

BE-ACTIV

BEHAVIORAL ACTIVITIES INTERVENTION FOR NURSING HOME RESIDENTS WITH DEPRESSION

TREATMENT MANUAL

MENTAL HEALTH PROVIDER VERSION

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Suzanne Meeks, Ph.D.

University of Louisville

Department of Psychological and Brain Sciences

Louisville, KY 40292

email: smeeks@louisville.edu

Contributors: Linda Teri, Ph.D., Kimberly Van Haitsma, Ph.D., Whitney Mills, Ph.D.
Amy Mochel, M.A.

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How to Use This Manual

This manual will help you successfully implement BE-ACTIV, a behavioral program designed to treat depression among individuals living in long-term care settings, especially nursing homes.

The first section of the manual introduces you to the goals and principles inherent in BE-ACTIV. It will introduce you to the rationale underlying the treatment and help you to explain this rationale to patients and staff. It lays out the roles of the mental health provider and staff members involved in the treatment and provides a general guide for implementing the treatment and overcoming the inevitable challenges associated with working in long-term care settings.

Once you have reviewed the narrative introduction to BE-ACTIV, you are ready to review the session guides. There is a session overview, followed by detailed guides for each session. For each session, there is a checklist that summarizes the tasks for that week. Once you get comfortable with the intervention, you may find that just using the checklists, instead of the detailed guide, will be sufficient. You can also find the checklists as an abbreviated manual, following the reference section.

The reference section contains readings about how BE-ACTIV was developed and evaluated. It also contains references about behavioral activation and other research related to principles that are incorporated into the intervention, that you can pursue if you wish to know more about the theoretical underpinnings or related treatment programs.

The appendix contains forms that will be useful in implementing BE-ACTIV. They include the Pleasant Events Schedule-NH, Activity Reporting Forms (for MHP and for staff facilitator), and Resident Handouts. There is also a companion manual for the staff facilitator(s) to use while assisting you to deliver BE-ACTIV. An outline for staff training is provided.

Overview

What is BE-ACTIV?

BE-ACTIV is a psychosocial treatment for depression developed and evaluated for older adults in nursing homes, although it could be adapted to other long-term care settings. BE-ACTIV involves a collaboration between a mental health provider (MHP) and Activities staff members or other staff facilitators at the nursing home.

Why BE-ACTIV?

Depression is prevalent in long-term care settings, but evidence-based treatments developed with community-residing adults do not address the special barriers to effective activation and problem-solving in these settings. BE-ACTIV was designed and evaluated in long-term care settings and is tailored to those settings. It uses principles common to other evidence-based treatments while collaborating with facility staff and other stakeholders.

What Are the Goals of BE-ACTIV?

- ☼ *Increase positive affect* by increasing availability of, and engagement in, personally meaningful activities.
- ☼ Help the resident and nursing home staff solve problems that prevent the resident from engaging in activities of interest. These problems could arise from institutional barriers, or from challenges related to the resident's motivation and ability to implement change.

How Does BE-ACTIV Work?

- ☼ Over 10 sessions, the MHP works collaboratively with the resident and a staff facilitator to develop an individualized program of personally meaningful pleasant activities.
- ☼ An activity facilitator, usually from the Activities department, helps carry out and/or support planned activities, and works with the MHP to resolve institutional barriers.
- ☼ The MHP meets weekly with the resident for individual sessions, providing an initial assessment, motivational support, and problem-solving. The MHP will also have weekly contact with staff facilitator(s) to inform them of the individualized activity plan, reinforce staff members' efforts in support of the plan, and help them resolve barriers.

BE-ACTIV Team Roles and Training

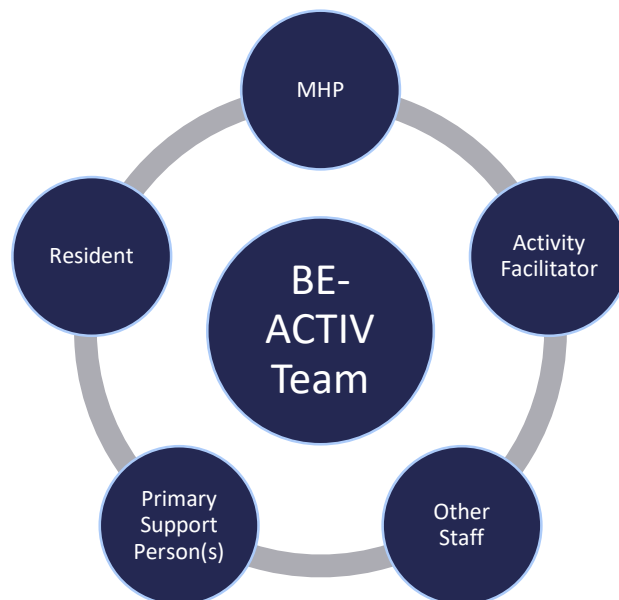
Mental Health Provider (MHP): Psychologists, social workers, mental health nurses or other trained professionals who have experience conducting individual psychotherapy. The MHP will meet weekly with the resident. Ideal training is a short didactic seminar on BE-ACTIV followed by supervised practice, in addition to the provider's foundational training in assessment, interventions, and psychopathology.

Resident: Long-term care residents who have clinically significant depression. The resident is an important member of the team!

Activity Facilitator: Typically an activity staff member who has agreed to be the point of contact for facilitating activity enactment and for helping the MHP and resident to resolve institutional barriers. The Activity Facilitator will be in contact with the MHP weekly to coordinate the activities plan and will encourage and assist the resident as needed in carrying out the plan. A brief training program about the nature of depression, how tailored pleasant activity engagement can assist in recovery from depression is ideal (see Appendix).

Primary Support Person(s) (PSP): Any family members, friends, or caregivers. Ideally this is the person(s) who visits or spends the most time with the resident and provides the most assistance.

Other Staff Members: Any staff members, nurses, social workers, etc., who can be of assistance in helping the Resident to complete their desired pleasant activities. While the MHP will typically lead the BE-ACTIV efforts, the program is team-based with the resident as an active participant. At a minimum the BE-ACTIV team should include a MHP, an Activity Facilitator, and the resident. Additional members of the team may include identified Primary Support Person(s) (PSP) and other staff members including nursing, social work, and rehabilitation therapies.



Principles of BE-ACTIV

Principle 1: Balance Positive and Negative Emotion

People come to long-term care settings for many reasons. The problems or issues that bring them to long-term care involve major changes in health or ability. While those who are admitted to facilities for rehabilitation may recover completely, others may have to make significant adjustments to their daily lives. This process of recovery and adjustment is hard work and stressful. Residents may experience a range of negative emotions including frustration, sadness, anger, anxiety, humiliation, and worry about the future. These **negative emotions are normal responses to major health events**. However, if negative emotions become overwhelming and are not balanced by positive emotions, they may delay recovery or contribute to developing or worsening depression.

BE-ACTIV focuses on balancing these negative feelings with positive feelings that come from engagement in meaningful or fun activities. Research has shown that positive emotions, including *interest* or *engagement*, are important antidotes to negative emotions. According to this research, **people need**

3 times as much positive emotion as negative emotion to really thrive.



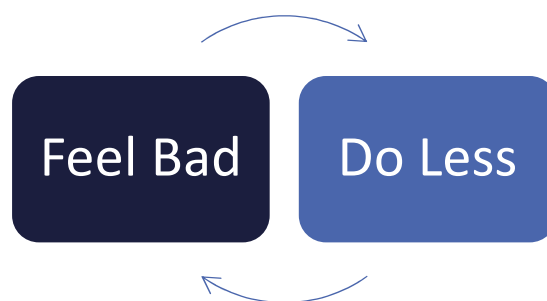
Balancing negative experiences and emotions with positive experiences and emotions helps maintain an even keel in life. Particularly in times of stress, positive emotions can:

- Promote effective coping by helping people see more options
- Improve people's ability to take advantage of everyday opportunities
- Help people recover more quickly from adversity
- Reduce mortality

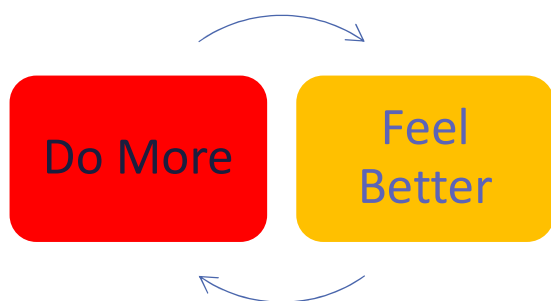
Our focus in BE-ACTIV is to maximize positive emotions to balance the negative emotions inherent in moving to or living in long-term care settings.

Principle 2: Behavioral Activation and Engagement

Inactivity is one consequence of the negative emotions that people often experience during or after a health event. We often see a **“negativity-inactivity spiral”** when individuals experience overwhelming negative emotions.



The term **“behavioral activation”** refers to efforts to increase overall activity levels, particularly activity that is enjoyable or interesting. People who are more active and engaged receive multiple mental and physical health benefits.



Most evidence-based treatments for depression involve some type of behavioral activation. You may be familiar with behavioral activation components of cognitive-behavioral, problem-solving, or interpersonal therapies for depression, for example.

Increasing engagement in personally meaningful activities promotes balance and reduces depression. This is the **“positivity-activity spiral.”**

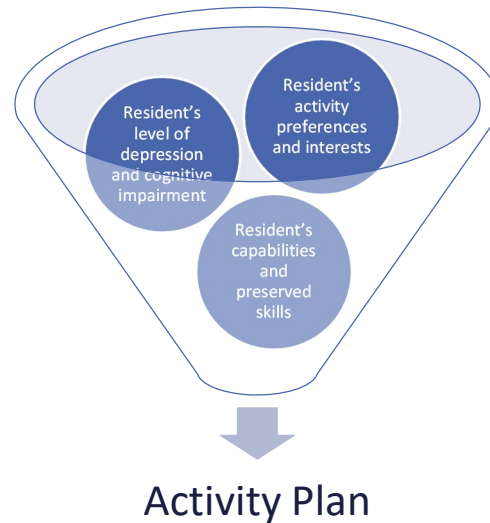
Principle 3: Honoring Preferences and Choice

The most engaging activities are going to be those that a person chooses or would choose if they were fully capable of doing so. **Assessing the resident’s activity preferences is therefore a critical part of starting a BE-ACTIV intervention.** To the extent possible, the resident and any involved family or other primary support people should be full partners in setting program goals. The goal is to empower residents to choose activities with emphasis on those that give them pleasure or satisfaction, regardless of how small or simple that activity may be.

Implementing BE-ACTIV: MHP's Role

Assessment

As with any psychotherapy program, BE-ACTIV begins with assessment. If you are seeing the client in a nursing home, you can make use of existing assessments, including depression (PHQ-9), and cognition (BIMS), although it is always a good idea to conduct your own screening for depression and cognitive impairment. The resident medical record may also contain an activities assessment and a social services assessment that includes relevant support people, and prior occupational, religious, and leisure activities. You will administer a Pleasant Events Schedule (PES) to pinpoint specific activities to enact in subsequent sessions. Working in a nursing home or similar setting, the best version of the PES is the PES-NH, which was designed specifically for this setting, and that schedule is included with this manual (See Appendix). An important part of your initial assessment is determining the resident's strengths and preserved abilities.



Pleasant Events Planning and **SMART** Goals

Once you have identified pleasant events with the PES, you will work with the resident to decide on and schedule specific pleasant events in the week following each session. **Remember that pleasant events must be tailored to the individual and easily achievable within the restrictions of the setting.**

SMART is an acronym for Specific, Measurable, Attainable, Relevant, and Time-bound. Using the SMART acronym can help make goals clear and achievable. You will help the resident to create SMART goals to maximize the likelihood that the plan will succeed. You will use the Activity Reporting Form to document the planned events, and later document whether/when the activities are completed. When possible, involve the resident in recording SMART goals in an Activity Planner. Many residents will not be able to use this resource, so you will also need to work with staff members to track activities.

S pecific	M easurable	A ttainable	R elevant	T ime-bound
Identify the activity to be completed, locating it in time and space, and the resources needed.	How will you know whether the activity plan is a success? "How much," "how many," or "for how long" may be attributes to be measured.	Early goals should be easy to achieve, with level of challenge increasing over time. If needed, outline steps required to get the activity done.	The planned activities should fit with resident's values and priorities. You may need to work to make a connection between treating depression and the planned activity.	Each activity should be planned with a target date and time.
Examples				
Jane will attend a religious service in the facility. She will need assistance getting to the dining hall for the service.	Activity director keeps list of attendees and will note whether Jane is on it and report to the therapist, or the therapist can check the activity log.	Jane will need either an aide or activity staff member to help wheel her to the dining hall just before the service and help her get back to her room afterwards. She will also need to be dressed appropriately (aides will need to assist her in a timely fashion).	Religious participation is important to Jane. She regularly attended church services before coming to facility. She expressed the desire to attend the one here.	The services are on Wednesday afternoons and Sunday mornings. Jane will attend one of these per week. Because there is more staff available on Wednesdays, she is going to attend this coming Wednesday.
Joe will have coffee in the morning with a sweet treat (donut, or pastry). His daughter is willing to assist with this goal.	Joe's daughter will mark on his calendar each time she brings coffee and a treat.	Joe's daughter has agreed to assist with this goal two days a week.	Before coming to the facility, Joe enjoyed going to a coffee shop several days a week for coffee and a pastry. He misses that morning treat.	Joe's daughter will commit to delivering the coffee and treat on her way to work two days a week, on M and F.
Sadie will have her nails painted by the activity assistant, who does this for residents on Fridays.	The activity assistant records the residents who come to her "nail salon" each week. The therapist can access this log. Sadie also can record her events on the activity planner.	Sadie is able to walk to the activity room where they do nails every Friday. Because she has been depressed and withdrawn, an activity staff member will need to remind and encourage her to come.	Sadie loves having neat and brightly colored nails. She has let her self-care go since she has been so depressed.	Sadie will have her nails polished this coming Friday. She likes to have her nails re-polished every 2 weeks.

Talking to Staff Partners about Depression

Staff members are important partners in treating depression in long-term care settings. In developing BE-ACTIV, we worked primarily with Activities Directors, but other staff partners may be interested as well. These staff partners may need some help understanding depression and the way it affects behaviors and motivation. There is an outline of a formal training you could provide in the Appendix. However, here is some simple guidance for more informal conversations.

Help the staff to recognize the following observations and behaviors as signs or symptoms of depression:	<ul style="list-style-type: none">☼ <i>Sadness, crying, or expressions of hopelessness (but help them distinguish between normal bereavement and abnormal depression).</i>☼ <i>Anger or irritability</i>☼ <i>Care refusal or unwillingness to participate in physical or other therapies</i>☼ <i>Withdrawal, losing interest in previously enjoyed activities or people</i>☼ <i>Changes in sleep and appetite (increase or decrease)</i>☼ <i>Lack of energy</i>
Provide a simple explanation of depression:	<p>There is no single cause of depression – it results from a combination of biological, social, and lifestyle factors. Depression may look somewhat different in different people because they have different combinations of symptoms. The core features include sadness OR lack of interest or pleasure.</p> <p>While everyone may experience some of the symptoms of depression at times, we need to treat depression when it is both severe (multiple symptoms) and enduring (two weeks or more). When these symptoms accumulate, they can affect how a person feels, thinks, and handles daily activities like eating and sleeping. People may lose motivation or energy to do things, even things they used to enjoy or know are important for their well-being.</p>
Provide a simple explanation of how behavioral activation works	<p>Evidence has shown that behavioral activation, engaging in pleasant and enjoyable activities, has a positive effect on depression, no matter what the symptoms or combination of factors that may have caused it. The goal of BE-ACTIV is to help residents re-engage in activities that are pleasant or meaningful, help them become more active, and thus balance their mood. We don't try to take away or deny their negative experiences and feelings – these are a natural part of being in long-term care. Instead, we want to balance these negative feelings and experiences with positive ones. You can play an important role in this process!</p>

Reinforcing the Resident for Effort

A core skill for implementing BE-ACTIV is positive reinforcement. **Positive reinforcement is the process of rewarding someone with our attention, praise, or other positive interaction** when they are moving forward with their

goals. Since building positive emotions is essential for BE-ACTIV, we want to supply as much positive reinforcement as possible. Your tools for positive reinforcement are your smile, your eye contact, your warm touch, and your verbal enthusiasm. As an agent of positivity, you are a cheerleader for your clients (and for staff, see next section).

Positive reinforcement in BE-ACTIV involves rewarding the resident for *effort*. Even if they do not accomplish their goals, you should still give praise for any effort expended towards these goals. Here are some examples of verbal rewards:

- ☼ *"OK, so you felt very tired and didn't quite make it out of your room this afternoon. But I can see you thought about it and that is definitely a step in the right direction!"*
- ☼ *"We planned for you to spend an hour each day reading your newspaper. It looks like you picked up your newspaper several times this week and that's great! Keep trying because this is something you said is important to you."*
- ☼ *"Hey, I see you got your hair cut! I know that must have taken some work on your part. Good for you for taking care of yourself like that!"*

You can also use non-verbal encouragement like a high five, thumbs up, applause, etc. Sometimes compliments are good enough: *"Your hair looks great!"* or *"You are so terrific with your roommate – what a good friend you are!"*

Reinforcing Staff Partners for Effort

Positive reinforcement is also a core component of your work with staff partners. They may become discouraged (or have already felt that way). **It is important to reinforce staff partners for even the most minimal effort and remind everyone that baby steps are still steps in the right direction.** When you talk to staff, share successes and how their efforts have contributed. Even when there are frustrations and lack of improvement, reinforce staff partners for their efforts. This sometimes requires creativity if their efforts are less than you expected, but it is still important. Remember that long-term care staff are frequently over-worked, under-paid and have numerous burdens. Using your empathy skills and acknowledging their frustrations, burdens, and how hard they work will generate positivity and motivation.

Staff often feel that their time is stretched thin, so adding even one more activity seems like too much. Getting their input about what activities are realistic and reasonable is important. It is also important to help staff members to understand the link between engagement in pleasant activities and depression, and how one influences the other. Staff partners are likely to be convinced of the value of promoting engagement in pleasant activities once they see the effect these activities can have on the resident's mood.

With your assistance, staff partners can help identify appropriate goals to incorporate in their sections of the resident's care plan. This can empower staff members to feel they have a role in helping the residents recover.

Involving Primary Support Persons

Family members or other at-home Primary Support Persons (PSPs) can be resources for the BE-ACTIV intervention by providing collateral information, encouragement, and support for activity engagement. They may be particularly helpful in assessing residents with symptoms of depression or neurocognitive impairment that limit their ability to self-report symptoms. Primary Support Persons can provide information about former interests and hobbies that may inform pleasant activity planning to match resident current needs and abilities. PSPs may also provide reminders to the resident and staff, bring in supplies that can support pleasant activity engagement, or facilitate pleasant activities either in or outside of the facility. When a resident is being discharged, PSPs can provide support to continue activity plans in the community.

Although PSP collaboration may not always be possible, you are encouraged to ask the resident for permission to include Primary Support Persons in the BE-ACTIV assessment and intervention process.

Building and Maintaining Positivity

Although your BE-ACTIV work with the resident will be similar to a traditional psychotherapy session, it should be clear that your role in BE-ACTIV extends beyond these sessions. Your behavior and interactions with staff can set a tone of positivity and reinforcement. **Every interaction with a resident (and each other!) has the potential to be a pleasant event.** Smiling, a cheerful greeting, a touch of the hand, and active listening can all generate positivity. While these gestures may sound trivial, they really contribute to improving the long-term care environment. If you try increasing your use of these gestures, others will take notice and may begin modeling the behavior themselves. Reinforcing staff positivity and positive behaviors can have a powerful effect on their positivity with residents.

Staff members are important allies in designing and carrying out activities. In long-term care settings, creativity is key. For example, if a resident used to enjoy gardening but no longer has the physical capacity, or opportunity, to garden, what alternatives (indoor pots, gardening books, small raised beds, e.g.) might rekindle that interest? Activities staff, recreation and occupational therapists are experts in finding creative solutions to overcome barriers to engaging in activities! Actively seek and appreciate their expertise. **Remember, and help staff remember, that simpler and more routine pleasant activities are easier to implement regularly and increase the chances of successful treatment.**

Summary of BE-ACTIV Implementation Components

- ☀ Assessing resident depression and cognitive functioning, preferred activities, capabilities, and preserved skills
- ☀ Pleasant events planning and SMART goals
- ☀ Talking to staff partners about depression
- ☀ Reinforcing the resident for effort
- ☀ Reinforcing staff partners for effort
- ☀ Involving primary support person(s)
- ☀ Building and maintaining positivity

Overcoming Barriers

If it were easy to change activity levels, people who are depressed would not need our help! You will encounter barriers to change that arise from the resident, from the staff, or from the institutional setting. Here are some approaches that can help you overcome these barriers.

Motivational Interviewing Approach

A common feature of depression includes ambivalence or resistance to committing to activities. You can incorporate motivational interviewing as a technique to support the resident in a manner that is consistent with their concerns, values, and preferences. Motivational interviewing can also strengthen the resident's motivation and commitment to change.

Motivational Interviewing (MI) is a person-centered approach to address common problems of ambivalence about change. The three key elements to motivational interviewing include: 1) collaboration between you and the client; 2) evoking the client's ideas about change; and 3) emphasizing the client's autonomy to make these changes. (See reference section for more information on MI)

Motivational interviewing involves techniques for guiding the conversation towards a commitment for change. MI can assist you through the core components: 1) asking open-ended questions; 2) Affirming the resident's strength, reinforcing for effort; 3) using reflective listening skills.; and 4) summarizing the session, communicating important elements of the discussion, and highlight both sides of the ambivalence expressed.

Using the MI approach to promote behavioral activation enhances the likelihood of the client being successful at engaging in pleasant events, ultimately leading to a reduction in depression symptoms.

Strategies for introducing change through MI

- ☼ Ask open-ended questions, the answer is likely to encourage conversation about change.
- ☼ Explore pros and cons for the change and pros and cons for staying the same
- ☼ Discuss positive and negatives of the change
- ☼ Ask for elaboration when discussing changes – "In what ways?" "Tell me more" What does that look like?"
- ☼ Ask about the future, what will happen if things continue as they are? What will be different if you engage in these pleasant events?
- ☼ Determine the client's values and goals for their future; how does engaging in the identified pleasant events fit into their values/plans?

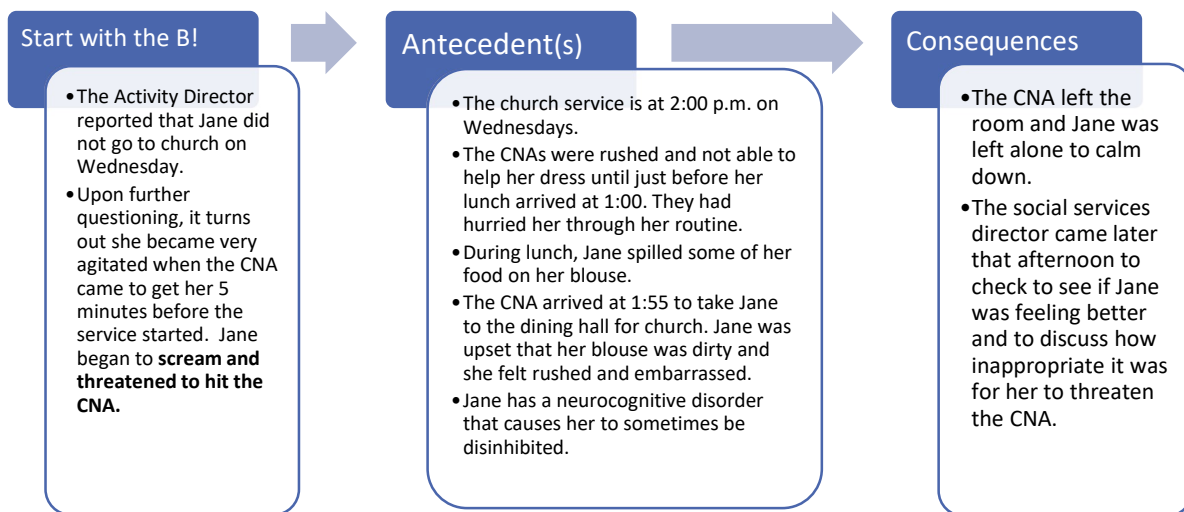
A-B-C Problem-Solving Approach

Derived from applied behavioral analysis, the A-B-C approach analyzes problems in terms of a behavior chain. The A refers to conditions that trigger the problem(s) -- antecedent cues or activators. The "B" in this approach is a careful and precise definition of a target behavior, which could be a behavior that is desired and not occurring, or a behavior that is occurring and interfering with resident goals. The C in the chain refers to consequences that support, reinforce, or inhibit responses. This approach can be useful particularly when problem-solving barriers to activity engagement that occur at the facility or staff levels and can also be useful in helping staff understand and respond to resident behaviors arising from cognitive impairment. Other resources have more fully developed this approach (See Reference section, Karlin et al. 2017). Here, we provide some simple guidance to use when working with either resident or staff to overcome barriers.

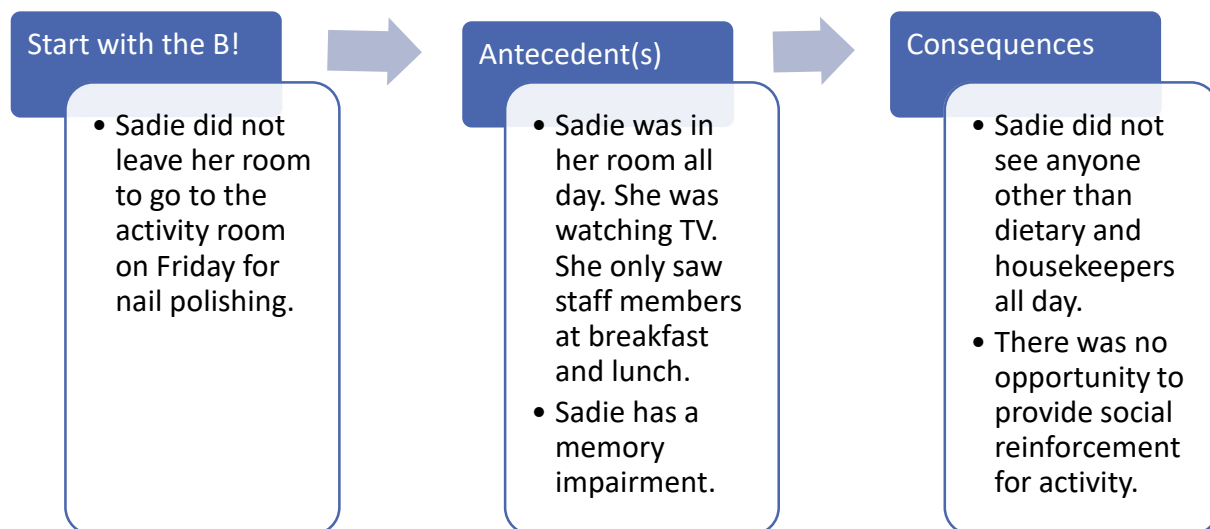
A	<u>Antecedent/Activator</u>	Challenging behaviors can be triggered by environmental cues or social situations. These might include under- or over-stimulation, noise, or interactions with others. Antecedents could also include internal states such as hunger, anxiety, pain, depression, or confusion. Ask: <i>what was going on right before? How were you feeling when [behavior] occurred/did not occur? Who else was present? What did they do/say? What time of day was it? Where were you?</i>
B	<u>Behavior</u>	What is the behavior that you want to target? Is it a "commission" or an "omission" (i.e., something you want to decrease, or something you want to increase)? Define it in a way that makes it <i>observable</i> and <i>measurable</i> . Ask: <i>When does it occur, how often, and in what locations? Or, what would you like to occur, when, and how often?</i>
C	<u>Consequence</u>	Consequences include social responses or other reinforcers (positive and negative) or punishments that may affect the likelihood that a behavior will occur again. Ask: <i>what happened right afterwards? Who was present? What did they say or do? What did you do next?</i>

Although A-B-C describes the sequence of a typical behavior chain, in analyzing a problem or barrier, we always start with the B! Below are two examples, one for a challenging behavior that is interfering with activity engagement, and one for a "behavioral omission" – a desired behavior did not occur.

The first example is for Jane (see p. 11 for Jane's SMART goal). As depicted in the figure below, we can see that a combination of staff behavior and Jane's neurocognitive state resulted in a catastrophic reaction to going to church with a soiled blouse, and Jane did not meet her goal. Jane also got social reinforcement for not going to church. To change the precipitating circumstances, staff will need to allot enough time before church services to allow Jane to feel unrushed and properly groomed. The next step will be to negotiate with staff to see how feasible this will be, and brainstorm solutions. **Don't forget to reinforce staff for effort!**



The second example is for Sadie (see p. 11 for Sadie's SMART goal). Sadie also has a neurocognitive disorder that affects her memory. The combination of poor memory and lack of motivation due to depression and isolation make it difficult for Sadie to initiate her own activities, although she is ambulatory and able to find her way around the facility. The next step for Sadie is to figure out how to provide a clear cue and positive encouragement for her to leave her room and walk to the activities room, and how to clearly reinforce her time out of her room with praise and attention. **Don't forget to reinforce staff for effort!**



Make Pleasant Activities Part of the Daily Routine

Although a special event or outing might be a real boost for some residents, and therefore worth planning if it is feasible, fitting regular activities into the daily routines of the facility, the staff, and the resident is important for sustaining activities. Getting to know these routines will therefore be helpful for activity planning. Cues or reminders for the staff and discussing or handing off the plan for pleasant activities in common communication spaces can help keep everyone on the same page. Learn where the staff you are working with keep their notes and reminders. Is there a convenient space where you can leave your activity planning sheets for them? Is there a calendar at the nursing station where staff can look for cues to get residents ready for an activity or for your session? How do staff communicate about care plan goals? What times of day are the staff most busy? These would be bad times to plan extra activity for them. When are meals, daily ADL care, and medication passing? Knowing this information will help avoid barriers to successful plan implementation.

Overcoming Barriers: Summary

- ☀ Use Motivational Interviewing techniques
- ☀ Use the A-B-C method of analyzing problems
- ☀ Make pleasant activities a part of everyday routine
- ☀ Don't forget to reinforce the resident and staff members for effort!

Sessions Overview

BE-ACTIV is designed to be delivered in 10 sessions, one week apart. Because long-term care settings can be unpredictable, there is flexibility in scheduling the sessions, the length and number of sessions, and who is involved in each session, as long as the core elements are delivered. The first 4 sessions will focus on the rationale for treatment and building a pleasant activities schedule tailored to the resident. Sessions 5 and after will focus on problem-solving and maintaining the schedule of activities, addressing any additional issues that might arise, and planning for the future. In the ideal, an Activities Staff member will be introduced in Session 1 and will also come in for part of Sessions 5 and 10. When possible and with the resident's consent, a Primary Support Person can be invited to join in Session 2 or 3, and any sessions thereafter that seem appropriate. The MHP alternatively may work with one or more PSPs via telephone. The table below presents an overview of the goals of each session.

Session #	Focus of Session	Activities Staff Present?
1	Introduction to behavioral therapy for depression	✓
2	Scheduling pleasant event; encouraging primary support person involvement	
3	Overcoming obstacles, increasing activities	
4	Increasing activities	
5	Assessing progress/choice point for future sessions	✓
6-9	Maintaining gains/Problem-solving	
10	Wrapping up; planning for the future	✓

Tracking and Reporting Progress

Setting goals and tracking progress of completed pleasant activities is an essential component of BE-ACTIV. The Appendix contains the *Activity Planner* worksheets that residents may use to track their own progress, but many long-term care residents will not be able to do this on their own. You will need to maintain parallel records using the *Activity Reporting Form*, with the assistance of staff at times. Both ways of documenting provide the foundation for conversations about what worked, what did not work, and what are the next steps for increasing pleasant activities to reduce depression. Your *Activity Reporting Forms* will allow you to track progress over time, especially if you also record weekly depression assessments on the forms.

BE-ACTIV Session Guides

Session 1: Introduction to Behavioral Therapy for Depression

Goals

1. Explain rationale for behavioral treatment for depression to the resident at the resident's level of comprehension.
2. Use reflection, empathy, and asking permission to encourage resident buy-in and increase motivation to change.
3. Identify 3 *feasible* events that the patient can enjoy.
4. Determine whether there is a primary support person/family member who should be involved in the program.
5. Set a regular time for meetings.

Session 1 Checklist

- ☐ Agenda and Check-in
 - ✓ Introductions (include staff facilitator if possible)
 - ✓ Establish the session agenda and review consent
 - ✓ Mood check-in
- ☐ Introducing behavioral treatment for depression
 - ✓ Rationale for BE-ACTIV
 - ✓ Evaluate readiness for change
 - ✓ Provide BE-ACTIV Materials
 - ✓ Determine whether there is a primary support person who could be involved
- ☐ Activity Planning and SMART Goals
 - ✓ Introduce/administer the PES
 - ✓ Identify 3 feasible activities
 - ✓ Introduce and create SMART goals
- ☐ Wrap-up
 - ✓ Set a regular time for meetings
 - ✓ Summarize SMART goals
 - ✓ Preview next session
 - ✓ Reinforce resident for effort
- ☐ Follow-up/Check-in with Staff Facilitator(s)
 - ✓ Establish communication channels'
 - ✓ Review content
 - ✓ Encourage staff to expect barriers
 - ✓ Reinforce staff for effort

Session 1 Detailed Guide

Agenda and Check-in

1. Introductions: Introduce yourself and anyone else who is present (ideally, staff partner is present, at least at the beginning of the session -- make sure resident is familiar with staff member(s) involved in the treatment team. Use active listening to establish rapport with the resident.
2. Establish the session agenda and review consent: Residents, especially those with neurocognitive disorders, may need to discuss consent for therapy each session, at least during the early sessions. Explain that you will be assessing their mood and activities today and talking about how you can help them feel better.
3. Mood check-in: Ask permission to complete or review depression assessment (e.g., PHQ-9, Geriatric Depression Scale); if OK, proceed. If not OK, use active listening/reflection to respect the resident's wishes. If necessary, return to concerns at the end of the session, or promise a return visit. Don't forget to document the depression score on your *Activity Reporting Form*.

Introducing Behavioral Therapy for Depression

1. Rationale for BE-ACTIV: Use depression assessment as jumping-off point to explain rationale for BE-ACTIV. Encourage questions from resident and staff team member if present. There are Handouts in the Appendix you may use to assist in explaining BE-ACTIV.
 - ✓ Review the idea that depression influences and is influenced by enjoyment and engagement in pleasant activities -- try to elicit specific examples from either residents' or staff members' experience.
 - ✓ Note that being sick, having memory problems, or just being in a nursing home can interfere with engagement in many pleasant activities.
 - ✓ Use the idea of positive and negative mood balance and use empathy to reflect and summarize the negatives in the resident's life. Explain that we often cannot change the negatives, but that if we can balance them with positive experiences, we can survive them.
 - ✓ Discuss connection between engagement in activities and mood, and how engagement may fit in with resident's other goals.
2. Explain what will happen in the next sessions, and who will be involved and expectations for treatment participation.
3. Evaluate readiness to change: Use a motivational interviewing approach to determine the resident's goals and preferences and assess ambivalence or resistance to change. Use open-ended questions and discuss the positives and negatives of changing – explore pros and cons for staying the same or

for changing. How does engaging in more pleasant events fit into the resident's values or plans for the future?

4. Offer BE-ACTIV materials: Offer the workbook and orient the resident to what it contains, as appropriate to resident's cognitive abilities.
5. Determine whether primary support person (PSP) is available. Inquire about a PSP and whether resident will want them to be involved. If the PSP is to be involved, the MHP will contact them before the next session and invite them to future sessions. If they happen to be present for the first session, then this can be done directly during the session.

Activity Planning and Setting SMART Goals

1. Administer PES-NH Initial Version:

- ✓ Introduce the Pleasant Events Schedule-NH (or appropriate version if you are not working in a nursing home), with a normalizing statement, such as:

☼ *"although it sometimes feels like nothing will be pleasurable or interesting anymore, I have a list of things that some people find pleasant. Almost everyone can find something on this list that is of interest. May I run through this list with you? I want to find out what you used to enjoy, and also what there is or could be in your life now that could bring you pleasure."*

- ✓ Discuss importance of identifying pleasant events that are both feasible and tailored for the resident. It is important to pick things that the resident can enjoy. Refer to the PES-NH results and how what the resident thinks is pleasurable may not match what is already available in the facility.

2. Identify 3 feasible activities: Review PES-NH results and help the resident pick *three* feasible events to focus on in the coming week. MHP helps the resident and staff facilitator be realistic. Work with resident and staff facilitator to pick "small" and attainable activities first. Emphasize the importance of having early "success" experiences.

3. Introduce and create SMART goals:

- ✓ Explain how to apply SMART goals to the identified three activities. If appropriate, engage resident in looking at how to use the Activity Planner to track their goals (see Handouts and Worksheets in the Appendix). Review how the team will track the goals. Answer any questions that the resident or staff facilitator have and reinforce importance of keeping track to discuss at the next session.
- ✓ Make sure that the staff facilitator and resident have scheduled the three identified pleasant events into the next week and discuss strategies for maximizing success and minimizing barriers.

- ✓ Complete your *Activity Reporting Form* with details of goals and scheduled activities.

Wrap-Up

1. Set up regular meeting times: Try to find a regular time for the remaining sessions. Regularity and predictability enhance therapeutic relationships.
2. Review SMART Goals: Review major points covered, and asks for questions, comments, and reactions. If resident is not cognitively impaired, mention that some skepticism at this point is natural. Restate that the staff facilitator will help resident carry out three pleasant activities during the next week.
3. Preview next session: Mention that the next session will go over the planned activities and continue working on scheduling more activities. If a primary support person is available, that person may be involved in the next session. Remind staff facilitator and resident to keep track of any problems encountered in scheduling pleasant events for the patient.
4. Reinforce resident for effort: Use social rewards (smile, eye contact, warm touch, verbal enthusiasm) to show support and positivity. Reinforce the resident for the effort it took to initiate this treatment. Offer hope.

Follow-up/Check-in with staff facilitator(s)

1. Establish Communication Channels: Note that activities and other facility staff are difficult to catch in a formal meeting; you may need to have these conversations “on the fly” to accommodate their busy schedules. Secure email may be an alternative. *Establish a way of communicating that works for all!*
2. Review content: If a staff member was not present for Session 1, then you will need to find the staff facilitator and review the session SMART goals with them.
 - ✓ Even if they were present, it is a good idea to briefly review with them when possible.
 - ✓ Use the Activity Reporting Form – Staff Version to help staff facilitator(s) remember their roles in carry out the planned activities.
 - ✓ Emphasize the importance of regularity and predictability and encourage staff facilitator(s) to schedule events in advance.
3. Help staff to expect barriers: Encourage staff to generate potential barriers to successfully implementing 3 events.
 - ✓ Remind team that carrying out the events may be difficult because depression can make a person feel like being inactive and not doing things, which contributes to the downward spiral of more depression, less pleasant activity, more depression, etc.

- ✓ Explain that to increase pleasant events, it will be necessary to increase the frequency of current activities or introduce new activities.
 - ✓ Effort is necessary to get the resident to change behaviors because often changes are difficult.
 - ✓ Emphasize that small, easy-to-achieve, steps should be a priority. Reiterate the importance of early success.
 - ✓ Reiterate importance of *flexibility*.
 - ✓ Discuss how resident's cognitive status may affect specific content of session.
4. Reinforce staff for effort and interest: Compliment staff facilitator(s) on their effort and thank them for their time. *Remind them to reinforce resident for effort.*

Session 2: Scheduling Pleasant Events; Encouraging PSP Involvement

Goals

1. Review rationale for BE-ACTIV treatment
2. Continue schedule pleasant events that are feasible for both staff and resident.
3. Involve primary support person(s) in scheduling and carrying out pleasant activities.
4. Provide reinforcement and encouragement for change.

Session 2 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings and introductions (include primary support person if relevant)
 - ✓ Establish the session agenda and review consent
 - ✓ Mood check-in
 - ✓ Review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ Encouraging Primary Support Person(s) Involvement
 - ✓ Discuss involvement of family or other PSPs
 - ✓ Review rationale for attempting to increase independence from staff
- ☐ Review SMART Goals and Continued Activity Planning
 - ✓ Review SMART Goals from previous session
 - ✓ Use PES to explore adding activities
 - ✓ Confirm new activities and changes to SMART Goals for the upcoming week
- ☐ Wrap-up
 - ✓ Summarize SMART goals
 - ✓ Preview next session
 - ✓ Reinforce resident for effort
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review content
 - ✓ Help staff to expect barriers
 - ✓ Reinforce staff for effort and interest
 - ✓ Problem-solve barriers

Session 2 Detailed Guide

Agenda and Check-In

1. Greetings and Introductions:
 - ✓ Greet resident by name.
 - ✓ Introduce any staff facilitator who might be present (optional attendance). Greet family member or other PSP if present.
 - ✓ Use active listening to build rapport with resident and others in attendance in support of the resident.
2. Establish the session agenda: Let the resident and others present know that the session will be about how to involve a family member or other PSP, review of previous goal successes and challenges, and setting new goals for activities.
3. Mood check-in: Ask permission to complete or review depression assessment (e.g., PHQ-9, Geriatric Depression Scale); if OK, proceed. If not OK, use active listening/reflection to respect the resident's wishes. If necessary, return to concerns at the end of the session, or promise a return visit. Don't forget to document the depression score on your *Activity Reporting Form*.
4. Review rationale for BE-ACTIV:
 - ✓ Reiterate the relationship between pleasant events and depression via increasing positive emotion to counterbalance the inevitable negative emotions associated with health problems and other stressors.
 - ✓ Adjusting content to cognitive level of resident, explain that carrying out pleasant events may be difficult since depression can make a person feel like being inactive and not doing things, which contributes to the spiraling down of more depression less pleasant activity, more depression, etc.
 - ✓ Be sure resident (and staff) understands this is part of depression and not a matter of being lazy/difficult/unmotivated.
6. Discuss highlights from previous week:
 - ✓ Ask resident for any reactions from previous week.
 - ✓ Discuss any correspondence observed between mood and pleasant events enacted for that week.

Encouraging Primary Support Person(s) Involvement

1. Discuss involvement of family or other PSPs: Find out how much the PSP is able to be involved

- ✓ Identify pleasant events that family members can be involved in. using PES or from family members' knowledge of resident– e.g., visits, outing in car, bringing in food treat, etc.
 - ✓ Plan for one or two such events for following week, along with 3 already implemented with staff.
2. Review rationale for attempting to increase independence: it will be easier for the resident to maintain their planned activities if they can be more self-reliant with family or PSP support. This is especially important if the resident is to be discharged to a community setting or different level of care.

Review SMART Goals and Continued Activity Planning

1. Review SMART Goals from previous session

- ✓ Inquire about events planned in the previous session. Were they scheduled and carried out?

☼ *NOTE: residents with memory impairment may not be able to tell you what they have done in the previous week. You will want to review the staff's activity records or get a verbal report from the staff facilitator before the session.*

- ✓ Reinforce the resident (and staff as relevant) for effort on activities completed.
- ✓ If activity was not carried out, reinforce the resident for effort and problem-solve. What were the barriers? How could they overcome these barriers in the next week?
- ✓ When discussing what did not happen, be sure to stay positive and encouraging. Emphasize that change is difficult, and inertia is part of depression. Continue to reinforce any effort or thought towards change.
- ✓ Update your *Activity Reporting Form* to reflect success and barriers.

2. Use PES to explore adding activities

- ✓ Work with the resident to identify pleasant activities/set SMART goals for the upcoming week.
- ✓ Explain that to achieve an increase in the resident's rate of pleasant events, it will be necessary to either do more of current pleasant activities or introduce new activities.
- ✓ Emphasize how hard change can be, and that small, easy-to-achieve steps are best.
- ✓ Encourage involvement of primary support person(s) to add 2 activities they can help with.
- ✓ If there is no PSP involvement, work with resident to add 2 individual or staff-mediated pleasant activities for the next week.

- ✓ If 3 activities were not successfully completed previous week, you may plan fewer until you achieve consistent success.
- 3. Confirm new activities and changes to SMART Goals for the upcoming week: If appropriate, work with resident to use the *Activity Planner* to document and review the 5 (or fewer, as necessary) planned activities for the following week. Make sure that each new activity is defined in terms of a SMART goal. Document any changes in your *Activity Reporting Forms* (including staff version).

Wrap-up

1. Summarize SMART goals
 - ✓ Review the major points covered in the session and ask for comments, questions, and reactions. Review any resident insights that may have arisen in the session.
 - ✓ Re-emphasize the schedule of pleasant events for the next week and who will be involved. Restate that next week there will be 5 (or fewer as necessary) pleasant activities scheduled and carried out.
2. Preview next session: Briefly mention that the next session will continue to work on effectively scheduling pleasant activities and overcoming obstacles. Review whether PSP will be present at future sessions.
3. Reinforce resident for effort: Use social rewards (smile, eye contact, warm touch, verbal enthusiasm) to show support and positivity. Reinforce the resident for any and all effort it took to attempt new activities. Offer hope.

Follow-up/Check-in with staff facilitator(s)

1. Review content: Using your *established communication channel(s)*, review the previous week's activities and contents from Session 2 and discuss problems/issues that arose.
 - ✓ Use the Activity Reporting Form – Staff Version to help staff facilitator(s) remember their roles in carry out the planned activities.
 - ✓ Emphasize the importance of regularity and predictability and encourage staff facilitator(s) to schedule events in advance.
 - ✓ Discuss PSP involvement, PSP-staff interaction as relevant. Identify resources needed to carry out plan. Solicit staff ideas for activities to offer next session.
2. Help staff to expect barriers:
 - ✓ Remind team that carrying out the events may be difficult because depression can make a person feel like being inactive and not doing things, which contributes to the downward spiral of more depression, less pleasant activity, more depression, etc.

- ✓ Emphasize that small, easy-to-achieve, steps should be a priority. Reiterate the importance of early success.
 - ✓ Reiterate importance of *flexibility*.
 - ✓ Discuss how resident's cognitive status may affect specific content of session.
3. Reinforce staff for effort and interest: Compliment staff facilitator(s) on their effort and achievements. Thank them for their time. *Remind them to reinforce resident for effort.*
4. Problem-solve barriers:
- ✓ Discuss problems encountered in scheduling pleasant activities in previous week in terms of A(n)tecedent-B(ehavior)-C(on)sequences). Problem-solve solutions. If necessary, draw out a simple plan in A-B-C terms.
 - ✓ Encourage staff team to generate potential barriers to successfully implementing 5 events in next week. Decide whether to bring these up with resident in following session or just resolve with staff.

Session 3: Confronting Obstacles

Goals

1. Problem-solve obstacles encountered in planning and carrying out pleasant events for the resident. If necessary, develop behavior plan to combat obstacles to successful completion of activities.
2. Continue to learn ways of scheduling pleasant events that are feasible for both staff and residents. Plan up to 5 pleasant events for upcoming week.
3. Provide reinforcement and encouragement for change.
4. If appropriate, schedule additional family involvement.

Session 3 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings (include primary support person if relevant)
 - ✓ Establish the session agenda
 - ✓ Mood check-in
 - ✓ Review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ SMART Goal Progress and Confronting Obstacles
 - ✓ Review SMART Goals from previous session and assess success
 - ✓ Identify problems/barriers to participation in pleasant activities
 - ✓ Modify SMART goals as needed to get around obstacles
- ☐ Continued Activity Planning
 - ✓ Use PES to explore adding activities
 - ✓ Confirm new activities and changes to SMART Goals for next week
- ☐ Wrap-up
 - ✓ Summarize activity progress and SMART goals
 - ✓ Preview next session
 - ✓ Reinforce resident for effort
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review content
 - ✓ Help staff to expect barriers
 - ✓ Reinforce staff for effort and interest
 - ✓ Problem-solve barriers

Session 3 Detailed Guide

Agenda and Check-In

1. Greetings (include Primary Support Person if relevant):
 - ✓ Greet resident by name, make/review introductions if others are present.
 - ✓ Use active listening to continue/build rapport with resident and others in attendance in support of the resident.
2. Establish the session agenda: Let the resident and others present know that the session will focus on review of previous activity goal successes and challenges, problem-solving barriers, and setting new goals for activities.
3. Mood check-in: Ask permission to complete or review depression assessment (e.g., PHQ-9, Geriatric Depression Scale); if OK, proceed. If not OK, use active listening/reflection to respect the resident's wishes. If necessary, return to concerns at the end of the session, or promise a return visit. Don't forget to document the depression score on your *Activity Reporting Form*.
4. Review rationale for BE-ACTIV:
 - ✓ Reiterate the relationship between pleasant events and depression via increasing positive emotion to counterbalance the inevitable negative emotions associated with health problems and other stressors.
 - ✓ Adjusting content to cognitive level of resident, explain that carrying out pleasant events may be difficult since depression can make a person feel like being inactive and not doing things, which contributes to the spiraling down of more depression less pleasant activity, more depression, etc.
 - ✓ Be sure resident (and staff) understands this is part of depression and not a matter of being lazy/difficult/unmotivated.
5. Discuss highlights from previous week:
 - ✓ Ask resident for any reactions from previous week.
 - ✓ Discuss any correspondence observed between mood and pleasant events enacted for that week.

SMART Goal Progress and Confronting Obstacles

1. Review SMART Goals from previous session and assess success:
 - ✓ Inquire about events planned in the previous session. Were they scheduled and carried out?
 - ☼ *NOTE: residents with memory impairment may not be able to tell you what they have done in the previous week. You will*

want to review the staff's activity records or get a verbal report from the staff facilitator before the session.

- ✓ Reinforce the resident (and staff as relevant) for effort on activities completed.
- ✓ When discussing what did not happen, be sure to stay positive and encouraging. Emphasize that change can be difficult and inertia is part of depression. Continue to reinforce any effort or thought towards change.
- ✓ Update your *Activity Reporting Form* to reflect success and barriers.

2. Identify problems/barriers to participation in pleasant activities:

- ✓ Focus on any barriers that arose in carrying out the SMART goal activities this past week. Use a positive, constructive approach to problem-solving.
- ✓ Use A-B-C to explain relationships among events.

Two common problems might be:	
Too tired to go to activities	Solutions: <ul style="list-style-type: none"> ☀ change time of day of activities (A) ☀ schedule less taxing activities (B) ☀ start small (B)
Staff did not help get resident to activities	<ul style="list-style-type: none"> ☀ work with staff facilitator to reassure resident that staff will be available; connect with other staff to emphasize importance of their assistance (A) ☀ plan activities that do not require other staff assistance (A) ☀ explore ways to cue staff for assistance needed (A) ☀ encourage resident to reinforce staff for effort (C), e.g., making sure to thank them for their help ☀ MHP reinforces staff for effort (C)

- ✓ Modify SMART goals as needed to get around obstacles: Develop A-B-C solutions if needed. Incorporate solutions into SMART goals for relevant activities.

Continued Activity Planning

1. Use PES to explore adding activities: Use PES plus any new ideas from resident, PSP, or staff as relevant to brainstorm possible new activities.
2. Confirm new activities and changes to SMART Goals for next week:
 - ✓ Add an activity or two if there have been successes in the previous week. Make sure that each new activity is defined in terms of a SMART goal, and that there is a plan to overcome obstacles.

- ✓ If appropriate, work with resident to use the *Activity Planner* to document and review the planned activities for the following week.
- ✓ Document any changes in your *Activity Reporting Forms* (including staff version).

Wrap-up

1. Summarize activity progress and SMART goals
 - ✓ Review the major points covered in the session and ask for comments, questions, and reactions. Review any resident insights that may have arisen in the session.
 - ✓ Re-emphasize the schedule of pleasant events for the next week and who will be involved. Restate that next week there will be 5 (or fewer as necessary) pleasant activities scheduled and carried out.
2. Preview next session

Briefly mention that the next session will continue to work on effectively scheduling pleasant activities and overcoming obstacles. Review whether PSP will be present at future sessions.
3. Reinforce resident for effort: Use social rewards (smile, eye contact, warm touch, verbal enthusiasm) to show support and positivity. Reinforce the resident for any and all effort it took to attempt new activities. Offer hope.

Follow-up/Check-in with staff facilitator(s)

1. Review content: Using your *established communication channel(s)*, review the previous week's activities and contents from Session 3 and discuss problems/issues that arose.
 - ✓ Use the Activity Reporting Form – Staff Version to help staff facilitator(s) remember their roles in carry out the planned activities.
 - ✓ Emphasize the importance of regularity and predictability and encourage staff facilitator(s) to schedule events in advance.
 - ✓ Discuss PSP involvement, PSP-staff interaction as relevant. Identify resources needed to carry out plan, *including participation of other staff members, such as nurses' aides*. Solicit staff ideas for activities to offer next session.
2. Help staff to expect barriers:
 - ✓ Remind team that carrying out the events may be difficult because depression can make a person feel like being inactive and not doing things, which contributes to the downward spiral of more depression, less pleasant activity, more depression, etc.

- ✓ Emphasize that small, easy-to-achieve, steps should be a priority. Reiterate the importance of early success.
 - ✓ Reiterate importance of *flexibility*.
 - ✓ Discuss how resident's cognitive status may affect specific content of session.
3. Reinforce staff for effort and interest: Compliment staff facilitator(s) on their effort and achievements. Thank them for their time. *Remind them to reinforce resident for effort.*
4. Problem-solve barriers:
- ✓ Discuss problems encountered in scheduling pleasant activities in previous week in terms of A(n)tecedent-B(ehavior)-C(onsequences). Problem-solve solutions. If necessary, draw out a simple plan in A-B-C terms and discuss how to implement it.
 - ✓ Encourage staff team to generate potential barriers to successfully implementing 5 events in next week. Decide whether to bring these up with resident in following session or just resolve with staff.

Session 4: Increasing Pleasant Events

GOALS

1. Continue to learn ways of scheduling pleasant events that are feasible for both staff and residents, including family members as appropriate.
2. Provide reinforcement and encouragement for change.
3. Problem-solve obstacles encountered in planning and carrying out pleasant events for the resident. Review and modify behavior plan as appropriate.
4. Plan more (target: 6-8) pleasant events for upcoming week, including events that involve family, as appropriate.

Session 4 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings
 - ✓ Establish the session agenda
 - ✓ Mood check-in
 - ✓ Briefly review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ SMART Goal Progress and Confronting Obstacles
 - ✓ Review SMART Goals from previous session and assess success
 - ✓ Identify problems/barriers to participation in pleasant activities
 - ✓ Modify SMART goals as needed to get around obstacles
- ☐ Continued Activity Planning
 - ✓ Use PES, resident, family, and staff ideas to explore adding activities
 - ✓ Confirm new activities and changes to SMART Goals for next week
- ☐ Wrap-up
 - ✓ Summarize activity progress and SMART goals
 - ✓ Preview next session
 - ✓ Reinforce resident for effort
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review content
 - ✓ Help staff to expect barriers
 - ✓ Reinforce staff for effort and interest
 - ✓ Problem-solve barriers

Session 4 Detailed Guide

Agenda and Check-in

1. Greetings: Greet resident by name; greet others (staff, PSP) who might be present.
2. Establish the session agenda: Let the resident and others present know that the session will focus on review of previous activity goal successes and challenges, setting new goals for activities, and problem-solving any barriers encountered.
3. Mood check-in: Ask permission to complete or review depression assessment (e.g., PHQ-9, Geriatric Depression Scale); if OK, proceed. If not OK, use active listening/reflection to respect the resident's wishes. Don't forget to document the depression score on your Activity Reporting Form.
4. Briefly review rationale for BE-ACTIV treatment:
 - ✓ By now resident should be familiar with the rationale, so only a brief review is required unless the resident has some memory impairment.
 - ✓ Reiterate the relationship between pleasant events and depression and the importance of increasing positive emotion to counterbalance negative emotions associated with health problems and other stressors.
 - ✓ Adjusting content to cognitive level of resident, remind the resident and others how depression may diminish interest and energy, making it harder to initiate pleasant events.
5. Discuss highlights from the previous week:
 - ✓ Ask resident for any reactions from previous week.
 - ✓ Discuss any correspondence observed between mood and pleasant events enacted for that week.

SMART Goal Progress and Confronting Obstacles

1. Review SMART Goals from previous session and assess success:
 - ✓ Inquire about events planned in the previous session. Were they scheduled and carried out?
 - ✓ Reinforce the resident (and staff as relevant) for effort on activities completed.

- ✓ When discussing what did not happen, be sure to stay positive and encouraging. Emphasize that change can be difficult and inertia is part of depression. Continue to reinforce any effort or thought towards change.
 - ✓ Update your *Activity Reporting Form* to reflect success and barriers.
2. Identify problems/barriers to participation in pleasant activities:
 - ✓ Focus on any barriers that arose in carrying out the SMART goal activities this past week. Use a positive, constructive approach to problem-solving.
 - ✓ These may include time and schedule pressures on family members or staff. Help resident and family problem-solve relationships with staff members; if staff member is present, encourage direct negotiations between resident and staff member.
 - ✓ As needed, use A-B-C to explain relationships among events.
 - ✓ Develop A-B-C solutions if needed; review prior solutions for effectiveness.
 3. Modify SMART goals as needed to get around obstacles:
 - ✓ If appropriate, work with resident to use the *Activity Planner* to document and review the planned activities for the following week.

Continued Activity Planning

1. Use PES to explore adding activities: Use PES, plus any ideas from resident, PSP, or staff as relevant, to brainstorm possible new activities. The target is 6-8 events, but the number will depend on previous successes and will vary by individual preference and ability. Make sure events are feasible.
2. Confirm new activities and changes to SMART Goals for next week:
 - ✓ Add an activity or two if there have been successes in the previous week. Make sure that each new activity is defined in terms of a SMART goal, and that there is a plan to overcome obstacles.
 - ✓ If appropriate, work with resident to use the *Activity Planner* to document and review the planned activities for the following week.
 - ✓ Document additional activity SMART goals in your *Activity Reporting Forms* (including staff version).

Wrap-up

1. Summarize activity progress and SMART goals
 - ✓ Review the major points covered in the session and ask for comments, questions, and reactions. Review any resident insights that may have arisen in the session. Reiterate solutions to barriers.

- ✓ Re-emphasize the schedule of pleasant events for the next week and who will be involved. Restate that next week there will be 6-8 (or fewer as necessary) pleasant activities scheduled and carried out. Remember that the goal is an increase in pleasant activities and events, not a particular number.

2. Preview next session

Briefly mention that the next session will continue to work on effectively scheduling pleasant activities and overcoming obstacles. Review whether PSP will be present at future sessions.

3. Reinforce resident for effort: Use social rewards (smile, eye contact, warm touch, verbal enthusiasm) to show support and positivity. Reinforce the resident for any and all effort it took to attempt new activities. Connect increased activity and effort with improvements in mood. Offer hope.

Follow-up/Check-in with Staff Facilitators

1. Review content: Using your established communication channel(s), review the previous week's activities and contents from Session 3 and discuss problems/issues that arose.

- ✓ Use the Activity Reporting Form – Staff Version to help staff facilitator(s) remember their roles in carry out the planned activities.
- ✓ Emphasize the importance of regularity and predictability and encourage staff facilitator(s) to schedule events in advance.
- ✓ Discuss PSP involvement, PSP-staff interaction as relevant. Identify resources needed to carry out plan, including participation of other staff members, such as nurses' aides. Solicit staff ideas for activities to offer next session.

2. Help staff to expect barriers:

- ✓ Remind team that carrying out the events may be difficult because depression can make a person feel like being inactive and not doing things, which contributes to the downward spiral of more depression, less pleasant activity, more depression, etc.
- ✓ Emphasize that small, easy-to-achieve, steps should be a priority. Reiterate the importance of early success.
- ✓ Reiterate importance of flexibility.
- ✓ Discuss how resident's cognitive status may affect specific content of session.

3. Reinforce staff for effort and interest: Compliment staff facilitator(s) on their effort and achievements. Thank them for their time. Remind them to reinforce resident for effort.

4. Problem-solve barriers:

- ✓ Discuss problems encountered in scheduling pleasant activities in previous week in terms of A(ntecedent)-B(behavior)-C(onsequences). Problem-solve solutions. If necessary, draw out a simple plan in A-B-C terms and discuss how to implement it.
- ✓ Encourage staff team to generate potential barriers to successfully implementing 5 events in next week. Decide whether to bring these up with resident in following session or just resolve with staff.

Session 5: Assess Progress/Choice Point

GOALS

1. With as many members of the team (resident plus staff/family) present as possible, assess whether resident has met goal of increasing pleasant events to at least 5 additional events per week.
2. For residents who are successfully increasing events, shift focus to maintenance of current or increased level of pleasant activity.
3. For residents who have not successfully reached 5 events, re-evaluate treatment goals, resident preferences, and obstacles, and set achievable goals for the next sessions.
4. Plan pleasant events for upcoming week

Session 5 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings
 - ✓ Establish the session agenda
 - ✓ Mood check-in
 - ✓ Briefly review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ Evaluate progress and assess goals for remainder of the program
 - ✓ Review SMART Goals and assess progress
 - ✓ Decide whether to focus on maintenance or obstacles
 - ✓ Modify SMART goals as needed
 - ✓ Confirm new activities and changes to SMART Goals for next week
- ☐ Wrap-up
 - ✓ Summarize activity progress and SMART goals
 - ✓ Preview next session
 - ✓ Reinforce resident for effort
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review content
 - ✓ Focus on solving any remaining barriers
 - ✓ Reinforce staff for effort and interest

Session 5 Detailed Guide

Agenda and Check-in

1. Greetings: Greet resident, staff facilitator, PSP.
2. Establish the session agenda: Let the resident and others present know that the session will focus on review of SMART goal successes and challenges and deciding how to focus the remainder of your work together.
3. Mood check-in: Ask permission to complete or review depression assessment (e.g., PHQ-9, Geriatric Depression Scale); if OK, proceed. If not OK, use active listening/reflection to respect the resident's wishes. Return to assessment at the end of session if necessary. Don't forget to document the depression score on your Activity Reporting Form.
4. Briefly review rationale for BE-ACTIV treatment:
 - ✓ By now resident should be familiar with the rationale, so only a brief review is required unless the resident has some memory impairment.
 - ✓ Reiterate the relationship between pleasant events and depression and the importance of increasing positive emotion to counterbalance negative emotions associated with health problems and other stressors.
 - ✓ Adjusting content to cognitive level of resident, remind the resident and others how depression may diminish interest and energy, making it harder to initiate pleasant events.
5. Discuss highlights from the previous week:
 1. Ask resident for any reactions from previous week.

Discuss any correspondence observed between mood and pleasant events enacted for that week.

Evaluate progress and assess goals for remainder of the program

1. Review SMART Goals and assess progress:
 - ✓ Inquire about events planned in the previous session. Were they scheduled and carried out?
 - ✓ Reinforce the resident (and staff as relevant) for effort on activities completed.
 - ✓ Have resident, PSP, and staff comment on achievement of goals.
 - ✓ When discussing what did not happen, be sure to stay positive and encouraging. Emphasize that change can be difficult, and inertia is part of depression. Continue to reinforce any effort or thought towards change.

2. Decide whether to focus on maintenance or obstacles:

- ✓ Consider whether the resident has increased activities (generally, at least 5 new activities added to their routine) and is meeting SMART goals regularly. *Also consider whether depression score has improved.*
- ✓ If the resident is meeting goals, consider the “Maintenance Questions” below. Focus on discussing these questions with resident, staff, and PSP present
- ✓ If the resident is not meeting goals, consider the “Problem-solving Questions” below. Focus on discussing these questions with resident, staff, and PSP present.

Maintenance Questions:

- Are there more activities that can be added?
- What are the ongoing obstacles? What plans are in place to overcome these?
- If there is PSP involvement, is the PSP committed to continuing support of activities? What are family-perceived obstacles to maintenance?
- What is staff commitment to continue the current level of activity? What are staff-perceived obstacles?

Problem-Solving Questions:

- Evaluate remaining barriers
- Re-examine goals and set feasible targets
- Consider additional therapeutic approaches to resolve resident-related barriers
- Consider additional staff/institutional interventions to resolve barriers related to the facility
- Consider PSP commitment and challenges
- Adjust behavior plans as appropriate.

- ✓ Decide whether additional (non-BE-ACTIV) therapeutic strategies are needed – for example:
 - ⚙ Resident has persistent negative cognitions that interfere with progress – add cognitive strategies to challenge negative cognitions.
 - ⚙ Resident experiences anxiety when going out of room – add cognitive, mindfulness, or relaxation strategies to alleviate anxiety.
 - ⚙ Resident is having difficulty managing pain – add evidence-based pain management strategies.

3. Modify SMART goals as needed: Incorporate any new activities, and/or additional therapeutic goals and strategies for overcoming barriers.
4. Confirm new activities and changes to SMART Goals for next week:
 - ✓ Add an activity or two if there have been successes in the previous week. Make sure that each new activity is defined in terms of a SMART goal, and that there is a plan to overcome obstacles.
 - ✓ If appropriate, work with resident to use the *Activity Planner* to document and review the planned activities for the following week.
 - ✓ Document additional activity SMART goals in your *Activity Reporting Forms* (including staff version).

Wrap-up

1. Summarize activity progress and SMART goals:
 - ✓ Review the major points covered in the session and ask for comments, questions, and reactions. Review any resident insights that may have arisen in the session. Reiterate solutions to barriers.
 - ✓ Re-emphasize the schedule of pleasant events for the next week and who will be involved. Restate the number of pleasant activities to be scheduled and carried out. Remember that the goal is an increase in pleasant activities and events, not a particular number.
2. Preview next session:
 - ✓ Briefly mention that the next session will continue to work on effectively scheduling pleasant activities and overcoming obstacles. Review whether PSP will be present at future sessions.
 - ✓ Review any additional therapeutic strategies that you might try in the next session.
 - ✓ Remind resident that there will be 5 more sessions, with the sessions getting shorter as the resident is able to maintain an acceptable level of activity with staff/family assistance.
3. Reinforce resident for effort: Use social rewards (smile, eye contact, warm touch, verbal enthusiasm) to show support and positivity. Reinforce the resident for any and all effort it took to attempt new activities. Connect increased activity and effort with improvements in mood. Offer hope.

Follow-up/Check-in with Staff Facilitators

1. Review content: Using your established communication channel(s), review the previous week's activities and contents from Session 3 and discuss problems/issues that arose.

- ✓ Use the Activity Reporting Form – Staff Version to help staff facilitator(s) remember their roles in carry out the planned activities.
- ✓ Emphasize the importance of regularity and predictability and encourage staff facilitator(s) to schedule events in advance.
- ✓ Discuss PSP involvement, PSP-staff interaction as relevant. Identify resources needed to carry out plan, including participation of other staff members, such as nurses' aides. Solicit staff ideas for activities to offer next session.

2. Focus on solving remaining barriers:

- ✓ Briefly remind team how depression and cognitive impairment can interfere with carrying out the events.
- ✓ Emphasize that small, easy-to-achieve, steps should be a priority. Reiterate the importance of early success.
- ✓ Reiterate importance of flexibility.
- ✓ Discuss problems encountered in scheduling pleasant activities in previous week in terms of A(ntecedent)-B(ehavior)-C(onsequences). Problem-solve solutions. If necessary, draw out a simple plan in A-B-C terms and discuss how to implement it, or review existing plans.
- ✓ Encourage staff team to generate potential barriers to successfully implementing 5 events in next week. Decide whether to bring these up with resident in following session or just resolve with staff.

3. Reinforce staff for effort and interest: Compliment staff facilitator(s) on their effort and achievements. Thank them for their time. Remind them to reinforce resident for effort.

Sessions 6-9: Maintaining Gains, Problem-Solving

Goals

1. Maintain level of activity or increase according to goals set in Session 5.
2. Continue to problem-solve obstacles to activity engagement.
3. Staff develops ongoing plan that gets integrated into resident's facility Care Plan, so that resident continues to have access to pleasant events after treatment is formally ended.
4. Staff and resident recognize the possibility of relapse and make a plan to cope with the possibility that activity may decline again in future.
5. Prepare resident for treatment termination.

Sessions 6-9 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings
 - ✓ Establish the session agenda
 - ✓ Mood check-in
 - ✓ Briefly review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ Evaluate progress, encourage maintenance, plan for the future
 - ✓ Review SMART Goals and assess progress
 - ✓ Confirm new activities and changes to SMART Goals for next week
 - ✓ Implement additional treatment strategies as agreed upon in Session 5
 - ✓ Discuss sustainability of goals and anticipate future problems
- ☐ Wrap-up
 - ✓ Summarize activity progress and SMART goals
 - ✓ Preview next session
 - ✓ Remind resident of # of sessions remaining
 - ✓ Reinforce resident for effort and connect with mood
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review achievements
 - ✓ Plan for the future to support resident's continuing activity engagement
 - ✓ Help staff to incorporate SMART goals into institutional plan of care
 - ✓ Reinforce staff for effort and interest

Sessions 6-9 Detailed Guide

Agenda and Check-in

1. Greetings: Greet resident by name; include staff facilitator and PSP if present.
2. Establish the session agenda: Let the resident and others present know that the session will focus on dealing with problems identified in previous session, maintaining SMART goal progress, and planning for the future.
3. Mood check-in: Ask permission to complete or review depression assessment (e.g., PHQ-9, Geriatric Depression Scale); if OK, proceed. If not OK, use active listening/reflection to respect the resident's wishes. Document the depression score on your Activity Reporting Form.
4. Briefly review rationale for BE-ACTIV treatment:
 - ✓ By now resident should be familiar with the rationale, so only a brief review is required unless the resident has some memory impairment.
 - ✓ Reiterate the relationship between pleasant events and depression and the importance of increasing positive emotion to counterbalance negative emotions associated with health problems and other stressors.
 - ✓ Adjusting content to cognitive level of resident, remind the resident and others how depression may diminish interest and energy, making it harder to initiate pleasant events.
5. Discuss highlights from the previous week:
 - ✓ Ask resident for any reactions from previous week.
 - ✓ Discuss any correspondence observed between mood and pleasant events enacted for that week.

Evaluate progress, encourage maintenance, plan for the future

1. Review SMART Goals and assess progress:
 - ✓ Inquire about events planned in the previous session. Were they scheduled and carried out?
 - ✓ Reinforce the resident (and staff as relevant) for effort on activities completed.
 - ✓ When discussing what did not happen, be sure to stay positive and encouraging. Emphasize that change can be difficult, and inertia is part of depression. Continue to reinforce any effort or thought towards change.
2. Confirm new activities and changes to SMART Goals for next week:
 - ✓ Discuss adding activities or other changes to the plan for the coming week and related SMART goals.

- ✓ If appropriate, work with resident to use the *Activity Planner* to document and review the planned activities for the following week.
 - ✓ Document activity SMART goals in your *Activity Reporting Forms* (including staff version).
3. Implement additional treatment strategies as agreed upon in Session 5: If relevant, work on any additional treatment strategies decided upon in Session 5. Review related SMART goals or other homework assignments.
 4. Discuss sustainability of goals and anticipate future problems:
 - ✓ Continue to explore barriers and problems to reaching activity goals. Encourage resident, staff, and PSP(s) to work together.
 - ✓ Remind resident, PSP(s), and staff that activity levels that have been achieved at this point may be disrupted in the future. Talk about reasons for setbacks: health changes, depression relapse, staff changes, losses. Emphasize that we should expect setbacks, but that the resident, with support of staff and PSP(s), has the tools to cope with them.
 - ✓ Help staff and resident (and PSP as appropriate) to make plans for how to confront changes as they arise.

Wrap-up

1. Summarize activity progress and SMART goals:
 - ✓ Review the major points covered in the session and ask for comments, questions, and reactions. Review any resident insights that may have arisen in the session. Reiterate solutions to barriers.
 - ✓ Re-emphasize the schedule of pleasant events for the next week and who will be involved. Restate the number of pleasant activities to be scheduled and carried out.
2. Preview next session:
 - ✓ Briefly mention that the next session will continue to work on maintaining pleasant activities and overcoming obstacles to sustaining gains and increasing activity if necessary.
 - ✓ Review whether PSP will be present at future sessions.
 - ✓ Review any additional therapeutic strategies that you might try in the next session.
3. Remind resident of # of sessions remaining: Remind resident that there will be 4 (3, 2, 1) more sessions, with the sessions getting shorter as the resident is able to maintain an acceptable level of activity with staff/PSP assistance (unless there are other therapeutic goals to address).

4. Reinforce resident for effort and connect with mood: Use social rewards (smile, eye contact, warm touch, verbal enthusiasm) to show support and positivity. Reinforce the resident for effort it took to attempt new activities. Connect increased activity and effort with improvements in mood. Offer hope.

Follow-up/Check-in with Staff Facilitators

1. Review achievements: Review achievements and problems. Discuss PSP involvement and successes or problems related to that. Discuss solutions.
2. Plan for the future:
 - ✓ Discuss making a clear plan for maintaining current levels of activities in future, including identifying institutional barriers, such as lack of staff time. Who will do what?
 - ✓ Remind staff members of the tools they now have for coping with relapses.
 - ✓ Emphasize with staff that they can continue contacts with resident on a more informal basis after the program has terminated, and that this will help maintain a positive relationship with the resident.

Help staff to incorporate SMART goals into institutional plan of care:

- ✓ Draft and discuss entries that will go in resident's care plan, including the goal that present levels of activity participation are maintained, methods that will facilitate this goal, and staff members responsible, and quarterly assessment methods for determining if the care plan is successful.
- ✓ Encourage staff to use SMART format for these goals.
- ✓ See Appendix for examples of SMART care plan goals.

Session 10: Summing Up

Goals

1. Review progress in SMART goals and activities. Provide reinforcement for resident, staff, and PSP, as appropriate for effort and successes.
2. Problem-solve obstacles encountered in planning and carrying out pleasant events for the resident. Review and modify SMART goals as appropriate.
3. Clarify plans for continuing and/or improving current level of activity. Define roles (staff, resident, PSP) and relationships.
4. Review plan for coping with decreased activity brought on by illness, relapse of depression, or another negative event.

Session 10 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings
 - ✓ Establish the session agenda
 - ✓ Mood check-in and review of mood progress
- ☐ Review progress and connect with treatment rationale
 - ✓ Review SMART Goals and progress from beginning of treatment
 - ✓ Review perceived benefits
 - ✓ Reinforce resident, staff, and PSP(s) for effort and successes
 - ✓ Discuss sustainability of goals and anticipate future problems
- ☐ Wrap-up
 - ✓ Summarize progress and plans
 - ✓ Decide if “booster” or check-in session will occur
 - ✓ Reinforce resident for effort and connect with mood
 - ✓ Goodbyes
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review achievements
 - ✓ Review plan to support resident’s continuing activity engagement
 - ✓ Check that staff has added SMART goals into institutional plan of care
 - ✓ Reinforce staff for effort and interest

Session 10 Detailed Guide

Agenda and Check-in

1. Greetings: Greet resident by name; include staff facilitator and PSP if present.
2. Establish the session agenda: Remind the resident and others present that this is the final session for BE-ACTIV.
3. Mood check-in and review of mood progress: Ask permission to complete or review depression assessment (e.g., PHQ-9, Geriatric Depression Scale). Review mood progress over the course of the program. Connect mood to activity engagement. Document the depression score on your Activity Reporting Form.

Review progress and connect with treatment rationale

1. Review SMART Goals and progress from beginning of treatment:
 - ✓ Reflect on changes in mood and activity level from the beginning of BE-ACTIV
 - ✓ Review current SMART goals and encourage ongoing efforts.
2. Review perceived benefits:
 - ✓ Help resident to see the benefits of activity engagement and reinforce all attempts at meeting treatment goals.
 - ✓ Discuss correspondence between mood and activity engagement.
3. Reinforce resident, staff, and PSP(s) for effort and successes:
 - ✓ Don't forget to reinforce staff and PSP members for their participation.
 - ✓ Celebrate achievements.
4. Discuss sustainability of goals and anticipate future problems:
 - ✓ Discuss how present level of events can be maintained, review obstacles and problem-solving approaches.
 - ✓ Review plan for dealing with reductions in activity level related to negative events such as illness, increased disability, staff change, or depression relapse.
 - ✓ Remind staff, resident, and PSPs that they should expect such changes should be expected, but that they deal with them.
 - ✓ Review the end of your therapist role, and encourage resident and staff members to talk about how they will continue their relationships.

Wrap-up

1. Summarize progress and plans: ending on a positive note, reinforce progress and summarize plans for future work by resident, staff, and/or PSP(s) to sustain progress.
2. Decide if “booster” or check-back session will occur: Many residents will benefit from a “booster” or check-back session, from two weeks to a month after termination, and possibly repeated as conditions change. Decide whether this is appropriate and try to schedule it in advance if so.
3. Reinforce resident for effort and connect with mood: Use social rewards (smile, eye contact, warm touch, verbal enthusiasm) to show support and positivity. Reinforce the resident for effort it took to attempt new activities. Connect increased activity and effort with improvements in mood. Offer hope.
4. Goodbyes: Try to end on a positive note. Review any plans for future contact.

Follow-up/Check-in with Staff Facilitators

1. Review achievements: Review achievements and problems. Discuss PSP involvement and successes or problems related to that. Offer support for future issues that might arise (e.g., via a phone call or email).
2. Review plan to support resident’s continuing activity engagement
 - ✓ Review plan for maintaining current levels of activities in future, including identifying institutional barriers, such as lack of staff time. Who will do what?
 - ✓ Remind staff members of the tools they now have for coping with relapses.
 - ✓ Emphasize with staff that they can continue contacts with resident on a more informal basis after the program has terminated, and that this will help maintain a positive relationship with the resident.
3. Check that staff has added SMART goals into institutional plan of care:
 - ✓ Review any goals that staff members have added to the care plan.
 - ✓ Encourage staff to use SMART format for these goals.
 - ✓ If care plan still needs to be revised to incorporate activity goals, discuss how you can help with this. See Appendix for examples of SMART care plan goals that you can offer.
4. Reinforce staff for effort and interest: Thank staff facilitator for their assistance in the program and for their willingness to support the resident’s progress going forward. Make sure that you keep a channel of communication open for future issues that might arise.

References and Resources

About the BE-ACTIV Program Development

- Meeks, S., & Depp, C. A. (2002). Pleasant-events based behavioral intervention for depression in nursing home residents: A conceptual and empirical foundation. *Clinical Gerontologist*, 25, 125-148.
https://doi.org/10.1300/J018v25n01_07
- Meeks, S., Teri, L., Van Haitsma, K., & Looney, S.W. (2006). Increasing pleasant events in the nursing home: Collaborative behavioral treatment for depression. *Clinical Case Studies*, 5, 287-304.
<https://doi.org/10.1177/1534650104267418>
- Meeks, S., Young, C. M., & Looney, S.W. (2007). Activity participation and affect among nursing home residents: Support for a behavioral model of depression. *Aging and Mental Health*, 11, 751-760.
<https://doi.org/10.1080/13607860701546910>
- Meeks, S., Looney, S.W., Van Haitsma, K., & Teri, L. (2008). BE-ACTIV: A staff-assisted, behavioral intervention for depression in nursing homes. *The Gerontologist*, 48, 105-114. <https://doi.org/10.1093/geront/48.1.105>
- Meeks, S., Sublett, R.L., Kostiwa, I.M., Rodgers, J.R., & Haddix, D. (2008) Treating depression in the prison nursing home: Demonstrating research-to-practice translation. *Clinical Case Studies*, 7, 555-574.
<https://doi.org/10.1177/1534650108321303>
- Meeks, S., Shah, S., & Ramsey, S. (2009). The Pleasant Events Scale – Nursing Home version: A useful tool for behavioral interventions in long-term care. *Aging and Mental Health*, 13, 445-455.
<https://doi.org/10.1080/13607860802534617>
- Meeks, S., Van Haitsma, K., Schoenbachler, B., & Looney, S.W. (2015). BE-ACTIV vs. treatment as usual for depression in nursing homes: Primary outcomes of a cluster randomized clinical trial. *Journals of Gerontology, Series B: Psychological Sciences*, 70(1), 13–23.
<https://doi.org/10.1093/geronb/gbu026>
- Meeks, S., Getz, B.R., Hess, L.S., Kostiwa, I.M., Ludwin, B.M., Rodgers, J.R., & Shah, S.N. (2015). The BE-ACTIV project: How research, professional training, education, and practice were integrated in a single clinical trial. *Gerontology and Geriatrics Education*, 36, 318-329.
<https://doi.org/10.1080/02701960.2015.1031893>
- Meeks, S., Van Haitsma, K.S., & Shryock, S.K. (2019). Treatment fidelity evidence for BE-ACTIV – a behavioral intervention for depression in nursing homes. *Aging and Mental Health*, 23, 1192-1202.
<https://doi.org/10.1080/13607863.2018.1484888>

About Behavioral Activation and Related Therapies

- Alexopoulos, G. S., & Arean, P. (2014). A model for streamlining psychotherapy in the RDoC era: the example of 'Engage'. *Molecular psychiatry*, 19(1), 14–19. <https://doi.org/10.1038/mp.2013.150>
- Alexopoulos, G. S., Raue, P. J., Gunning, F., Kiesses, D. N., Kanellopoulos, D., Pollari, C., Banerjee, S., & Arean, P. A. (2016). "Engage" therapy: Behavioral activation and improvement of late-life major depression. *American journal of Geriatric Psychiatry*, 24(4), 320–326. <https://doi.org/10.1016/j.jagp.2015.11.006>
- Carpenter, B., Ruckdeschel, K., Ruckdeschel, H., & Van Haitsma, K. (2002). R-E-M Psychotherapy: A manualized approach for long-term care residents with depression and dementia. *The Clinical Gerontologist*, 25 (1/2), 25-49. https://doi.org/10.1300/J018v25n01_03
- Cuijpers P., van Straten A., & Warmerdam, L. (2007). Behavioral activation treatments of depression: a meta-analysis. *Clinical Psychology Review*, 27, 318–326. [PubMed: 17184887]
- Dimidjian S., Barrera, M., Jr. & Martell, C., Munoz, R.F., & Lewinsohn, P.M. (2011). The origins and current status of behavioral activation treatments for depression. *Annual review of clinical psychology*, 7, 1–38. <https://doi.org/10.1146/annurev-clinpsy-032210-104535>
- Lewinsohn, P.M., Hoberman, H., Teri, L., & Hautzinger, M. (1985). An integrative theory of depression. In S. Reiss & R.R. Bootzin (Eds.). *Theoretical issues in behavior therapy*. New York: Academic Press.
- Steffen, A.M., Thompson, L., & Gallagher-Thompson, D. (2022). *treating later-life depression: A cognitive behavioral approach. Clinician Guide. 2nd edition. Treatments that Work Series; Oxford University Press.*
- Steffen, A.M., Dick-Siskin, L., Bilbrey, A., Thompson, L.W., & Gallagher-Thompson, D. (2022). *Treating later-life depression: A cognitive behavioral approach. Workbook. 2nd edition. Treatments that Work Series; Oxford University Press.* **NOTE:** This therapist guide and workbook contain a number of worksheets and approaches that could be used to supplement BE-ACTIV when the presentation of depression is complicated by sleep and anxiety.
- Teri, L., Logsdon, R.G., Uomoto, J., & McCurry, S.M. (1997). Behavioral treatment of depression in dementia patients: A controlled clinical trial. *Journal of Gerontology: Psychological Sciences*, 52B, P159-P166. <https://doi.org/10.1093/geronb/52B.4.P159>
- Teri, L., (1994). Behavioral treatment of depression in patients with dementia, *Alzheimer's Disease and Associated Disorders*, 8, 66-74. PMID: 7999348

Travers, C. (2017). Increasing enjoyable activities to treat depression in nursing home residents with dementia: A pilot study. *Dementia*, 16, 204-218. DOI: 10.1177/1471301215586069.

About Motivational Interviewing

Miller, W.R. & T.B. Moyers (2017) Motivational Interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology*, 85(8), 757-76.

Miller, W.R. & Rollnick, S. (2013) *Motivational Interviewing: Helping people to change* (3rd Edition). Guilford Press.

Miller & Rollnick (2017) Ten things MI is not Miller, W.R. & Rollnick, S. (2009) Ten things that MI is not. *Behavioural and Cognitive Psychotherapy*, 37, 129-140.

See also: <https://motivationalinterviewing.org/understanding-motivational-interviewing> for a basic introduction and resources.

Sobell, L.C., & Sobell, M.B. (2011). *Group therapy with substance use disorders: Motivational cognitive behavioral approach*. New York, NY: Guilford Press.

This group has numerous resources and forms for using a Motivational Interviewing approach at this website: <https://www.nova.edu/gsc/forms/gsc-forms.html>

Other Relevant References and Resources

Fredrickson, B.L. (1998). What good are positive emotions? Review of General Psychology, 2, 300-319. <https://doi.org/10.1037//1089-2680.2.3.300>

Fredrickson, B.L., & Losada, M.F. (2005). Positive affect and complex dynamics of human flourishing. *American Psychologist*, 60, 678-686. <https://doi.org/10.1037/0003-066X.60.7.678>

Garland, E. L., Fredrickson, B., Kring, A. M., Johnson, D. P., Meyer, P. S., & Penn, D. L. (2010). Upward spirals of positive emotions counter downward spirals of negativity: Insights from the broaden-and-build theory and affective neuroscience on the treatment of emotional dysfunctions and deficits in psychopathology. *Clinical Psychology Review*, 30, 849-864. <https://doi.org/10.1016/j.cpr.2010.03.002>

Meeks, S., Van Haitsma, K., Kostiwa, I., & Murrell, S.A. (2012). Positivity and well-being among community-residing elders and nursing home residents: What is the optimal affect balance?. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 67, 460-467. <https://doi.org/10.1093/geronb/gbr135>

- Karlin, B. E., Teri, L., McGee, J. S., Sutherland, E. S., Asghar-Ali, A., Crocker, S. M., Smith, T. L., Curyto, K., Drexler, M., & Karel, M. J. (2017c). *STAR-VA Intervention for Managing Challenging Behaviors in VA Community Living Center Residents with Dementia: Manual for STAR-VA Behavioral Coordinators and Nurse Champions*. Washington, DC: U.S. Department of Veterans Affairs. **NOTE:** This manual (available for free download from the VA website at https://www.mentalhealth.va.gov/healthcare-providers/docs/STAR-VA_Manual.pdf) provides detailed approaches for implementing an ABC behavioral problem-solving model in a nursing home setting.
- Kroenke, K., Spitzer, R.L., & Williams, J.B. (2001). The PHQ-9. Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16, 606-613. <https://dx.doi.org/10.1046%2Fj.1525-1497.2001.016009606.x>

BE-ACTIV Mini-Manual (Abbreviated Session Guides)

Following are the session goals and checklists for each of the sessions that you can use as an abbreviated manual once you are familiar with the detailed guides. They are designed to be printed and used as actual checklists, or you can use them online as checklists as well, so there is a page for each session.

BE-ACTIV Mini Manual
(Goals and Checklists for Sessions 1-10)

**BEHAVIORAL ACTIVITIES INTERVENTION FOR
NURSING HOME RESIDENTS WITH DEPRESSION**

**MENTAL HEALTH PROVIDER (MINI) VERSION
REVISED AUGUST 2021**

Development supported by NIMH grants # R21MH63073 and #R01MH074865, Principal Investigator: Suzanne Meeks. Revised from the original version used in those research studies; the original was adapted from Teri, L., Logsdon, R., & Uomoto, J. (1991). *Treatment of depression in patients with Alzheimer's Disease*. University of Washington. (See also Teri, L., (1994). Behavioral treatment of depression in patients with dementia, *Alzheimer's Disease and Associated Disorders*, 8, 66-74.)

Suzanne Meeks, Ph.D.

University of Louisville

Department of Psychological and Brain Sciences

Louisville, KY 40292

email: smeeks@louisville.edu

Contributors: Linda Teri, Ph.D., Kimberly Van Haitsma, Ph.D., Whitney Mills, Ph.D. Amy Mochel, M.A.

Session 1: Introduction to Behavioral Therapy for Depression

Goals

1. Explain rationale for behavioral treatment for depression to the resident at the resident's level of comprehension.
2. Use reflection, empathy, and asking permission to encourage resident buy-in and increase motivation to change.
3. Identify 3 *feasible* events that the patient can enjoy.
4. Determine whether there is a primary support person/family member who should be involved in the program.
5. Set a regular time for meetings.

Session 1 Checklist

- ☐ Agenda and Check-in
 - ✓ Introductions (include staff facilitator if possible)
 - ✓ Establish the session agenda and review consent
 - ✓ Mood check-in
- ☐ Introducing behavioral treatment for depression
 - ✓ Rationale for BE-ACTIV
 - ✓ Evaluate readiness for change
 - ✓ Provide BE-ACTIV Materials
 - ✓ Determine whether there is a primary support person who could be involved
- ☐ Activity Planning and SMART Goals
 - ✓ Introduce/administer the PES
 - ✓ Identify 3 feasible activities
 - ✓ Introduce and create SMART goals
- ☐ Wrap-up
 - ✓ Set a regular time for meetings
 - ✓ Summarize SMART goals
 - ✓ Preview next session
 - ✓ Reinforce resident for effort
- ☐ Follow-up/Check-in with Staff Facilitator(s)
 - ✓ Establish communication channels
 - ✓ Review content
 - ✓ Encourage staff to expect barriers
 - ✓ Reinforce staff for effort

Session 2: Scheduling Pleasant Events; Encouraging PSP Involvement

Goals

1. Review rationale for BE-ACTIV treatment
2. Continue schedule pleasant events that are feasible for both staff and resident.
3. Involve primary support person(s) in scheduling and carrying out pleasant activities.
4. Provide reinforcement and encouragement for change.

Session 2 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings and introductions (include primary support person if relevant)
 - ✓ Establish the session agenda and review consent
 - ✓ Mood check-in
 - ✓ Review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ Encouraging Primary Support Person(s) Involvement
 - ✓ Discuss involvement of family or other PSPs
 - ✓ Review rationale for attempting to increase independence from staff
- ☐ Review SMART Goals and Continued Activity Planning
 - ✓ Review SMART Goals from previous session
 - ✓ Use PES to explore adding activities
 - ✓ Confirm new activities and changes to SMART Goals for the upcoming week
- ☐ Wrap-up
 - ✓ Summarize SMART goals
 - ✓ Preview next session
 - ✓ Reinforce resident for effort
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review content
 - ✓ Help staff to expect barriers
 - ✓ Reinforce staff for effort and interest
 - ✓ Problem-solve barriers

Session 3: Confronting Obstacles

Goals

1. Problem-solve obstacles encountered in planning and carrying out pleasant events for the resident. If necessary, develop behavior plan to combat obstacles to successful completion of activities.
2. Continue to learn ways of scheduling pleasant events that are feasible for both staff and residents. Plan up to 5 pleasant events for upcoming week.
3. Provide reinforcement and encouragement for change.
4. If appropriate, schedule additional family involvement.

Session 3 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings (include primary support person if relevant)
 - ✓ Establish the session agenda
 - ✓ Mood check-in
 - ✓ Review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ SMART Goal Progress and Confronting Obstacles
 - ✓ Review SMART Goals from previous session and assess success
 - ✓ Identify problems/barriers to participation in pleasant activities
 - ✓ Modify SMART goals as needed to get around obstacles
- ☐ Continued Activity Planning
 - ✓ Use PES to explore adding activities
 - ✓ Confirm new activities and changes to SMART Goals for next week
- ☐ Wrap-up
 - ✓ Summarize activity progress and SMART goals
 - ✓ Preview next session
 - ✓ Reinforce resident for effort
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review content
 - ✓ Help staff to expect barriers
 - ✓ Reinforce staff for effort and interest
 - ✓ Problem-solve barriers

Session 4: Increasing Pleasant Events

GOALS

1. Continue to learn ways of scheduling pleasant events that are feasible for both staff and residents, including family members as appropriate.
2. Provide reinforcement and encouragement for change.
3. Problem-solve obstacles encountered in planning and carrying out pleasant events for the resident. Review and modify behavior plan as appropriate.
4. Plan more (target: 6-8) pleasant events for upcoming week, including events that involve family, as appropriate.

Session 4 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings
 - ✓ Establish the session agenda
 - ✓ Mood check-in
 - ✓ Briefly review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ SMART Goal Progress and Confronting Obstacles
 - ✓ Review SMART Goals from previous session and assess success
 - ✓ Identify problems/barriers to participation in pleasant activities
 - ✓ Modify SMART goals as needed to get around obstacles
- ☐ Continued Activity Planning
 - ✓ Use PES, resident, family, and staff ideas to explore adding activities
 - ✓ Confirm new activities and changes to SMART Goals for next week
- ☐ Wrap-up
 - ✓ Summarize activity progress and SMART goals
 - ✓ Preview next session
 - ✓ Reinforce resident for effort
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review content
 - ✓ Help staff to expect barriers
 - ✓ Reinforce staff for effort and interest
 - ✓ Problem-solve barriers

Session 5: Assess Progress/Choice Point

GOALS

1. With as many members of the team (resident plus staff/family) present as possible, assess whether resident has met goal of increasing pleasant events to at least 5 additional events per week.
2. For residents who are successfully increasing events, shift focus to maintenance of current or increased level of pleasant activity.
3. For residents who have not successfully reached 5 events, re-evaluate treatment goals, resident preferences, and obstacles, and set achievable goals for the next sessions.
4. Plan pleasant events for upcoming week

Session 5 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings
 - ✓ Establish the session agenda
 - ✓ Mood check-in
 - ✓ Briefly review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ Evaluate progress and assess goals for remainder of the program
 - ✓ Review SMART Goals and assess progress
 - ✓ Decide whether to focus on maintenance or obstacles
 - ✓ Modify SMART goals as needed
 - ✓ Confirm new activities and changes to SMART Goals for next week
- ☐ Wrap-up
 - ✓ Summarize activity progress and SMART goals
 - ✓ Preview next session
 - ✓ Reinforce resident for effort
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review content
 - ✓ Focus on solving any remaining barriers
 - ✓ Reinforce staff for effort and interest

Session 6: Maintaining Gains, Problem-Solving

Goals

1. Maintain level of activity or increase according to goals set in Session 5.
2. Continue to problem-solve obstacles to activity engagement.
3. Staff develops ongoing plan that gets integrated into resident's facility Care Plan, so that resident continues to have access to pleasant events after treatment is formally ended.
4. Staff and resident recognize the possibility of relapse and make a plan to cope with the possibility that activity may decline again in future.
5. Prepare resident for treatment termination.

Sessions 6-9 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings
 - ✓ Establish the session agenda
 - ✓ Mood check-in
 - ✓ Briefly review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ Evaluate progress, encourage maintenance, plan for the future
 - ✓ Review SMART Goals and assess progress
 - ✓ Confirm new activities and changes to SMART Goals for next week
 - ✓ Implement additional treatment strategies as agreed upon in Session 5
 - ✓ Discuss sustainability of goals and anticipate future problems
- ☐ Wrap-up
 - ✓ Summarize activity progress and SMART goals
 - ✓ Preview next session
 - ✓ Remind resident of # of sessions remaining
 - ✓ Reinforce resident for effort and connect with mood
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review achievements
 - ✓ Plan for the future to support resident's continuing activity engagement
 - ✓ Help staff to incorporate SMART goals into institutional plan of care
 - ✓ Reinforce staff for effort and interest

Goals

1. Maintain level of activity or increase according to goals set in Session 5.
2. Continue to problem-solve obstacles to activity engagement.
3. Staff develops ongoing plan that gets integrated into resident's facility Care Plan, so that resident continues to have access to pleasant events after treatment is formally ended.
4. Staff and resident recognize the possibility of relapse and make a plan to cope with the possibility that activity may decline again in future.
5. Prepare resident for treatment termination.

Sessions 6-9 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings
 - ✓ Establish the session agenda
 - ✓ Mood check-in
 - ✓ Briefly review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ Evaluate progress, encourage maintenance, plan for the future
 - ✓ Review SMART Goals and assess progress
 - ✓ Confirm new activities and changes to SMART Goals for next week
 - ✓ Implement additional treatment strategies as agreed upon in Session 5
 - ✓ Discuss sustainability of goals and anticipate future problems
- ☐ Wrap-up
 - ✓ Summarize activity progress and SMART goals
 - ✓ Preview next session
 - ✓ Remind resident of # of sessions remaining
 - ✓ Reinforce resident for effort and connect with mood
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review achievements
 - ✓ Plan for the future to support resident's continuing activity engagement
 - ✓ Help staff to incorporate SMART goals into institutional plan of care.
 - ✓ Reinforce staff for effort and interest

Session 8: Maintaining Gains, Problem-Solving

Goals

1. Maintain level of activity or increase according to goals set in Session 5.
2. Continue to problem-solve obstacles to activity engagement.
3. Staff develops ongoing plan that gets integrated into resident's facility Care Plan, so that resident continues to have access to pleasant events after treatment is formally ended.
4. Staff and resident recognize the possibility of relapse and make a plan to cope with the possibility that activity may decline again in future.
5. Prepare resident for treatment termination.

Sessions 6-9 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings
 - ✓ Establish the session agenda
 - ✓ Mood check-in
 - ✓ Briefly review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ Evaluate progress, encourage maintenance, plan for the future
 - ✓ Review SMART Goals and assess progress
 - ✓ Confirm new activities and changes to SMART Goals for next week
 - ✓ Implement additional treatment strategies as agreed upon in Session 5
 - ✓ Discuss sustainability of goals and anticipate future problems
- ☐ Wrap-up
 - ✓ Summarize activity progress and SMART goals
 - ✓ Preview next session
 - ✓ Remind resident of # of sessions remaining
 - ✓ Reinforce resident for effort and connect with mood
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review achievements
 - ✓ Plan for the future to support resident's continuing activity engagement
 - ✓ Help staff to incorporate SMART goals into institutional plan of care
 - ✓ Reinforce staff for effort and interest

Session 9: Maintaining Gains, Problem-Solving

Goals

1. Maintain level of activity or increase according to goals set in Session 5.
2. Continue to problem-solve obstacles to activity engagement.
3. Staff develops ongoing plan that gets integrated into resident's facility Care Plan, so that resident continues to have access to pleasant events after treatment is formally ended.
4. Staff and resident recognize the possibility of relapse and make a plan to cope with the possibility that activity may decline again in future.
5. Prepare resident for treatment termination.

Sessions 6-9 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings
 - ✓ Establish the session agenda
 - ✓ Mood check-in
 - ✓ Briefly review rationale for BE-ACTIV treatment
 - ✓ Discuss highlights from the previous week
- ☐ Evaluate progress, encourage maintenance, plan for the future
 - ✓ Review SMART Goals and assess progress
 - ✓ Confirm new activities and changes to SMART Goals for next week
 - ✓ Implement additional treatment strategies as agreed upon in Session 5
 - ✓ Discuss sustainability of goals and anticipate future problems
- ☐ Wrap-up
 - ✓ Summarize activity progress and SMART goals
 - ✓ Preview next session
 - ✓ Remind resident of # of sessions remaining
 - ✓ Reinforce resident for effort and connect with mood
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review achievements
 - ✓ Plan for the future to support resident's continuing activity engagement
 - ✓ Help staff to incorporate SMART goals into institutional plan of care
 - ✓ Reinforce staff for effort and interest

Session 10: Summing Up

Goals

1. Review progress in SMART goals and activities. Provide reinforcement for resident, staff, and PSP, as appropriate for effort and successes.
2. Problem-solve obstacles encountered in planning and carrying out pleasant events for the resident. Review and modify SMART goals as appropriate.
3. Clarify plans for continuing and/or improving current level of activity. Define roles (staff, resident, PSP) and relationships.
4. Review plan for coping with decreased activity brought on by illness, relapse of depression, or another negative event.

Session 10 Checklist

- ☐ Agenda and Check-in
 - ✓ Greetings
 - ✓ Establish the session agenda
 - ✓ Mood check-in and review of mood progress
- ☐ Review progress and connect with treatment rationale
 - ✓ Review SMART Goals and progress from beginning of treatment
 - ✓ Review perceived benefits
 - ✓ Reinforce resident, staff, and PSP(s) for effort and successes
 - ✓ Discuss sustainability of goals and anticipate future problems
- ☐ Wrap-up
 - ✓ Summarize progress and plans
 - ✓ Decide if “booster” or check-in session will occur
 - ✓ Reinforce resident for effort and connect with mood
 - ✓ Goodbyes
- ☐ Follow-up/Check-in with Staff Facilitators
 - ✓ Review achievements
 - ✓ Review plan to support resident’s continuing activity engagement
 - ✓ Check that staff has added SMART goals into institutional plan of care
 - ✓ Reinforce staff for effort and interest

Appendix

The appendix contains the following:

- ⚙ Pleasant-Events Schedule- Nursing Home Version (PES-NH)
- ⚙ Activity Reporting Form – MHP
- ⚙ Activity Reporting Form – Staff facilitator
- ⚙ Resident Handouts
- ⚙ Activity Facilitator Manual
- ⚙ Staff training outline/powerpoints
- ⚙ Examples of SMART care plan goals

Pleasant Events Schedule - NH

Reference: Meeks, S., Shah, S., & Ramsey, S. (2009). The Pleasant Events Scale – Nursing Home version: A useful tool for behavioral interventions in long-term care. *Aging and Mental Health*, 13, 445-455.

*Rate the following items according to whether they are now (or would be) pleasant. Rate whether they were **AVAILABLE during the PAST MONTH**, and then the **FREQUENCY of occurrence in the PAST WEEK**. Add other activities as appropriate on the bottom of the form. Note: there is a parallel version of this form in the resident workbook for residents who are able to complete or read along.*

Activity	<u>Check if Now Pleasant</u>	<u>Check if Available past month</u>	<u>Frequency past week</u>
1. Sitting, walking, rolling wheelchair outside			
2. Reading or listening to books on tape			
3. Listening to music in your room			
4. Having someone read to you in your room, such as the newspaper, cards			
5. Watching T.V.			
6. Doing crossword, jigsaw, word games puzzles, etc.			
7. Talking on the telephone			
8. Handwork (crocheting, woodworking, crafts, drawing, ceramics, clay work, etc.)			
9. Laughing			
10. Having a visit from family or friends			
11. Shopping or buying things			
12. Sharing a meal with friend or family			
13. Making or eating snacks			
14. Wearing favorite clothes			
15. Listening to the sounds of nature			
16. Getting or sending cards, letters			
17. Going on an outing (e.g., visit home, out to eat, visit to family/relative)			
18. Having coffee, tea, cocoa with others			
19. Being complimented			

[illegible]

INSTRUCTIONS FOR DEVELOPING ACTIVITY REPORTING FORMS:

1. Review the completed PES for any activities that are CURRENTLY PLEASURABLE AND AVAILABLE.
2. Then identify the activities that will be targeted for the following week and develop SMART goals for those activities.
3. Help the resident fill out the Activity Planner from the Client Workbook, with the SMART goals, if possible, or complete it for the resident.
4. Complete the Activity Reporting Form for your records, and the Staff Version to facilitate staff participation and assistance.
5. In planning events, remember to consider the following:
 - ☼ *Is the event or activity feasible and easy for next week?*
 - ☼ *Is the event or activity one that will be particularly enjoyable to the resident?*
 - ☼ *Is the event appropriate for this resident's abilities?*
 - ☼ *Is the event easy for staff to facilitate, or will it pose extra burden on staff?*
 - ☼ *What are the barriers to making this event happen? How can staff minimize these barriers?*

Client name: _____

Date of Session: _____

BE-ACTIV ACTIVITY REPORTING FORM – MHP

Depression Score for This Week: _____

of Events Planned for Next Week: _____

	Fill out these columns THIS week:			Fill out these columns NEXT week:	
	Describe Event	Is Staff Assistance Needed?	Day & Time	Did Event Occur?	If Not, Why not?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Notes: (who will assist, potential barriers to be dealt with, etc.) – use back of form if necessary:

Client name: _____

Date of Session: _____

BE-ACTIV ACTIVITY REPORTING FORM – Staff Facilitator

We have planned the pleasant activities listed below this week that they may need your help with:

	MHP: Complete this Section:			Staff facilitator: Please indicate if activities occurred and make notes here:	
	Describe Event or Activity	Staff Assistance Needed (for example, cuing or reminder, set-up, supplies, wheeling/walking to activity):	Day & Time	Did Event Occur?	Any problems? Please note:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Notes: (who will assist, potential barriers to be dealt with, etc.) – use back of form if necessary:

BE-ACTIV: Treating your Depression

What is BE-ACTIV?

BE-ACTIV is a psychosocial treatment for depression for people who live in long-term care settings like nursing homes or assisted living.

Why BE-ACTIV?

Depression is a common reaction to the changes that lead to living in long-term care settings. Many effective treatments do not address the special issues you might encounter in these settings. BE-ACTIV uses principles common to other effective depression treatments, but BE-ACTIV is tailored for use in long-term care settings.

What Are the Goals of BE-ACTIV?

- ☼ *Increase positive emotion* by increasing personally meaningful activities.
- ☼ Help you and nursing home staff solve problems that prevent you from engaging in activities of interest.

How Does BE-ACTIV Work?

- ☼ Your mental health provider (MHP) will work with you and a staff facilitator to develop an individualized program of personally meaningful pleasant activities.
- ☼ A staff facilitator, usually from Activities, helps carry out and/or support planned activities and works with the MHP to resolve barriers.
- ☼ When you first meet, your MHP will ask you about your mood, get to know you, explain BE-ACTIV, and start to figure out what activities might be most meaningful and pleasurable for you. After that, you will work with the MHP to develop your personal activities plan.

BE-ACTIV Team Roles

Mental Health Provider (MHP): Your MHP may be a psychologist, social worker, or other counselor. You will meet with that person weekly for 30-50 minutes each visit.

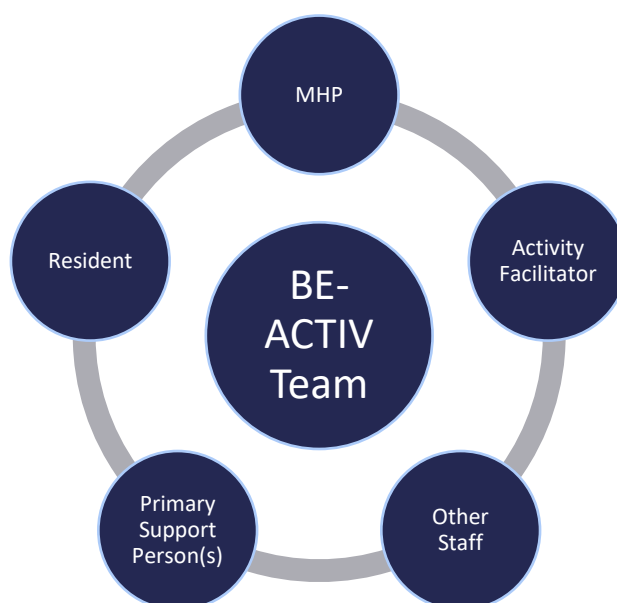
Resident: You are an important member of the team!

Activity Facilitator: An activity staff member, or other staff member will be a point of contact to help you and your MHP plan and enact your activities. The Activity Facilitator will talk to your MHP weekly to coordinate the activities plan and will encourage and assist you as needed in carrying out the plan.

Primary Support

Person(s) (PSP): If you have a family member, friend, or caregiver you would like to have involved, you can discuss with your MHP how to involve them.

Other Staff Members: Any staff members, nurses, social workers, etc., who can be of assistance in helping you complete your desired pleasant activities. While the MHP will typically lead the BE-ACTIV program, it works best when there is an active team that includes you and the staff at of the facility where you live!



Principles of BE-ACTIV

Principle 1: Balance Positive and Negative Emotion

People come to long-term care settings for reasons that involve major changes in health or ability. Recovering and adjusting are hard work and stressful. People feel a range of negative emotions such as frustration, sadness, anger, anxiety, humiliation, and worry about the future. These **negative emotions are normal responses to major health events**. However, if negative emotions become overwhelming and are not balanced by positive emotions, they may contribute to depression.

BE-ACTIV focuses on balancing negative feelings with positive feelings that come from engaging in meaningful or fun activities. Research has shown that positive emotions, like *interest* or *engagement*, are important antidotes to negative emotions. According to this research, **people need 3 times as much positive emotion as negative emotion to thrive**.

Balancing negative experiences and emotions with positive ones helps maintain an even keel in life. Particularly in times of stress, positive emotions can:

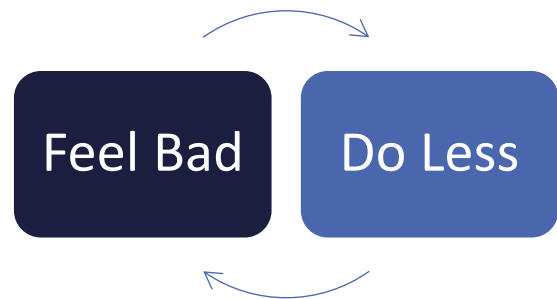
- Promote effective coping by helping you see more options
- Improve your ability to take advantage of everyday opportunities
- Help you recover more quickly from challenge and prevent illness and death.



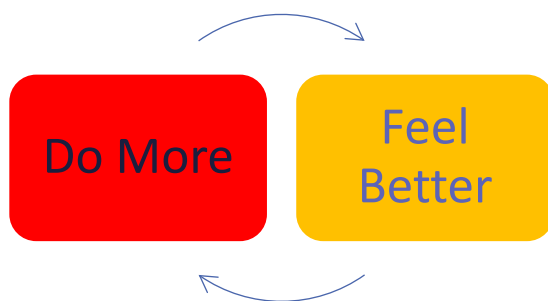
Our focus in BE-ACTIV is to maximize positive emotions to balance the negative emotions inherent in moving to or living in long-term care settings.

Principle 2: Behavioral Activation and Engagement

Inactivity is one result of the negative emotions that people experience during or after a health event. We often see a **“negativity-inactivity spiral”** when individuals experience overwhelming negative emotions.



The term **“behavioral activation”** refers to efforts to increase activity levels, particularly activity that is enjoyable or interesting. People who are more active and engaged receive many mental and physical health benefits.



Most evidence-based treatments for depression involve some type of behavioral activation.

Increasing engagement in personally meaningful activities promotes balance and reduces depression. This is the **“positivity-activity spiral.”**

Principle 3: Honoring Preferences and Choice

The most engaging activities are going to be those that you choose. **Assessing your activity preferences is therefore a critical part of starting BE-ACTIV.** To the extent possible, you and any family or other primary support person you identify should be full partners in setting goals. The goal is to empower you to choose activities that give you pleasure or satisfaction, regardless of how small or simple those activities may be.

Pleasant Events Planning and **SMART** Goals

Beginning in your first BE-ACTIV session, you and your MHP will decide on and schedule some new, pleasant events for the following week. **Your pleasant events should be interesting to you and easy for you to accomplish (with assistance from your primary support person or staff as necessary).**

When you set your weekly goals, they should be SMART goals. SMART is an acronym for **Specific, Measurable, Attainable, Relevant, and Time-bound**. Creating SMART goals will maximize the likelihood that your plan will succeed. You may want to use the *Activity Planner* to document your goals each week. The activity planner is on the next page. The table below explains SMART goals and gives some examples.

S pecific	M easurable	A ttainable	R elevant	T ime-bound
What is the activity, where will it take place, what support is needed, when will it happen?	How will you know whether the activity plan is a success? "How much," "how many times," or "for how long" ?	Early goals should be easy to achieve, with level of challenge increasing over time. What steps are needed to get the activity done?	The planned activities should fit your values and priorities.	What date, and what time, will the activity occur?
Examples				
Jane will attend a religious service in the facility. She will need help getting to the dining hall for the service.	Activity director will note whether Jane at church and report to the MHP, or the therapist can check the activity log. OR Jane will record the activity in her Activity Planner.	Jane will need an aide to help wheel her to the dining hall just before the service and get back to her room afterwards. She will also need help dressing.	Religious participation is important to Jane. She regularly attended church services before coming to facility. She wants to attend the one here.	The services are on Wednesday afternoons and Sunday mornings. Jane will attend one per week. Because there is more staff on Wednesdays, she is going to attend this coming Wednesday.
Joe will have coffee in the morning with a sweet treat (donut/ pastry). His daughter will assist with this goal.	Joe's daughter will mark on his calendar each time she brings coffee and a treat.	Joe's daughter has agreed to assist with this goal two days a week.	Before coming to the facility, Joe enjoyed going to a coffee shop several days a week for coffee and a pastry. He misses that morning treat.	Joe's daughter will deliver coffee and treat on her way to work two days a week, on M and F.
Sadie will have her nails painted by the activity assistant, on Fridays.	The activity assistant records who comes to her "nail salon" each week. The therapist can see this log. Sadie also can record her events on the Activity Planner.	Sadie is able to walk to the activity room where they do nails; an activity staff member will remind and encourage her to come.	Sadie loves having neat and brightly colored nails. She has let her self-care go since she has been so depressed.	Sadie will have her nails polished this coming Friday. She likes to have her nails re-polished every 2 weeks.

Activity Planner: SMART Goal for Week [date]_____:

Specific: I will schedule these new activities, events, or experiences:

Measurable: I will mark the planned and completed activities on this form.

Attainable: I believe these activities are possible for me to carry out or experience this week. ____Yes ____No

Relevant: I chose these activities because: _____

Time Based: Fill in the chart below to indicate when you hope to complete these activities. Mark a slash (/) in each day that you hope to complete the activity. When you do the activity, complete the X.

Activity	Was it Available?	Days Scheduled (Mark a /); Days Completed (Finish the X)						
		Mon	Tue	Wed	Thu	Fri	Sat	Sun

Barriers: _____

Activity Planner (fillable form): SMART Goal for Week [date]_____:

Specific: I will schedule these new activities, events, or experiences:

Measurable: I will mark the planned and completed activities on this form.

Attainable: I believe these activities are possible for me to carry out or experience this week. Yes No

Relevant: I chose these activities because:

Time Based: Fill in the chart below to indicate when you hope to complete these activities. Mark a slash (/) in each day that you hope to complete the activity. When you do the activity, complete the X.

Activity	Was it Available?	Days Scheduled (Mark a /); Days Completed (Finish the X)						
		Mon	Tue	Wed	Thu	Fri	Sat	Sun

Barriers:

Solving Problems, Confronting Barriers

There are lots of things that get in the way of accomplishing our activity goals. When we find that we are not meeting our goals as planned, then it is time to analyze what is getting in the way.

The ABC method of analyzing challenges can help get us back on track.

A	<u>Antecedent/Activator</u>	What happened before we encountered the problem or challenge? Or what did NOT happen? Activators are things that trigger our actions or behaviors, remind us to do things, or evoke reactions in us. <i>Ask: what was going on right before? How were you feeling when [behavior] occurred/did not occur? Who else was present? What did they do/say? What time of day was it? Where were you?</i>
B	<u>Behavior</u>	What is the behavior that you want to target? What is happening or not happening that is getting you off track?
C	<u>Consequence</u>	Consequences are the things that happen after a behavior or event that affect future behaviors. These are often social things. For example, if you went to an activity and no one spoke to you, you might not want to go back. <i>Ask: what happened right afterwards? Who was present? What did they say or do? What did you do next?</i>

Your MHP may help you to analyze problems using the ABCs.

BE-ACTIV

BEHAVIORAL ACTIVITIES INTERVENTION FOR NURSING HOME RESIDENTS WITH DEPRESSION

ACTIVITY FACILITATOR MANUAL REVISED FEBRUARY 2022

Development supported by NIMH grants # R21MH63073 and #R01MH074865, Principal Investigator: Suzanne Meeks. Revised from the original version used in those research studies; the original was adapted from Teri, L., Logsdon, R., & Uomoto, J. (1991). *Treatment of depression in patients with Alzheimer's Disease*. University of Washington. (See also Teri, L., (1994). Behavioral treatment of depression in patients with dementia, *Alzheimer's Disease and Associated Disorders*, 8, 66-74.)

Suzanne Meeks, Ph.D.

University of Louisville

Department of Psychological and Brain Sciences

Louisville, KY 40292

email: smeeks@louisville.edu

Contributors: Linda Teri, Ph.D., Kimberly Van Haitsma, Ph.D., Whitney Mills, Ph.D. Amy Mochel, M.A.

Overview

What is BE-ACTIV?

BE-ACTIV is a psychosocial treatment for depression developed and evaluated for older adults in nursing homes, although it could be adapted to other long-term care settings. BE-ACTIV involves a collaboration between a mental health provider (MHP) and Activities staff members or other staff facilitators at the nursing home.

Why BE-ACTIV?

Depression is prevalent in long-term care settings, but evidence-based treatments developed with community-residing adults do not address the special barriers to effective activation and problem-solving in these settings. BE-ACTIV was designed and evaluated in long-term care settings and is tailored to those settings. It uses principles common to other evidence-based treatments while collaborating with facility staff and other stakeholders.

What Are the Goals of BE-ACTIV?

- ⚙ *Increase positive affect* by increasing availability of, and engagement in, personally meaningful activities.
- ⚙ Help the resident and nursing home staff solve problems that prevent the resident from engaging in activities of interest. These problems could arise from institutional barriers, or from challenges related to the resident's motivation and ability to implement change.

How Does BE-ACTIV Work?

- ⚙ Over 10 sessions, the MHP works collaboratively with the resident and a staff facilitator to develop an individualized program of personally meaningful pleasant activities.
- ⚙ The activity facilitator, usually from the Activities department, helps carry out and/or support planned activities, and works with the MHP to resolve institutional barriers.
- ⚙ The MHP meets weekly with the resident for individual sessions, providing an initial assessment, motivational support, and problem-solving. The MHP will also have weekly contact with activity facilitator(s) to inform you of the individualized activity plan, reinforce staff members' efforts in support of the plan, and help resolve barriers.

BE-ACTIV Team Roles and Training

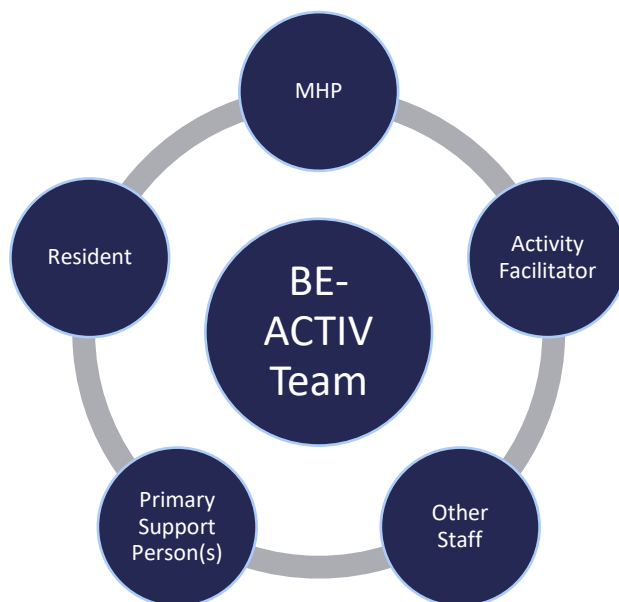
Mental Health Provider (MHP): Psychologists, social workers, mental health nurses or other trained professionals who have experience conducting individual psychotherapy. The MHP will meet weekly with the resident.

Resident: Long-term care residents who have clinically significant depression. The resident is an important member of the team!

Activity Facilitator: A staff member who has agreed to be the point of contact for facilitating activity enactment and for helping the MHP and resident to resolve institutional barriers. The Activity Facilitator will be in contact with the MHP weekly to coordinate the activities plan and will encourage and assist the resident as needed in carrying out the plan. The MHP may provide a brief training program about the nature of depression and how tailored pleasant activity engagement can assist in recovery from depression.

Primary Support Person(s) (PSP): Any family members, friends, or caregivers. Ideally this is the person(s) who visits or spends the most time with the resident and provides the most assistance.

Other Staff Members: Any staff members, nurses, social workers, etc., who can be of assistance in helping the resident to complete their desired pleasant activities. While the MHP will typically lead the BE-ACTIV efforts, the program is team-based with the resident as an active participant. At a minimum the BE-ACTIV team should include a MHP, an Activity Facilitator, and the resident. Additional members of the team may include identified Primary Support Person(s) (PSP) and other staff members including nursing, social work, and rehabilitation therapies.



Principles of BE-ACTIV

Principle 1: Balance Positive and Negative Emotion

People come to long-term care settings for many reasons. The problems or issues that bring them to long-term care involve major changes in health or ability. While those who are admitted to facilities for rehabilitation may recover completely, others may have to make significant adjustments to their daily lives. This process of recovery and adjustment is hard work and stressful. Residents may experience a range of negative emotions including frustration, sadness, anger, anxiety, humiliation, and worry about the future. These **negative emotions are normal responses to major health events**. However, if negative emotions become overwhelming and are not balanced by positive emotions, they may delay recovery or contribute to developing or worsening depression.

BE-ACTIV focuses on balancing these negative feelings with positive feelings that come from engagement in meaningful or fun activities. Research has shown that positive emotions, including *interest or engagement*, are important antidotes to negative emotions. According to this research, **people need 3 times as much positive emotion as negative emotion to really thrive**.



Balancing negative experiences and emotions with positive experiences and emotions helps maintain an even keel in life. Particularly in times of stress, positive emotions can:

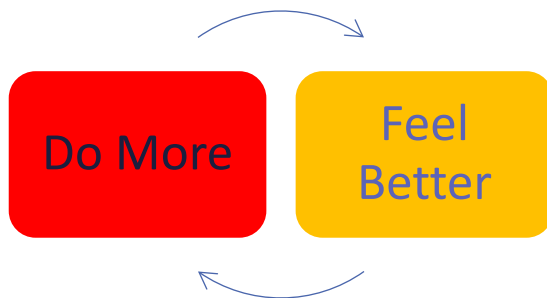
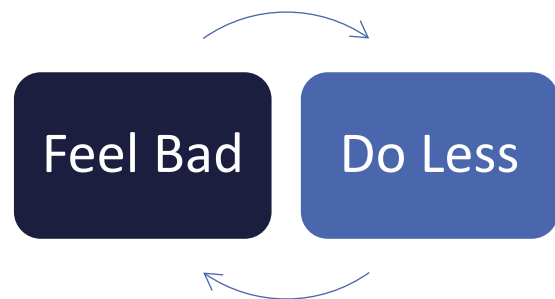
- Promote effective coping by helping people see more options
- Improve people's ability to take advantage of everyday opportunities
- Help people recover more quickly from adversity
- Reduce mortality

Our focus in BE-ACTIV is to maximize positive emotions to balance the negative emotions inherent in moving to or living in long-term care settings.

Principle 2: Behavioral Activation and Engagement

Inactivity is one consequence of the negative emotions that people often experience during or after a health event. We often see a **“negativity-inactivity spiral”** when individuals experience overwhelming negative emotions.

The term **“behavioral activation”** refers to **efforts to increase overall activity levels**, particularly activity that is enjoyable or interesting. People who are more active and engaged receive multiple mental and physical health benefits.



Most evidence-based treatments for depression involve some type of behavioral activation. You may be familiar with behavioral activation components of cognitive-behavioral, problem-solving, or interpersonal therapies for depression, for example.

Increasing engagement in personally meaningful activities promotes balance and reduces depression. This is the **“positivity-activity spiral.”**

Principle 3: Honoring Preferences and Choice

The most engaging activities are going to be those that a person chooses or would choose if they were fully capable of doing so. **Assessing the resident’s activity preferences is therefore a critical part of starting a BE-ACTIV intervention.** To the extent possible, the resident and any involved family or other primary support people should be full partners in setting program goals. The goal is to empower residents to choose activities with emphasis on those that give them pleasure or satisfaction, regardless of how small or simple that activity may be.

Understanding Depression

☀️ “Depression” can have many meanings. We use the term every day to describe a down mood, or a sense that things are not going well. For some people, though, depression is more than just a bad mood. When depressed mood, or lack of interest, occur *nearly every day*, for several weeks at a time, along with other symptoms, we call this “clinical depression.” When people are clinically depressed, they often need help to recover.

The following observations and behaviors may be signs or symptoms of depression:

- ☀️ *Sadness, crying, or expressions of hopelessness not associated with normal bereavement.*
- ☀️ *Anger or irritability*
- ☀️ *Care refusal or unwillingness to participate in physical or other therapies*
- ☀️ *Withdrawal, losing interest in previously enjoyed activities or people*
- ☀️ *Changes in sleep and appetite (increase or decrease)*
- ☀️ *Lack of energy*

More about depression:

There is no single cause of depression – it results from a combination of biological, social, and lifestyle factors. Depression may look somewhat different in different people because they have different combinations of symptoms. The core features include sadness OR lack of interest or pleasure.

While everyone may experience some of the symptoms of depression at times, we need to treat depression when it is both severe (multiple symptoms) and enduring (two weeks or more). When these symptoms accumulate, they can affect how a person feels, thinks, and handles daily activities like eating and sleeping. People may lose motivation or energy to do things, even things they used to enjoy or know are important for their well-being.

How behavioral activation works to treat depression:

Evidence has shown that behavioral activation, engaging in pleasant and enjoyable activities, has a positive effect on depression, no matter what the symptoms or combination of factors that may have caused it. The goal of BE-ACTIV is to help residents re-engage in activities that are pleasant or meaningful, help them become more active, and thus balance their mood. We don't try to take away or deny their negative experiences and feelings – these are a natural part of being in long-term care. Instead, we want to balance these negative feelings and experiences with positive ones. You can play an important role in this process!

Positive Reinforcement

- ☀️ *Positive Reinforcement* is the process of rewarding someone with our attention, praise, or other positive interaction when they are moving forward with their goals. In BE-ACTIV, we want to give residents as much positive reinforcement as possible!
- ☀️ Always reward residents for EFFORT, whether or not they actually achieve their goals.
- ☀️ Your toolbox for positive reinforcement:
 - Smile
 - Eye Contact
 - Warm Touch
 - Attention
 - Verbal Enthusiasm
 - Compliments
 - Empathy and active listening
- ☀️ Examples of verbal rewards for EFFORT:
 - “Ok, so you felt very tired and didn’t quite make it out of your room this afternoon. But I can see you thought about it, and that is definitely a step in the right direction!”
 - “We planned for you to spend an hour each day reading your newspaper. It looks like you picked up your newspaper several times this week, and that’s great! Keep trying because this is something you said was important to you.”
 - “Hey, I see you got your nails done! I know that must have been some work on your part, good for you for taking care of yourself like that.”
- ☀️ You can also use non-verbal encouragement like a high five, thumbs up, applause, etc. Sometimes compliments are good enough: “Your hair looks great!” or “You are so terrific with your roommate – what a good friend you are!”
- ☀️ Staying positive means helping residents feel better about themselves.



Implementing BE-ACTIV: Activity Facilitator's Role

Pleasant Events

The MHP will be working with the resident to develop a personalized plan for increasing their engagement in pleasant events. Your **most important role** is helping the residents to carry out their planned activities or pleasant events weekly. This may include providing materials, making sure that CNAs help the resident get up and dressed, or inviting, reminding, and/or coming to get them for an activity.

Reinforcing the Resident for Effort

People who are depressed need cheerleaders! Your second most important role is to be one of that cheerleading team. Whenever possible, you will help motivate the resident by noticing and complementing their efforts, no matter how small they may seem. Stay positive and try to praise, notice, or complement the resident for effort.

Liaison with Family or Primary Support Persons

The resident may have a family member or other primary support person (PSP) who could be helpful in promoting or being a part of pleasant events, or providing materials such as audiobooks, magazines, crafts, etc. If the resident is willing to have a PSP involved, you can help the MHP to contact that person, and can be a liaison to encourage their participation.

Communication and Tracking

To find the most appropriate pleasant events, the MHP will use the Pleasant Events Schedule (PES); a copy of the PES is provided in this manual so you will know what it looks like. After they have completed this assessment, each week when the MHP meets with the resident, they will fill out an Activity Planner for the following week. The MHP will have an activity reporting form (included after the PES in this manual) for you to use to see which activities are planned, and record whether they occurred. You and the MHP will want to establish a regular way to communicate, such as by notes left in a box, emails, quick in-person check-ins, or whatever works best within your busy schedule. It is important for you and the MHP to be able to touch base and exchange activity reporting forms every week!

Incorporate Goals into Plan of Care

As a regular pattern of activity is established, you will want to incorporate the activity goals into the resident's care plan. The MHP can work with you on how to frame those goals.

Summary of Program Sessions

- ☀ BE-ACTIV is designed to be delivered in 10 sessions, one week apart. Because long-term care settings can be unpredictable, there is flexibility in scheduling the sessions, the length and number of sessions, and who is involved in each session, as long as the core elements are delivered.
- ☀ Ideally, the Activity Facilitator will attend at least part of Session 1 and will also come in for part of Sessions 5 and 10.
- ☀ The table below presents an overview of the goals of each session.

Session #		Activity Facilitator Present?
1	This session begins with introductions. During this session, the MHP will explain the ideas behind BE-ACTIV. The MHP will conduct a pleasant events assessment and the team will decide on <u>3 pleasant events</u> that can easily be accomplished in the following week. The MHP will set a regular time for future sessions. Resident will determine whether there is a family member/PSP to involve in the program. If so, the Activity Facilitator will help contact that person.	✓
2	Focus: planning further pleasant events. Last week's pleasant events are reviewed. If the resident achieved the goal of 3 new events, MHP reinforces these accomplishments. If not, we reinforce the resident for <u>effort</u> . If a family member is present, there is a discussion of how that person can be involved in providing additional pleasant events for the resident. New events are planned for the next week.	
3	Focus: obstacles to achieving desired events. The MHP may share a behavior plan with you for overcoming obstacles. The MHP will reinforce the resident for effort. Last week's events are reviewed and new events planned for the next week.	
4	Focus: Increasing activities. The MHP will continue to explore ways to schedule pleasant events that are feasible for both staff and residents and include family members as appropriate. Obstacles are confronted and problem-solving focuses on changing them. A goal of 6-8 pleasant events is optimal but may not be possible for some residents. The goal depends on resident's previous level of activity.	
5	Focus: Assessing progress/choice point for future sessions. This is a session for re-evaluating and checking progress. Activity Facilitator should participate! resident, family, and staff will review progress. If the resident has successfully started participating in 5 new events weekly, then future sessions will focus on increasing and/or maintaining this level of activity. If the resident is still	✓

Session #	Activity Facilitator Present?
	struggling to find feasible, pleasant events, the focus on the next few sessions is on eliminating barriers.
6-9	Focus: Maintaining gains/Problem-solving. According to the goals set in Session 5, these sessions focus on either maintaining gains or increasing pleasant events to an optimal level. Problem-solving continues as necessary. During these weeks, the Activity Facilitator develops an ongoing plan to integrate into the resident's Care Plan. The staff members and resident learn about the possibility of relapse and other factors that could make activity level decline in the future and develop a plan for coping with such setbacks. Staff members may take the lead in these sessions.
10	Focus: Wrapping up; planning for the future. This is the final session. The team reviews progress and discusses plans for the future. The MHP will summarize these plans, including how staff will help resident continue their activity levels, and how staff, resident, and family will cope with changes in the future that may lead to a new decline in activity level. End on a positive note – reinforce everyone for effort!



Pleasant Events Schedule - NH

Reference: Meeks, S., Shah, S., & Ramsey, S. (2009). The Pleasant Events Scale – Nursing Home version: A useful tool for behavioral interventions in long-term care. *Aging and Mental Health*, 13, 445-455.

*Rate the following items according to whether they are now (or would be) pleasant. Rate whether they were **AVAILABLE during the PAST MONTH**, and then the **FREQUENCY of occurrence in the PAST WEEK**. Add other activities as appropriate on the bottom of the form. Note: there is a parallel version of this form in the resident workbook for residents who are able to complete or read along.*

Activity	<u>Check if Now Pleasant</u>	<u>Check if Available past month</u>	<u>Frequency past week</u>
1. Sitting, walking, rolling wheelchair outside			
2. Reading or listening to books on tape			
3. Listening to music in your room			
4. Having someone read to you in your room, such as the newspaper, cards			
5. Watching T.V.			
6. Doing crossword, jigsaw, word games puzzles, etc.			
7. Talking on the telephone			
8. Handwork (crocheting, woodworking, crafts, drawing, ceramics, clay work, etc.)			
9. Laughing			
10. Having a visit from family or friends			
11. Shopping or buying things			
12. Sharing a meal with friend or family			
13. Making or eating snacks			
14. Wearing favorite clothes			
15. Listening to the sounds of nature			
16. Getting or sending cards, letters			
17. Going on an outing (e.g., visit home, out to eat, visit to			

Activity	<u>Check if Now Pleasant</u>	<u>Check if Available past month</u>	<u>Frequency past week</u>
family/relative)			
18. Having coffee, tea, cocoa with others			
19. Being complimented			
20. Being told I am loved			
21. Exercising (walking, stretch class, physical therapy)			
22. Going for a ride in a car			
23. Grooming (wearing make-up, shaving, having nails done)			
24. Having a shower or bath			
25. Recalling or discussing past events			
26. Participating in a group activity (e.g., Bingo, current events, Trivia)			
27. Attending religious services			
28. Listening to a musical performance (e.g., in dining room)			
29. Talking with another resident			
30. Watching others in hallway			

INSTRUCTIONS FOR DEVELOPING ACTIVITY REPORTING FORMS:

1. Review the completed PES for any activities that are CURRENTLY PLEASURABLE AND AVAILABLE.
2. Then identify the activities that will be targeted for the following week and develop SMART goals for those activities.
3. Help the resident fill out the Activity Planner from the Client Workbook, with the SMART goals, if possible, or complete it for the resident.
4. Complete the Activity Reporting Form for your records, and the Staff Version to facilitate staff participation and assistance.
5. In planning events, remember to consider the following:
 - ☼ *Is the event or activity feasible and easy for next week?*
 - ☼ *Is the event or activity one that will be particularly enjoyable to the resident?*
 - ☼ *Is the event appropriate for this resident's abilities?*
 - ☼ *Is the event easy for staff to facilitate, or will it pose extra burden on staff?*
 - ☼ *What are the barriers to making this event happen? How can staff minimize these barriers?*

Client name: _____

Date of Session: _____

BE-ACTIV ACTIVITY REPORTING FORM – Activity Facilitator

We have planned the pleasant activities listed below this week that they may need your help with:

	MHP: Complete this Section:			Activity facilitator: Please indicate if activities occurred and make notes here:	
	Describe Event or Activity	Staff Assistance Needed (for example, cuing or reminder, set-up, supplies, wheeling/walking to activity):	Day & Time	Did Event Occur?	Any problems? Please note:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Notes: (who will assist, potential barriers to be dealt with, etc.) – use back of form if necessary:

BE-ACTIV

BEHAVIORAL ACTIVITIES INTERVENTION FOR NURSING HOME RESIDENTS WITH DEPRESSION

STAFF TRAINING OUTLINE AND POWERPOINTS

REVISED FEBRUARY 2022

Development supported by NIMH grants # R21MH63073 and #R01MH074865, Principal Investigator: Suzanne Meeks. Revised from the original version used in those research studies; the original was adapted from Teri, L., Logsdon, R., & Uomoto, J. (1991). *Treatment of depression in patients with Alzheimer's Disease*. University of Washington. (See also Teri, L., (1994). Behavioral treatment of depression in patients with dementia, *Alzheimer's Disease and Associated Disorders*, 8, 66-74.)

Suzanne Meeks, Ph.D.

University of Louisville

Department of Psychological and Brain Sciences

Louisville, KY 40292

email: smeeks@louisville.edu

NOTE: The Outline and PowerPoint slides provided here offer suggested topics to use in training staff. How and whether you provide training depends on the circumstances of your practice, the prior knowledge of your Activity Facilitators, time pressures, and personal preferences about how to communicate the basic principles of the intervention. You may pick and choose what portions of this you use. Our experience is that most of this material can be delivered in less than an hour.

Suggested Training Outline

I. Defining Depression

- A. Describe depression in general terms and differentiate between “everyday” down mood and depression.
- B. Describe specific symptoms of depression and how staff can recognize them in others.
- C. Give case examples to help participants understand what depression might look like among the residents they work with.
- D. Talk about how we understand causes of depression, but emphasize that, regardless of causes, depression creates “problems in living” by disrupting the balance between positive and negative affect, so that negative affect/feelings dominate one’s experience.

II. Responding to depression

- A. Explain that depression is sometimes treated with medications
 - 1. For the frail population in nursing homes and assisted living, especially those with multimorbidity and cognitive impairment, these medications are not as effective as they are in other groups of people.
 - 2. They also have side effects, especially increasing risk for falls.
 - 3. They can help some people (perhaps most likely those with lifelong recurrent depression who have received benefits from them prior to becoming more disabled) but should not be the main focus of treatment in this population.
- B. Also note that there are many well-studied psychotherapies for depression
 - 1. Most of them are not geared for this population either.
 - 2. A major goal of psychotherapy is to restore the balance of positive and negative affect.
 - 3. Therapies use different strategies to achieve this, but most evidence-based therapies involve encouraging engagement with tailored pleasant activities. BE-ACTIV is based on this principle and is designed for long-term care settings.
- C. Explain why people with depression get “stuck” and are not able to increase their activation by themselves.
 - 1. Explain the “downward spiral of depression” (see graphic in PowerPoint slides)

2. Explain the negative interpersonal cycle of depression – this helps staff understand why being around depression is so difficult, and how they can respond in a way that does not get them caught in this spiral. (see graphic in PowerPoint slides)
- D. To treat depression we need to:
1. Break the negative interpersonal cycle – create a positivity-activity spiral
 2. Provide motivation without implying criticism
 3. Be supportive and positive
- E. Provide some concrete tips for responding to people with depression:
1. Validate feelings (even if they cannot be expressed verbally)
 2. Encourage activity, but don't nag
 3. Increase access to pleasant activities and interactions (more on this later)
 4. Decrease unpleasant experiences and activities
 5. Increase control and choices
 6. Introduce new activities gradually. Don't push.
 7. Give lots of positive feedback, compliments, TLC
 8. Break activities down into little steps.
 9. Choose easy or more attainable activities first, to get started.
 10. Keep track of progress: record activities each week and share with the resident.
 11. Give praise for EFFORT

III. Pleasant Events Planning

- A. What are pleasant events?
1. Remember that what is pleasant is different for everyone!
 2. For BE-ACTIV, the mental health provider will use the Pleasant Events Schedule to narrow down what is pleasant for each resident they work with.
 3. Staff will have a copy of the PES in their manual, in case they want to use it also.
 4. It is important to focus on residents' choice and preference.
 5. We also have to consider residents' abilities – are they bed-bound? Use a wheelchair? Can they hear well? What about vision? Memory loss? Are they afraid they might get stuck out of their room and not be able to back without assistance?
 6. Pleasant events don't have to be big things. Sometimes a small treat is a big pick-me-up.

7. Sometimes just having control over when and how you do things can improve the experience of an event.

IV. Overcoming Barriers

- A. Barriers to successfully meeting our activity goals generally come from three sources:

1. Barriers in the environment

- a) *These may have to do with accessibility (e.g., ability to get to and from activities, to leave the building, to navigate corridors, to see well in bright light, etc.*
- b) *Other issues are related to resources: for example, are there art supplies, a music player, magazines of interest, etc.*
- c) *When planning activities, it is important to think about these environmental barriers ahead of time so that resident and staff do not get frustrated.*

2. Staff(ing) barriers

- a) *Recognize that staff may have many competing demands*
- b) *Recognize that, despite these demands, long-term care staff show a lot of creativity in meeting the needs of residents.*
- c) *Note the importance of figuring out who will do what when planning activities and making sure they're willing and able to do so. The activity plans should always stipulate who is responsible for what.*
- d) *The MHP may be a staff ally and consultant – ask how you can support staff members in responding to resident needs.*

3. Resident-related barriers

- a) *Memory – residents with neurocognitive disorders may not be able to remember when scheduled activities are. Or, they might know when they are, but not be able to initiate the required steps to get to or start the activity without cues from staff or family.*
- b) *Depression itself is a barrier because it creates inertia. Sometimes people need assistance, encouragement, and cuing just because of the depression.*
- c) *Residents might change their minds about participating – that is OK!!*

- B. We can use the ABC method for figuring out how to respond to barriers.

1. Behavior is caused or controlled by what happens before and after it occurs.

A = antecedent – what happens before a behavior occurs to cue or trigger the behavior?

B = behavior – what exactly is the problem behavior?

C = consequence – what comes after the behavior that may affect the likelihood that it will happen again?

2. Understanding what comes before and after a problem behavior (one that is occurring that we would like to diminish, or one that we wish were occurring), can help us respond effectively.
3. That the most powerful “consequences” for encouraging behavior change involve positive reinforcement: The process of rewarding someone with our attention, praise, or other positive interaction when they are moving forward with their goals.

C. Rewards that staff can control

1. Smile
2. Eye Contact
3. Warm Touch
4. Attention
5. Verbal Enthusiasm
6. Compliments
7. Empathy and active listening

V. Activity Facilitator Role in BE-ACTIV

- A. Attend sessions 1,5,10
- B. Follow up weekly with planned activities
- C. Check in with mental health therapist every week, ask for help when needed
- D. Praise, praise, praise for effort!
- E. Incorporate changes into care plan
- F. Keep up the good work after we’re gone

BE-ACTIV

BEhavioral ACtivities InterVention for Nursing
Home Residents with Depression
Training for Activity Facilitators

Developed by Suzanne Meeks, Ph.D.
University of Louisville

PART 1

DEFINING DEPRESSION

WHAT IS DEPRESSION?

- “DEPRESSION” can have many meanings
- In every day life: sadness, a low mood, almost always feeling that things aren’t going well.
- *Clinical depression*: when depressed mood is persistent and interferes with well-being, activity, and daily living

DEPRESSIVE SYMPTOMS:

Emotional:

Low, sad mood
APATHY

Physical:

Sleep problems
Appetite problems
Low energy (not due to physical illness)
Restless or psychomotor agitation

Cognitive:

Poor concentration
Self-reproach, guilt,
"down on self"
Hopelessness, wishes to
be dead, suicidal
thinking

MAJOR DEPRESSIVE DISORDER

- Is diagnosed when 5 or more of these depressive symptoms occur together
- Must last for several weeks at a time
- Must interfere with functioning
- Leads to significant impairment and increases risk for mortality and illness

OTHER DEPRESSIVE SYNDROMES

- Minor depression: persistent depressive symptoms, but not enough to meet diagnosis of MDD; still interferes with life and increases health risk and mortality
- Dysthymia: chronic, low-level depression that last for 2 years or more.
- These syndromes put a person at risk for MDD

CASE EXAMPLE #1

- Mrs. Smith was admitted to the rehabilitation unit to recuperate from hip replacement surgery. Her doctor says that she has made a good physical recovery so far, and expects to have her back on her feet rapidly so that she can return to her apartment. The staff members are optimistic because she is personable, oriented, and coherent. However, when they come to get her out of bed for physical therapy, she politely refuses to get up, saying she is “too tired,” or doesn’t have the energy. She wonders aloud whether it will do any good. Her daughter notes that she is not her usual cheerful self, and the daughter is worried. In the first week after her admission, she hardly eats anything and she is losing weight. She doesn’t seem to want to do anything, not even things she used to enjoy doing, and she complains she can’t keep her mind on things. She talks about feeling worthless.

CASE EXAMPLE #2

Mr. Jones is a difficult patient; the aides complain every time they have to work with him. They describe him as “hateful,” “critical,” and “nasty.” It seems that nothing they do is right. He always seems very negative, has no interest in any activities at the facility, and spends most of his time staring at the TV in his room. He rarely gets out of bed, and refuses his meals regularly. He constantly complains of pain from his back, where he has considerable arthritis. He also often refuses to take his medications; several times he has told the nurse to “go on and leave me alone to die.” His family and the nursing home staff are concerned because he has poorly regulated high blood pressure and diabetes, and his medications are critical. Third shift staff complain that he is up all night long, constantly calling them in with one complaint of another. He seems very anxious.

CASE EXAMPLE #3

Mrs. Jones has been the ideal patient at Nursing Home X. She rarely complains, and although shy and a bit nervous, has usually kept busy and come to occasional activities. Lately, she has quit participating in anything. She stays in her room and barely speaks when approached. She has quit eating, and seems to have tremendous difficulty falling asleep at night. She often wakes up at 5 in the morning or earlier. She has told her son she wants to die, although she has not made any suicide threats. Staff members have observed her crying quietly when no one is around. When asked to participate in activities, she complains of being tired and says she doesn't have enough energy to come down the hall.

HOW DO PEOPLE GET DEPRESSED?

- There is no single cause for depression.
- Probably a complex process involving many parts of a person's life
- For many people this process may start with a genetic or biological predisposition
- Depression involves *problems in living* – there is an imbalance between positive and negative experiences

PART 2

Responding to Depression

MEDICATIONS

- Medications (antidepressants) can be useful
- But they are not useful for everyone, especially older people with frailty and/or cognitive impairment
- Medications have side effects that may be dangerous or intolerable for some people.
- One of the most dangerous side effects for frail elders is the increased risk of falls. If people are on lots of medicines, this risk is even higher.

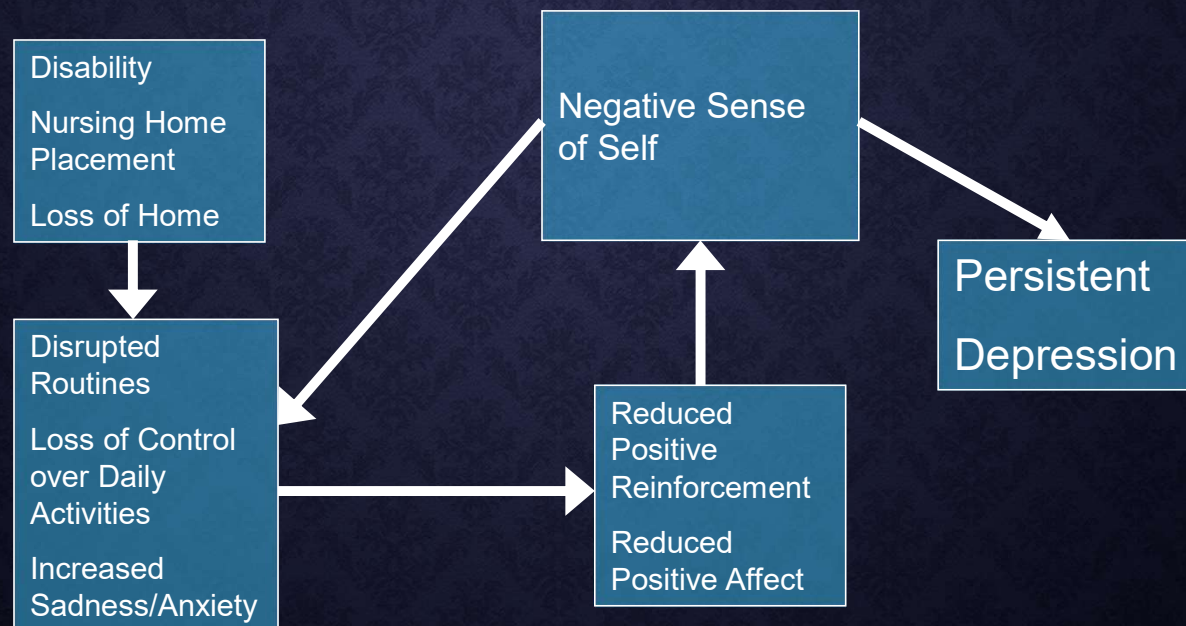
PSYCHOTHERAPY

- Mental health professionals also use **psychotherapy** to treat depression, and some forms of psychotherapy are as effective as medication.
- Goals for Psychotherapy:
- Restore the balance between positive and negative events.
- We do this by encouraging positive activity, and also by trying to reduce the negative.

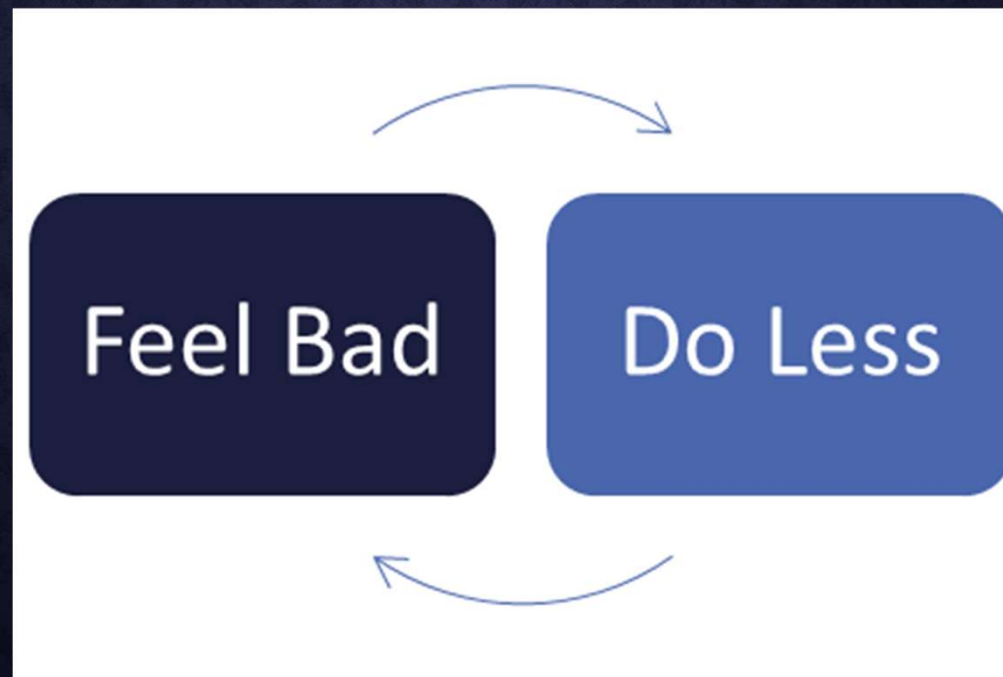
WHY CAN'T PEOPLE DO THIS FOR THEMSELVES?

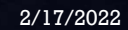
- Depression has many facets: it affects feelings, emotions, behavior, and thinking.
- These facets can all interact, leading to a downward spiral
- These downward spirals make it difficult for people to receive positive reinforcement from their environment
- One particular type of downward spiral is in relationships

DOWNWARD SPIRAL OF DEPRESSION



ANOTHER WAY TO THINK ABOUT THE DOWNWARD SPIRAL:

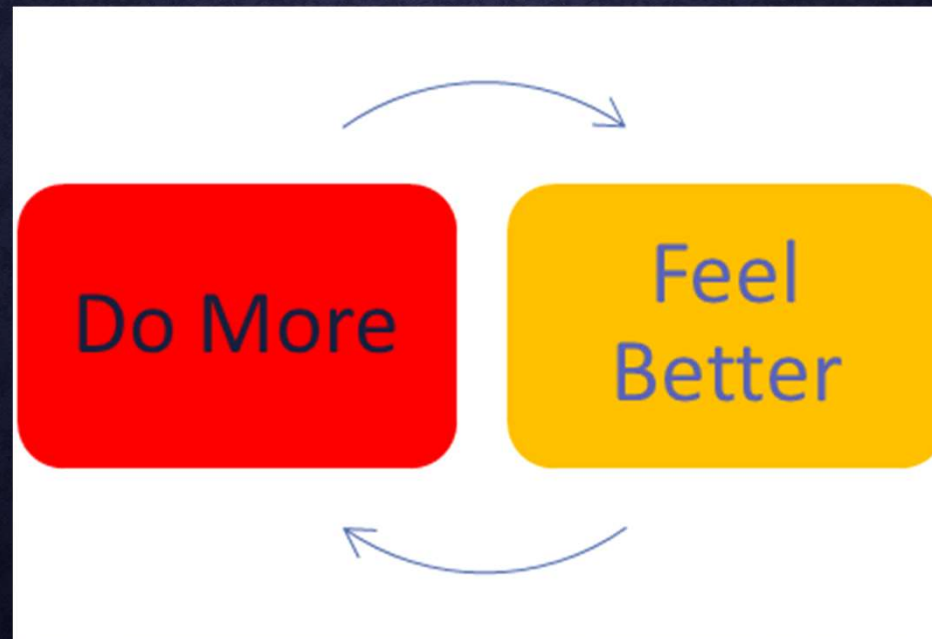




SO...

- To treat people with depression we have to:
 - Break the negative interpersonal cycle
 - Provide motivation without implying criticism
 - Be supportive and positive
 - Create a **positivity spiral!**

POSITIVITY SPIRAL



SUGGESTIONS FOR RESPONDING:

- Validate feelings (even if they cannot be expressed verbally)
- Encourage activity, but don't nag
- Increase access to pleasant activities and interactions (more on this later)
- Decrease unpleasant experiences and activities
- Increase control and choices

SUGGESTIONS FOR RESPONDING:

- Introduce new activities gradually. Don't push.
- Give lots of positive feedback, compliments, TLC
- Break activities down into little steps.
- Choose easy or more attainable activities first, to get started.
- Keep track of progress: record activities each week and share with the resident.
- Give praise for EFFORT

SUGGESTIONS FOR RESPONDING

- DO NOT: criticize, argue, scold, reject!



PART 3:

What are *pleasant events*?

Remember...

People are all different in what they like to do, what they find pleasurable. It is important to assess each individual.

USING THE PES TO ASSESS RESIDENT PREFERENCES

- During BE-ACTIV sessions, we'll use the Pleasant Events Schedule (PES) to help find appropriate activities for the resident.
- It is important to reassess regularly to see whether a resident's preferences have changed and whether they are enjoying their activities.
- Activity Facilitators may also have ideas about the resident's preferences and tastes that can help guide pleasant events planning.

ASSESSING FOR ACTIVITY PLANNING



IDEALLY, PLEASANT EVENTS

- Are tailored to individual choices and preferences
- Are tailored to individual abilities/disabilities (e.g., hearing and visual ability, cognitive functioning/memory, mobility, pain)
- Do not all have to be “big events” – a number of small pick-me-ups can be very helpful!
- Take into account individual needs for control and predictability (resident involved in planning and scheduling, not rushed)

BEHAVIORAL ACTIVATION INVOLVES

- Engaging mind, body, or emotions
- Multiple benefits:
 - Physical
 - Cognitive
 - Emotional
- These are equally important
- Emphasis is on enjoyment or interest

PART 4

Overcoming Barriers to Pleasant Activity

BARRIERS IN THE ENVIRONMENT

- How easy is it to find/get to the activity?
- Scheduling – convenient, well-publicized, resident can read schedule?
- Availability: does facility have money/staff to offer enough activities?
- Lighting – no glare, bright enough for good vision?
- Staff –willing or able to assist in getting ready in time? Creative?

BARRIERS IN THE PERSON

- Lack of energy/apathy is a symptom of depression -- need motivation and reinforcement
- Unfamiliarity – may not want to try something new
- Fear/anxiety, e.g., worry about finding way back to room, fear of other residents
- Cognitive/memory impairment – may not be able to do previously preferred activities, find their way to activities, remember what is available, or initiate new activities.

STRATEGIES FOR OVERCOMING BARRIERS

- Assess individual needs and barriers
- Monitor mood, activities
- Analyze behavior problems with the ABC method

THE ABC METHOD

- Behavior is caused or controlled by what happens before and after it occurs.
 - **A** = antecedent – what happens before a behavior occurs to cue or trigger the behavior?
 - **B** = behavior – what exactly is the problem behavior?
 - **C** = consequence – what comes after the behavior that may affect the likelihood that it will happen again?

ABC METHOD, CONT.

- Understanding what comes before and after a problem behavior (one that is occurring that we would like to diminish, or one that we wish were occurring), can help us respond effectively.
- The most powerful “consequences” for encouraging behavior change involve positive reinforcement:
- Positive reinforcement is the process of rewarding someone with our attention, praise, or other positive interaction when they are moving forward with their goals.

REWARDS THAT STAFF CONTROL

- Smile
- Eye Contact
- Warm Touch
- Attention
- Verbal Enthusiasm
- Compliments
- Empathy and active listening
- These are POWERFUL!

PART 5

The BE-ACTIV Intervention
(review Activity Facilitator Manual)

BE-ACTIV IS:

- Behavioral:
 - Focus is on observable behaviors and activities
 - Goal is to increase residents' involvement in pleasant events
- Individualized
 - Each resident has his/her own plan
 - Meetings with residents are 1:1
- Collaborative
 - With resident
 - With Staff

YOUR ROLE IN BE-ACTIV:

- Attend sessions 1,5,10
- Follow up weekly with planned activities
- Coordinate with families as appropriate
- Check in with mental health therapist every week, ask for help when needed
- Incorporate changes into care plan
- **Praise, praise, praise for effort!**
- Keep up the good work after we're gone

Care Plan Examples

Psychosocial/Activity Needs	Goals	Approaches	Responsible Staff
An initial entry for the care plan might look like this:			
Resident has a diagnosis of depression	Resident will participate in the BE-ACTIV treatment for depression, increasing behavioral activation through engaging in a tailored program of pleasant events.	<ol style="list-style-type: none"> 1. Mental health provider will collaborate with Activity staff to design a program of pleasant events or activities, gradually increasing over time. 2. Staff will support activity plan by providing supplies, cues, and other assistance to resident to participate in planned events. 	Mental health provider Activity staff Other staff as needed.
As the treatment is winding down, the plan of care might look like this, incorporating the specific SMART goals the resident developed during BE-ACTIV sessions:			
Resident has history of depression/depressed mood	Resident will maintain personalized schedule of activities and pleasant events to support positive mood. The things she finds pleasant include coloring, listening to country music, church services, and singing hymns.	<ol style="list-style-type: none"> 1. Resident will keep adult coloring books and colored pencils in her room and staff will remind her to use them in the morning after she gets up in her chair, and in the evening after dinner. 2. Resident will have a music player by her bedside that contains her preferred music selections. Staff will remind 	[name staff members responsible for cuing and transporting resident]

Psychosocial/Activity Needs	Goals	Approaches	Responsible Staff
		<p>her to use this player every day after lunch when she is resting.</p> <p>3. Resident will attend church service every Wednesday afternoon. She will need staff assistance to get up and dressed and to be wheeled to the service and back.</p> <p>4. Resident will attend hymn sings on Friday afternoons. She will need staff assistance to be wheeled to and from the event.</p>	