***“Building Blocks” for Behavioral Activation for Depression notes***

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| **Intervention / homework assignments** | **Draft Text for Introducing** |  | **Draft Text for Following up on**  **(Response to intervention; Completed/Not completed HW, etc.)** |
| Socialization to the Behavioral Activation Model of Depression | Clinician socialized the patient to BA reviewing the following topics:   * Structure, length, and frequency of session * Rationale for regular attendance, homework ,and full participation * Goals for BA and their relation to the patient’s goals and problems * BA model and the manner in which it relates to the patient’s problems and subsequent intervention * Roles and responsibilities of the patient and the therapist * Patient’s expectations for therapy * Personal experiences of the effectiveness of BA with past patients |  | Patient responded positively to the intervention and was able to communicate an understanding of the topics reviewed. |
| Understanding Depression & Rationale for Treatment | An overview of depressive symptoms and a behavioral explanation of the development and maintenance of depression were presented. A related rationale for treatment was provided, including the use of behavioral strategies. |  | Patient responded positively to the intervention and was able to communicate an understanding of the rationale for treatment. |
| Generating List of Treatment Goals: Assessment of Life Areas and Values | A list of target complaints was generated and ranked in order of importance. Patient and clinician collaboratively reviewed the following life areas in order to determine treatment goals [*Life Areas, Values and Activities Inventory* can be utilized]:   1. Family Relationships 2. Social Relationships 3. Romantic/Intimate Relationships 4. Education/Training 5. Employment/Career 6. Hobbies/Recreation 7. Volunteer Work/Charity/Political Activities 8. Physical/Health Issues 9. Spirituality 10. Responsibilities   Key values from each of the life areas were translated into activities. Goals fore treatment were identified and described in observable and measureable terms.  **Homework:** Patient will review and edit *Life Areas, Values and Activities Inventory.* |  | **Response to Intervention:**   1. Patient worked collaboratively with clinician and was able to identify the following goals for treatment: [insert treatment goals here]. 2. Patient stated difficulty with determining/prioritizing goals for treatment but was amenable to reviewing worst symptoms experienced and how a reduction in these symptoms might look for him/her. |
| **Response to Homework:**   1. The patient completed practice assignments related to reviewing and editing the *Life Areas, Values and Activities Inventory.*  Modification made to the *Life Areas, Values and Activities Inventory* were reviewed in session. 2. Patient was not able to complete practice assignment related to reviewing and editing the *Life Areas, Values and Activities Inventory.* Patient and clinician reviewed the *Life Areas, Values and Activities Inventory* while in session. The following modifications were made: |
| Case Conceptualization | Patient and clinician collaboratively discussed conceptualization of depression, highlighting the impact of stressful environmental situations and changes on depression. Patient and clinician discussed the impact of frequently utilized compensatory/coping strategies. |  | Patient responded positively to the intervention, demonstrating active engagement in personal conceptualization. Clinician was able to identify the following core beliefs: [insert core beliefs here…]. |
| Psychoeducation: Behavioral Model of Depression | Clinician presented Lewinsohn’s behavioral model of depression. Patient was able to elicit personal examples related to Lewinsohn’s model. Goals for behavioral activation were determined collaboratively with a focus on patient’s perception of what would be enjoyable, simple, and easy to implement. |  | Patient responded positively to the intervention and was able to communicate an understanding of the behavioral model of depression.  Patient was able to set goals for behavioral activation. |
| Activity Monitoring | The Activity Monitoring Form was presented to the patient. Rationale for intervention was discussed, explaining the importance of obtaining an accurate baseline measure of current daily activity. Pleasure, mastery/accomplishment, and importance ratings were introduced, and examples of activities and their respective ratings were elicited from patient’s personal experiences. While in session, patient was encouraged to complete the Activity Monitoring Form for the previous day’s activities and feedback regarding this assignment was discussed.  **Homework:** Patient will complete the Activity Monitoring Form throughout the week, including overall daily mood ratings. |  | **Response to Intervention:**   1. Patient responded positively to the intervention and was able to complete sample Activity Monitoring Form with respective pleasure, mastery/accomplishment, and importance ratings. 2. Patient experienced difficulty identifying pleasure, mastery/accomplishment, and importance ratings. Clinician elicited examples of activities from patient’s personal life to help illuminate gradients of pleasure and mastery/accomplishment ratings. |
| **Response to Homework:**   1. The patient completed practice assignments related to daily completion of the Activity Monitoring Form. The Activity Monitoring Form was reviewed collaboratively. Clinician helped the patient to recognize the link between mood and the activities in which he/she engaged. In addition, activities associated with increased ratings of pleasure, a sense of mastery/accomplishment and importance with positive mood ratings were identified. Observations about patient’s engagement in pleasurable and meaningful activities were linked explicitly to the behavioral model. Ways to modify mandatory activities were discussed to increase mastery or pleasure. 2. Patient was not able to complete the Activity Monitoring Form assignment. Clinician completed chain analysis to uncover barriers to homework completion (e.g., patient does not find the exercise useful articulating feeling as though he/she has a good understanding of how he/she spends his/her time, patient found the task overwhelming; external barriers, etc.). Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. In addition, patient and clinician completed Activity Monitoring Form for the past two days while in session. |
| Creating an Environment that Supports Healthy Behavior | Clinician discussed the importance of creating an environment that supports healthy behaviors and limit focus of interactions on depression. Rationale for *Contracting* was provided to the patient, with a focus on increasing engagement in activities that are pleasurable and valued. Clinician guided patient in identifying existing supports. Clinician and patient collaboratively developed a *“Behavior Contract”* – an informal agreement outlining the specific ways in which supportive others can assist patient in completing behavioral goals. A separate contract was delineated for each supportive other identified in session.  **Homework:** Patient will discuss *“Behavior Contract”* created in session with each supportive other identified in session. |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention, identify a number of supportive others and create a “Behavior Contract” for each supportive other identified. 2. Patient experienced difficulty identifying supportive others that may help create an environment that supports healthy behavior. Clinician and patient engaged in problem solving strategy focused on increasing patient’s current social support system. In addition, clinician and patient discussed ways to independently reinforce an environment that supports healthy behavior. |
| **Response to Homework:**   1. The patient completed practice assignment related to discussion of *“Behavior Contract”* created in session with each supportive other identified in session. Clinician and patient discussed the importance of eliciting support from current social support network to increased engagement in enjoyable and valued activities. 2. The patient was not able to complete practice assignment related to discussion of *“Behavior Contract”* created in session with each supportive other identified in session. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. |
| Activity Identification Ranking Sheet | The *Activity Identification Ranking Sheet* was presented to the patient and rationale for use was explained. Patient was instructed to compile a list of 15 activities (observable and measureable) directly related to the values listed in the *Life Areas, Values and Activities Inventory.* Patient was then instructed to rate the difficulty of each activity on a scale from 1 = least difficult task to 15 = most difficult task. Patient was instructed to focus on activities that are personalized to his/her needs and desires and those that provide him/her with a sense of pleasure and/or mastery/accomplishment. Patient was asked to include three activities that he/she is already completing on a regular basis.  **Homework:** Patient will review and edit *Activity Identification Ranking Sheet.* |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention and identify activities for inclusion on the Activity Identification Ranking Sheet. 2. Patient experienced difficulties identifying activities for inclusion on the Activity Identification Ranking Sheet. A list of potential pleasurable activities was provided to the patient to help with generating ideas. |
| **Response to Homework:**   1. The patient completed practice assignments related to reviewing and editing the *Activity Identification Ranking Sheet.*  Modifications made to the *Activity Identification Ranking Sheet* were reviewed in session. 2. Patient was not able to complete practice assignment related to reviewing and editing the *Activity Identification Ranking Sheet.* Patient and clinician reviewed the *Activity Identification Ranking Sheet* while in session. The following modifications were made: |
| Activity Hierarchy | The Activity Hierarchy Form was presented to the patient and rationale for use was explained. Activities identified in the Activity Identification Ranking Sheet were assigned in order of difficulty the Levels 1-5 on the Activity Hierarchy Form (i.e., the first three activities assigned to Level 1, the 4th -6th activities to level 2, etc.) |  | **Response to Intervention:**   1. Patient responded positively to the intervention and was able to complete the Activity Hierarchy Form. |
| Master Activity Log | Master Activity Log was presented to the patient and rationale for use was explained. For each of the activities delineated in the Activity Hierarchy Form, the following was determined: (a) the number of times the patient would ultimately like to complete the activity in a 1-week period; and (b) the duration of the activity. Clinician and patient completed activities to be completed in the first week of treatment.  **Homework:** Patient will complete the Master Activity Log weekly over the course of treatment. |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention and list activities in the Master Activity Log that he/she plans to complete in the upcoming week. 2. Patient experienced difficulty completing the Master Activity Log. Clinician helped to guide client through completion of the Master Activity Log. |
| **Response to Homework:**   1. The patient completed practice assignment related to weekly completion of the Master Activity Log. Clinician helped patient to recognize the link between mood and active completion of behavioral goals. 2. The patient was not able to complete practice assignment related to weekly completion of the Master Activity Log. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. |
| Behavioral Checkout | Weekly Behavioral Checkout Form was presented to the patient and rationale for use was explained. Clinician and patient collaboratively completed sample Weekly Behavioral Checkout Form for the upcoming week. Patient listed the frequency and duration for each activity selected for the upcoming week.  **Homework:** Patient will complete the Behavioral Checkout Form for the upcoming week, recording completion/non-completion of tasks identified for completion. In addition, patient will record the number of times that both frequency and duration of identified goals were met in the Master Activity Log. |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention and list activities in the Weekly Behavioral Checkout Form that he/she plans to complete in the upcoming week. |
| **Response to Homework:**   1. The patient completed practice assignment related to daily completion of Weekly Behavioral Checkout Form. Clinician helped patient to recognize the link between mood and active engagement in behavioral activation strategies. Patient and clinician discussed ways to assist in maintaining the adoption of activities in the patient’s daily life. 2. The patient was not able to complete practice assignment related to daily completion of Weekly Behavioral Checkout Form. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. |
| Activity Scheduling Form | The Activity Scheduling Form was presented to the patient and rationale for use was explained. Activities that provide the patient with a sense of pleasure, mastery/accomplishment, and/or importance were identified. Patient was instructed to identify activities that are both observable and measureable. Dates and times were specified for each activity and incorporated into the Activity Scheduling Form. Potential barriers to completion were discussed.  **Homework:** Patient will complete the following activities placed on the Activity Scheduling Form:  1.  2.  3 |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention and identify activities for inclusion on the Activity Scheduling Form. 2. Patient experienced difficulties identifying activities for inclusion on the Activity Scheduling Form. A list of potential pleasurable activities was provided to the patient to help with generating ideas. |
| **Response to Homework:**   1. The patient completed practice assignment related to daily completion of activities scheduled on the Activity Scheduling Form. Clinician helped patient to recognize the link between mood and active engagement in behavioral activation strategies. Patient and clinician discussed ways to assist in the adoption of activities in the patient’s daily life. 2. The patient was not able to complete practice assignment related to daily completion of activities scheduled on the Activity Scheduling Form. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. |
| Pleasant Events Schedule | Pleasant Events Schedule was provided to help the patient recognize pleasurable activities. First page of the Pleasant Events Schedule was completed collaboratively. Most desirable and achievable activities were determined, which were planned with specific detail.  **Homework:** Patient will complete Pleasant Events Schedule. |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention and effectively complete the first page of the Pleasant Events Schedule and identify most desirable and achievable activities. 2. Patient experienced difficulties identifying most desirable and achievable activities. Clinician utilized cognitive techniques to help identify activities congruent with patient’s personal values. Furthermore, clinician utilized motivational interviewing techniques to help increase commitment to completing activities identified. |
| **Response to Homework:**   1. The patient completed the practice assignment related to the Pleasant Events Schedule. Clinician helped patient to recognize the link between mood and active engagement in pleasant events. Patient and clinician discussed ways to assist in adoption/ /increase in frequency of pleasurable activities in the patient’s daily life. Pleasant activities were added to the Activity Scheduling Form. 2. The patient was not able to complete the practice assignment related to completion to completion of the Pleasant Events Schedule. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. |
| Rewarding Progress | The importance of rewarding oneself for achieving weekly goals was discussed, highlighting the importance of maintaining motivation for completing behavioral goals. Clinician guided patient in generating a list of rewards enticing enough to increase motivation and that the patient would engage in only if he/she has completed the goal.  **Homework:** Patient will complete generating a list of items to help reward progress for achieving weekly goals. |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention and identify list of items to help reward progress for achieving weekly goals. 2. Patient experienced difficulties identifying items to help reward progress for achieving weekly goals. Clinician provided a menu of options to the patient to help with generating ideas. |
| **Response to Homework:**   1. The patient completed practice assignment related to completion of generating a list of items to help reward progress for achieving weekly goals. Patient and clinician discussed ways to implement rewards identified upon successful completion of weekly goals. 2. The patient was not able to complete practice assignment related to completion of generating a list of items to help reward progress for achieving weekly goals. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. |
| Graded Task Assignment | Graded task assignment was introduced in order to break down more complicated tasks into multiple or sequential parts. Clinician explained the rationale for use of this technique prior to implementation. Graded task assignment was utilized to for the purpose of [Insert goal here, e.g., applying to a job]. Patient identified three components for completion of assignment:  (Optional Statement if already completed Activity Scheduling Form in treatment: *Tasks identified were added to the Activity Scheduling Form*)*.*  **Homework:** Patient will complete identified components of the graded task assignment. Pleasant Events Schedule was provided to help the patient recognize pleasurable activities. First page of the Pleasant Events Schedule was completed collaboratively. Most desirable and achievable activities were determined, which were planned with specific detail.  **Homework:** Patient will complete Pleasant Events Schedule. |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention and was able to effectively break down of [Insert goal here, e.g., applying to a job] into smaller components. 2. Patient experienced difficulties identifying ways to break down of [Insert goal here, e.g., applying to a job] into smaller components. Clinician provided a menu of options to the patient to help with generating ideas. |
| **Response to Homework:**   1. The patient completed practice assignments related to completion of the graded task assignment incorporated in the Activity Scheduling Form. 2. The patient did not complete practice assignments related to completion of the graded task assignment incorporated in the Activity Scheduling Form. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Patient indicated xx% confidence and xx% motivation to complete this homework assignment in the upcoming week. |
| Problem Solving Techniques | Problem-solving strategy was introduced to the patient and rationale for implementation was explained. All components of the technique were reviewed collaboratively:   1. Identify the problem: clinician guided patient in recognizing a problem that exists. 2. Thinking about possible solutions: clinician helped patient generate possible alternatives by encouraging him/her to brainstorm possible solutions. 3. Evaluating the solutions: Pros and cons of each solution were evaluated 4. Choose a solution to implement; patient was instructed to evaluate each of the solutions generated in the brainstorming phase. The following issues were considered in evaluation: a) the specific steps involved in implementation; b) patient’s ability to implement those steps; c) the likelihood that the patient will follow through with the implementation of those specific steps; d) barriers to implementing the specific steps; and e) short and long-term implications for the implementation of each solution. The result of the evaluation was reviewed, and the patient determined the best solution to the problem. 5. How well does it work? Clinician and patient will evaluate the solution after implementation.   **Homework:** Patient will implement the solution determined in session, with solution outcome to be reviewed in the next therapy session. |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to effectively utilize problem-solving technique relating to current life stressor. 2. Patient experienced difficulty utilizing problem-solving technique, specifically related [insert specific difficulty here, i.e., generating possible solutions]. Clinician [insert intervention here, i.e., brainstormed possible solutions to provide modeling for patient]. |
| **Response to Homework:**   1. The patient completed practice assignments related to implementing the solution determined using problem-solving techniques in previous session. Clinician and patient evaluated the degree to which the solution was helpful, considering the following factors: a) achievement of desired outcome; b) the degree to which the patient exhibited skillfulness in implementing the solution; c) the degree to which the patient can generalize the problem-solving skill obtained to other problems in his/her life; d) review of barriers encountered in implementing the solution and discussion of ways to overcome those barriers in the future. 2. The patient did not complete practice assignments related to implementing the solution determined using problem-solving techniques in previous session. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. |
| Evaluating Pros and Cons | Pros and Cons strategy for Action/Decision Considered was introduced to the patient. Clinician and patient collaboratively identified and defined problem area/issue, using objective and specific terms. Pros and cons of each decision considered were evaluated. Based on pros and cons identified, the patient determined the following actions plan: {insert action plan here}.  **Homework:** Patient will implement the action plan determined in session and outcome to be reviewed in the next therapy session. |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention. Furthermore, patient was able to effectively generate pros and cons related to action/decision considered and determine an action plan. |
| **Response to Homework:**   1. The patient completed action plan determined when evaluating pros and cons in previous session. Clinician and patient evaluated the degree to which the action plan was helpful. 2. The patient did not complete practice assignments related to completing action plan determined when evaluating pros and cons in previous session. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of implementing action plan. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. |
| Review of Treatment Goals | Clinician and patient collaboratively reviewed patient’s progress toward treatment goals. Changes in scores on self report measure of depression (insert name of measure here) since the beginning of treatment were reviewed. Clinician and patient discussed assessment of whether or not adequate progress toward treatment goals has occurred and discussed the process of termination.  **Homework:** Patient will create a comprehensive list of goals achieved related to identified values, as well as areas for improvement and additional growth, to be reviewed in the next session |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able articulate progress in treatment and skills developed during the therapy. After reflection of progress and reported abatement of depressive symptoms, clinician and patient collaboratively determined a plan for treatment termination. 2. Clinician and patient discussed progress in treatment and skills developed during the therapy. After reflection of treatment progress and review of remaining depressive symptoms, clinician and patient collaboratively determined a plan for continued treatment. Clinician and patient will review readiness of termination in one month. |
| **Response to Homework:**   1. The patient completed practice assignments related to creating a comprehensive list of goals achieved related to identified values, as well as areas for improvement and additional growth. List was reviewed collaboratively as related to treatment termination. 2. The patient did not complete practice assignments related to creating a comprehensive list of goals achieved related to identified values, as well as areas for improvement and additional growth. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Patient and clinician initiated list in session. |
| Relapse Prevention | Focus of session was review and consolidation of skills and relapse prevention. Activities and skills most helpful in reducing symptoms of depression were elicited. Clinician discussed the potential for relapse of depression. Identification of early warning signs and specific issues or circumstances that are likely to trigger an increase in depression were examined. Unrealistic expectations were addressed in session, along with potential strategies for dealing with setbacks. Clinician and patient reviewed the skills that would be most helpful in dealing with such setbacks or future crises.  (Optional Statement if already completed Safety/ Crisis Intervention Plan: *Revisited the Safety/Crisis Intervention Plan created at the beginning of treatment, with modifications made to the plan, as needed*). |  | Patient responded positively to intervention, demonstrating active engagement in session. Patient identified the following triggers for depression: [insert triggers here…]. Patient and clinician identified the following activities and skills to be utilized in response to triggers [insert coping skills here…]. |
| Other Interventions that can be incorporated into Behavioral Activation | | | |
| Crisis Intervention/ Safety Plan | Patient and clinician collaboratively created a Crisis Intervention/Safety Plan, to be used as needed. Warning signs/triggers were identified to help recognize appropriate times to utilize the Crisis Intervention/Safety Plan. Next, internal coping strategies, distraction techniques and emergency contacts were identified and included in the safety plan. Lastly, patient and clinician discussed ways to create a safe environment. At completion, safety plan was reviewed, and clinician elicited feedback from the patient, examining likelihood of follow through for each step of the Crisis Intervention/Safety Plan. |  | 1) Patient worked collaboratively with clinician and was able to proactively complete all steps of the Crisis Intervention/Safety Plan. Patient and clinician collaboratively reviewed Crisis Intervention/Safety Plan to ensure that patient understand the steps of the Crisis Intervention/Safety Plan, how and when to utilize it.  2) Patient stated difficulty with identifying internal coping strategies, distraction techniques and emergency contacts. Clinician worked collaboratively with patient to explore prior incidents in which patient utilized effective coping strategies during times of distress. |
| Relaxation Training | Focus of session was relaxation training and controlled breathing. Clinician presented rationale for relaxation training, focusing on the mechanisms of action. The following mechanisms of action were discussed:   1. Decrease in physiological arousal that accompanies agitation, anger, and anxiety. 2. Coping strategy to help tolerate distress, rather than engaging in reactive behavior. 3. Provide evidence that patient can tolerate distress, which helps to counteract maladaptive cognitions related to the ability to cope.   Relaxation script (e.g., Progressive Muscle Relaxation (PMR), imagery, body scan exercise) was utilized in session. The importance of regular practice and implementation of relaxation exercises was discussed so that procedures are readily available in the future at times of distress. Relaxation practice log was reviewed with patient.  **Homework:** Patient will utilize relaxation log to monitor daily practice of relaxation techniques. |  | **Response to Intervention:**   1. Patient responded positively to the intervention. Patient was able to communicate an understanding of the rationale for intervention and was articulated a decrease in physiological arousal resulting from engaging in relaxation exercise. 2. Patient did not respond positively to intervention and reported [insert patient’s report here]. Patient was encouraged to explore different relaxation techniques throughout the week for further assessment of intervention utility. |
| **Response to Homework:**   1. The patient completed practice assignments related to completion of the relaxation log to monitor daily practice of relaxation techniques. Patient and clinician explored the positive effects of regular use of relaxation training techniques. 2. The patient did not complete practice assignments related to completion of the relaxation log to monitor daily practice of relaxation techniques. Clinician completed chain analysis to uncover barriers to homework completion. Clinician reviewed the importance of completing the exercise. Patient and clinician collaboratively engaged in solution analysis to overcome barriers to homework completion. Patient indicated xx% confidence and xx% motivation to complete this homework assignment in the upcoming week. |
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