



# Behavioural Activation for Muslims

A practitioner's guide [VCS]

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This guide is a summary of the full Behavioural Activation for Muslims (BA-M) therapy manual, which is available at the following link:

[Results and resources for Addressing depression in Muslim communities | School of Medicine | University of Leeds](#)

## Definitions

<b>Service User</b>	<ul style="list-style-type: none"> <li>• A person using the service who gets help through assessment or treatment.</li> </ul>
<b>BA-M</b>	<ul style="list-style-type: none"> <li>• Behavioural Activation for Muslims- A therapeutic approach that helps Muslims with depression by encouraging them to do meaningful and enjoyable activities in line with their values.</li> </ul>
<b>Depression</b>	<ul style="list-style-type: none"> <li>• Feeling low and losing interest in things you used to enjoy. You might also feel tired, sad, or guilty, and have trouble sleeping, eating, or concentrating. People with depression often have negative thoughts and low confidence.</li> </ul>
<b>Risk</b>	<ul style="list-style-type: none"> <li>• Anything that could harm the person or others, including thoughts of self-harm. It also includes things that help keep the person safe.</li> </ul>
<b>NICE</b>	<ul style="list-style-type: none"> <li>• The National Institute for Health and Care Excellence</li> </ul>
<b>Problem Statement</b>	<ul style="list-style-type: none"> <li>• A problem statement is a short description of how the person is currently feeling and what problems they are facing. (see Appendix page 10).</li> </ul>
<b>Activity Chart</b>	<ul style="list-style-type: none"> <li>• A planner used to schedule helpful activities</li> </ul>
<b>Behaviour Change</b>	<ul style="list-style-type: none"> <li>• Changing habits or actions to improve mental health and wellbeing.</li> </ul>
<b>Graded Activation Assignments</b>	<ul style="list-style-type: none"> <li>• Step-by-step tasks to help the person get more active in line with their values.</li> </ul>
<b>Homework Tasks</b>	<ul style="list-style-type: none"> <li>• Activities to do between sessions to support progress.</li> </ul>
<b>Agenda</b>	<ul style="list-style-type: none"> <li>• A plan for what will be talked about in each session; can support with managing expectations and boundaries and ensure the session time is utilised effectively.</li> </ul>
<b>DSM-5</b>	<ul style="list-style-type: none"> <li>• Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition. This is a guide used by professionals to diagnose mental health conditions.</li> </ul>
<b>Relapse Management</b>	<ul style="list-style-type: none"> <li>• Planning ahead to avoid slipping back into old habits or feeling worse again.</li> </ul>

# Behavioural Activation for Muslims Provision

If the service user is suitable for BA-M they will get support from a trained BA-M practitioner

## Suitability Criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"><li>• Are mainly struggling with depression and meet the criteria (PHQ9 score 5 and above).</li><li>• Are 16 years old or older.</li><li>• Are Muslim.</li></ul>	<ul style="list-style-type: none"><li>• Have a serious mental illness like bipolar disorder or psychosis.</li><li>• Have problems with drugs or alcohol that would make it hard to take part in sessions.</li></ul>

## Treatment offer

The specific treatment offer will vary between services, subject to service needs and requirements. Below is the expected treatment offer considering this.

- **Number of sessions:** A minimum of 6 and up to 8.
- **How often:** Weekly or every two weeks.
- **Length of each session:** 30 to 45 minutes.
- **How sessions happen:** In person or by video or telephone call (telephone is not preferred by VCS providers).

## Session content

Each session usually includes:

- **Setting a plan for the session:** deciding what to talk about.
- **Checking progress:** looking at mood scores (like PHQ9 and GAD7) and goals.
- **Checking safety:** talking about any risks.
- **Explaining BA-M approaches:** making sure the person understands how the therapy works.
- **Reviewing homework:** talking about tasks done between sessions.
- **Setting new tasks:** choosing new activities to try that are linked to the person's goals.
- **Ending the session:** summarising what was discussed.

The session content below is flexible and meant to guide practitioners. What's covered in each session may vary depending on the practitioner's judgment and the needs of the service user. Sessions can be divided into different stages.

- **Starting therapy:**  
Explain how depression works and how BA-M can help. Talk about the person's values and goals. Set simple tasks to try between sessions.

- **Middle sessions:**  
Help the person do activities that match their values. Use tools like the activity chart to plan tasks. Encourage reflection on what they're learning. Deal with unhelpful thoughts by doing a behaviour to distract and/or to refocus on a more valued activity. Use problem solving if needed.
- **Ending therapy:**  
Support the person to keep making positive changes on their own. Create a "staying well" plan to help prevent relapse.

It is recommended to start behavior change with the service user from session 1/as early as possible.

## Session 1 – Getting Started with BA-M

Session 1 helps the person understand what the therapy is and how it can help. The practitioner begins by listening to the service user's story—often by asking, "What brought you here today?" This helps create a personal summary of their current challenges, known as a *problem statement*. The session explains how depression leads to a cycle of low mood and inactivity, and how doing meaningful activities can help break that cycle. It also includes basic education about the BA-M approach, based on guidance from the BA-M manual (see appendix page 10).

- Listen to their story and understand what brought them to therapy.
- Depression cycle- Explain how depression works and how it creates a cycle of low mood and inactivity. 5 Areas / 2 circle model / 3 circle model
- Model- Introduce the BA-M model and how doing meaningful activities can help break that cycle. Ask for feedback about the model from the service user, does it relate to their experience.
- Values assessment- Ask about the person's values and goals to guide activity planning.
- Self-help booklet - this is only offered to people who choose religion as an important value in the Values Assessment. Talk about how Islamic teachings can support motivation and coping. Ask if the service user would like to look at a self-help booklet that includes such religious teaching.
- Set one or two simple tasks to try before the next session (e.g. start a diary or reflect on values). A baseline diary as an out of session task could also be useful. Include coming back to the next session as one of the tasks.

## Session 2 – Starting Behaviour Change

- Go over what was discussed last time and review any homework.
- Use the baseline diary to help explain how BA-M works and how activities affect mood.
- Support the person to reflect on how their actions link to their feelings and the depression cycle.
- Use the values assessment to create a list of meaningful activities together.
- Show how to use the activity chart to plan these tasks.

- For people who chose religion as a value, make sure the self-help booklet has been introduced and talk about how Islamic teachings can support motivation. Set graded tasks and help solve any problems that might make it hard to complete them (e.g. “What could help you succeed?”). If there’s time, ask for feedback about the session.

## Session 3 to 5 / 3 to 7 – Building Momentum

Each session follows a simple structure:

- Review mood scores and any risks.
- Set a plan for the session.
- Talk about homework and activity levels. Discuss barriers to completing the tasks and how to overcome these. Discuss what could help make tasks achievable and any family members or friends who could support with reminders or encouragement.
- Deal with unhelpful thoughts by spotting time used in overthinking (rumination) and try doing a behaviour to distract and/or to refocus on a more valued activity. Use problem solving or thought challenging if needed. Use religious teachings to encourage this (p24-26 in self-help booklet, see Appendix on page 10).
- Set new tasks to try.
- Discuss any other topics the person wants to cover.
- Ask for feedback about the session.

If the person wants to increase their practice of Islam, the self-help booklet has examples of religious activities:

- Routine around praying (page 17 of client booklet)
- Remembering God/dhikr (page 19 of client booklet)
- Dua’a/prayer (page 19-20; 23 of client booklet)
- Recitation of Qur’an (page 20-21 of client booklet)
- Beginning in the name of Allah (page 21 of client booklet)
- Cleanliness/ablution (page 22-23 of client booklet)
- Using service user’s knowledge of Islam to build actions to implement
- Finding information on religious teachings that provide motivation or support, including for non-religious actions

The BA-M manual (which can be found in the Appendix page 10) also has guidance on including family members in sessions if the service user feels this would be helpful and the practitioner feels equipped to do this.

## Penultimate session (session 5 or 7):

Along with the typical items to review in this session the practitioner introduces the **Staying Active Guide** (see Appendix page10). This is a personal plan to help the service user manage their mental health and continue making progress after therapy ends. It includes:

- The difference between a **relapse** (return of symptoms) and a **lapse** (temporary setback).
- A review of warning signs and helpful strategies learned during therapy.
- An action plan to stay well and prevent future difficulties.

## Final Session (Session 6 or 8):

In the last session, the practitioner and service user go over the **Staying Active Guide** together, which is more detailed ( see Appendix page 10). This helps the person feel ready to manage their mental health and continue making progress after therapy ends.

Let people who have completed BA-M know that we are doing research on how well the therapy is being delivered in Bradford:

- Give them the information sheet and ask them if they would like to be involved in the research.
- If they agree, ask permission to pass on their details to the researcher. Tell them they can ask any questions they have, or change their mind about taking part, when the researcher contacts them.
- If they agree to take part, pass on their details to Professor Ghazala Mir [g.mir@leeds.ac.uk](mailto:g.mir@leeds.ac.uk)  
Email a document that is password protected with the details and send the password in a separate email.

## Adaptations list

Behavioural Activation	Adaptations
1. Rationale and explanation / psychoeducation.	<p>Pages 4 to 7 in self-help booklet provides psychoeducation, rationale and Islamic ideas.</p> <p>“Tie your camel”</p>
1a. BA baseline diary	
2. BA list	<p>2. Review Values Assessment</p> <p>Pages 10 to 15 in self-help booklet.</p>
3. Hierarchy	<p>Can use the values assessment to create a hierarchy. Hierarchy can be utilised to ensure a balance of activities are introduced and maintained.</p>
4. BA plan	<p>Page 17: “one step at a time” – Islamic concept to promote consistency.</p> <p>Page 18 to 23: Islamic actions that service user can choose to build into their action plan including Islamic rationale</p>
5. Plan implementation	
6. Review	<p>Religious teachings can provide support to cope with specific difficulties that may arise. Pages 17 to 25 mention teachings that help with motivation, being kind to oneself, “Allah’s Mercy and Forgiveness” as well as “seek(ing) help through sabr”, which may be useful to iterate when exploring barriers.</p>

## When thoughts become a barrier...




Unhelpful thoughts can make it harder to complete tasks. The BA-M manual suggests using teachings from the client booklet and focusing on actions that shift attention away from these thoughts- See page 24-26 in booklet.

## Supervision

BA-M cases should be regularly discussed in supervision. Practitioners are encouraged to bring up cases based on the following:

- New service users on your caseload.
- Service users with high risk levels.
- Service users with high scores on clinical measures.
- Service users who have missed appointments or haven't been contacted recently.
- Any service users for whom you need extra support or advice.
- Talk with your supervisor to decide which cases should be brought to Peer Support sessions and the reasons for discussing them.

## Appendix

<p><a href="#">BA-M Manual (English)</a></p>	 <p>BA-M Manual - February 2016.pdf</p>
<p><a href="#">BA-M Self Help booklet (English)</a></p>	
<p>Problem Statement</p>	 <p>Problem Statement.docx</p>
<p>BA-M <a href="#">Resources</a></p>	
<p>Staying Active Guide (This is in the BA-M Manual and BA-M Self Help booklet)</p>	 <p>English Client Self-Help Booklet - !</p>