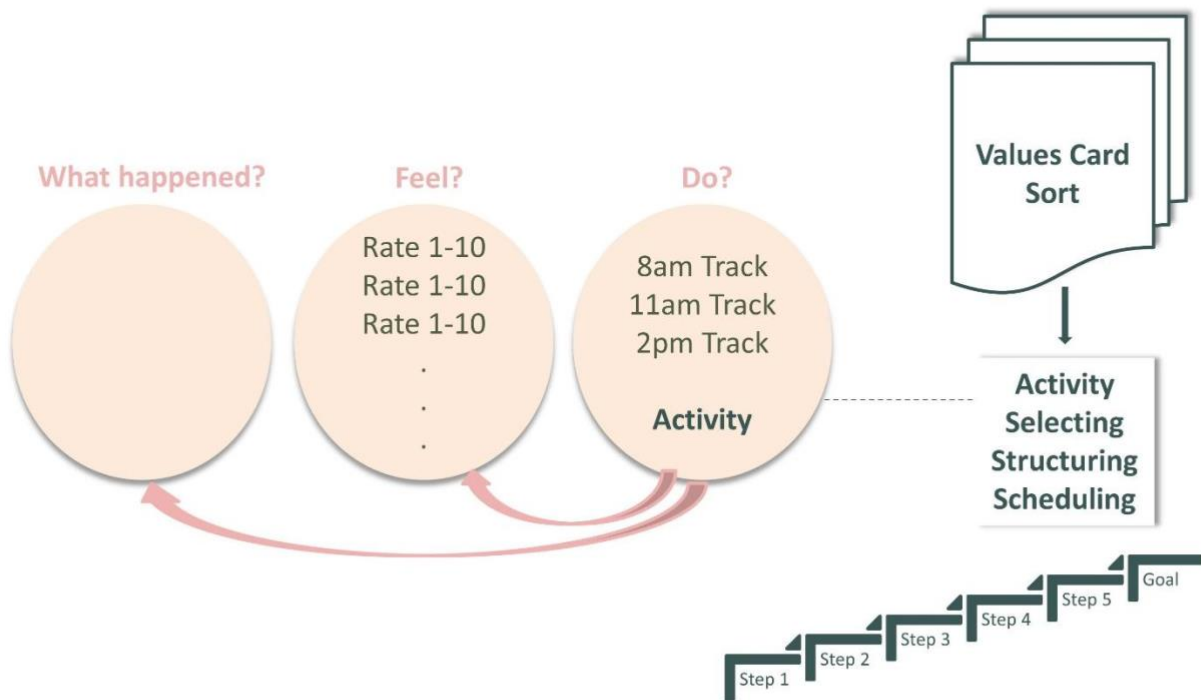
- 2. SHARE THE CORE SKILL OF “IDENTIFYING VALUES”**
 - a. Share the skill of identifying values as a tool to select healthy activities

- 3. SHARE THE CORE SKILL OF “ACTIVITY SELECTING, STRUCTURING, AND SCHEDULING”**
 - a. Collaborate with the patient to plan healthy activities, breaking down into small doable steps and continue to practice the skill of daily tracking
 - b. Review learning from this lesson

Document and Reflect

Session 3 Activities:

“Values Card Sort” & “Activity Selecting/Structuring/Scheduling”



DETAILED GUIDE FOR TREATMENT PROVIDERS

1. REVIEW HEALTHY ACTIVITIES FROM LAST SESSION TO HIGHLIGHT LINKS BETWEEN WHAT SHE DOES AND HOW SHE FEELS

a. OPEN THE BA SESSION

1. Check in

- Ask how she has been doing
 - Any changes in physical health?
 - Any changes in or new medication?
- Share your enthusiasm about working together

2. Review the depression anxiety symptom measures

- If she hasn't done so, ask her to fill out the EPDS and GAD-7
- Pause and assess in more detail if safety is a concern. Begin safety protocol if:
 - Question 10 of the EPDS is rated 1 or higher
 - Has expressed ideas of harming self, baby, or others

❖ *If a patient scores 20 or higher on the EPDS score over a minimum of two consecutive sessions, please consult with a licensed mental health professional.*

- Provide feedback about the score
- Ask if she has any questions

3. Set an agenda

- Remind her about the purpose of setting an agenda
- Allow space for her to contribute to the agenda
- Preview the agenda

b. REVIEW THE PREVIOUS SESSION

1. Ask if she has any questions or reflections about your last session

2. Highlight the main points that you summarized at the end of the last session

- Checking in on the previous week's action plan
- Activity and Mood Tracking
- Pleasure, Accomplishment, and Connecting Activities/Circles of Connection

Preview the agenda

- ❖ Questions or reflections on last session
- ❖ Review action plan: Identifying a support person; tracking and one pleasure, accomplishment, or connecting activity
- ❖ Learn to identify links between activity and mood
- ❖ Learn about identifying values as a tool to select healthy activities
- ❖ Learn the skills of Activity Selecting, Structuring, and Scheduling
- ❖ Summarize the session and discuss any questions
- ❖ Action Plan: Implement activity selected and structured; continue tracking
- ❖ Schedule the next session

c. ASK DIRECTLY ABOUT THE ACTION PLAN

Learning about the patient’s activities between your sessions together is central to the work of a BA Treatment Provider

1. Ask directly about the pleasure, accomplishment, or connecting activity

- Ask open-ended questions about the activity and how it affected her mood. Example, “How did it go with this week’s action plan?” Use empathic reflections and paraphrasing/summarizing
- Highlight the way in which she has acted even though it is challenging. Express enthusiasm and support for even small steps towards completing healthy activities on the path to a more positive mood
- Troubleshoot any challenges or barriers. It is common for people who are down or depressed to struggle with getting active. That’s why BA is so important! If you don’t ask about barriers or challenges, you won’t know how to help

2. Ask directly about her experience with tracking

- Ask open-ended questions about how tracking went
- If she did not complete the tracking, troubleshoot any challenges and barriers
 - Ask open-ended questions about challenges and barriers to completing the tracking

Remember to validate her feelings around not doing tracking (fatigue, etc.)

Example: “What got in the way of doing the tracking?”

- Help problem-solve specific barriers that the patient identifies
- Provide options for different ways of tracking (e.g., using blocks of time vs. hourly tracking)
- If she did not complete the tracking, complete one tracking sheet together and illustrate how it can be done in a quick way

d. USE THE TRACKING SHEET TO IDENTIFY LINKS BETWEEN ACTIVITY AND MOOD

Example for transitioning to identifying links between activity and mood: “The heart of SUMMIT BA treatment is changing how you feel by changing what you do. To find out what changes to make to what you do, we need to be like detectives, inspecting your tracking sheet with a spirit of curiosity, noticing that each activity in your daily life may create small, or sometimes big changes to your mood.”

1. Check what she noticed on her own by asking generally about what she learned

(continued on next page...)

2. Ask what links she noticed between her activity and mood

Example questions to explore:

- ❖ “What did you notice about links between what you did and how you felt?”
- ❖ “Which activities were connected with more positive mood ratings? Which were connected with more negative mood ratings?”
- ❖ “Were there any changes in your mood ratings? Even small changes? When did these changes occur? What happened before, during, and after these mood changes?”
- ❖ “Were there certain situations, people, places, or times of day that were particularly difficult or stressful? Others that were enjoyable?”
- ❖ “Did you avoid or withdraw in any situations or at any times? What happened next? What was the effect on your mood over time?”

3. Ask about activities that used to be part of her life but that are not any longer

4. Encourage her to continue Tracking in between sessions

- Ask the patient to do some Tracking as part of her action plan before the next session
- Discuss how often and when she’ll track (make this clear, concrete, and observable)

2. SHARE THE CORE SKILL OF “IDENTIFYING VALUES”

In this manual, a value is defined as an area in the patient’s life that is important to her now. The reason we identify a patient’s values is to target healthy activities. The values a patient chooses via the values card sort will be used to select activities that are meaningful to her.

Example for transitioning to Identifying Values: “In addition to using the activity tracking to help identify activities that may boost your mood. We can also turn to our values to identify activities in areas of life that are meaningful to us.”

1. Ask what the word VALUE means to her and introduce the values activity

- Invite her to engage in this activity to identify her values as they are in this moment
- As she does the activity, you’d like her to pick the values that are most important to her right now, recognizing that they’re not set in stone and may change tomorrow or next week
- Ask her not to think too long about it but to go with her gut feeling and to choose values that are important to her (not to others or society or a particular community)

USE THE
[VALUES CARD
SORT](#)

2. Do the Values Card Sort

- Give the patient the stack of cards, have her shuffle them, and tell the patient to deal herself 10 cards, face up, in two rows (TELEMEDICINE: show the patient the values slides 1 at a time)

(continued on next page...)

- Have her choose the one value that is most important and reserve it in a pile, and discard the remaining 9 cards from the set (TELEMEDICINE: record the one chosen value on the [Values Card Sort Word document](#))
- Deal another 10 cards and repeat steps 3-4 until she has gotten through the whole deck (TELEMEDICINE: continue choosing one value from each slide until you've reached the end)
- From the chosen values, pick the top 3
- Ask her what it was like to reflect on and identify her values – e.g., what was that like? What did you discover?

a. USE SKILL OF IDENTIFYING VALUES AS A TOOL TO SELECT HEALTHY ACTIVITIES

1. Talk about how value-based activities can improve mood

- Introduce how depression/feeling down or anxious (use her words) can often make people lose touch with their values
- Check with the patient to see if that has been her experience
- Share that value-based activities can help improve mood and that you will help support her in doing these activities

3. SHARE THE CORE SKILL OF “ACTIVITY SELECTING, STRUCTURING AND SCHEDULING”

Activity Selecting, Structuring, and Scheduling is a fundamental component of behavioural activation, which aims to alleviate depression by increasing engagement in meaningful and enjoyable activities. By selecting, structuring, and scheduling activities, individuals can break the cycle of inactivity and withdrawal that often accompanies depression. This process helps individuals regain a sense of mastery, pleasure, and accomplishment, leading to improved mood and overall well-being. Additionally, by incorporating activities that align with personal values and goals, individuals can cultivate a sense of purpose and direction in their lives, further enhancing the effectiveness of behavioural activation.

a. COLLABORATE WITH THE PATIENT TO PLAN HEALTHY ACTIVITIES, BREAKING DOWN INTO SMALL DOABLE STEPS AND CONTINUE TO PRACTICE THE SKILL OF DAILY TRACKING

Example for transitioning to Activity Selecting, Structuring, and Scheduling: “We can now use all that we’ve learned so far to improve how you feel using the next three skills of Activity Selecting, Structuring, and Scheduling”

(continued on next page...)

1. Share the skill of Activity Selecting

- Explain that she has three sources of candidate activities to draw from. Options to explore are:
 - Links that you've identified from her tracking, including focusing specifically on accomplishment, pleasure and connecting activities and disrupted (or missing) activities
 - Activities that help break the downward spiral based on the patient's map
 - Value-based activities from learning during the Values Card Sort
- Encourage the patient to start with more doable activities
- Often when patients have a lot of complicated problems in their lives, it is important to start with activities that will help provide a boost in mood and that are feasible to do, even if the activity seems very minor. Ask what activity she should like to engage in
- **Note: You may want to focus on activities that the patient:**
 - Would like to do to live according to her values and feel more like her usual self
 - Is already engaging in that she finds improve her mood
 - Has been avoiding that are weighing on her and causing stress

USE THE
[ACTIVITY
STRUCTURING
WORKSHEET](#)

2. Share the skill of Activity Structuring

- Explain how to do Activity Structuring and perhaps share an example

***Example:** "You've selected an activity that's a good candidate for helping to improve your mood, so now we can work together to Structure this activity. Structuring means breaking activities down into smaller subtasks to make the activity less overwhelming and help you accomplish your goal. Say someone would like to run a marathon but has not exercised in a long time. What are some steps that this person may need to take?"*

- Using the [Activity Structuring worksheet](#), structure the selected activity
- Check that each step is clear, concrete, and observable
- Select the steps that are at the patient's current ability level but not beyond it. Accomplishing one step will make it easier to get to the next one
- Encourage her to ask questions

***Example:** "What questions or concerns do you have so far about the way we've structured this activity?"*

3. Share the skill of Activity Scheduling

- Explain the importance of Activity Scheduling
- Schedule the steps of her activity
 - When will she do the activity?
 - Where will she do the activity?
 - For how long will she do the activity?
 - Write this information down on the [Activity Structuring worksheet](#)

(continued on next page...)

- Ask the patient to add these scheduled activities to her [Tracking worksheet](#), her personal calendar, her phone calendar, or to whatever else she uses for scheduling

4. Anticipate barriers

Example: “Despite your best intentions and the steps we’ve taken to structure these activities, you may still face some barriers in trying to complete them. What are some of the barriers you can anticipate that might make this challenging? What can we plan now to help you overcome these barriers?”

HERE ARE SOME COMMON BARRIERS

Brainstorm with the patient about whether any are likely and how she can prepare now so that they do not get off track.

SESSION 3

Logistics	Sometimes we don’t plan for some resources that are needed to do an activity (e.g., when a class is offered, what the weather will be, etc.)
Motivation	Sometimes we don’t feel like doing the activity when the time comes around. It can be helpful to ask yourself if you are acting according to a goal (or value) or according to a mood. Or if you are acting from the “inside out” or the “outside in”?
Emotions	Sometimes an activity we have planned makes us anxious and we want to avoid it. It can be helpful to have a back-up plan in these cases or to call a teammate to get a little extra support
Habits	Sometimes old habits are hard to break. Some patients have found it helpful to remind themselves that making changes takes time, and that they have the support of people who care about them during this process
Thoughts	Sometimes the voice of depression is very loud and tells us that a single step “doesn’t matter.” Some patients find it helpful to remind themselves that these kinds of thoughts and comments often stop them in their tracks rather than help them move forward. Instead of focusing on these thoughts, they remind themselves to act according to a goal, not a mood, or to act from the outside in, not the inside out
Forgetting	Sometimes we just plain forget! Some patients have found that coming back to their Tracking worksheet can help them remember. If they plan an activity and then forget to do it, they will cross it out from the Tracking worksheet and then write in whatever they did instead. This helps them learn about what got in the way of their scheduled activity. They can also write down a new time for the activity.

a. REVIEW LEARNING FROM THIS SESSION

1. Ask her to summarize the session

Examples:

- ❖ “What are you taking away from today?”
- ❖ “Any questions or parts that are unclear?”

(continued on next page...)

2. Ask her to summarize and confirm the action plan

Examples: “To make sure we’re on the same page, can you remind me of what your action plans are for the week ahead?”

- ❖ *Continue activity and mood tracking for the times and days discussed*
- ❖ *The healthy activity(ies) scheduled as discuss*

3. Elicit questions or concerns and address them in a direct and encouraging manner**4. Schedule your next session****5. Ensure she has the materials she needs to complete the action plan**

- [Activity Tracking sheet](#)
- [Activity Structuring sheet](#)

6. Express enthusiasm about the opportunity to be her BA Treatment Provider and communicate hope

- Emphasize that you are here to support and encourage her during your work together

Document and Reflect

Reflect on your session and complete the required forms

- If the patient experienced any serious adverse events (e.g. suicide attempt/self-harm, life threatening illness, domestic violence, hospitalization, or child-related hospital admissions) immediately report this to a licensed mental health professional
- Complete the [SUMMIT Treatment Log Record Form](#)
- Reflect on any questions you have from the session to share with your team



PHASE 2:

SESSIONS 4 – 6

Building Skills: Problem Solving (COPE) and
Communication (FIRM)

Sessions 4 – 6: Main Objectives

- 1. REVIEW AND BUILD ON HEALTHY ACTIVITIES FROM LAST SESSION**
 - a. Open the BA session
 - b. Review the previous session
 - c. Ask directly about the action plan

- 2. SHARE AND SELECT FROM THE MENU OF PROBLEM SOLVING AND COMMUNICATION SKILLS TO SUPPORT THE PATIENT IN OVERCOMING BARRIERS**
 - a. Introduce problem solving and communication skills (if helpful)
 - b. Share problem solving skills: COPE
 - c. Share communication skills of asking for help and saying no: FIRM

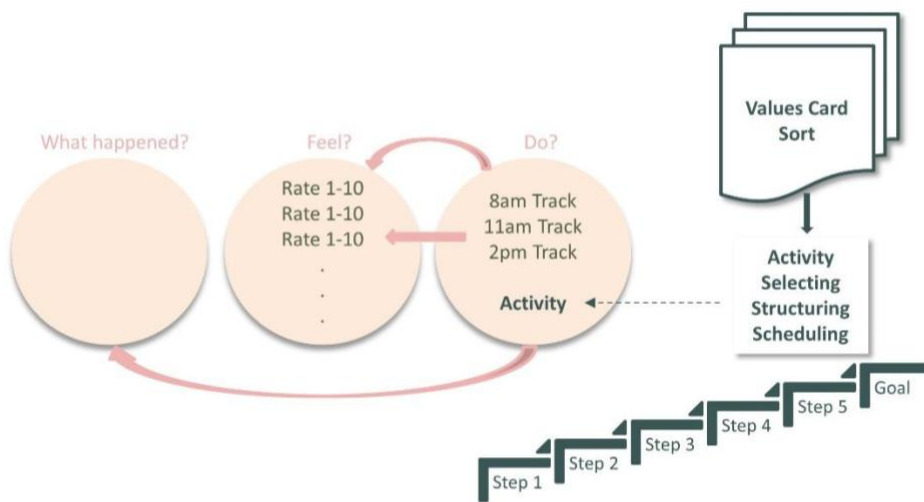
- 3. COLLABORATE WITH THE PATIENT TO PLAN HEALTHY ACTIVITIES, SOLVE PROBLEMS, AND CONTINUE TO PRACTICE THE SKILL OF TRACKING**
 - a. Make an action plan
 - b. Review learning from this session

Document and Reflect

Sessions 4 – 6 Activities:

“COPE” & “FIRM”

SESSION 4 - 6



Clarify
Options
Perform
Evaluate

Communication
Skills

DETAILED GUIDE FOR TREATMENT PROVIDERS

1. REVIEW AND BUILD ON HEALTHY ACTIVITIES FROM LAST SESSION

a. OPEN THE BA SESSION

Follow the steps outlined in Session 2:

1. Check in
2. Review the Depression and Anxiety Symptom measures
3. Set an agenda

b. REVIEW THE PREVIOUS SESSION

1. Ask if she has any questions or reflections about the last session
2. Highlight the main points that you summarized at the end of the last session

c. ASK DIRECTLY ABOUT THE ACTION PLAN

Learning about the patient's activities between your sessions together is central to the work of a BA Treatment Provider

1. Ask directly about the scheduled healthy activity(ies). Draw connections between activities or types of activities (pleasure, accomplishment, connecting) and mood
2. Highlight the ways in which she has acted according to a goal, plan or value rather than a mood, even though it was challenging
 - Express enthusiasm and support for even small steps towards completing healthy activities on the path to a more positive mood

Example: "There is often such a strong urge from depression to avoid, withdraw, and "not do", it is so awesome that you were able to act in a way that is directly opposite to that urge. That can take a lot of strength, and is such a critical step on the path towards feeling better."

3. Incorporate her tracking into the discussion

Example questions to explore:

- ❖ "What did you notice about links between what you did and how you felt?"
- ❖ "In what ways did your mood ratings change with different activities, even minor? When did these changes occur? What happened before, during, and after such mood changes?"
- ❖ "Which activities were connected with more positive mood ratings?"
- ❖ "Which activities were connected with more negative mood ratings?"
- ❖ "In what ways did you avoid or withdraw in specific situations or times? What happened next? What was the effect on your mood over time?"

4. Troubleshoot any challenges or barriers. Ask her if any problems are making it challenging to stick with her action plans
5. Ask directly about the skills of Selecting, Structuring, and Scheduling Activities

Example questions to explore:

- ❖ “How did the activity go?”
- ❖ “Is there anything that needs to be changed or modified about how the activity is structured?”
- ❖ “What did you learn about these skills?”

6. Ask her if she would like to add more activities to her action plan after this session

7. If the patient did not complete the action plan, ask open-ended questions about this directly and review the action plan rationale

- Ask open-ended questions about what got in the way
- Validate her experiences that are connected with not doing the action plan (fatigue, etc.)
- Review the rationale for completing action plans between your sessions together and apply it to her situation specifically
- Troubleshoot and problem-solve barriers or use this as an opportunity to transition to COPE or FIRM

Later in this session, there is an opportunity to return and make a complete plan for these future activities

2. SHARE AND SELECT FROM THE MENU OF PROBLEM SOLVING AND COMMUNICATION SKILLS TO SUPPORT THE PATIENT IN OVERCOMING BARRIERS

Sessions 4-6 introduce two new skills. One is problem solving (COPE). Another is communication (FIRM). The rationale for teaching these skills is to reduce barriers to completing healthy activities by solving problems within her control and communicating her needs effectively. These sessions offer an opportunity to revisit the map, track what happens, and structure activities. Sessions 4-6 are designed to be flexible. If communication skills (FIRM) would be most helpful, then that skill may be introduced before problem solving (COPE). Although both skills will be introduced, one skill may be emphasized and practiced more than the other.

a. INTRODUCE PROBLEM SOLVING AND COMMUNICATION SKILLS (IF HELPFUL)

Example transitioning to Problem-Solving and Communication Skills: “The SUMMIT BA treatment offers a menu of problem-solving skills. Based on what shared about ____, I think the particular skill of ____ could be a really valuable tool for you.”

(continued on next page...)

1. Share that many patients experience avoidance with depression and anxiety, and that problem-solving skills can help overcome this avoidance

b. SHARE PROBLEM SOLVING SKILLS: COPE

Patients who are depressed often have many challenges or obstacles in their lives contributing to depression and anxiety. Approaching these problems head on, rather than avoiding them, can help moms who are struggling escape the vicious cycle of depression and anxiety

USE THE [COPE WORKSHEET](#)

1. Following the guidance below and using the [COPE worksheet](#), walk through each step of COPE with the patient

CLARIFY – Clarify the problem

- Clarify what exactly is the problem – get as specific as possible
- Focus on only ONE problem at a time
- What are the facts of the problem?
- What about this one problem is stressful, challenging or difficult?
- Think about whether this is a problem over which the patient has control, and explore together the things that the patient has control over

OPTIONS – Brainstorm lots of options

- Do not worry about whether the options are “good” or “bad”. This is the time to practice being non-judgmental
- How have other people approached this or similar problems? How did they problem-solve?
- What are some other similar problems the patient has faced? How did she problem-solve?
- Check to ensure that options are concrete, specific, and doable

PICK – Pick an option and put it into action

- Which option that has the most advantages and the least disadvantages?
- There may be no “perfect” solution to some problems
- Which option is most likely to get the result she wants?

EVALUATE – Evaluate how it worked

- Did she get the desired outcome?
- Specifically, what worked, what didn’t?
- She deserves congratulations for approaching instead of avoiding problems. This is hard to do anytime, and is especially hard when feeling depressed, down, or overwhelmed
- If the problem was not solved, she can go back to the beginning and cycle back through each step. Some problems take a few problem-solving efforts to solve
- If the problem was solved, use these skills in the future!

2. **DO NOT** tell her what to do – show her how to problem solve, use EMPOWERS skills
3. **Acknowledge that not all problems have immediate solutions**
 - In these cases, prioritize actions to improve her mood even in the presence of such problems
4. **Review and encourage resources for problems for which professionals can help**
 - Resources may include doctors, therapists, social services, or other resources on our list. Be her ally in reaching out

c. SHARE COMMUNICATION SKILLS OF ASKING FOR HELP AND SAYING NO: FIRM

Asking for help and saying no to other people's requests or demands can support a patient in addressing challenges or in getting support for keeping on track with her action plans

1. Explore how easy or difficult it is for the patient to ask for what she wants and to set limits or say no to other people's requests or demands on her time

- Patients vary widely in their comfort with communicating this way. Knowing this about the patient can help guide your approach to sharing these skills as a BA Treatment Provider

USE THE
[FIRM](#)
[WORKSHEET](#)

Example questions to explore:

- ❖ "What is your experience of asking other people for help? On a scale of 1 (easy) to 10 (super hard), how hard is it for you to ask others for help?"
- ❖ "What is your experience of saying no to other people's requests? On a scale of 1 (easy) to 10 (super hard), how hard is it for you to say no to others?"
- ❖ "Are some people or topics easier or harder for you to ask for help or say no?"

- **Note:** Remember to validate that this is hard for many patients. Even if someone is generally effective in doing this, some topics or people can be harder than others, or sometimes it can be harder to do when feeling down
2. **Tell her that asking for help and saying no are skills that can be learned and strengthened over time with practice**
 3. **Introduce the four questions on the [Communication Skills \(FIRM\) worksheet](#)**
 4. **Practice the skills of asking for help and saying no. Following the guidance below and using the FIRM worksheet, walk through each step of FIRM with the patient**

Example: "Remember that asking for help and saying no are skills that can be strengthened with practice, so let's practice these skills together now."

- **Facts:** What is the situation? **I feel:** How do I feel about it? **Request:** What do I want? **Make the benefits clear:** What are the benefits of agreeing to what I am asking?

(continued on next page...)

- Identify a current situation with her that is affecting her mood or her action plans
- Support her in writing out her answers to the four questions on the Communication Skills (FIRM) worksheet
- Role-play the interaction with you, the provider being the other, for the patient to have an opportunity to practice
- Provide feedback on her statements for the four questions and on her delivery style
- **Note:** If she mastered these skills on the first practice, you can make it more challenging by being particularly stubborn or trying to distract her as her role-play partner
- Provide encouragement; remind her that it takes practice to build this skill
- As relevant, acknowledge that no matter how effective you are in asking for help and saying no, sometimes you don't get what you want

Example: "Even if you don't get exactly what intended, you asked for what you wanted and remained true to who you are."

3. COLLABORATE WITH THE PATIENT TO PLAN HEALTHY ACTIVITIES, SOLVE PROBLEMS, USE COMMUNICATION SKILLS AND CONTINUE TO PRACTICE THE SKILL OF TRACKING

a. MAKE AN ACTION PLAN

1. From your discussion at the beginning of this session and using the skill of activity selecting, ask her about what actions she wants to take

Example: "What healthy activities do you want to do for your action plan this week? We could continue or build on the activities from last week. Or you could use what you've learned to try something new."

2. Work with her to Structure the activity(ies), as relevant
 - You can use the [Activity Structuring worksheet](#) again
3. Schedule the activity(ies)
 - When will she do the activity?
 - Where will she do the activity?
 - For how long will she do the activity?
 - Write this information down on the [Activity Structuring worksheet](#)
 - Ask the patient to add these scheduled activities to her tracking sheet, her personal calendar, her phone calendar, or to whatever else she uses for scheduling.
4. Invite the patient to practice using the COPE or FIRM Skills with one of the problems you discussed
5. Troubleshoot potential barriers to completing the action plan

b. REVIEW LEARNING FROM THIS SESSION

1. Ask her to summarize the session and add any key points

Examples:

- ❖ “What are you taking away from our session today?”
- ❖ “What questions do you have about what we covered today?”

2. Ask her to summarize and confirm the action plan and fill in any missing information

Example: “To make sure we’re on the same page, can you remind me of what your action plans are for the week ahead?”

3. Elicit questions or concerns and address them in a direct and encouraging manner

4. Schedule your next session

5. Ensure she has the materials she needs to complete the action plan

- [Blank Activity Tracking worksheet](#)
- [Activity Structuring worksheet](#)
- [COPE worksheet](#)
- [FIRM worksheet](#)

6. Express enthusiasm about the opportunity to be her BA Treatment Provider and communicate hope

Document and Reflect

Reflect on your session and complete the required forms

- If the patient experienced any serious adverse events (e.g. suicide attempt/self-harm, life threatening illness, domestic violence, hospitalization, or child-related hospital admissions) immediately report this to a licensed mental health professional
- Complete the [SUMMIT Treatment Log Record Form](#)
- Reflect on any questions you have from the session to share with your team

PHASE 3: Ending Well

SESSIONS 7 - 8



PHASE 3: SESSIONS 7 – 8

Ending Well

Sessions 7 – 8: Main Objectives

- 1. SUMMARIZE ALL HEALTHY ACTIVITIES AND SUCCESSFUL PROBLEM SOLVING**
 - a. Open the BA session
 - b. Review the previous session
 - c. Ask directly about the action plan
 - d. Summarize all healthy activities and successful problem solving – highlighting changes associated with improved symptoms or situation (upward spirals) and aligned with values, connecting, accomplishment or pleasure

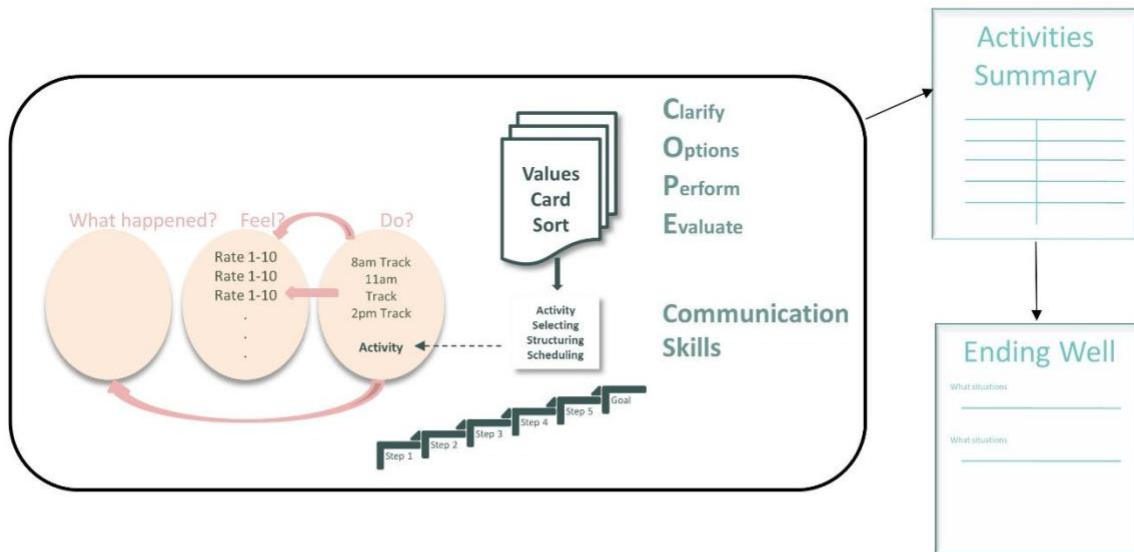
- 2. SUMMARIZE AND CONSOLIDATE LEARNING OF EACH OF THE CORE SKILLS**
 - a. Summarize each of the SUMMIT BA skills – Mapping, Tracking, Connecting with Supports, Activity Scheduling, Problem Solving and Communication Skills

- 3. DISCUSS HOW THE PATIENT CAN USE THE SELF-MANAGEMENT SKILLS TO PREPARE FOR FUTURE CHALLENGES AND RISKS**
 - a. Reflect on strengths, efforts and gains, feelings or worries about ending, along with when to seek further or future mental health care
 - b. In the event of continued functionally-impairing symptoms, discuss needs/options such as requesting referral for psychiatric assessment from their primary care provider and/or community-based resources. Discuss future contact. Wish them well and say good-bye

Document and Reflect

Sessions 7 – 8 Activities:

Summarize & End Well



DETAILED GUIDE FOR TREATMENT PROVIDERS

1. SUMMARIZE ALL HEALTHY ACTIVITIES AND SUCCESSFUL PROBLEM SOLVING

a. OPEN THE BA SESSION

Follow the steps outlined in Session 2:

1. **Check in**
2. **Review the Depression and Anxiety Symptom measures**
3. **Set an agenda**
 - Allow space and invite for her to contribute to the agenda
 - Preview the agenda

Preview the agenda

- ❖ Questions or reflections on last session
- ❖ Review action plan: Scheduled activities and Problem Solving
- ❖ Summarize healthy activities and successful problem solving
- ❖ Summarize SUMMIT BA skills
- ❖ Prepare for future challenges

b. REVIEW THE PREVIOUS SESSION

1. **Ask if she has any questions or reflections about the last session**
2. **Highlight the main points that you summarized at the end of the last session**

c. ASK DIRECTLY ABOUT THE ACTION PLAN

1. **Ask directly about using COPE or FIRM/communication skills, e.g., asking for help and setting limits/saying no**
2. **Ask directly about the scheduled healthy activity(ies)**
3. **Highlight the main points that you summarized at the end of the last session**
 - Express enthusiasm and support for even small steps towards completing healthy activities on the path to a more positive mood
4. **If the patient did not complete the action plan, ask open-ended questions about this directly and troubleshoot any challenges or barriers**
 - Ask open-ended questions about the barriers
 - Validate her experiences that are connected with not doing the action plan (fatigue, etc.)
 - Troubleshoot and problem-solve barriers

d. SUMMARIZE ALL HEALTHY ACTIVITIES AND SUCCESSFUL PROBLEM SOLVING – HIGHLIGHTING CHANGES ASSOCIATED WITH IMPROVED SYMPTOMS OR SITUATION (UPWARD SPIRALS) AND ALIGNED WITH VALUES, CONNECTING, ACCOMPLISHMENT OR PLEASURE

Example for transitioning to Summarizing: “We’ve covered so much in our meeting together, and I have been impressed with all that you’ve learned and all the ways you’ve been able to be active even in the face of such difficult emotions and circumstances. Let’s look back together on the activities you’ve found to be helpful in supporting your mood. We can create a list of the activities that you think would be helpful to continue to use after our meetings together have ended.”

1. Review all of the activities she has accomplished as part of your work together
2. Use the [Activities Summary worksheet](#) to identify activities that improve mood and may maintain mood in the future
3. Review all of the steps toward solving problems that she has taken as part of your work together
4. Review tracking forms and map from the beginning relative to current tracking and map forms
 - This can help you and the patient discover what specifically has been helpful in improving her mood; and changes in the map to both her situation, and activities that have decreased downward spirals, and led to upward spirals and improved mood.

USE THE
[ACTIVITIES
SUMMARY
WORKSHEET](#)

Example questions to explore:

- ❖ “What differences do you notice between recent tracking sheets and the ones you completed at the beginning of this treatment?”
- ❖ “How are your mood ratings at the beginning of our sessions different from they are now?”
- ❖ “Thinking about your situation, activities, communication or problem solving, what’s changed and how has that affected your mood/situation/activities/relationships?”

5. Review the patient’s map of the downward spirals relative to her current patterns of activity and mood
 - Highlight ways in which she has made efforts to modify broken free from the downward spiral and begun to build upward spirals. Identify areas for continued attention and growth after the completion of your sessions together

(continued on next page...)

6. Encourage her to summarize her learning, including all of her healthy activities and successful steps to problem solving

Example questions to explore: “Looking back at all the activities you’ve tried and learned to do to improve your mood and all the ways you’ve acted against the urge to avoid or “not do” things, how would you summarize what you’ve done in this treatment? What have you learned about solving problems and communication?”

- **Note:** continue to express enthusiasm as you complete this review and summary

2. SUMMARIZE AND CONSOLIDATE LEARNING OF EACH OF THE CORE SKILLS

a. SUMMARIZE EACH OF THE SUMMIT BA SKILLS

Reviewing the skills of SUMMIT BA treatment helps the patient remember and retain these skills for future use

1. Explore which of the BA skills have been most helpful to her, and make a plan for how she can continue using them in the future:

SUMMIT BA Skills List	
✓ Mapping	✓ Circles of Connection
✓ Tracking	✓ Using Pleasure, Accomplishment, and Connecting Activities to improve mood
✓ Identifying Values	✓ Activity Selecting, Structuring, and Scheduling
✓ Solving Problems Using COPE	✓ Asking for help and saying no (FIRM)

Example questions to explore:

- ❖ “Which SUMMIT skills have been particularly helpful?”
- ❖ “Which skills would you like to rely on in the future?”
- ❖ “What skills will be important for you to review and continue to practice?”
- ❖ “What will support you in

3. DISCUSS HOW THE PATIENT CAN USE THE SELF-MANAGEMENT SKILLS TO PREPARE FOR FUTURE CHALLENGES AND RISKS

a. REFLECT ON STRENGTHS, EFFORTS AND GAINS, ALONG WITH WHEN TO SEEK FURTHER OR FUTURE MENTAL HEALTH CARE

Example for transitioning to Future Challenges: “Although you may be feeling well right now, we never know when exactly depression or anxiety may return. By making a plan, we can prepare for this possibility and be ready to use the skills of SUMMIT BA treatment to prevent the downward spiral before it develops momentum.”

1. Encourage her to anticipate future challenges and risks

- **Note:** these are events and situations that could fall in the first circle on the map of depression (you can pull out the patient’s map here if helpful)

USE THE [ENDING WELL WORKSHEET](#)

2. Identify some early warning signs that might help indicate if she is becoming depressed again

Examples: “What do you feel when you’re becoming depressed? What do you do (or stop doing) at these times?”

- **Note:** these are emotions and actions that might fall in the second and third circle on the map of depression (you can pull out the patient’s map here if helpful)

3. Explore steps that can be planned now if such situations occur (see [Safety Guidelines](#))

Examples: “What have you learned from our time together that you can apply in the future if you start to notice some of these early warning signs?”

b. DISCUSS FUTURE CONTACT AND SAY GOOD-BYE

1. Express what you have appreciated about her and the work she’s done in BA (e.g., strengths, efforts, values) what you value about her
2. Tell her that the research team will continue to stay connected with her to learn how she is doing even though your sessions will end today
3. Thank her for working with you and wish her well for being a part of SUMMIT

Document and Reflect

Reflect on your session and complete the required forms

- If the patient experienced any serious adverse events (e.g. suicide attempt/self-harm, life threatening illness, domestic violence, hospitalization, or child-related hospital admissions) immediately report this to a licensed mental health professional
- Complete the [SUMMIT Treatment Log Record Form](#)
- Reflect on any questions you have from the session to share with your team

SESSIONS CHECKLISTS

CHECKLIST FOR SESSION 1

1. DISCUSS YOUR ROLE AND REVIEW CONFIDENTIALITY

a. Introduce yourself and BA, discuss confidentiality

- Thank her for meeting with you
- Introduce yourself and BA
- Review confidentiality and audio recording
- Ask about health conditions and medications

b. Explain and review the depression and anxiety symptom measures

- Explain the purpose for these measures
- If she hasn't done so, ask her to fill out these measures
- Pause and assess in more detail if safety is a concern (EPDS item 10>0, total score>20)

c. Set an agenda

- Explain the purpose of setting an agenda
- Preview the agenda and ask if she'd like to add anything

2. ESTABLISH AN EFFECTIVE THERAPEUTIC RELATIONSHIP AND EXPLAIN THE SUMMIT BA TREATMENT

a. Introduce the structure and collaborative approach of the SUMMIT BA Treatment

- Talk about the structure and approach of SUMMIT BA treatment
- Talk about working together as a team

b. Learn about her situation and identify treatment goals

- Ask about what brought her into treatment and about current problems (and validate)
- Ask about her goals (and validate)
- Reflect and summarize

3. SHARE THE CORE SKILL OF "MAPPING"

a. Map the downward spiral and talk about how BA can help

- Tell her that many patients have found mapping to be helpful and introduce the [MAPPING WORKSHEET](#)
- Map 'What happened'
- Map 'How did you feel'
- Map 'What did you do (or not do)'
- Talk about the 1st downward spiral

(continued on next page...)

- Talk about the 2nd downward spiral (be curious together about whether it fits)
- Map positive activities (or upward spirals) if mentioned. Highlight that IT MAKES SENSE and it's possible to feel better. Elicit questions and feedback.

4. IDENTIFY A SUPPORT PERSON WHO SHE MAY CONFIDE IN AROUND PARTICIPATING IN BA

a. Share the “Significant Other Brochure”

- Ask the patient to identify who she might confide that she is in BA treatment for their support. Ensure she has any materials needed for her action plan (Significant Other Brochure)

5. ELICIT COMMITMENT TO COMPLETING SUMMIT BA TREATMENT

a. Make an action plan

- Introduce action plans and the rationale
- Ask the patient to read the Significant Other Brochure and identify a support person to share it with.
- Make a specific plan for when and how the patient will complete her action plan

b. Review learning from this session

- Ask for questions and feedback
- Ask her to summarize the session and action plan. Add any key points to the summary
- Schedule your next session
- Express enthusiasm

Document and Reflect

CHECKLIST FOR SESSION 2

1. REVIEW THE MAP AND REINFORCE ENGAGEMENT IN THE SUMMIT BA TREATMENT AND THERAPEUTIC RELATIONSHIP

a. Open the BA session

- Check in
- Review the Depression and Anxiety Symptom Measures
- Set an agenda
- Ask about health conditions, medication changes

b. Review the previous session

- Ask if she has any questions or reflections about your last session
- Highlight the main points that you summarized at the end of the last session

c. Ask directly about the action plan

- Briefly share the rationale for talking about the action plan in each session
- Ask directly about the action plan
- If she didn't complete the action plan, ask about barriers
- Encourage her to be honest and open with you about her experience

2. SHARE THE “CIRCLES OF CONNECTION” TO LEARN ABOUT CLOSE RELATIONSHIPS

a. Complete the Circles of Connection

- Explain reasons for this activity and introduce the [CIRCLES OF CONNECTION WORKSHEET](#)
- Complete the Circles of Connection with the patient

3. SHARE THE CORE SKILL OF “TRACKING”, HIGHLIGHTING PLEASURE, ACCOMPLISHMENT, AND CONNECTING ACTIVITIES

a. Share the Skill of Activity and Mood Tracking

- Explain the rationale for tracking and introduce the [TRACKING WORKSHEET](#)
- Explain the Mood Ladder
- Explain how to track specific activities
- Fill in some of the tracking sheet together using the hours before as an example
- Make an action plan for tracking between now and your next session

(continued on next page...)

b. Discuss Pleasure, Accomplishment, and Connecting activities

- Explain the rationale for tracking
- Explain what PLEASURE, ACCOMPLISHMENT, AND CONNECTING ACTIVITIES are, and ask the patient to identify some examples
- Work with the patient to identify one pleasure, accomplishment, or connecting activity to complete as an action plan before the next session
- Check that the activity is small and doable
- Make an action plan: Identify when, where, and for how long she will do the activity

4. COLLABORATE WITH THE PATIENT TO PLAN ONE HEALTHY ACTIVITY AND PRACTICE THE SKILL OF DAILY TRACKING

a. Review learning from this session

- Ask her what she is taking away from this session
- Ask her to summarize and confirm the action plan
- Elicit questions or concerns and address them in a direct and encouraging manner
- Schedule your next session
- Ensure she has the materials she needs to complete the action plan
- Express enthusiasm about the opportunity to be her BA Treatment Provider and communicate hope

Document and Reflect

CHECKLIST FOR SESSION 3

1. REVIEW HEALTHY ACTIVITIES FROM LAST SESSION TO HIGHLIGHT LINKS BETWEEN WHAT SHE DOES AND HOW SHE FEELS

a. Open the BA session

- Check in
- Review the Depression and Anxiety Symptom Measures
- Set an agenda
- Ask about health conditions, medication changes

b. Review the previous session

- Ask if she has any questions or reflections about your last session
- Highlight the main points that you summarized at the end of the last session

c. Ask directly about the action plan

- Ask about her experience talking about BA with a support person
- Ask about the pleasure, accomplishment, or connecting activity
- Ask about her experience with tracking

2. SHARE THE CORE SKILL OF “IDENTIFYING VALUES”

a. Use the tracking sheet to identify links between activity and mood

- Check what the patient noticed on her own by asking generally about what she learned
- Ask what links she noticed between her activity and mood
- Look for disrupted activities or, in other words, activities that used to be part of her life but are not now
- Encourage her to continue tracking in between sessions

b. Share the skill of identifying values as a tool to select healthy activities

- Ask the patient what the word VALUE means to her
- Introduce the values card sort and the rationale (identify values in the here and now)
- Lead the patient through the [VALUES CARD SORT](#)
- Talk about how value-based activities can improve mood

(continued on next page...)

3. SHARE THE CORE SKILL OF “ACTIVITY SELECTING, STRUCTURING, AND SCHEDULING”

a. Collaborate with the patient to plan healthy activities, breaking down into small doable steps and continue to practice skills of daily tracking

- Share the skill of [ACTIVITY SELECTING](#)
- Share the skill of [ACTIVITY STRUCTURING](#)
- Share the skill of [ACTIVITY SCHEDULING](#)
- Anticipate barriers

b. Review learning from this lesson

- Ask her what she is taking away from this session
- Ask her to summarize and confirm the action plan
- Elicit questions or concerns and address them in a direct and encouraging manner
- Schedule your next session
- Ensure she has the materials she needs to complete the action plan
- Express enthusiasm about the opportunity to be her BA Treatment Provider and communicate hope

Document and Reflect

CHECKLIST FOR SESSIONS 4 – 6

Note: It may take a few sessions to cover everything – THAT IS OK!

1. REVIEW AND BUILD ON HEALTHY ACTIVITIES FROM LAST SESSION

a. Open the BA session

- Check in
- Review the Depression and Anxiety Symptom Measures
- Set an agenda
- Ask about health conditions, medication changes

b. Review the previous session

- Ask if she has any questions or reflections about your last session
- Highlight the main points that you summarized at the end of the last session

c. Ask directly about the action plan

- Ask about the scheduled healthy activity(ies)
- Highlight the way in which she has acted according to a goal, plan or value rather than a mood, even though it was challenging
- Incorporate her tracking into the discussion. Troubleshoot any challenges or barriers
- Ask her if any problems are making it challenging to stick with her action plans
- Ask directly about the skills of Selecting, Structuring, and Scheduling Activities
- Ask her if she would like to add more activities to her action plan after this session
- If the patient did not complete the action plan, ask open-ended questions about this directly and review the action plan rationale

2. SHARE AND SELECT FROM THE MENU OF PROBLEM SOLVING (COPE) AND COMMUNICATION SKILLS (FIRM) TO SUPPORT THE PATIENT IN OVERCOMING BARRIERS

a. Introduce problem solving and communication skills (if helpful)

b. Share problem solving skills: COPE

- Use the [COPE worksheet](#)

(continued on next page...)

c. Share communication skills of asking for help and saying no: FIRM

- Explore how easy or difficult it is for the patient to ask for what she wants and to say no to other people's requests or demands on her time
- Tell her that asking for help and saying no are skills that can be learned and strengthened over time with practice
- Introduce the four questions on the [FIRM WORKSHEET](#)
- Practice the skills of asking for help and saying no

3. COLLABORATE WITH THE PATIENT TO PLAN HEALTHY ACTIVITIES, SOLVE PROBLEMS AND CONTINUE TO PRACTICE THE SKILL OF TRACKING

a. Make an action plan

- From your discussion at the beginning of this meeting and using the skill of activity selecting, ask her about what actions she wants to take
- Work with her to structure and schedule activity(ies)
- Schedule your next session
- Invite the patient to select to practice using the COPE or FIRM Skills with one of the problems you discussed
- Troubleshoot potential barriers to completing the action plan

b. Review learning from this lesson

- Ask her to summarize the session.
- Ask her to summarize and confirm the action plan.
- Elicit questions or concerns and address them in a direct and encouraging manner
- Schedule your next session
- Ensure she has the materials she needs to complete the action plan
- Express enthusiasm about the opportunity to be her BA Treatment Provider and communicate hope

Document and Reflect

CHECKLIST FOR SESSIONS 7 – 8

1. SUMMARIZE ALL HEALTHY ACTIVITIES AND SUCCESSFUL PROBLEM SOLVING

a. Open the BA session

- Check in
- Review the Depression and Anxiety Symptom Measures
- Set an agenda
- Ask about health conditions, medication changes

b. Review the previous session

- Ask if she has any questions or reflections about your last session
- Highlight the main points that you summarized at the end of the last session

c. Ask directly about the action plan

- Ask directly about using COPE or FIRM, asking for help and saying no
- Ask directly about the scheduled healthy activity(ies)
- Highlight the way in which she has acted according to a goal, plan or value rather than a mood, even though it was challenging
- If the patient did not complete the action plan, ask open-ended questions about this directly and troubleshoot any challenges or barriers

d. Summarize all healthy activities and successful problem solving – highlighting changes associated with improved symptoms or situation (upward spirals) and aligned with values, connecting, accomplishment or pleasure

- Review all of the activities she has accomplished as part of your work together. You can use the [ACTIVITIES SUMMARY WORKSHEET](#)
- Review all of the steps toward solving problems that she has taken as part of your work together
- Review tracking forms from the beginning relative to current forms
- Review the patient's map of the downward spirals relative to her current patterns of activity and mood
- Encourage her to summarize her learning, including all of her efforts, healthy activities and successful steps to problem solving

(continued on next page...)

2. SUMMARIZE AND CONSOLIDATE LEARNING OF EACH OF THE CORE SKILLS

a. Summarize each of the SUMMIT BA skills

- Mapping
- Tracking
- Connecting with Supports
- Activity Scheduling
- Problem Solving (COPE)
- Communication Skills (FIRM)

3. DISCUSS HOW THE PATIENT CAN USE THE SELF-MANAGEMENT SKILLS TO PREPARE FOR FUTURE CHALLENGES AND RISKS

a. Reflect on strengths, efforts and gains, along with when/whether to seek further or future mental health care

- Use the [ENDING WELL WORKSHEET](#)
- Explore together which of the BA skills were most helpful to the patient and how she'd like to use them going forward
- Encourage her to anticipate future challenges and risks
- Identify some early warning signs that might help indicate if she is becoming depressed again; or if still symptomatic to seek further care
- Explore steps that can be planned now if such situations occur

b. Discuss future contact. Wish them well and say good-bye

Document and Reflect

STRATEGIES FOR MANAGING CHALLENGES

Strategies for Managing Challenges

- No Shows: No-shows may occur and impact the therapeutic process.**
 - **Strategy:** Implement a clear cancellation policy, establish *the importance of attendance*, and *work collaboratively* with the patient to address underlying reasons for missed sessions.
- Alliance Challenges: Recognize that alliance challenges may arise, affecting the therapeutic relationship.**
 - **Strategy:** Foster open communication, actively listen to concerns, and collaboratively explore any tensions in the therapeutic alliance.
 - Use feedback to emphasize shared BA goal—to help the patient recover, and the rationale for the tasks to work towards these goals. This can serve to also strengthen the therapeutic alliance.
- Anxiety and Avoidance: Anticipate instances of anxiety and avoidance that hinder progress.**
 - **Strategy:** Acknowledge the patient’s feelings, and why it makes sense to avoid anxiety-provoking activities. Empower them to tolerate some anxiety and work to overcome avoidance.
- Complexity, Comorbidity, and Chronicity: Recognize there will be some challenges presented by complex cases with comorbidities, severity and/or chronicity.**
 - **Strategy:** Develop realistic agenda items and consult with a licensed mental health professional when severity and urgency arises. Reassess and adjust accordingly.
- Non-Adherence: Understand that non-adherence with homework or treatment plans may occur.**
 - **Strategy:** Explore the reasons behind non-compliance, address potential barriers, and collaboratively modify interventions. Foster a non-judgmental space for the patient to express challenges in adhering to the agreed-upon strategies.
- Staying with Behavioural Activation Model: Recognize the need to stay on the behavioural activation model when patients wish to alternatively speak about their experiences and feelings, and not necessarily wish to follow an agenda or learn new skills.**
 - **Strategy:** Acknowledge the patient's emotions, and gently guide them back to the agreed-upon model. Integrate active listening, looking for ways to link the emotionally-charged material to the BA model or skills that might help
 - E.g., with activity planning, problem-solving and communication- providing the rationale to work towards the therapeutic goals.
 - Evidence suggests that skills-based behavioural approaches are more effective in reducing symptoms of depression and anxiety than unstructured, supportive listening.
 - Our goal is to help the patient feel better, which requires the use of skills, combined with a warm, validating, empathic style.
 - That being said, some patients may prefer unstructured therapy or find that a skills-based approach is unacceptable. Many providers offer unstructured, supportive listening, and patients are free to stop BA treatment or switch providers.
 - Remember, flexibility, empathy, and open communication are key to navigating these challenges successfully in psychotherapy. Each patient is unique, and adapting strategies to individual needs enhances the therapeutic process.

WORKSHEETS

RESOURCE AND INFORMATION GUIDE

Did you know that 1 in 7 perinatal patients suffer from depression during and after pregnancy? These are some common symptoms of depression:

- Feeling sad or depressed
- Feeling tired
- Feeling irritable or angry with those around you
- Having difficulty bonding with your baby
- Having problems with eating or sleeping
- Worrying that you might hurt your baby or yourself

It can be scary to feel like this, but it is not your fault, and you are not alone.

We encourage you to seek additional support if:

- Your symptoms are getting worse
- You are having thoughts about harming yourself or someone else

If you are in Canada, please know that you can reach the [Distress Centres of Greater Toronto](#) at 416-408-HELP (4357) or [Crisis Services Canada](#) at 1-833-456-4566. You also may call 911 or go to your nearest emergency room if you are having thoughts of hurting yourself.

If you are in the United States, please know that you can reach the [National Maternal Mental Health Hotline](#) by calling or texting 1-833-852-6262, the [National Suicide Prevention Lifeline](#) at 1-800-273-TALK (8255) or 988, or the [National Crisis Text Line](#) by texting HOME to 741741.

Postpartum Support International is a well-respected organization that provides mental health resources during pregnancy and the postpartum. You can find local resources as well as their helpline on their webpage: www.postpartum.net/get-help/. They have educational information and supportive resources for depression and anxiety on their website that you may find helpful.

If you ever feel like you or your baby are in immediate danger, call 911 or your local emergency services number. When you call emergency services, medical professionals will work with you promptly to ensure that you and your family are safe, and to connect you with professional medical and mental health services.

Welcome!

The many changes of pregnancy and having a baby are stressful at some points for everyone. Although the sense of miracle and joy during this transition is certainly present, at the same time, all of the demands, unknowns, and uncertainties involved during the transition of pregnancy and early parenting can be tough, even if you already have another child. Many women experience depression at this time of life.

This brief overview is designed to give you important information about BA and the ways in which it may support you. BA focuses on the connections between what we do and how we feel. It has been demonstrated to help people who are feeling sad, stressed, tired, or lonely. I am excited to share these skills with you. Because the core of BA is about helping you get active, we want to start with this very first practice by encouraging you to read as actively as possible. We would like you to mark up this overview as you read it and bring it back to our next session so we can talk about it.

Please put a “✓” next to parts that are a fit or make sense to you; put a “?” next to parts about which you have questions or are unclear; and an “X” next to parts that do not fit for you or with which you disagree.

To recap, please mark sections as follows:

- ✓ = fits with my experience or makes sense to me
- ? = I have questions or don't understand
- X = doesn't fit with my experience or disagree

As your treatment provider, I look forward to talking about your observations, reflections, and questions!

Overview of Behavioural Activation

Many people experience depression throughout their lives. If this is true for you, you are not alone. BA is designed to help you to build or rebuild ways of being active and involved in your life in order to support you in leading a life that is rich and rewarding and that supports your ongoing wellness.

When people hear the word “depression,” they may think that it means that they have failed or are cursed, or that it only affects those who are weak. However, in reality, depression is not the fault of the depressed person, and it is not permanent. Patients can work hand-in-hand alongside a BA Treatment Provider to gain support in feeling better. Depression can be very lonely, isolating, and overwhelming, but change is possible through working with a BA Treatment Provider who understands depression and practical skills to feel better.

Understanding depression is the first step to finding a path out of depression. In BA, we start with the skill of mapping to understand the context of your life – what’s been happening and the impact of events in your life on how you feel and what you do (or don’t do).

Sometimes depression is triggered by a clear event like losing a job or moving to a new home. Other times, it might be the buildup of stress over time, like conflict with someone you care about or hassles at home or work. Events also can be things that happen inside the body, like changes associated with being pregnant or having a baby.

Often, such changes and experiences can increase stress and limit our access to experiences that are rewarding in our lives. Problems and demands can build up over time. Or, it might be that life’s usual enjoyments and rewards just fade away, like all the colour draining out of the world around you. Everything turns grey.

As we talked about in doing your map, often, our emotions and feelings in the body are the first to register this impact. You may feel slowed down and fatigued, mentally and physically. Everything feels like an effort, and you tire easily. Changes in emotion may include feeling sad or down. Many women often feel anxious, stressed, or tense as well. You also may feel irritable or have an urge to snap at others.

The Downward Spiral of Depression

The tough part about depression is that when people feel sad, down, anxious, or tense, they often start to pull away from the world around them. They might avoid people and places and activities that used to be a regular part of their lives. They might stop caring about activities that they used to enjoy and lose interest or motivation for even those things that used to matter and feel rewarding.

As we showed in your map, these ways of pulling away or avoiding can set off the downward spiral of depression. Although pulling away and avoiding is both common and understandable, such actions also keep women stuck in depression.

(continued on next page...)

Pulling away might provide some temporary relief from not having to face the demands of the world around you, but the relief is often short lived. In fact, as you do less, you might find that you feel more and more sad or stressed or worried, and have less energy and motivation. You even can start blaming yourself for doing less. Moreover, new stressors in your life can develop or the same problems stick around or get worse.

Our Work Together

It is important to recognize that your depression does not reflect some personal failing within you. Depression is not your fault. It is a signal that something needs to change. The good news is that understanding the downward spiral of depression sheds light on how you can get out of depression.

There are a number of possible ways to overcome depression, and we will be working closely together to use one that is supported by research. It is based on the idea that changing what you do can change how you feel.

Activity can reverse the downward spiral of depression. It helps to build upward spirals of wellness instead of the downward spirals of depression. It is possible to use activity to change how you feel and how you think. In fact, activity can change the very biology of your body. But not just any activity — activity that will help you to build (or rebuild) a life that is rich and rewarding.

How do we do this?

As we begin our sessions, I will share with you a set of skills that have been very helpful to many perinatal patients. I will share how learning to track daily events and activities and also the effects that these activities have on how you feel. Then, I will show how you can use this information to help you plan doable steps to participate in activities that are enjoyable, help you feel more productive or help you solve specific life problems.

After each of our sessions, you will leave with specific actions you can practice. Often, we will focus first on the activities of pulling away that contribute to the downward spirals of depression. Getting active again can help you to feel less tired, help you to stop dwelling on difficult parts of the past or worrisome parts of the future, help you think and concentrate more effectively, and help you to feel more motivation.

Often, when they are depressed, people think, “I could do that if I felt better or if I had the motivation.” BA works with the idea that being active itself is the most effective way to increase motivation. The more you do, the more you feel like doing. Over time, as you become more active and involved in regular daily ways, and you are feeling better, I can share with you some skills that have helped other patients to tackle some of the bigger problems in life that may be adding stress to your life or getting in the way of feeling reward.

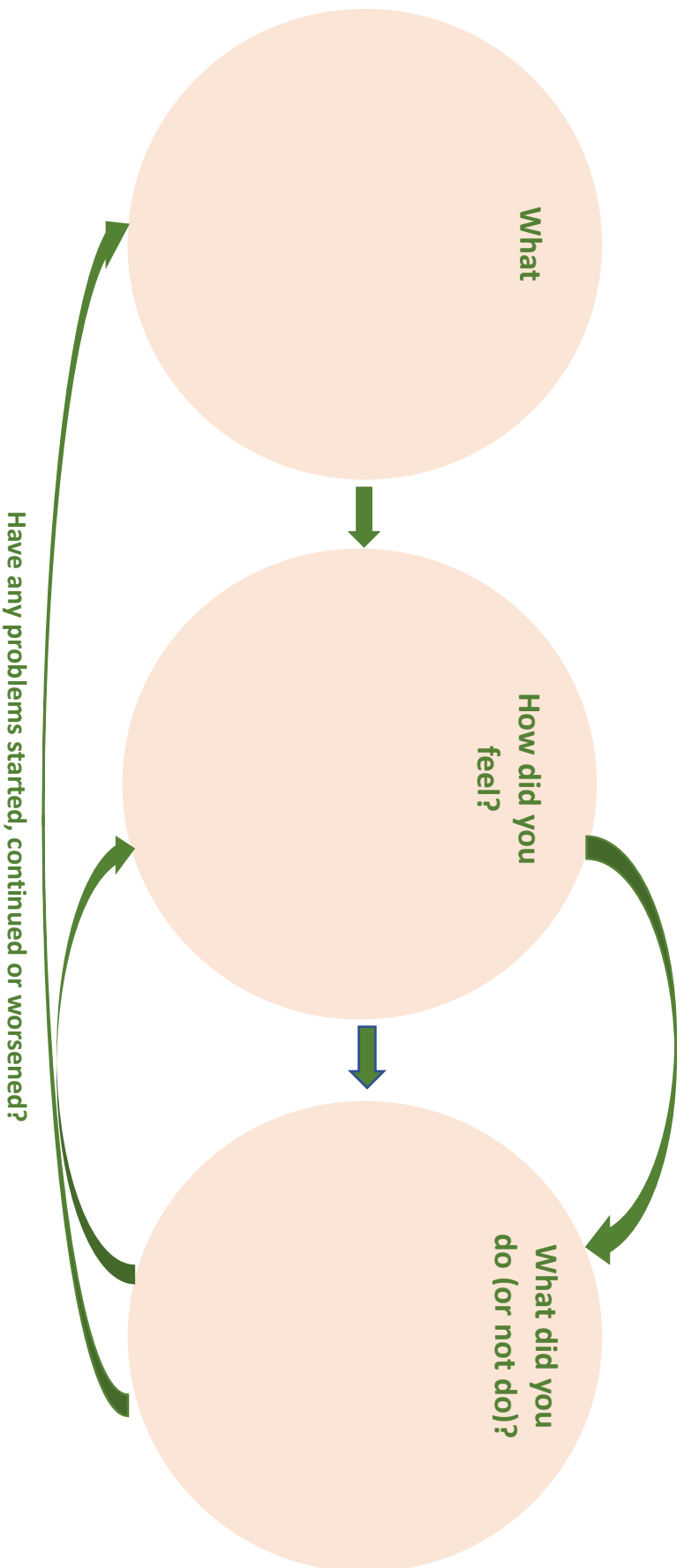
The Importance of a Team

Getting active and involved when you are depressed is hard work. The BA skills are simple, but that doesn't mean that putting them into practice is easy. Having support is essential.

We will work together in this process. As your BA treatment provider, I will be with you every step of the way during our 6-8 sessions. We also will work together to identify some family or friends who can support your efforts. You need people who can support your coming to our sessions and practicing new skills. Many people find depression can be isolating, as well as stressful for other people in their lives. Family and friends, who may have been supportive at first, can become confused and angry over time. Keeping the people who are close to you informed about and involved in what you are learning can be very helpful. It's helpful as you start treatment to identify one person with whom you can talk about SUMMIT BA treatment.

As we begin our work together, remember that you are not alone. The skills of BA have helped many other perinatal patients. I look forward to working with you on your path to wellness!

MAPPING



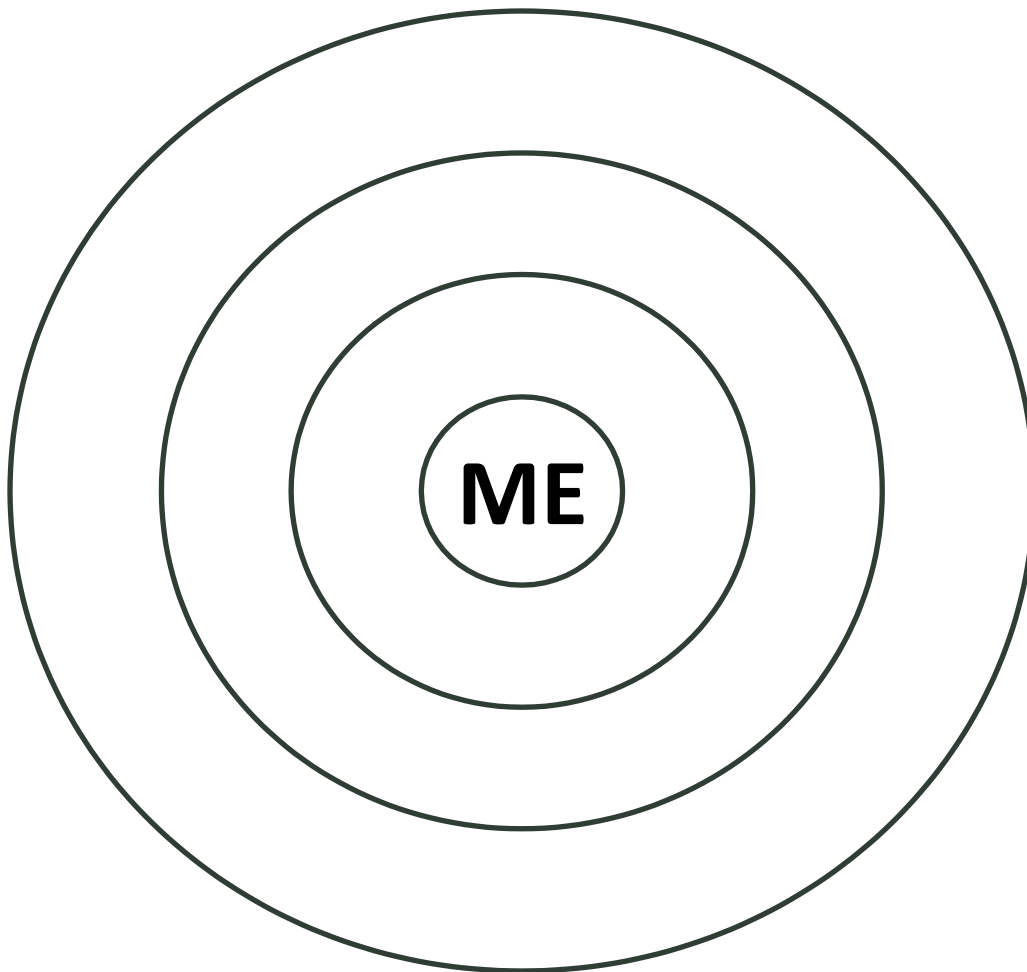
CIRCLES OF CONNECTION

Instructions

Take a moment to think of the people in your life. Who are the important people in your life? Who are the people with whom you have a sense of connection and to whom you feel close? Who are the people who support you? Support might include any of the following: helping to take care of the baby or children, listening to your worries and concerns, helping with finances or other practical problems like errands and household chores, spending time with you having fun or visiting, or giving advice or guidance.

Write their names and their relationship to you (e.g., Mariana/sister) on the circles below, with those in the center circle being the people who are most important in your life.

Now that we've identified the people in your circles of connection, identify one person with whom you can talk about SUMMIT BA treatment after reading the brochure.



TRACKING

Instructions

In each time block that you plan to track, write down what you were doing (specific activity) and how you were feeling. For tracking how you were feeling, use a specific number ranging between 0 and 10 (0 = feeling worst, 10 = feeling best). To give yourself a guide as you do the tracking, it is helpful to create anchors based on your own life. What are some examples of when you felt a “1”, a “5”, or a “10”?



Instructions

In each time block that you plan to track, write down what you were doing (specific activity) and how you were feeling (your Mood Ladder rating from 1 (worst) to 10 (best)).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM - 6:00AM							

Instructions

In each time block that you plan to track, write down what you were doing (specific activity) and how you were feeling (e.g., Mood Ladder rating, Pleasure, Mastery, and Connecting rating, etc.).

	Sunday	Monday	Tuesday	Wednesda	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

ACTIVITIES SUMMARY

Instructions

As you track what you are doing and how you are feeling, it can be helpful to summarize the values-based activities that have the biggest or most consistent effect on how you feel. You can jot down those activities on this list over time.

What are the activities that I will continue doing to support my mood?	What are the activities that I will stop or reduce to support my mood?

VALUES CARD SORT⁸

<p>HELPFULNESS to be helpful to others</p>	<p>TRADITION to follow respected patterns of the past</p>
<p>SELF-ACCEPTANCE to accept myself as I am</p>	<p>COMFORT to have a pleasant and comfortable life</p>
<p>LEISURE to take time to relax and enjoy</p>	<p>MASTERY to be competent in everyday activities</p>
<p>AUTONOMY to be self-determined and independent</p>	<p>RESPONSIBILITY to make and carry out responsible decisions</p>

<p>ACCURACY to be accurate in my opinions and beliefs</p>	<p>COMMITMENT to make enduring, meaningful commitments</p>
<p>RISK to take risks and chances</p>	<p>GROWTH to keep changing and growing</p>
<p>KNOWLEDGE to learn and contribute valuable knowledge</p>	<p>BEAUTY to appreciate beauty around me</p>
<p>ATTRACTIVENESS to be physically attractive for others</p>	<p>ACCEPTANCE to be accepted as I am</p>

<p>MODERATION to avoid excesses and find a middle ground</p>	<p>MONOGAMY to have one close, loving relationship</p>
<p>COMPASSION to feel and act on concern for others</p>	<p>CARING to take care of others</p>
<p>SAFETY to be safe and secure</p>	<p>FAITHFULNESS to be loyal and true in relationships</p>
<p>COURTESY to be considerate and polite toward others</p>	<p>CREATIVITY to have new and original ideas</p>

<p>REALISM to see and act realistically and practically</p>	<p>SELF-CONTROL to be disciplined in my own actions</p>
<p>WEALTH to have plenty of money</p>	<p>ORDER to have a life that is well-ordered and organized</p>
<p>POPULARITY to be well-liked by many people</p>	<p>STRENGTH to be physically fit and strong</p>
<p>ROMANCE to have intense, exciting love in my life</p>	<p>POWER to have control over others</p>

<p>DEPENDIBILITY to be reliable and trustworthy</p>	<p>HEALTH to be physically well and healthy</p>
<p>GOD'S WILL to seek and obey the will of God</p>	<p>LOVING to give love to others</p>
<p>VIRTUE to live a morally pure and excellent life</p>	<p>PURPOSE to have a meaning and direction in life</p>
<p>LOVED to be loved by those close to me</p>	<p>SERVICE to be of service to others</p>

<p>CONTRIBUTION to make a lasting contribution in the world</p>	<p>SELF-KNOWLEDGE to have a deep and honest understanding of myself</p>
<p>GENUINENESS to act in a manner that is true to who I am</p>	<p>ADVENTURE to have new and exciting experiences</p>
<p>JUSTICE to promote fair and equal treatment for all</p>	<p>FUN to play and have fun</p>
<p>STABILITY to have a life that stays fairly consistent</p>	<p>FRIENDSHIP to have close, supportive friends</p>

<p>ACHIEVEMENT to have important accomplishments</p>	<p>DUTY to carry out my duties and obligations</p>
<p>AUTHORITY to be in charge of and responsible</p>	<p>SPIRITUALITY to grow and mature spiritually</p>
<p>ECOLOGY to live in harmony with the environment</p>	<p>FLEXIBILITY to adjust to new circumstances easily</p>
<p>GENEROSITY to give what I have to others</p>	<p>LOGIC to live rationally and sensibly</p>

<p>WORLD PEACE to work to promote peace in the world</p>	<p>FAME to be known and recognized</p>
<p>FORGIVENESS to be forgiving of others</p>	<p>TOLERANCE to accept and respect those who differ from me</p>
<p>HONESTY to be honest and truthful</p>	<p>INDEPENDENCE to be free from dependence on others</p>
<p>INNER PEACE to experience personal peace</p>	<p>HUMILITY to be modest and unassuming</p>

<p>SIMPLICITY to live life simply, with minimal needs</p>	<p>FAMILY to have a happy, loving family</p>
<p>COMPLEXITY to have a life full of variety and change</p>	<p>PLEASURE to feel good</p>
<p>INDUSTRY to work hard and well at my life tasks</p>	<p>HOPE to maintain a positive and optimistic outlook</p>
<p>HUMOR to see the humorous side of myself and the world</p>	<p>INTAMICY to share my innermost experiences with others</p>

ACTIVITY SELECTING, STRUCTURING, AND SCHEDULING

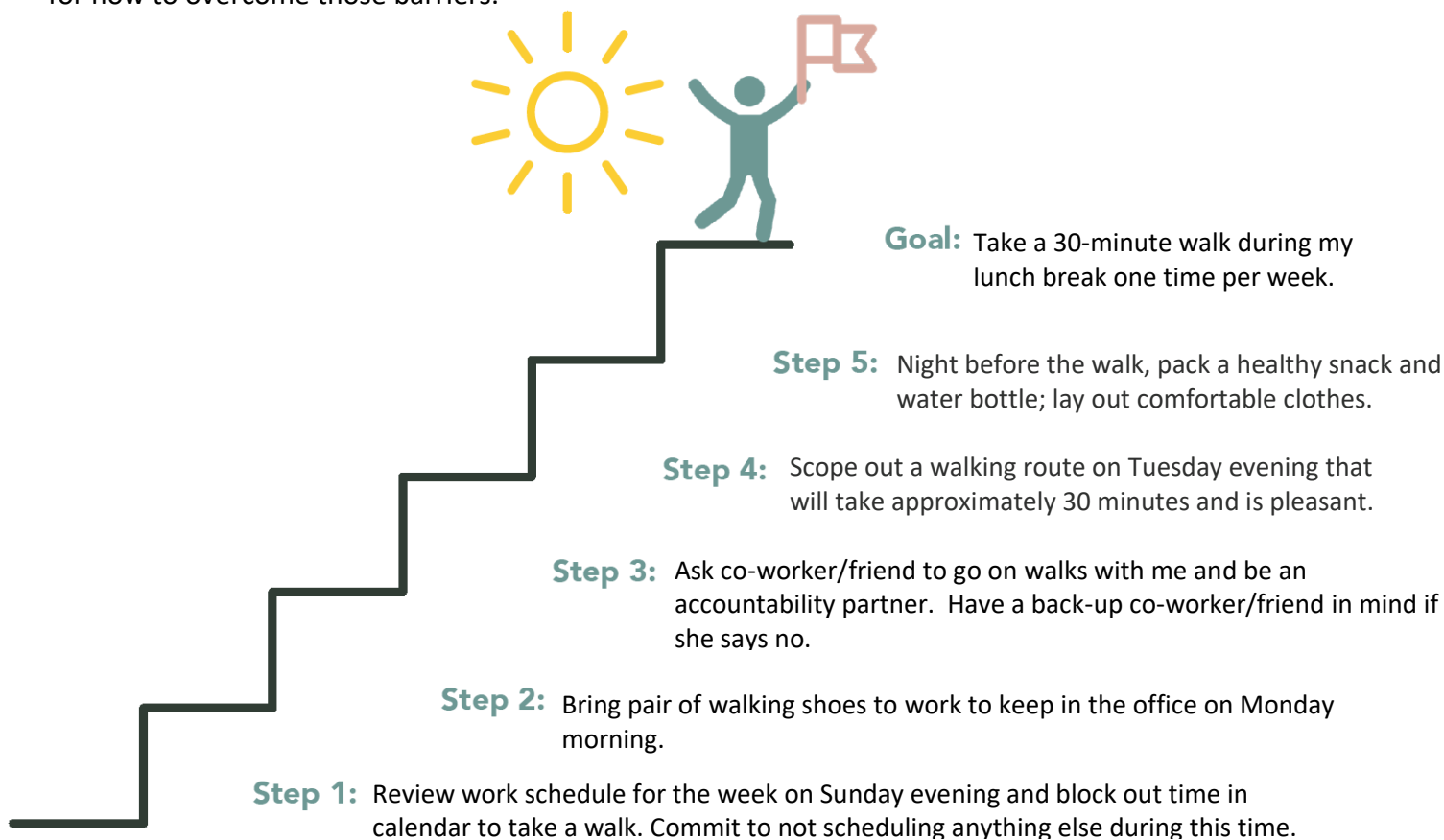
Activity Selecting. Select an activity to engage in this week. You may want to focus on an activity:

- That you have been avoiding or that has been causing stress (see [Mapping worksheet](#))
- That has the potential to bring you pleasure, accomplishment, or connection (see [Tracking worksheet](#) or your [Activities Summary worksheet](#))
- That used to be part of your life or a routine and that help you feel like your usual self (see [Values worksheet](#))
- That is important to you and consistent with your values (see [Values worksheet](#))

Tip: Start with more do-able activities and work up to more challenging ones.

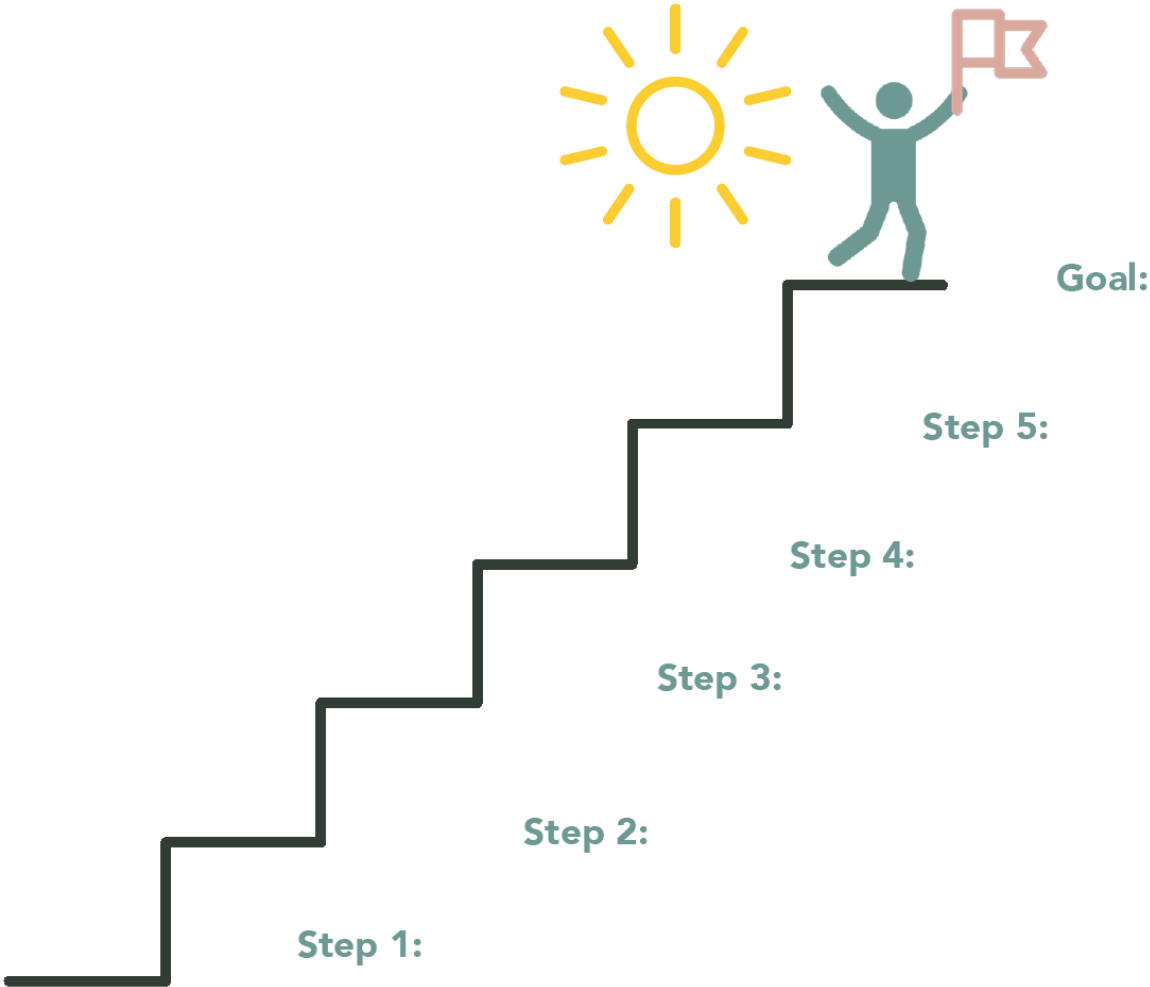
Activity Structuring. Break down your goal into multiple, achievable steps. Remember, “One step at a time”. Check that each step is clear, concrete, and observable.

Activity Scheduling. Make a specific plan for when, where, and for how long you will do the chosen activity. Anticipate barriers that might get in the way or doing the activity when you have planned. Consider the ways that challenging logistics, emotions, and thoughts may get in your way. Make a plan for how to overcome those barriers.



WHAT IS YOUR GOAL?

What are the steps you can take to get there?



COPE: A PROBLEM SOLVING TOOL

Instructions

COPE highlights the specific steps that you can take to start an active problem solving approach in your life.

<p>1. CLARIFY</p> <p>Start by choosing one problem, then clarify what exactly the problem is. Write down the one problem and the facts. What about this one problem is stressful, challenging, or difficult? Also, ask yourself, is this a problem that I have control over? If not, you may not be able to solve this one; consider redefining the problem as one over which you have some control.</p>	
<p>2. OPTIONS</p> <p>Brainstorm several options. Don't worry about whether these options are "good" or "bad." Be specific. If you are having a hard time thinking of options, ask yourself if you have ever faced a similar problem? Have others in your life? How did you/they problem-solve?</p>	
<p>3. PICK</p> <p>Pick an option to and put it into action. There may be no "perfect" solution to some problems. Pick the option that is most promising and that can be implemented. Be specific and make sure the plan is concrete, specific, and structured.</p>	
<p>EVALUATE</p> <p>Evaluate how it worked. Pay close attention to the outcome. Reflect on what worked, what didn't? Did you get the desired outcome? If yes, congratulations! You faced a problem and solved it, rather than avoiding it. If you didn't get the desired outcome, go back to the first step and cycle back through each step. Remember that some problems take a few problem-solving efforts to solve.</p>	

FIRM: A COMMUNICATION TOOL

Instructions

This four-step tool can help you simply ask for something or say no. In order to get your needs met, it can be helpful to plan what you'll say in advance. Come up with one sentence in response to each question below, then practice saying the four sentences altogether.

1. Facts: What is the situation?

Describe the current situation. Stick to the facts. Say, "I have not showered today," rather than "I never get a break!"

2. I Feel: How do I feel about it?

Express your feelings and opinions about the situation. Don't assume that the other person knows how you feel. Remember that feelings often can be expressed with one word: angry, sad, scared, embarrassed, happy, etc. Say, "I feel irritated and grimy."

3. Request: What do I want?

Think about how you might ask for what you want or say no clearly in order to get the desired response. Say, "Will you watch the kids while I shower?" or "I cannot drive you to work before I take a shower."

4. Make benefits clear: What are the benefits of agreeing to what I am asking?

Explain the positive effects of agreeing to what you are asking; how will this bring benefit for you and the other person. Say, "I will feel better and be in a better mood if I shower." It's a plus for the whole family!

ENDING WELL

Summary of Learning:

What situations may increase my risk of becoming depressed in the future?

What are the warning signs that I may be getting depressed in the future?

Based on my Activities Summary, what activities might improve my mood and help me continue to stay well?

(continued on next page...)

What or who will support me in doing the activities that help to improve my mood? This includes helping me act according to my goals or values (rather than my mood) and acting from “outside in” (rather than “inside out”)

SAFETY CONCERNS AND GUIDELINES

In delivering SUMMIT BA, several types of safety concerns may arise. It is important to have processes and procedures for managing these concerns in place prior to delivering SUMMIT BA.

Depending on your setting, these processes and procedures may rely on resources and protocols internal to your setting (for example, if you work in a hospital), external to your setting (for example, if you are based in a community center), or a combination of internal and external resources. The information in this section provides general guidance about recognizing and responding to safety concerns.

Consult with a licensed mental health professional to learn more about guidelines in place for your particular setting. Do not begin delivering SUMMIT BA unless you have processes in place for each of the safety concerns listed below and have an identified mental health specialist who you can consult with if safety concerns arise.

A. SUICIDE/SELF-HARM

What is the concern?

- Suicide is a leading cause of maternal mortality in the developed world, accounting for up to 20% of postpartum deaths⁹
- 2-15% of women experience suicidal thoughts during the perinatal period, with rates highest among those with depression or other mental health concerns⁹
- Worldwide, 0.68% of women attempt suicide during pregnancy and 0.21% in the postpartum⁹

When should I be concerned?

- Patient scores >0 on item 10 of the EPDS (“The thought of harming myself has occurred to me”) or item 9 of the PHQ-9 (“Thoughts that you would be better off dead or of hurting yourself in some way”)
- Patient discloses thoughts of suicide or self-harm during the session

What steps should I take?

Note: Any protocol for managing suicide risk that is already in place in your setting should take priority over these general guidelines

- Use a standardized suicide risk screening tool to determine whether the patient is at low, moderate or high risk. Examples of such tools include, but are not limited to:
 - [Columbia Suicide Severity Rating Scale \(CSSR-S\)](#)
 - [Ask Suicide Screening Questions \(ASQ\)](#)
 - [Suicide Assessment Five-Step Evaluation & Triage \(SAFE-T\)](#)
 - Cox & Holden
- Once risk status is known, follow your setting’s protocol and consult a licensed mental health professional. Example protocols can be found below.

(continued on next page...)

Basic steps involved for low, moderate, and high-risk situations may include:

1. **LOW RISK (Suicide thoughts only – no plan or intent to act on these thoughts)**
 - a. VALIDATE. Let her know that you're glad she shared her thoughts about suicide with you. Let her know that many women have thoughts of hurting or killing themselves and that she is not alone.
 - b. DOCUMENT. Document your risk assessment, including what risk screening tool(s) you used, any additional information you obtained, and what actions you took.
 - c. DEBRIEF. Debrief with your clinical lead individually and/or during weekly supervision.

2. **MODERATE RISK (Suicide thoughts, plans, means, but NO intent)**
 - a. VALIDATE. Let her know that you're glad she shared her thoughts about suicide with you. Let her know that many women have thoughts of hurting or killing themselves and that she is not alone. Also let her know that thoughts about suicide change over time, and that you want to make a plan in case her thoughts increase.
 - b. SAFETY PLAN. Create a safety plan in collaboration with the patient. It is ideal for the patient to write out her safety plan either with pen and paper or on her phone. Have her list at least 5 steps she will take if she intends to kill herself. This may include calling specific people like her partner, a friend, and or another family member. The list may also include calling the national suicide hotline. The last step in the plan will be to be driven to the ED or call 911; if this is the case, call the Clinical Lead(s) and follow the steps outlined in HIGH RISK below.
 - c. COLLABORATE. Contact your consulting mental health specialist, who will confirm or elaborate on the risk assessment and make the call about whether to send patient for Emergency care. If the patient does not require emergency care, proceed to step d. If the patient requires emergency care, as determined by the consulting mental health specialist, follow the steps in 3. HIGH RISK.
 - d. DOCUMENT. Document your risk assessment, including what risk screening tool(s) you used, any additional information you obtained, and what actions you took, including obtaining consultation.
 - e. DEBRIEF. Debrief with your clinical lead(s) individually and/or during weekly supervision.

3. **HIGH RISK (Suicide thoughts, plans, means, and intent)**
 - a. VALIDATE. Let her know that you're glad she shared her thoughts about suicide with you. Let her know that many women have thoughts of hurting or killing themselves and that she is not alone and that you will contact your consulting mental health specialist during the session to make a plan to ensure her safety.
 - b. SAFETY PLAN. Create a safety plan in collaboration with the patient. It is ideal for the patient to write out her safety plan either with pen and paper or on her phone. Have her list at least 5 steps she will take if she intends to kill herself. This may include calling specific people like her partner, a friend, and or another family member. The last step in the plan will be to be driven to the ED or call 911.

(continued on next page...)

- c. COLLABORATE. Contact your consulting mental health specialist, who will confirm or elaborate on the risk assessment and make the call about whether to send patient for Emergency care. If the patient does not require emergency care, proceed to step d. If the patient requires emergency care as determined by the consulting mental health specialist, follow the steps below:
- 1) If over telemedicine, **STAY ON THE CALL**
 - 2) **CALL 911 or ACCOMPANY THE PARTICIPANT TO THE EMERGENCY DEPARTMENT**. Give the following information:
 - Who you are (treatment provider for a study looking at treatment modalities for perinatal depression)
 - Why you are calling 911/Why you brought the patient to the ER (Patient endorsed active suicidal ideation/plan)
 - Answers to the any suicide risk screening tools you used
 - If over telemedicine, stay on the call until emergency services arrive
 - 3) **FACILITATE TRANSPORT**. You will facilitate transportation to the Emergency Department. If the patient is not a flight risk or psychotic/impulsive, then the patient should call someone (in your presence, ideally by speaker phone) to pick her up from her location and take her to the emergency department. If the patient is a flight risk or psychotic/impulsive, you will have to arrange for transport by calling 911
 - 4) **SUPPORT AS NEEDED**. Wait with the patient until they are able to be assessed
- d. DOCUMENT. Document your risk assessment, including what risk screening tool(s) you used, any additional information you obtained, and what actions you took, including obtaining consultation
- e. DEBRIEF. Debrief with your clinical lead(s) individually and/or during weekly supervision

Resources

- Canada:
 1. Distress Centres of Greater Toronto: **Call 416-408-HELP (4357) or Text 45645**
 2. Crisis Services Canada: **Call 1-833-456-4566**
 3. Emergency Dispatch: **Call 911**
- The United States:
 1. National Maternal Mental Health Hotline: **Call or Text 1-833-852-6262**
 2. National Suicide Prevention Lifeline: **1-800-273-TALK (8255) or 988**
 3. National Crisis Text Line: **Text HOME to 741741**

B. CHILD ABUSE/RISK OF HARM TO CHILD

What is the concern?

- More than 600,000 children are abused in the US each year
- Infant homicide rates in the US are 8 per 100,000 infants
- More than 80% of infant homicides are considered to be “fatal child abuse”

When should I be concerned?

You should be concerned about the potential for child abuse if the patient says ANYTHING that leads you to believe a child may have suffered harm or be at risk of harm from:

- The patient them self
- Another adult (partner, teacher, coach, etc.)
- Another child (sibling, neighbour, classmate, etc.)

What steps should I take?

- Conduct additional assessment to assess risk:
 1. Have you had thoughts about harming your baby/child(ren)?
 2. If yes, have you made any plans to harm your baby/child(ren)? Can you tell me more about that?
 3. Have you ever harmed or attempted to harm your baby/child(ren)? If yes, when? How? If no, what is helping you to keep your baby/child(ren) safe?
 4. Do these thoughts disturb you?
- Healthcare providers, childcare workers, and members of many other professions are considered “mandated reporters” meaning that they are legally obligated to report known or suspected child abuse
- Laws covering reporting of known or suspected child abuse vary by location. Before beginning to deliver SUMMIT BA, familiarize yourself with the laws and regulations that apply to your area. You can typically find this information by searching online for “child abuse reporting [location]”
- If you are uncertain about whether to report, consult with a licensed mental health professional

Resources

- Canada:
 1. Children’s Aid Society of Toronto: **Call 416-924-4646**
 - Other Children’s Aid Society locations can be found here:
<https://www.oacas.org/childrens-aid-child-protection/locate-a-childrens-aid-society/>
- The United States:
 1. ChildHelp:
 - Call/text: **800-422-4453** for consultation
 - Interactive map for reporting child abuse by US State:
<https://www.childhelpline.org/how-it-works/#hotline-map>

C. HOMICIDE/RISK OF HARM TO OTHERS

What is the concern?

It is rare that a perinatal patient will pose a credible risk of harm to a person other than herself or her infant, but this risk can be increased among patients experiencing postpartum psychosis or depression with psychotic features. Thoughts of and attempts to cause harm to others are often associated with delusions, or false beliefs or judgments about reality, and individuals who are experiencing delusions have difficulty separating these beliefs from reality.

When should I be concerned?

- You should be concerned about the potential for harm to others if the patient says ANYTHING that leads you to believe they are having thoughts of harming another person
- Concern is particularly high if the patient is experiencing symptoms of psychosis, or has a personal or family history of bipolar disorder or psychosis, as these individuals are at higher risk for developing postpartum psychosis, a rare but serious complication of childbirth

What steps should I take?

- Obtain consultation from a licensed mental health professional
- Follow all laws and guidelines pertaining to your institution/region. For example, many US states have “duty to warn” or “duty to protect” laws that require healthcare providers to take reasonable precautions to protect individuals if a patient poses a clear risk of harm. These actions may include:
 - Notifying identifiable victims
 - Notifying law enforcement officials
 - Hospitalizing the patient

Resources

- Canada:
 1. Emergency Dispatch: **Call 911**
- The United States:
 1. National Maternal Mental Health Hotline: **Call or Text 1-833-852-6262**
 2. National Suicide Prevention Lifeline: **1-800-273-TALK (8255) or 988**
 3. National Crisis Text Line: **Text HOME to 741741**

D. SUBSTANCE ABUSE

What is the concern?

- Use of alcohol, tobacco, marijuana, cocaine, opioids, and other substances presents risks for both maternal and fetal health
- A growing number of maternal deaths are related to substance use

When should I be concerned?

- A patient reports substance use/abuse during pregnancy, including misuse of substances that are legal or prescribed
- A patient reports new or increased substance use, including misuse of substances that are legal or prescribed

What steps should I take?

- Use a validated substance abuse screening instrument to gather more information. Examples include:
 - [NIDA Quick Screen](#)
 - 4Ps
 - [T-ACE/T-ACER 3](#)
- Obtain consultation from a licensed mental health professional. It may be recommended that the patient discontinue SUMMIT BA and seek substance abuse treatment

Resources

- Canada:
 1. ConnexOntario: **Call 1-866-531-2600 or Text CONNEX to 247247**
 2. Wellness Together Canada: **Call 1-866-585-0445 or Text WELLNESS to 741741**
- The United States:
 1. SAMHSA National Helpline: **Call 1-800-662-HELP (4357)**

E. DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE

What is the concern?

- Risk of domestic violence(DV)/intimate partner violence (IPV) increases during pregnancy
- DV/IPV can pose risks to maternal health, fetal health, and the safety of other children in the home
- DV/IPV includes not only acts of physical abuse, but also sexual abuse, emotional abuse, economic abuse, psychological abuse, and technological abuse

When should I be concerned?

Concern for DV/IPV should arise when a patient reports anything that suggests a partner or other member of her household is using physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behaviour to influence or control her. This includes any behaviours that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound.

What steps should I take?

- Consult with a licensed mental health professional
- Offer to equip the patient with information about DV/IPV and local/national resources
- If her safety is threatened, provide information about shelters or alternate housing arrangements
- Mandated reporting requirements for DV/IPV vary by setting. Many settings do not have such requirements in place. Familiarize yourself with your local laws/regulations to determine whether you are required to report an injury resulting from DV/IPV
- Note that if the DV/IPV presents a risk of harm to a child (for example, abuser wields a weapon when children are present in the room), follow the guidelines for child abuse/risk of harm to child

Resources

- Canada:
 1. Assaulted Women's Helpline: **Call 1-866-863-0511**
- The United States:
 1. National Domestic Violence Hotline: **Call 800-799-7233 or Text START to 88788**

F. POSTPARTUM PSYCHOSIS

What is the concern?

- PPP is a rare but serious complication of childbirth affecting approximately 1 in 1000 women
- PPP is associated with increased risk for suicide and infanticide
- PPP is a medical emergency that requires immediate attention

When should I be concerned?

- Risk is particularly high for women who have a personal or family history of bipolar disorder, or a history of a previous episode of PPP
- Concern for risk of PPP arises if a patient experiences any of the following symptoms:
 - Delusions or strange beliefs
 - Hallucinations (seeing or hearing things that aren't there)
 - Feeling very irritated
 - Hyperactivity
 - Severe depression or flat affect
 - Decreased need for or inability to sleep
 - Paranoia and suspiciousness
 - Rapid mood swings
 - Difficulty communicating at times

What steps should I take?

- PPP is a medical emergency and the patient will require urgent psychiatric evaluation
- Follow your setting's protocols for situations requiring urgent psychiatric evaluation. Depending on your setting, this may include contacting the psychiatrist on-call, notifying security, or arranging for emergency transport

Resources

- Action on Postpartum Psychosis <https://www.app-network.org/>
- National Maternal Mental Health Hotline (US only): **Call or Text 1-833-852-6262**

G. PROVIDER SAFETY & WELLBEING

Some of the things that you hear and see while providing SUMMIT BA may be stressful or bring up unpleasant experiences that you have had in the past. Engaging in supervision can be helpful as discussing your own feelings about therapy is a standard part of supervision. You can feel free to share your own thoughts and feelings with your supervisor during your regular supervision sessions or privately as needed.

There are some things you can do to reduce your own stress while providing BA. These include self-care behaviours—many of the same behaviours you'll be encouraging your patients to carry out—and can improve anyone's ability to manage stress. They include:

- Getting enough sleep
- Spending time with friends and family
- Getting physical activity
- Eating regular meals
- Engaging in hobbies
- Spending time in nature
- Listening to music
- Engaging with your spirituality
- Prioritizing your health (e.g., taking time off when you're sick, going to the doctor when you have a health problem)

You may have other tools to manage stress that have worked well for you in the past. Make a list of ways you can manage stress to use when you need it.

Note: You are encouraged to consult a licensed mental health professional if you experience increased stress or depressive symptoms while providing SUMMIT BA.

SUMMIT TREATMENT LOG RECORD

SUMMIT TREATMENT LOG FORM

Patient Name: _____

First Session Only: Where is the patient planning to deliver their baby/Where did the patient deliver their baby? _____

Date: _____		Session Number: _____	
Session begin time: _____		Session end time: _____	
Session Type:		In-Person <input type="checkbox"/>	Telemedicine <input type="checkbox"/>
		Telephone <input type="checkbox"/>	
Homework:		Done <input type="checkbox"/>	Partially Done <input type="checkbox"/>
		Not Done <input type="checkbox"/>	NA <input type="checkbox"/>
EPDS Score: _____		GAD – 7 Score: _____	
EPDS Question 10 Score: _____			
SESSION NOTES			
<i>Specialist Providers: Please complete the Mental Status Exam if required by your institution.</i>			
Mental Status Exam (MSE)			

Next appointment:	Date _____	Time _____
Place (current session):	In-Person	<input type="checkbox"/>
	Telemedicine only	<input type="checkbox"/>
	Telemedicine and phone	<input type="checkbox"/>
	Phone only	<input type="checkbox"/>
In today's session, I was able to use the telemedicine platform effectively to deliver my BA session.	Not at all	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/>
	Most of the time	<input type="checkbox"/>
	All of the time	<input type="checkbox"/>
The quality of the audio and video was reliable when delivering my BA session today.	Not at all	<input type="checkbox"/>
	Some of the time	<input type="checkbox"/>
	Most of the time	<input type="checkbox"/>
	All of the time	<input type="checkbox"/>
Remarks:		
Treatment Provider's Signature:		

(continued on next page...)

Complete this check-list at the end of each session

SESSION 1	SESSION 2
<ul style="list-style-type: none"> <input type="checkbox"/> Discuss your role <input type="checkbox"/> Establish a positive and effective therapeutic relationship <input type="checkbox"/> Explain the goals and structure of this BA program <input type="checkbox"/> Share the core skill of “mapping” <input type="checkbox"/> Elicit commitment to completing this BA program 	<ul style="list-style-type: none"> <input type="checkbox"/> Review the map and reinforce engagement in the program and therapeutic relationship <input type="checkbox"/> Share the Circles of Connection to identify a support person <input type="checkbox"/> Share the core skill of “tracking” (i.e., support the mom in making the link between what she does and what she feels) <input type="checkbox"/> Discuss pleasure, mastery, and connecting activities <input type="checkbox"/> Work collaboratively with the mom to plan one healthy activity and practice the skill of daily tracking
SESSION 3	SESSION 4 - 6
<ul style="list-style-type: none"> <input type="checkbox"/> Review the healthy activities from last session to highlight links between what she does and how she feels <input type="checkbox"/> Share the core skill of “identifying values” <input type="checkbox"/> Share the core skills of “activity selecting, structuring, and scheduling” <input type="checkbox"/> Work collaboratively with the patient to plan healthy activities and practice the skill of daily tracking 	<ul style="list-style-type: none"> <input type="checkbox"/> Review and build on healthy activities from last session, encourage patient to add new healthy activities on schedule <input type="checkbox"/> Share and select from the menu of problem solving skills to support the patient in overcoming barriers and help her stay active, as needed <input type="checkbox"/> Work collaboratively with the patient to plan healthy activities and practice the skill of tracking <input type="checkbox"/> Work collaboratively with the patient to practice the skill of solving problems <input type="checkbox"/> Incorporated communication skills appropriately

(continued on next page...)

SESSION 7 - 8

- Summarize all healthy activities and successful problem solving
- Summarize and consolidate learning of the core skills
- Discuss how the patient can use self-management skills to prepare for future challenges and risks
- Discuss future contact and say good-bye

References

1. Dimidjian, S., Barrera Jr, M., Martell, C., Muñoz, RF. and Lewinsohn, PM. The origins and current status of behavioral activation treatments for depression. *Annual Review of Clinical Psychology*. 2011;**7**:1-38. doi:10.1146/annurev-clinpsy-032210-104535
2. Jacobson, NS., Martell, CR. and Dimidjian, S. Behavioral activation treatment for depression: Returning to contextual roots. *Clinical Psychology: Science and Practice*. 2001;**8**(3):255-270. doi:10.1093/clipsy.8.3.255
3. Ekers, D., Webster, L., Van Straten, A., Cuijpers, P., Richards, D. and Gilbody, S. Behavioural activation for depression; an update of meta-analysis of effectiveness and sub group analysis. *PLoS One*. 2014;**9**(6):e100100. doi:10.1371/journal.pone.0100100
4. Mazzucchelli, T., Kane, R. and Rees, C. Behavioral activation treatments for depression in adults: A meta-analysis and review. *Clinical Psychology: Science and Practice*. 2009;**16**(4):383-411. doi:10.1111/j.1468-2850.2009.01178.x
5. Patel, V., Weobong, B., Weiss, HA., et al. The Healthy Activity Program (HAP), a lay counsellor-delivered brief psychological treatment for severe depression, in primary care in India: a randomised controlled trial. *The Lancet*. 2017;**389**(10065):176-185. doi:10.1016/S0140-6736(16)31589-6
6. Lewis-Fernández, R., Aggarwal, NK., Hinton, L., Hinton, DE. and Kirmayer, LJ. American Psychiatric Association. *DSM-5® Handbook on the Cultural Formulation Interview*. First edition. ed. American Psychiatric Publishing, Inc.; 2016; 329 pages.
7. Singla, DR., Hossain, S., Andrejek, N., et al. Culturally sensitive psychotherapy for perinatal women: A mixed methods study. *Journal of Consulting and Clinical Psychology*. 2022;**90**(10):770-786. doi:10.1037/ccp0000754
8. Miller, WR., C'de Baca, J. and Matthews, D. Personal Values Card Sort. University of New Mexico. 1999.
9. Chin, K., Wendt, A., Bennett, IM. and Bhat, A. Suicide and Maternal Mortality. *Current Psychiatry Reports*. Apr 2022;**24**(4):239-275. doi:10.1007/s11920-022-01334-3