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## Behavioral activation activity planning diary

List of behavioural activation activities. Behavioural activation diary example. Behavioral activation activities.

Skip to main content Learning theories propose that depression is the result of losing touch with sources of positive reinforcement: falling into habits of inactivity (or the wrong kinds of activity) lead to a lowering of mood. Once an individual feels depressed they may lack motivation, become less active, experience less positive reinforcement – and the cycle repeats or exacerbates. A behavioral approach to overcoming this vicious cycle of depression is to increase one’s level of activity even in the absence of feelings of motivation. This approach is called behavioral activation (BA) and there is strong evidence that it is an effective treatment for depression (Ekers et al, 2014), with equivalent effect sizes to treatments such as cognitive therapy (Jacobson et al, 1996). Modern approaches to BA include Martell, Addis & Jacobson’s package Depression in context: Strategies for guided action (2001), and Lejuez, Hopko & Hopko’s package Brief Behavioral Activation Treatment For Depression (BATD: 2001). Different behavioral activation protocols include a variety of treatment components, but all contain steps of activity monitoring and activity planning / scheduling (Kanter et al, 2010). Activity monitoring within BA can accomplish a number of goals: It allows the therapist and client to observe specific information about the client’s a baseline level of activity, which can by used as a comparator later in treatment. It can focus the client’s attention on their current level of activity. Ratings of mood, enjoyment, accomplishment, or connectedness collected alongside the record of activity can be used to generate hypotheses about which types of activity it might be most helpful to schedule. Activity diaries can form the basis for a conversation about the relationship between activity and mood, or the client’s current engagement in activity which is in line with their values. This Behavioral Activation Activity Diary is a worksheet designed for activity monitoring. This diary is in a 7-day format and includes sections for: recording activity in the morning / afternoon / evening; prompts to help clients to record the most helpful kinds of information; and a mood rating scale. “So that we can start to gather some ideas about why you are depressed I would like you to use this activity diary to record what you do every day for a week, even for activities that might seem trivial or unimportant. We need to find out how your mood changes as you do different activities, so rate your mood for each time slot on a scale of 0 to 10, with 0 representing feeling very depressed and 10 representing feeling very good.” Once a client has monitored their activity for a week the information recorded can be examined for deficits in (rewarding) activity, relationships between activity and mood, breadth or restriction of activity, and consistency with values. Some helpful questions include: Looking at it now, what do you notice about what you recorded on your activity diary? What activities made you feel the best? What activities made you feel the worst? What activities made you feel most connected to other people? What activities gave you the biggest sense of achievement? What activities gave you the biggest feelings of pleasure? What do you notice about the relationship between your mood and how active you are? Ekers, D., Webster, L., Van Straten, A., Cuijpers, P., Richards, D., & Gilbody, S. (2014). Behavioural activation for depression; an update of meta-analysis of effectiveness and sub group analysis. PloS one, 9(6).Jacobson, N. S., Dobson, K. S., Truax, P. A., Addis, M.

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Activity Planning  
Use this form to plan your activities and record your activities. To plan your activities, use the morning, afternoon, and evening sections. To record your activities, use the activity diary.

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Activity Diary  
Use this form to record your activities. To plan your activities, use the morning, afternoon, and evening sections. To record your activities, use the activity diary.

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K., ... & Prince, S. E. (1996). A component analysis of cognitive-behavioral treatment for depression. Journal of Consulting and Clinical Psychology, 64(2), 295.Kanter, J. W., Manos, R. C., Bowe, W. M., Baruch, D. E., Busch, A. M., & Rusch, L. C. (2010). What is behavioral activation?: A review of the empirical literature. Clinical Psychology Review, 30(6), 608-620.Lejuez, C. W., Hopko, D. R., & Hopko, S. D. (2001). A brief behavioral activation treatment for depression: Treatment manual. Behavior Modification, 25, 255–286. Skip to main content What is self-monitoring in therapy? Self-monitoring is a practice in which clients are asked to systematically observe and record specific targets such as thoughts, body feelings, emotions, and behaviors. It is part of a wider practice of empiricism and measurement that is integral to CBT (Persons, 2008), and it functions as both an assessment method and an intervention (Korotitsch & Nelson-Gray, 1999; Proudfoot & Nicholas, 2010). Self-monitoring is comprised of two parts - discrimination and recording (Korotitsch & Nelson-Gray, 1999). During discrimination, the client is trained to bring their awareness to target phenomena by identifying and noticing when they occur. For many clients, bringing attention and awareness to specific thoughts, feelings or emotions will be novel and difficult, but improving clients' awareness of their symptoms and behavior is a critical component of CBT. Recording consists of documenting occurrences (usually through a written record). Creating a record makes discrimination an explicit and conscious process that can be reviewed and analyzed. It also means that - through documentation of specific events - additional detail or context can be included and analyzed, improving the client's understanding of their symptoms, as well as the sequence and process by which they occur. Discrimination and recording are skills that need to be learned and honed. Clients are likely to need support and training to complete self-monitoring records accurately. Self-monitoring is ubiquitous across CBT, with "self-monitoring procedures... described and recommended within most empirically supported treatments" (Korotitsch & Nelson-Gray, 1999). Therapists and clients may not always label it as self-monitoring, and may instead refer to the use of diaries, logs, records, schedules, or symptom monitoring. Commonly used examples are activity diaries for behavioral activation, logs of eating behaviors for the treatment of eating disorders, and thought records for capturing negative automatic thoughts. Why practice self-monitoring in CBT? "Self-monitoring puts clients in charge of empirically examining their beliefs and behavior." (Cohen et al, 2013) CBT is an open (non-mysterious) therapy in which the client is an active participant, and where the goal is to help clients to develop skills to manage or overcome their difficulties. Self-monitoring is a straightforward way to introduce clients to the concept of active participation in therapy, and it supports clients' engagement and motivation by fostering a sense of self-control and autonomy (Bornstein, Hamilton & Bornstein, 1986; Proudfoot & Nicholas, 2010). By completing self-monitoring records away from therapy sessions, clients gain additional feedback that serves to reinforce and consolidate the work completed in sessions (Bornstein, Hamilton & Bornstein, 1986). Self-monitoring helps clients to develop a critical awareness of their difficulties, which prepares them for change. "awareness is a logical first step of the change process" (Persons, 2008). For example, self-monitoring the frequency of angry outbursts can help clients to see the true scale of the problem (that they shout at their partner nearly every day, not once every fortnight as they initially reported). Self-monitoring the time taken to complete compulsive rituals can help a client with OCD to see how much time they lose each day, and can help to build motivation to engage in therapy. As skills in discrimination improve, self-monitoring can be refocused to help clients better understand the links between situations, thoughts, emotions, body sensations, and their responses. An additional benefit of self-monitoring is that, in some circumstances, it has been shown to have a modest but beneficial treatment effect - so called 'reactive' effects (Korotitsch & Nelson-Gray, 1999; Proudfoot & Nicholas, 2010). The act of self-monitoring has been shown to increase the frequency of positive behaviors and decrease the frequency of negative behaviors (e.g. for eating disorders or substance misuse; Korotitsch & Nelson-Gray, 1999). Because of this, self-monitoring can make an 'adjunctive contribution' to interventions (Korotitsch & Nelson-Gray, 1999). When should self-monitoring be practiced in therapy? Self-monitoring is often taught early in therapy, during the assessment stage. It can be particularly useful when the target phenomenon is covert and cannot be observed by anyone but the client themselves (Cohen et al, 2013), for example, negative automatic thoughts, body sensations or self-harm. Since self-monitoring is both a form of assessment and an intervention (Korotitsch & Nelson-Gray, 1999; Proudfoot & Nicholas, 2010), the format and nature of self-monitoring is likely to change during therapy. Self-monitoring may initially focus more on capturing data to help the client and therapist identify and prioritize problems. Subsequent data might be used to inform a client's formulation - for example, monitoring triggers and environmental factors to identify causal relationships to the problem. Once an intervention plan has been developed, self-monitoring can be used to track the plan's implementation away from therapy sessions, such as monitoring the frequency and success with which a new adaptive coping strategy is used (Cohen et al, 2013). Finally, self-monitoring might be used throughout therapy as a method of measuring the effectiveness of treatment as a whole and whether therapy goals have been met. How is self-monitoring conducted? Events can be 'monitored' retrospectively, with the client and therapist working together in-session to review the client's memory for an event, and exploring their thoughts, emotions, and behaviors. The downside to this approach is that retrospective records are affected by recall biases, so salient elements are particularly likely to be recalled (such as body feelings), whereas other details are likely to be lost or recalled inaccurately (such as contextual triggers or preceding thoughts; Proudfoot & Nicholas, 2010). The advantage self-monitoring is that the client can record information close to (or at the time of) an event and this often results in a richer, more complete and accurate account (Bornstein, Hamilton & Bornstein, 1986). What are common targets of self-monitoring in CBT? Targets for self-monitoring are idiosyncratic, depending upon the client's presentation. Target domains include: Events: e.g. monitoring events in which a client feels a certain way. Emotions: e.g. monitoring situations in which particular emotions are experienced. Thoughts: e.g. monitoring the occurrence, frequency, and content of negative thoughts. Memories: e.g. monitoring the occurrence, frequency, and content of unwanted memories. Body sensations: e.g. monitoring the occurrence, frequency, triggers, context and consequences of physiological feelings that concern the client. Attention: e.g. monitoring situations where a client becomes particularly self-focused, or especially threat-focused. Activity: e.g. monitoring daily levels of activity in depression, or monitoring the relationship between activity, enjoyment, and mastery. Behavior: e.g. monitoring behaviors such as avoidance, self-harm, safety behaviors, appeasement, bingeing and purging. How to train clients in self-monitoring in CBT Self-monitoring is a skill that develops with time and training, so clients may need support to complete self-monitoring records accurately. Elements of effective training include: Select a relevant target for monitoring - will data about this influence clinical decision making? Ensure the target is specific, clearly defined and agreed upon - does the client understand what they are monitoring and why? Provide clear instructions - does the client understand how to complete self-monitoring? Can they refer back to instructions without the therapists? Offer concrete support for recording - how will recording be completed? Does the client have the necessary resources and materials? Provide modeling and training in how to record - has the client practiced recording? Has the therapist observed the client practicing? Use the monitoring data - subsequent sessions should always review and draw upon prior self-monitoring data the client has recorded. It can be difficult to ensure that records are completed in a timely manner, but a number of techniques can be used to encourage regular, accurate self-monitoring. The manner and format of self-monitoring can be adapted to suit the client's preferences. If clients have literacy difficulties - prepared forms that can be easily marked or ticked are preferable. If they feel conspicuous using a printed sheet, they may be more comfortable filling out a form on a smartphone, or keeping the sheet tucked into a small notebook. Psychoeducation can be used to stress the importance and benefits of self-monitoring (e.g. the development of skills to manage distressing emotions). As clients develop an understanding of why they react, feel and behave as they do, the therapist can use this to reinforce the benefits of self-monitoring (Cohen et al, 2013). For children and young people, extrinsic rewards can be used when self-monitoring records are completed (Cohen et al, 2013). More practically, smartphones, computers and watches can be used to set reminders (Proudfoot & Nicholas, 2010). References Bornstein, P.H., Hamilton, S.B. & Bornstein, M.T. (1986). Self-monitoring procedures. In A.R. Ciminero, K.S. Calhoun, & H.E. Adams (Eds) Handbook of behavioral assessment (2nd ed). New York: Wiley. Cohen, J.S., Edmunds, J.M., Brodman, D.M., Benjamin, C.L., Kendall, P.C. (2013). Using self-monitoring: implementation of collaborative empiricism in cognitive-behavioral therapy. Cognitive and Behavioral Practice, 20(4), 419-428. Kennerley, H., Kirk, J., & Westbrook, D. (2017). An Introduction to Cognitive Behaviour Therapy: Skills & Applications. 3rd Edition. Sage, London. Korotitsch, W. J., & Nelson-Gray, R. O. (1999). An overview of self-monitoring research in assessment and treatment. Psychological Assessment, 11(4), 415. Persons, J.B. (2008). The Case Formulation Approach to Cognitive-Behavior Therapy. Guilford Press, London. Proudfoot, J., & Nicholas, J. (2010). Monitoring and evaluation in low intensity CBT interventions. Oxford guide to low intensity CBT interventions, 97-104. The activities we engage in influence how we feel. And yet, when depressed, clients often find themselves unable to do those things that bring enjoyment and meaning to their lives (Behavioral Activation for Depression, n.d.). Behavioral activation is a crucial aspect of Cognitive-Behavioral Therapy, helping shed light on how the client's behaviors influence their emotions (Beck, 2011; Farmer & Chapman, 2016). Once understood, activities can be scheduled that improve the client's mood and lessen their experience of emotional distress or depression. This article explores activity scheduling as part of behavioral activation while introducing tools and worksheets for use in treatment. Before you continue, we thought you might like to download our three Positive CBT Exercises for free. These science-based exercises will provide you with detailed insight into positive Cognitive-Behavioral Therapy (CBT) and give you the tools to apply it in your therapy or coaching. What Is Activity Scheduling in CBT and Therapy? Clients with depression entering treatment may have stopped engaging in activities that previously gave them a sense of enjoyment or achievement and increased other unhelpful behaviors, such as staying in bed or watching excessive TV (Beck, 2011). However, such inactivity reduces the opportunity to gain mastery and control over their lives or experience pleasure, increasing negative thinking and a downward spiral of triggers, negative emotions, and behavior (Beck, 2011). Behavioral activation can help clients become more active and increase engagement in their lives through the following (Behavioral Activation for Depression, n.d.): Understanding the negative thinking cycles of depression Tracking daily activities Identifying and defining goals and values Encouraging motivation and energy through mastery and pleasure Purposefully scheduling enjoyable and engaging activities Using problem-solving to overcome obstacles to activity Reducing avoidance behavior Promoting gradual and sustained change Using between-session homework The process of behavioral activation typically begins with activity monitoring. The client identifies what they are doing throughout each day and its effect on their mood. This knowledge increases their understanding of which behaviors lead to positive and negative emotions and which activities maintain or worsen their depression (Behavioral Activation for Depression, n.d.). The client and therapist can then work together to create activity schedules for the days ahead, taking care not to overwhelm the client by creating a too-busy plan. The therapist "builds in short periods of activity with longer periods of leisure activity or rest" and encourages them to give themselves credit every time they follow the schedule (Beck, 2011, p. 93). At the next session, the therapist asks the client how it went. Did the activity scheduling help, or were they too tired to participate in the activities? The review process can help motivate the client to find new ways to increase engagement in pleasurable and productive activities (Beck, 2011). 2 Real-Life Examples of Activity Scheduling Activity assessment and scheduling are vital aspects of CBT and other treatments, especially when a client is presenting with symptoms of depression and withdrawing from prior activities, such as the two real-life examples below. Sally reviews her schedule and starts activity scheduling Beck (2011) discusses her client Sally's daily schedule of activities to understand what has changed for her and what she may be doing too little of. Therapist: Sally, do you notice anything different about your daily activities from say, a year ago? Sally: Yes, I spend more of my time in bed. Therapist: Does staying in bed make you feel better? Do you get out feeling refreshed and ready to go? Sally: No, I still feel sleepy and down. Therapist: I believe you used to spend time exercising, is that right? Sally: Yes, I used to run or swim most mornings, but I've felt tired and didn't think I'd enjoy it. Therapist: Would you like to plan some exercise, perhaps going for a short run or swim three times a week? Sally: Yes, I could commit to that. Therapist: You could also give yourself credit for when you do such things. Whether written down or verbal, the client makes a commitment to take part in an activity they find enjoyable. Diane's level of activity is impacted by her worsening mood Farmer and Chapman (2016) introduce Diane, a 42-year-old recently divorced woman, referred because of a progressive worsening of her mood. Following marital difficulties, her depressed mood has affected her performance at work and as a mother to her two children. Diane completed a self-monitoring exercise where she captured her activities and associated moods. Reviewing the form, it became clear that her mood changed with the activities she performed. For example, drinking wine late at night and watching the news channel accompanied a lowered mood. The therapist suggested that Diane may benefit from scheduling more pleasurable activities. Together, they created an activity schedule that included activities like going to the movies with her friend. Activity scheduling can replace activities that appear to lower a client's mood with new ones associated with pleasurable emotions. Clients can track their feelings to see whether the changes are associated with better coping and more positive feelings (Farmer & Chapman, 2016). Does It Work? 4 Proven Benefits Activity scheduling has proven effective at reducing symptoms in various mental health conditions, including anxiety and eating disorders, and is an essential element of behavioral activation commonly found in CBT treatments (Beck, 2011; Farmer & Chapman, 2016). Its use has seen positive results elsewhere, including promoting motor functioning in Parkinson's disease, where clients experience associated fears of falling and disease progression (Koychev & Okai, 2017). Does it help with depression? Activity scheduling is an effective behavioral intervention in clients with depression. A 2008 study of an inpatient depression program found that planning and performing activities associated with positive moods increased engagement in their lives and improved their chances of recovery (Iqbal & Bassett, 2008). How to Do Activity Scheduling: 6 Tips Participation in social and other pleasurable activities is "strongly associated with positive moods" and can be encouraged through planning, goal setting, and the use of activity schedules (Farmer & Chapman, 2016, p. 241). The following six tips are helpful when working with clients to schedule and carry out activities. Ask the client to consider each of the following (modified from Farmer & Chapman, 2016): Identify the activities to participate in Be clear on what you want and plan to do. What do you no longer do that previously you found pleasant? Create a list, including how, where, and when you will do it. Make a commitment Schedule specific times during the week that are wholly dedicated to doing those activities identified as pleasurable, including social ones such as meeting up with others. Create a clear plan or arrangement Are there any obstacles that might get in the way of the activities? Plan for them and seek help where needed, for example, childcare or making a reservation. Stick to the plan A plan is worth nothing if it is not implemented. Following it through to the end will ensure that you gain control over your life, dictating its direction and meeting your needs. Reflect on the outcome Once completed, whether entirely successful or not, reflect on the activity. Was it pleasurable? How did it impact your mood? Do you wish to schedule it again or replace it with something else? Increase social support Too often we respond to emotional distress through social withdrawal. Plan activities to strengthen existing or form new relationships. Activity scheduling is ultimately a behavioral experiment. With help from the therapist, the client learns what improves their mood and increases the frequency of pleasant activities. These detailed, science-based exercises will equip you or your clients with tools to find new pathways to reduce suffering and more effectively cope with life stressors. 6 Best Templates & Worksheets The following templates and worksheets are helpful for working with clients in session or as homework. Will Behavioral Activation Be Helpful? Behavioral activation and the use of activity scheduling, in particular, can be highly effective for clients. Use the Will Behavioral Activation Be Helpful? worksheet with your client to understand whether scheduling pleasurable activities is likely to be beneficial. Ask the client to reflect on a series of questions, including: Do you typically have a sense of what is triggering the lowering of your mood or increasing your anxiety? Do you find yourself opting to do very little, with limited pleasure or meaning attached? Do you know when or why you feel better? Do you find yourself feeling better when you perform certain activities? Do you have a hard time knowing what you enjoy or find meaning in? Answering 'yes' to several of the questions suggests that activity scheduling could be helpful. Understanding Vicious Cycles Helpful Apps and Software? Technology-based tools have proven highly effective for treatment engagement, particularly in CBT (Muroff & Robinson, 2022). The following three apps are popular CBT tools for personal use. MoodMission Developed by mental health professionals, this app encourages mind-boosting activities when the user is experiencing low moods. The app recommends 'missions' based on the user's feelings and includes emotion, behavior, physical, and thought-based activities. Find the app in the Google Play Store. Find the app in the Apple App Store. Moodfit This helpful app assesses moods and tracks daily progress toward user-defined goals. Over time, the user becomes more aware of what affects their moods, and the app allows users to track and try new behaviors and activities to improve symptoms. Find the app in the Google Play Store. Find the app in the Apple App Store. Happyfit This popular and fun app enables the user to track various aspects of their life while understanding their moods and emotions. Each game is backed up by science and CBT interventions. Find the app in the Google Play Store. Find the app in the Apple App Store. Useful Resources From PositivePsychology.com CBT contains incredibly powerful techniques for helping clients manage negative or unhelpful thoughts. Why not download our free CBT tool pack and try out the powerful tools contained within? Some of them include: Strength Spotting by Exception Finding Help clients become aware of their strengths relative to their goals, rather than their deficiencies relative to their problems. Reframing Critical Talk Reducing self-criticism can lower emotional distress and negative emotions. Other free resources include: Behavioral Experiments to Test Beliefs Worksheet This six-step approach encourages people to view negative thoughts objectively rather than as absolute truths. ABC Functional Analysis Worksheet Use this worksheet to gather problematic information for the ABC approach used in CBT. More extensive versions of the following tools are available with a subscription to the Positive Psychology Toolkit®. but they are described briefly below. Diary keeping improves feelings of competency and allows the user a more balanced perspective of a situation. Create a thought diary of what has happened each day, answering the following questions: What happened that was better/worse than expected? How did this moment make you feel? Then reflect on the better moments, looking for patterns and common threads. Self-monitoring of our thoughts is a classic technique in CBT and allows for a better understanding of problems and the context in which they occur. Use the worksheet daily, asking a series of questions, including: What has improved today, even a little bit? What did I do differently to improve things? When didn't I experience the problem today? What could I do to continue to make improvements?