Culturally Attuned Behavioral Activation with Individuals in the Second Half of Life

Ann M. Steffen, PhD, ABPP
1. Describe the rationale for behavioral activation as a transdiagnostic change process.

2. Explain the culturally-responsive features of behavioral activation.

3. Identify within-session strategies to improve effectiveness of BA with middle-aged and older adults.
ADDRESSING Model of Intersectional Identities (Hays, 2022)

• **Age/Generational influences**
• **Developmental disabilities**
• **Disabilities acquired later in life**
• **Religion and Spiritual orientation**
• **Ethnic and racial identity**
• **Socioeconomic status**
• **Sexual orientation**
• **Indigenous heritage**
• **National origin**
• **Gender identity**

Reinstitute Rewarding Activities

- creating experiences of pleasure, meaning or mastery

Learn that

- daily activities affect mood
- we all have at least some control over daily activities, and through them, our mood
1. Monitor mood
   - Understand the connection between activities and mood
   - Identify activities linked to positive and negative moods
   - Recognize gradual improvements in daily mood

2. Schedule activities linked to positive mood
   - Enjoyable and/or Meaningful and/or Rewarding

3. Learn over time what activities are actually linked to positive mood

4. Discontinue or avoid activities linked to negative moods for now

5. Problem-solve ways to increase positive activities over multiple weeks, with focus on skills to overcome avoidance/procrastination

---

Early uses of “Behavioral Activation” refer to biological actions on behavioral systems

“Behavioral Activation” as a psychological treatment, referred to in title


PLEASANT EVENTS, ACTIVITY SCHEDULES, AND DEPRESSIONS

PETER M. LEWINSOHN and JULIAN LEWY

University of Oregon

Three groups of 10 Jus. (depressed, psychiatric controls, and normal controls) were used. The Jus rated their mood and also indicated the number of “pleasant” activities engaged in each day over a period of 30 days. A significant association between mood and pleasant activities was found. There were large individual differences in mood and the magnitude of the correlation between mood and activity, but differences between groups failed to achieve statistical significance. The results are interpreted as consistent with the major points of the behavioral theory of depression, that is, there is an association between occurrence of positive reinforcement and intensity of depression.

PLEASANT ACTIVITIES AND DEPRESSION

PETER M. LEWINSOHN and MICHAEL GRAY

University of Oregon

The relationship between engaging in pleasant activities and mood was measured in a number of studies and was found to be both positive and significant. The results support the hypothesis that engaging in pleasant activities can improve mood in depression. The results suggest that engaging in pleasant activities can be an effective treatment for depression.
Behavioral Activation recognized very early on as applicable to individuals from diverse communities

Cross-disciplinary (psychology, psychiatry, social work, nursing, public health)

Community based

Range of providers including paraprofessionals

Prevention --- treatment continuum
Behavioral Activation featured in Culturally Attuned CBT for over 40 years


Beat the Blues decreases depression in financially strained older African-American Adults
Sarah L. Santen, PhD1, Roland T. Thorpe Jr, PhD2, and Laura N. Gittin, PhD1,3
1Johns Hopkins University School of Nursing
2Johns Hopkins University Bloomberg School of Public Health
3Johns Hopkins University School of Medicine

Acculturative Stress as a Moderator of Treatment Engagement and Retention in Behavioral Activation and Treatment as Usual for Latinos With Depression
Maria M. Santos and Gabriela A. Nagy
University of Wisconsin—Milwaukee
Gabriela Díezguez Hurtado and Paul West
Sixteenth Street Community Health Centers, Behavioral Health Clinic, Milwaukee, Wisconsin
Azara L. Santiago-Rivera
The Chicago School of Professional Psychology
Han-Joo Lee and Jonathan W. Kantor
University of Wisconsin—Milwaukee

Culturally Sensitive Psychotherapy for Perinatal Women: A Mixed Methods Study
Daisy R. Singla1, 2, 3, Sabrina Hossain1, Nicole Andrejek1, Matthew J. Cohen4, Cindy-Lee Dennis2, 5, 6, Jo Kim4, Laura La Porte1, Samantha E. Meltzer-Brody5, Angie Puerto Nino4, Paula Ravitz2, 3, 8, Nour Schoueri-Mychasiw3, Richard Silver7, Simone N. Vigod2, 7, Maral Zibaman1, and Crystal E. Schiller4
1 Campbell Family Mental Health Research Institute, Center of Addiction and Mental Health, Toronto, Ontario, Canada
2 Department of Psychiatry, Temerty Faculty of Medicine, University of Toronto
3 Lumenfeld Tanenbaum Research Institute, Sinai Health, Toronto, Ontario, Canada
4 Department of Psychiatry, School of Medicine, University of North Carolina
5 Li Ka Shing Knowledge Institute, St. Michael’s Hospital, Toronto, Ontario, Canada
6 Faculty of Nursing, University of Toronto
7 Department of Obstetrics and Gynecology, NorthShore University HealthSystem, Evanston, Illinois, United States
8 Department of Psychiatry, Sinai Health, Toronto, Ontario, Canada
9 Department of Psychiatry, Women’s College Hospital, Toronto, Ontario, Canada
Behavioral Activation as Transdiagnostic Intervention
Linkages to Brain Network Models

• Conceptual models of motivational systems (Gray, 1981, 1982; Carver & White, 1994)
  • BIS - Behavioral Inhibition System
  • BAS – Behavioral Activation System

• Large-scale brain network models of psychopathology
  • Triple Network Model (Menon, 2011)
  • Anhedonia biotypes (Auerbach et al., 2019)
Biggest Changes in 85+ Group
Because of Marginalization and Health Disparities
- some middle-aged clients benefit from same therapy modifications as older adults

Ageism
- Interacts with all of our other societal “isms”
- Has significant costs
- Influences clinicians and clients working on behavioral activation
Our Differences Increase with Age

- Life experiences
- Physical and cognitive functioning
- Exposure to risk factors
- Areas of strength and resiliency
- Salience of multiple identities change over time
Figure 2: A Conceptual Model for Delivering Culturally Sensitive Psychotherapy

Note: Based on Becoming Antiracist. Adapted from “A Surgeon’s Journey through Research and Design” by A.M. D’Amico, c. (https://www.surgeryprolong.com/council). See the online article for the color version of this figure.

Singla et al., 2022

Behavioral Activation with Culturally Diverse Older Adults
Personalized Modules of
Treating Later-Life Depression

Core Sections (for many patients)
Skills for Getting Started (Therapy Orientation and Goal Setting)
Skills for Feeling (Emotional Literacy, Cultivating Positive Emotions)
Skills for Doing (Behavioral Activation and Problem-Solving)
Skills for Thinking (Self-Compassion and Cognitive Reappraisal)

Personalized Sections (for some patients)
Skills for Brain Health (Preventing and managing cognitive concerns)
Skills for Managing Chronic Pain (Psychoeducation and pain management)
Skills for Healthy Sleep (Psychoeducation and Sleep Hygiene)
Skills for Caregiving (For family and informal caregivers)
Skills for Living with Loss (Support for healthy grieving)
Skills for Relating (Communication and interpersonal effectiveness skills)

Core Section (for many patients)
Skills for Wrapping Up (Termination processes and plans)

Happy 92nd Birthday
Larry Thompson, PhD!!
Principles & Practices of User-Centered Design

Usability
- Learnability
- Efficiency
- Memorability
- Error Frequency/Severity
- Satisfaction
Andrea Deaton, LMFT

Staff Development Officer

Andrea Deaton is a Licensed Marriage and Family Therapist and Staff Development Officer with Prevention and Early Intervention (PEI). She has worked with the County of Riverside and PEI since 2017. In her work as a Staff Development Officer, Andrea provides support and technical assistance to contracted community-based providers for a variety of evidence-based programs including: Mamás y Bebés, Cognitive Behavioral Therapy for Later-Life Depression, PEARLS, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and the TAY Resiliency Project. Andrea is also a certified trainer in Applied Suicide Intervention Skills Training (ASIST), Youth Mental Health First Aid (YMHFA), CBITS, Trauma Informed Systems 101, and ACEs Aware. Andrea is the lead coordinator for ASIST Trainings throughout Riverside County and Trauma Informed Systems 101 for RUHS-BH Staff. Andrea also supports the Riverside County Suicide Prevention Coalition by serving as the liaison for the Prevention Subcommittee which includes the ‘Engaging Schools’ and ‘Trainings’ workgroups. In her time away from work, Andrea can likely be found on Main Street USA in Disneyland (with or without her kids) or watching a baseball game. She, along with her husband, are on a quest to see a game in every major league stadium. She also enjoys spending time with her three kids, watching reality TV, and having a good laugh with friends.
1. Identifying Users and User Needs
2. Prototyping and Rapid Iteration
3. Design Simplification
Later-Life Depression


Lancet Commission on Dementia Prevention, Intervention and Care (Livingston et al., 2020)
Personalized Modules of
Treating Later-Life Depression

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Core Section (for many patients)
Skills for Wrapping Up (Termination processes and plans)

Getting Started Learn
Start 1 Learn Introduction to Skills for Getting Started
Start 2 Learn How Can This Workbook Help You?
Start 3 Learn Making This Workbook Work for You
Start 4 Learn What to Expect from CBT
Start 5 Learn Rules for Our Group
Start 6 Learn Overview of Clinical Depression
Start 7 Learn Recognizing Common Signs of Depression
Start 8 Learn What Is Clinical Depression?
Start 9 Learn Antidepressant Medications
Start 10 Learn Your Life Values and Personal Strengths
Start 11 Learn Celebrating Diversity
Start 12 Learn Childhood Experiences
Start 13 Learn What Is the Cognitive Behavioral Model?
Start 14 Learn Identifying and Prioritizing Target Problems
Start 15 Learn Translating Problems into SMART Goals
Start 16 Learn Measuring Changes Using a Rating Scale
Start 17 Learn Ways to Think About Progress Toward Your Goals

Getting Started Practice
Start 1 Practice My Depressive Symptoms
Start 2 Practice One Daily Exception
Start 3 Practice My Session Summary
Start 4 Practice Preparing for My Next Session
Start 5 Practice My Values and Strengths
Start 6 Practice The CBT Model of My Depression
Start 7 Practice Problems to Target in Treatment
Start 8 Practice My Target Problems
Start 9 Practice My Goals for this Program
Start 10 Practice My SMART Therapy Goals
Start 11 Practice My Plan for Fully Participating
Start 12 Practice Ways to Encourage Myself
Start 13 Practice My Review of Skills for Getting Started

T especially appropriate for telehealth
Resilience Increases As We Age

- Psychological factors are more protective in later life
- Adult developmental maturity
- Increased emotional and conceptual complexity

Steffen et al., 2021
My Values and Strengths

Date(s): _________

Here are some examples of values and strengths:

- Love of beauty (nature, art, music)
- Love of animals and plants
- Courage to tackle life challenges
- Creativity/imagination
- Curiosity and love of learning
- Enjoyment of other people
- Humor
- Kindness and generosity
- Persistence/"Stick-to-it-ness"
- Spirituality
- (Plus many others!!!)

What is important to me in life? What are some of my values?

_________________________

What are some of my personal strengths that I’ve called upon in past stressful times? (Write down some examples here.)

_________________________

How might I be able to call upon these during this program?

_________________________

Does anyone in my life share some of these values and strengths? Are there any ways that I might get that person’s support during this program?

_________________________

Skills for Getting Started: Start 11 Learn

Celebrating Diversity
We share things in common yet are each unique and special.

Which areas of your life are most important to you? (select and describe key ones)

☐ Age
☐ Abilities (cognitive and physical):
☐ Languages you speak: __________________________
☐ Country/region you grew up in: __________________________
☐ Ethnic and racial background:
☐ Spiritual/religious:
☐ Gender identity & expression (female, male, trans, gender fluid, other)
☐ Sexual orientation (heterosexual, gay, lesbian, bisexual, other)
☐ Veteran status/military service:
☐ Where you live (city, suburban neighborhood, rural community):
☐ Educational background:
☐ Economic/financial history:
☐ Others important to you: __________________________

Question: What are some of the above that best describe you? Which are most important to "who you are"?

_________________________

Question: Which of these have led to difficulties that you have overcome? Some of our important strengths may come from these life challenges.

_________________________

Question: "Chosen family" refers to people who may not be related to us by blood or marriage, but who we think of and treat like family. Do you have any close friends or life partners who are part of your chosen family?

_________________________

Steffen et al., 2021
Tip for Clinicians
Provide table space for writing, not clipboards
To Learn More….

Personalized Modules of *Treating Later-Life Depression*

**Core Sections (for many patients)**
- Skills for Getting Started (Therapy Orientation and Goal Setting)
- **Skills for Feeling (Emotional Literacy, Cultivating Positive Emotions)**
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**Personalized Sections (for some patients)**
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- Skills for Living with Loss (Support for healthy grieving)
- Skills for Relating (Communication and interpersonal effectiveness skills)

**Core Section (for many patients)**
- Skills for Wrapping Up (Termination processes and plans)
<table>
<thead>
<tr>
<th>Skills for Feeling - Learn</th>
<th>Skills for Feeling Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel 1 Learn</td>
<td>Feel 1 Practice</td>
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<tr>
<td>Feel 2 Learn</td>
<td>Feel 2 Practice</td>
</tr>
<tr>
<td>Feel 3 Learn</td>
<td>Feel 3 Practice</td>
</tr>
<tr>
<td>Feel 4 Learn</td>
<td>Feel 4 Practice</td>
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<td>Feel 5 Learn</td>
<td>Feel 5 Practice</td>
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<td>Feel 6 Learn</td>
<td>Feel 6 Practice</td>
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<td>Feel 7 Learn</td>
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<td>Feel 8 Learn</td>
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<td>Feel 9 Learn</td>
<td>Feel 9 Practice</td>
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<td>Feel 10 Learn</td>
<td>Feel 10 Practice</td>
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<tr>
<td>Feel 11 Learn</td>
<td>Feel 11 Practice</td>
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<td>Feel 12 Learn</td>
<td>Feel 12 Practice</td>
</tr>
<tr>
<td>Feel 13 Learn</td>
<td>Feel 13 Practice</td>
</tr>
<tr>
<td>Feel 14 Learn</td>
<td>Feel 14 Practice</td>
</tr>
<tr>
<td>Feel 15 Learn</td>
<td>Feel 15 Practice</td>
</tr>
<tr>
<td>Feel 16 Learn</td>
<td>Review of My Treatment Goals*</td>
</tr>
<tr>
<td>Feel 17 Learn</td>
<td>My Mood Scale*</td>
</tr>
<tr>
<td>Feel 18 Learn</td>
<td>A Pie Chart of Mixed Emotions</td>
</tr>
<tr>
<td>Feel 19 Learn</td>
<td>ABC Form*</td>
</tr>
<tr>
<td>Feel 20 Learn</td>
<td>Recognizing Positive Emotions*</td>
</tr>
<tr>
<td>Feel 10 Learn</td>
<td>Growing Positive Emotions</td>
</tr>
<tr>
<td>Feel 11 Learn</td>
<td>Highlighting the Positive I</td>
</tr>
<tr>
<td>Feel 12 Learn</td>
<td>Highlighting the Positive II</td>
</tr>
<tr>
<td>Feel 13 Learn</td>
<td>One Funny Thing I</td>
</tr>
<tr>
<td>Feel 14 Learn</td>
<td>One Funny Thing II</td>
</tr>
<tr>
<td>Feel 15 Learn</td>
<td>Relaxation Diary*</td>
</tr>
<tr>
<td>Feel 16 Learn</td>
<td>My Relaxation Practice Log*</td>
</tr>
<tr>
<td>Feel 17 Learn</td>
<td>What to Do after Danger Signals and Stop Signs*</td>
</tr>
<tr>
<td>Feel 18 Learn</td>
<td>As I Continue with Treatment--My Plan for Fully Participating</td>
</tr>
<tr>
<td>Feel 19 Learn</td>
<td>My Review of Skills for Feeling*</td>
</tr>
</tbody>
</table>

* especially appropriate for telehealth
Skills for Feeling includes topics that can be helpful for most people:
- Understanding What Emotions Are
- Describing Your Emotions
- Nurturing Positive Emotions

Other parts of this module are focused on specific concerns and will apply to some (but not all) people who are using this workbook:
- Recognizing Mixed Emotions
- Relaxation (and related pages)
- Managing Irritation, Frustration, and Anger (and related pages)

**Early in Therapy**

1. Debunk common mistaken belief that merely discussing an upsetting event will lead to lasting improvements

2. Educate client about how your collaborative focus on helpful habits may feel different from past therapy emphasizing supportive counseling
So, we will need session time to identify specific upsetting situations and spend time on specific skills and strategies to help.
Skills for Feeling: Feel 3 Learn

Emotional Literacy

Language literacy involves our ability to read, write, speak, and listen using a specific language (such as English). We can also think of emotional literacy as a set of skills related to our emotional experiences.

Step 1: Label Your Feelings.
Give a name (label) to your emotions using 1 word. Identify feelings with a specific name, instead of words such as “bad,” “upset,” or “emotional.” If you say, “I feel that…” or “I feel like…” this is a thought, not a feeling.

Step 2: Describe the Intensity of Emotions.
Feelings occur across a range of strengths. Sometimes you have “just a little bit” of a feeling. Other times, you can feel something very strongly. It will help to describe emotions using a number from 1 to 10, moving from low levels of a feeling (1 to 4) to neutral (“so-so,” 5) to stronger feelings (6 to 10). Using a number helps you see which actions lead to even small improvements in your mood.

For example, rating your feelings of happiness can look like this:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely unhappy</td>
<td>So/So</td>
<td>Very happy</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Step 3: Recognize Connections Between Daily Events and Feelings.
Write down a specific situation or event from the past week (Day/time/situation): ____________

Name the strongest feeling you had at that time: ____________

Give a number for the strength of that feeling from 1 to 10: ____________

Feel 2 Practice: My Mood Scale will help you use these emotional literacy skills.

Skills for Feeling: Feel 2 Practice

My Mood Scale

Date(s): ____________

Sample Mood Words
Afraid, Anxious, Angry, Ashamed, Bored, Calm, Cheerful, Confused, Content, Defensive, Depressed, Excited, Fearful, Frustrated, Grumpy, Hurt, Interested, Irritable, Joyful, Lonely, Loving, Mad, Nervous, Okay, Pissed Off, Peaceful, Regretful, Sad, Satisfied, Shy, So-So, Tense

What are specific words I commonly use to describe my moods?
Positive Words: ____________

Negative Words: ____________

Fill in this mood scale, numbered from 1 to 10, with the words that I would like to describe my own feelings.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>My word: ____________</td>
<td>High</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Have I learned anything new about my emotions/feelings in this module?
Write down ideas here: ____________
Tips for Clinicians

Note Generational & Gender Differences in Labeling Emotional Experiences

The current cohort of older adults are more likely to say “I’m having problems with my nerves” or “I’m tense” than use the word “anxious.”

Older women may prefer the terms “irritated” and “frustrated” over the term “angry.” Older men often prefer “down in the dumps” or “not feeling up to par” to “depressed.”

Rely on Recognition
Use Printed Lists of Feelings in Sessions

Hofmann, 2016
Cultivating Positive Emotions
Nurturing Positive Emotions

Theories about the evolution of the human species suggest that our brains may have developed to focus more on negative emotions than on positive ones. (Reacting fast to an approaching tiger was probably more important than enjoying a beautiful sunset.) We all seem to have to work harder to pay attention to, and hold on to, positive emotions.

Think about positive feelings as small seeds that need attention to grow.

Question: What are some of the positive emotions that you would like to nourish and help to grow in your life? Humor? Gratitude? Others?

Question: How might you nurture positive emotions with a little attention?

You can start this process by looking for tiny seeds of those positive feelings each day. Just like a developing plant, we don’t expect these positive emotions to bloom overnight. It may take several weeks of daily effort before seeing even the smallest signs that this practice is helping. In the same way that plants need sunlight and water, positive feelings need our daily attention to grow from tiny seeds to flourishing trees.

Skills for Feeling: Feel 5 Practice

Recognizing Positive Emotions

Date(s):

I can ask a family member or friend for support as I practice these skills.

I will describe situations this week that led to me feeling positive emotions:

Which positive emotions am I recognizing in myself, even a little?

- Admiration
- Affection
- Awe
- Calm
- Cheerful
- Content
- Happy
- Hopeful
- Inspired
- Love
- Pleased
- Proud

Nurturing Positive Emotions

This week, I was able to (check off the ones that apply this week):

- Recognize that I was having positive feelings
- Express a positive emotion to someone in my life
- Allow myself to have a positive feeling without pushing it away
- Welcome and savor the positive feelings I had
To Learn More....

### Personalized Modules of *Treating Later-Life Depression*

**Core Sections (for many patients)**
- Skills for Getting Started (Therapy Orientation and Goal Setting)
- Skills for Feeling (Emotional Literacy, Cultivating Positive Emotions)
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**Core Section (for many patients)**
- Skills for Wrapping Up (Termination processes and plans)
**Skills for Doing**

Introduction to Skills for Doing

One of the best ways to lower depression is a surprise for many people. Making time to schedule and do rewarding activities each day can help you change how you feel. Research has shown the powerful antidepressant effects of adding four positive activities to your life every day.

But how do you do this when you lack the energy to get moving, and when it is hard to remember what positive activities feel like?

This workbook module takes you through the steps needed to remember old favorite activities and find new activities to add to your day.

This Skills for Doing module will help you:

- Find positive and rewarding activities that are linked to your values and personal strengths
- Schedule daily positive and rewarding activities
- Track the effect of positive and rewarding activities on your mood
- Continue doing the activities that help you feel better

Use Do 1 Practice: Review of My Treatment Goals now to review the main goals you currently have for your depression treatment. Provide a rating based on how you see them now. Talk with your clinician about your reactions to treatment and how this section may be related to these goals. Tracking progress on an ongoing basis is important to stay focused.

Do 2 Practice: My Session Summary and Do 3 Practice: Preparing for My Next Session will help you stay focused on your efforts.

Do 4 Practice: My Review of Skills for Doing reminds you to use these skills in your daily life.

This *Skills for Doing* module will help you:

- Find positive and rewarding activities that are linked to your values and personal strengths
- Schedule daily positive and rewarding activities
- Track the effect of positive and rewarding activities on your mood
- Continue doing the activities that help you feel better
Skills for Doing: Do & Learn

The Importance of Doing

Do After completing Do & Practice: First Steps you probably agree that doing things you like typically has a positive effect on your mood.

Downward Spiral
- When your mood is lowered, your level of activity also goes down.
- When your level of activity goes down, then you are even less likely to do positive activities.
- This tends to lower your mood even further, which in turn means you do less, and so on, until you are in a vicious tailspin.

\[ \text{Feeling down leads to doing less} \]
\[ \text{Doing less leads to doing even less} \]
\[ \text{Feeling worse leads to doing even less} \]

Upward Spiral: The Good News
- By increasing the number of enjoyable, meaningful, and rewarding activities you do on a daily basis, you can improve your mood and reduce your symptoms of depression.
- It is important to actually do the activities, even if when you start them you don’t feel like doing them. It is important to trust the plan and start the upward spiral.
- You can start small, just like watering a seed to help it grow.

Skills for Doing: Do 2 Practice

First Steps

Date(s): ________

<table>
<thead>
<tr>
<th>Activity &amp; Mood</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
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<tbody>
<tr>
<td>Morning mood #</td>
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<td>Morning activities</td>
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<tr>
<td>Evening mood #</td>
<td></td>
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<tr>
<td>Evening activities</td>
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<tr>
<td>End of day mood #</td>
<td></td>
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</tbody>
</table>
1. Mood monitoring
- Understand the connection between activities and mood
- Identify activities linked to positive and negative moods
- Recognize gradual improvements in daily mood

2. Scheduling activities linked to positive mood
- Enjoyable and/or Meaningful and/or Rewarding

3. Learn over time what activities are actually linked to positive mood

4. Discontinue or avoid activities linked to negative moods for now

5. Problem-solve ways to increase positive activities over multiple weeks

<table>
<thead>
<tr>
<th>Morning Mood</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Breakfast</td>
<td>Lab blood draw</td>
<td>Breakfast</td>
<td>Slept till 1 pm</td>
</tr>
<tr>
<td></td>
<td>Listen to the news</td>
<td>Sorority apt</td>
<td>Listen to the news</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rap</td>
<td>Lunch with Jane</td>
<td>Cleaning dishes</td>
<td></td>
</tr>
<tr>
<td>Afternoon Mood</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Late lunch</td>
<td>Grocery store</td>
<td>Rap Till dinner</td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td>Watched TV</td>
<td>Put everything away</td>
<td>Bible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Napped in front of TV</td>
<td>Rap</td>
<td>Have my cat after meals</td>
<td></td>
</tr>
<tr>
<td>Evening Mood</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Dinner</td>
<td>Dinner</td>
<td>Dinner</td>
<td>Dinner</td>
</tr>
<tr>
<td></td>
<td>Used to read</td>
<td>Watched my Hablou</td>
<td>Watched a horror movie</td>
<td>Watched documentary</td>
</tr>
<tr>
<td></td>
<td>Couldn't sleep till 4 am</td>
<td>Put cat during show</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of Day Mood</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>
Tips for Clinicians

Increase Activities That Are Already Considered Positive

1. Look for daily activities that are already experienced as positive but infrequent.
2. Resist urge to target negative activities or relationships in hopes of improving.
3. Identify activities the client enjoyed in the past and modify.
Tips for Clinicians

Adapt Activities & Help Clients Figure Out

- What they still can do
- What physical resources are needed
- Substitute activities
- Involve family (& chosen family)

Skills for Doing: Do 4 Practice

List of Positive Activities

Date(s): _________

I should create a list of positive and rewarding activities, and I will start with a list of 15 to 20. For now, I do not have to worry about whether these activities are realistic or complicated. Some can be small things. If I wish to, I can ask a family member or friend for support as I work on this.

At this point, if it interests me, it belongs on the list.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
Tips for Clinicians

Prioritize Physical and Social Activities

Physical activities are important. Try to incorporate any exercise for the client (any movement is beneficial).

Encourage activities with others or activities that encourage the client to feel more connected to others.
“4 positive activities a day, keep the blues away.”

**Positive Activities**

IF they are

Consciously Chosen

and

Deliberately Done
<table>
<thead>
<tr>
<th>Activity</th>
<th>Day 1 Tue</th>
<th>Day 2 Wed</th>
<th>Day 3 Thu</th>
<th>Day 4 Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lunch with a friend</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. New baking recipe</td>
<td></td>
<td>X</td>
<td></td>
<td>/</td>
</tr>
<tr>
<td>3. Petting the cat</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4. Church</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Buying containers</td>
<td></td>
<td></td>
<td></td>
<td>/</td>
</tr>
<tr>
<td>6. Listening to music</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Watching a sunset</td>
<td></td>
<td></td>
<td></td>
<td>/</td>
</tr>
<tr>
<td>8. Morning walk enjoying nature</td>
<td>X</td>
<td></td>
<td>/</td>
<td>X</td>
</tr>
<tr>
<td>9. Shopping</td>
<td></td>
<td></td>
<td></td>
<td>/</td>
</tr>
<tr>
<td>10. Reading</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Total # of Activities Done</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Mood Score for Day</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>
Family, including Chosen Family, can help with…

- Developing list of positive activities
- Remind client of weekly plans and activities schedule
- Problem-solving

<table>
<thead>
<tr>
<th>Skills for Doing - Learn</th>
<th>Skills for Doing Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do 1 Learn</td>
<td>Do 1 Practice</td>
</tr>
<tr>
<td>Do 2 Learn</td>
<td>Do 2 Practice</td>
</tr>
<tr>
<td>Do 3 Learn</td>
<td>Do 3 Practice</td>
</tr>
<tr>
<td>Do 4 Learn</td>
<td>Do 4 Practice</td>
</tr>
<tr>
<td>Do 5 Learn</td>
<td>Do 5 Practice</td>
</tr>
<tr>
<td>Do 6 Learn</td>
<td>Do 6 Practice</td>
</tr>
<tr>
<td>Do 7 Learn</td>
<td>Do 7 Practice</td>
</tr>
<tr>
<td>Do 8 Learn</td>
<td>Do 8 Practice</td>
</tr>
<tr>
<td>Do 9 Learn</td>
<td></td>
</tr>
<tr>
<td>Do 10 Learn</td>
<td></td>
</tr>
<tr>
<td>Do 11 Learn</td>
<td></td>
</tr>
<tr>
<td>Do 12 Learn</td>
<td></td>
</tr>
<tr>
<td>Do 13 Learn</td>
<td></td>
</tr>
<tr>
<td>Do 14 Learn</td>
<td></td>
</tr>
<tr>
<td>Do 15 Learn</td>
<td></td>
</tr>
<tr>
<td>Do 16 Learn</td>
<td></td>
</tr>
<tr>
<td>Do 17 Learn</td>
<td></td>
</tr>
<tr>
<td>Do 18 Learn</td>
<td></td>
</tr>
<tr>
<td>Do 19 Learn</td>
<td></td>
</tr>
<tr>
<td>Do 20 Learn</td>
<td></td>
</tr>
</tbody>
</table>

T especially appropriate for telehealth
To Learn More....

Personalized Modules of Treating Later-Life Depression

Core Sections (for many patients)
Skills for Getting Started (Therapy Orientation and Goal Setting)
Skills for Feeling (Emotional Literacy, Cultivating Positive Emotions)
Skills for Doing (Behavioral Activation and Problem-Solving)
Skills for Thinking (Self-Compassion and Cognitive Reappraisal)

Personalized Sections (for some patients)
Skills for Brain Health (Preventing and managing cognitive concerns)
Skills for Managing Chronic Pain (Psychoeducation and pain management)
Skills for Healthy Sleep (Psychoeducation and Sleep Hygiene)
Skills for Caregiving (For family and informal caregivers)
Skills for Living with Loss (Support for healthy grieving)
Skills for Relating (Communication and interpersonal effectiveness skills)

Core Section (for many patients)
Skills for Wrapping Up (Termination processes and plans)
Resist urge to jump between change strategies

- Psychotherapy has a focus on systematically helping patients build healthier habits (e.g., behaviorally, cognitively, emotionally)
  - Refer to "habits" - this is familiar to older adults
  - Habit formation and change requires repetition, overlearning, development of backup plans during high stress
  - The science of habit architecture helps us do this
8 Session Behavioral Activation Overview:
Treating Later Life Depression

[Image of presentation slide]

[Image of QR code]

[Image of online course interface]

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RESOURCES

Consider Board Certification to Advance your Professional Career and Network!

AMERICAN BOARD OF BEHAVIORAL AND COGNITIVE PSYCHOLOGY
www.geriatrics.stanford.edu

Understanding And Supporting LGBT Older Adults

This presentation does not satisfy California’s new training requirement as outlined in Regulation 22 C.C.R. § 72517 Staff Development. Please visit the SAGECare website for.

Welcome to Understanding and Supporting LGBT Older Adults, a recorded presentation. This presentation provides a basic introduction and understanding of LGBT older adults. Viewing the online presentation takes approximately 30 minutes.

Register to Watch the Recorded Presentation

If after viewing the presentation, you’re interested in a training on LGBT older adult cultural competency, then visit our education page for a list of training tools available.
National Resource for Suicide Prevention

Suicide Hotline For Aging Individuals
Work at the Top of Your Scope of Practice –

Help older patients connect to additional social resources!

National Resource for Social Isolation
https://covia.org/services/well-connected/
About Front Porch ....................... 3
Welcome & Inclusion .................. 3
How It Works .......................... 5-6
Program Guidelines ................... 7
Connection Team ....................... 8
Champions ............................. 9-10

Across the Miles ...................... 20
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Nearly 6 million children in the United States live in a home in which a grandparent is the head of the household.
Special Issue: Race and Mental Health Among Older Adults: Invited Article

Religion and Mental Health in Racial and Ethnic Minority Populations: A Review of the Literature

Ann W. Nguyen, PhD*

Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve University, Cleveland, Ohio.

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Decision Editor: Laura P. Santos, PhD, FGSA

Abstract

Religion has been an important source of resilience for many racial and ethnic minority populations. Given the salience, sociopolitical context, and importance of religion in the lives of black and Latino Americans, this literature review focuses on the mental health and well-being outcomes of religion among black and Latino Americans across the adult life course and specifically in later life. This review provides an overview of religious participation and religiosity levels and an in-depth discussion of current research on the relationship between the multiple dimensions of religiosity and mental health in these 2 populations. Racial differences between blacks, Latinos, and non-Latino whites are also examined. Suggestions for limitations of the current literature and future directions for research on religion and mental health in racial/ethnic minority populations, especially older minorities, are proposed.
“Exposure” to Geropsychology
(Hinrichsen et al. 2018)

15 accredited CE hours:
   1. Attitudes about older adults & aging (1.5 hr)
   2. General knowledge about adult development & aging (2.5 hr)
   3. Knowledge of the foundations of clinical practice with older adults (3.0 hr)
   4. Knowledge of the foundations of assessment with older adults (3.5 hr)
   5. Knowledge of the foundations of intervention, consultation and other service provision (3.5 hr)

Training Resources
Thank You!!!
Ann M. Steffen, PhD, ABPP
steffena@umsystem.edu