The Dutch Version of the Behavioral Activation for Depression Scale (BADS):
Psychometric Properties and Factor Structure

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Abstract

In a community sample of 402 respondents, the authors examined the psychometric properties of the Dutch version of the Behavioral Activation for Depression Scale (BADS; Kanter, Mulick, Busch, Berlin, & Martell, 2006). Results of confirmatory factor analysis supported the original 4-factor structure, providing the following subscales: Activation, Avoidance/Rumination, Work/School Impairment, and Social Impairment. All subscales showed adequate internal consistency, evidence of convergent validity with concurrent measures of depressive symptoms, rumination, psychological flexibility, and avoidance behaviour, and evidence of differential validity between currently, formerly, and never depressed respondents.

*Keywords:* behavioural activation, depression, scale development, psychotherapy, measurement
The Dutch Version of the Behavioral Activation for Depression Scale (BADS): Psychometric Properties and Factor Structure

The last decade, we have witnessed an increasing and renewed interest in Behavioural Activation (BA) as a treatment for depression, a treatment rooted in the work and theorizing of prominent behaviorists like Skinner (1953) and Ferster (1973). Various versions of BA treatments currently exist, with recent versions developed by Lejuez and colleagues (Lejuez, Hopko, & Hopko, 2001) and Martell and colleagues (Martell, Addis, & Jacobson, 2001). For a discussion of the general BA approach and the differences between the various versions, we refer the reader to Hopko, Lejuez, Ruggiero, and Eifert (2003) and Kanter, Busch and Rusch (2009a). BA and its different versions have also gathered considerable empirical support (e.g., Cuijpers, van Straten, & Warmerdam, 2007; Dimidjian et al., 2006; Ekers, Richards, & Gilbody, 2008; Hopko, Lejeuz, Lepage, Hopko, & McNeil, 2003).

Key variables in BA approaches are avoidant behaviours (including cognitive avoidant responses like rumination) and activity level (Kanter, Mulick, Busch, Berlin, & Martell, 2006). Kanter and colleagues (2006) identified the lack of a good instrument to measure such core variables in the evaluation of BA treatments for researchers in formal trials and practitioners in the field. For that purpose, they developed the Behavioral Activation for Depression Scale (BADS; Kanter et al., 2006). The BADS is a self-report scale consisting of 25 items comprising four subscales: Activation (7 items; e.g., “I engaged in a wide and diverse array of activities”, “I was an active person and accomplished the goals I set out to do”); Avoidance/Rumination (8 items; e.g., “Most of what I did was to escape from or avoid something unpleasant”, “I frequently spent time thinking about my past, people who have hurt me, mistakes I’ve made, and other bad things in my history”); Work/School Impairment (5 items; e.g., “I stayed in bed for too long even though I had things to do”, “I took time off of work/school/chores/responsibilities simply because I was too tired or didn’t...
feel like going in”); and Social Impairment (5 items; e.g., “I did not see any of my friends, I was withdrawn and quiet, even around people I know well”). Prior work using Confirmatory Factor Analysis (CFA) confirmed the 4-factor structure of the BADS in an undergraduate sample (Kanter et al., 2006) and in a community sample with elevated depressive symptoms (Kanter, Rusch, Busch, & Sedivy, 2009b). Also, adequate reliability and validity is reported for the BADS, with BADS scores showing predicted associations with criterion measures of depression, social support and avoidance (Kanter et al., 2006, 2009b).

In the present study we report on the development, psychometric properties and factor structure of the Dutch version of the BADS, which was developed using back-translation procedures (see Measures section for more details). Confirmatory Factor Analysis (CFA) was used to evaluate the hypothesized 4-factor structure and construct validity of the BADS was assessed (a) by exploring the associations between BADS total score and subscales and a set of relevant criterion measures of depression, avoidance, and related constructs, and (b) by comparing BADS scores for groups that differ in terms of diagnostic status with respect to depression (i.e., currently, formerly, and never depressed using DSM-IV criteria for current and past depressive episodes; APA, 1994). The latter represents a significant extension to prior work, in that the BADS, so far, has only been used alongside dimensional measures of depression (Kanter et al., 2006, 2009b). The present investigation is the first time that the BADS is used in a study in which respondents are diagnostically screened for current and past depression according to DSM-IV criteria. As such, the present study is the first to report preliminary normative data for the BADS for individuals according to their diagnostic depression status.

Other ways in which the present study extends prior work are the use of an anxiety measure to verify whether observed associations between BADS total scores and subscale scores and depression are not accounted for by anxiety, and the differentiation between two
types of rumination (brooding and reflection) in the evaluation of the construct validity of the BADS and its subscales. With respect to the latter issue, we predicted that BADS scores would be significantly associated with the brooding type of rumination, which recent studies indicate represents the maladaptive component of depressive rumination (Treynor, Gonzalez, & Nolen-Hoeksema, 2003). Also, the community sample used in the present study is the largest sample to date in which the BADS and its factor structure are evaluated, responding to the call of Kanter et al. (2009b) for larger sample sizes when confirming the BADS’ factor structure. The present study is also the first to test a non-English version of the BADS which will allow the evaluation of the BADS’ cross-language validity.

**Method**

**Participants**

The sample of the present study consisted of 402 respondents (270 women; 67.2%), all recruited using snowball sampling via e-mail (see Procedure for more details). The mean age was 29.46 years ($SD = 12.59$; range: 16–74), with age data missing for one participant. All participated without compensation.

**Measures**

**Behavioral Activation for Depression Scale (BADS).** The BADS (Kanter et al., 2006) is a 25-item self-report scale with four subscales: Activation, Avoidance/Rumination, Work/School Impairment, and Social Impairment. Participants indicate to what extent each statement was true for them during the past week on a 7-point scale (not at all to completely). High scores are consistent with the title of the subscales (e.g., high scores on activation mean more activation). Adequate psychometric properties are reported including good internal consistency, good test-retest reliability and evidence for construct validity for the total score and subscale scores (Kanter et al., 2006, 2009b). Kanter et al. (2006) also demonstrated initial predictive validity of the total and subscale scores with a non-clinical sample.
The Dutch version of the BADS was developed by means of a back-translation procedure. First, the original English BADS was translated into Dutch by the first, third, and last author (FR, DVG, and DH). Next, the Dutch BADS was translated back into English by Prof. dr. Kristin Blanpain, a native Dutch speaker with a PhD in English Literature and extensive expertise in translating and revising academic documents (including back-translation of questionnaires). She was unaware of the original English version. Finally, the back-translation was evaluated and approved by the main author of the original English version (JWK, fourth author on this paper).

**Depression Anxiety Stress Scales (DASS).** The DASS is a 21-item self-report instrument measuring three related negative emotional states of depression, anxiety, and stress (Lovibond & Lovibond, 1995). Each of the three subscales consists of seven items, all scored on 0-3 scale (range: 0-21 for each of the subscales). The DASS has excellent psychometric properties (Lovibond & Lovibond, 1995). Only the Depression (DASS-D) and Anxiety (DASS-A) subscales of the Dutch version by de Beurs, Van Dyck, Marquenie, Lange, and Blonk (2001) was used. Cronbach’s α in the present sample (n = 394) was .89 and .77 for the Depression and Anxiety subscale respectively.

**Major Depression Questionnaire (MDQ).** The MDQ (Van der Does, Barnhofer, & Williams, 2003) is a self-report questionnaire measuring the presence of current and past major depressive episodes. Its questions cover all DSM-IV criteria for current and past episodes (APA, 1994). The MDQ has shown high consistency with SCID-based diagnoses (see Williams, Van der Does, Barnhofer, Crane, & Segal, 2008).

**Cognitive-Behavioral Avoidance Scale (CBAS).** The CBAS (Ottenbreit & Dobson, 2004) is a 31-item self-report scale measuring avoidance in four domains: Behavioural-social, behavioural-nonsocial, cognitive-social, and cognitive-nonsocial. Items are rated on a 5-point scale, ranging from 1 (not at all true for me) to 5 (extremely true for me). The Dutch version
by Vandromme, Raes, Defranc, and Hermans (2007) was used. Cronbach’s α in the present sample was .93 (n = 389).

**Ruminative Response Scales (RRS).** The 10-item RRS measures ruminative responses to depressed mood (Treynor, Gonzalez, & Nolen-Hoeksema, 2003). Items are rated on a 4-point scale (almost never to almost always) for the extent to which they reflect respondents’ thoughts or actions when feeling sad, down or depressed. The Dutch translation by Raes, Hermans and Eelen (2003; also see Schoofs, Hermans, & Raes, 2009) was used, for which adequate reliability and good validity is reported. The 10-item RRS consists of two subscales, each assessing a distinct rumination component using five items: *Brooding* (referring to self-critical moody pondering; e.g., “I think ‘Why do I always react this way?’”) and *Reflection* (capturing emotionally neutral pondering; e.g., “I analyze recent events to try to understand why I am depressed”). Recent studies suggest that Brooding, as compared to Reflection, represents the more maladaptive component of depressive rumination (e.g., Burwell & Shirk, 2007; Crane, Barnhofer, & Williams, 2007; Raes & Hermans, 2008; Treynor et al., 2003). Cronbach’s α’s for the Brooding and Reflection subscale in the present study were .75 and .74, respectively (n = 394).

**Acceptance and Action Questionnaire (AAQ-II).** The AAQ-II (Bond et al., 2009) is a 10-item self-report scale measuring psychological flexibility, which is defined as “the ability to contact the present moment more fully as a conscious human being, and to change or persist in behavior when doing so serves valued ends” (Hayes, Luoma, Bond, Masuda, & Lillis, 2006, p. 7). All items are rated on a 7-point scale (never true to always true). Seven items are reverse scored so that higher scores indicate greater flexibility. The Dutch version by Jacobs, Kleen, De Groot, and A-Tjak (2008) was used, for which adequate psychometric properties are reported. Cronbach’s α in the present sample was .89 (n = 395).

**Procedure**
The first and second author (FR and DH) sent an e-mail to potential participants (acquaintances and colleagues), requesting participation in a study on a voluntary basis, and circulation of this invitational e-mail to others (snowball principle-emailing). The e-mail provided the address of a website. The website first asked participants to provide their age and sex, after which they completed the BADS, the DASS Depression and Anxiety subscales, the RRS, the AAQ, and the CBAS, in that order. The study was approved by the Ethical Committee of the Faculty of Psychology and Educational Sciences, University of Leuven.

**Results**

**Depression Severity**

The total sample demonstrated a mean DASS-D score of 3.44 ($SD = 3.85$; DASS-D data missing for seven respondents) indicating a normal level of depressive symptoms. Responses on the MDQ indicated that 26 respondents (6.60%) were currently depressed, 81 (20.56%) were not currently depressed but did suffer from a major depressive episode in the past (formerly depressed), and the remaining 287 (72.84%) never experienced a depressive episode in their past nor were they currently depressed (MDQ data missing for eight respondents). Mean DASS-D scores for both never depressed ($M = 2.56$, $SD = 2.57$) and formerly depressed respondents ($M = 4.02$, $SD = 3.60$) fell within the range of normal depressive symptoms. The mean DASS-D score of 11.35 ($SD = 4.57$) for currently depressed respondents indicated a severe level of depressive symptoms.

**Confirmatory Factor Analysis**

A Confirmatory Factor Analysis (CFA) was conducted on the Dutch BADS using the Lisrel 8.71® software (Jöreskog & Sörbom, 1996). Model fit was tested using the following goodness-of-fit indices: Root Mean Square Error of Approximation (RMSEA; Steiger, 1990) – an indication of the population error variance – and Comparative Fit Index (CFI; Bentler, 1990). A RMSEA value of .05 indicates a close fit; values less than .08 represent reasonable
errors of approximation in the population (Browne & Cudeck, 1993) or ‘acceptable model fit’ according to Hu and Bentler (1999). CFI values greater than .90 are interpreted as good fit (Bollen, 1989).

CFA was conducted investigating the fit of the proposed 4-factor model. It was found that this 4-factor model did fit the data reasonably well according to the above mentioned standards, with CFI > .90 (.93) and RMSEA < .08 (.079).

**Scale Properties**

The BADS had an overall internal consistency (Cronbach’s α) of .88. The internal consistencies of the subscales were: Activation (7 items; α = .71), Avoidance/Rumination (8 items; α = .86), Work/School Impairment (5 items; α = .79), and Social Impairment (5 items; α = .79). Inter-correlations between BADS subscales are displayed in Table 1. Table 2 presents BADS Scales means and standard deviations for the total sample and by depression diagnostic status.

**Construct Validity**

A one-way multivariate analysis of variance (MANOVA) was conducted to explore differences between never depressed, currently depressed, and formerly depressed individuals in terms of BADS Scale scores. This analysis revealed a group main effect, Wilks’ Lambda = .68, F(8, 792) = 20.86, p < .001, η²p = .17. Follow-up univariate F-tests yielded significant main effects for all BADS Scale scores, 22.40 ≤ F ≤ 81.87 (all ps < .001), .10 ≤ η²p ≤ .29. As shown in Table 2, Bonferroni-corrected post-hoc comparisons indicated that currently depressed individuals differ significantly from both never and formerly depressed individuals on all BADS Scales. Formerly depressed individuals do not differ from never depressed individuals on Activation and Work/School Impairment. However, formerly depressed individuals do significantly differ from never depressed in terms of mean scores on Social
Impairment ($M_{ij} = 1.35$, $SE = .51$, $p < .05$), Avoidance/Rumination ($M_{ij} = 3.29$, $SE = .95$, $p < .01$), and BADS Total ($M_{ij} = 6.70$, $SE = 1.96$, $p < .01$).

Table 3 presents the correlations between the BADS and its subscales on the one hand, and the criterion measures on the other hand: CBAS, AAQ-II, Brooding and Reflection, DASS-Depression and DASS-Anxiety. Regarding avoidance, the BADS total score and all subscales correlated significantly with CBAS scores in the predicted directions: The higher the CBAS score, the less Activation, and the more Avoidance/Rumination, Work/School Impairment and Social Impairment. Likewise, scores on the AAQ-II, measuring psychological flexibility (i.e. the reverse of experiential avoidance), show increasing (experiential) avoidance (AAQ-II) with decreasing Activation scores, and increasing Avoidance/Rumination, Work/School Impairment, and Social Impairment scores on the BADS.

Regarding depressive rumination scores, correlations were in the expected directions: With increasing rumination scores on the RRS, scores on Activation decreased, and Avoidance/Rumination, Work/School Impairment, and Social Impairment scores increased. This was especially the case for the Brooding RRS-subscale rather than the Reflection subscale. For example, the correlation between RRS-Brooding and the BADS Subscale Avoidance/Rumination, $r = .58$, $p < .001$, was significantly higher than the one with RRS-Reflection, $r = .39$, $p < .001$, $t(391) = 4.55$, $p < .001$. As expected, the strongest relationship with rumination (RRS-Brooding) was observed for the Avoidance/Rumination subscale of the BADS. The differences between the correlation between Avoidance/Rumination and RRS-Brooding and the correlations of RRS-Brooding with the other BADS subscales were all significant (all $t$s $> 4.33$, all $p$s $< .001$).

Regarding severity of depressive symptoms (DASS-D), correlations with all BADS subscales were moderate to high in the expected direction. As activation decreased, and
Avoidance/Rumination, Work/School Impairment and Social Impairment increased, depression scores increased. The same was true for anxiety scores (DASS-A), but here the correlations were within the small to moderate range. For example, the correlation between depression scores and the BADS Total scores, \( r = -.75, p < .001 \), was significantly higher than the one between anxiety scores and the BADS Total scores, \( r = -.55, p < .001 \), \( t(391) = 6.64, p < .001 \). When the correlations with anxiety scores were repeated with depression scores partialed, only the correlations with Avoidance/Rumination and Work/School Impairment remained significant. Activation and Social Impairment scores were no longer uniquely associated with anxiety scores once depression scores were taken into account. However, when anxiety scores were partialed, all correlations between depression scores and all BADS subscales remained significant.

**Discussion**

The present study establishes additional evidence for the psychometric properties of the recent Behavioral Activation for Depression Scale (BADS; Kanter et al., 2006, 2009b). In particular, the present paper reports on the psychometric findings with the first non-English (i.e. Dutch) version of the BADS. Overall, the newly developed Dutch version of the BADS performed well in a community sample of 402 respondents and quite similarly to the original BADS in previous research. For example, total scale and subscale means for the never depressed group in the current sample were quite similar to those reported by Kanter et al. (2006) in their non-clinical sample, while total scale and subscale means for the currently depressed group in the current sample were quite similar to those reported by Kanter et al. (2009b) in their community sample with elevated depressive symptoms.

Using Confirmatory Factor Analysis, we found that the 4-factor structure reported by Kanter et al. (2006, 2009b) for the original English version of the BADS provided a satisfactory fit to our data using the Dutch version of the BADS. As such, the present
investigation supported the underlying hypothesized factor structure using the largest sample to date testing the BADS’ factor structure. In line with earlier reports (Kanter et al., 2006, 2009b), the Dutch BADS and its subscales showed adequate internal consistency.

Construct validity of the BADS was supported by predicted associations between BADS total score and subscales and a set of relevant criterion measures of depression and avoidance. Furthermore, it was found that BADS total score and subscales correlated significantly higher with depressive than with anxiety symptomatology, and the associations with depressive symptoms were not accounted for by anxiety symptoms, which had not been verified previously. Of further note is the finding that BADS total score and most subscales correlated significantly with two types of depressive rumination, namely brooding and reflection (Treynor et al., 2003), but that the associations were significantly stronger for the brooding type of rumination. This fits with earlier work, suggesting that brooding might be the most detrimental or maladaptive component of depressive rumination. And, of course, this pattern of findings also further evidences the construct validity of the BADS – especially given the observation that the associations with rumination are the strongest for the Avoidance/Rumination subscale of the BADS.

Construct validity was additionally confirmed by comparisons of BADS total scores and subscales for groups that differ in terms of diagnostic status with respect to depression (i.e., currently, formerly, and never depressed, using DSM-IV criteria for current and past depressive episodes; APA, 1994). As expected, currently depressed respondents obtained significantly higher scores on Avoidance/Rumination, Work/School Impairment, and Social Impairment, and lower scores on Activation and on the total BADS score than both never depressed and formerly depressed individuals. In terms of Activation and Work/School Impairment, the scores of formerly depressed individuals were not different from those of never depressed individuals. However, their scores on Avoidance/Rumination and Social
Impairment, although significantly lower than those of currently depressed respondents, remained significantly higher than those of never depressed individuals. These data might suggest that (cognitive and socially) avoidant strategies employed by recovered depressed respondents may remain present to some extent as a sort of latent vulnerability which, under specific circumstances (e.g., stress and/or lowered mood), might trigger or feed into a downstream, spiraling process of increasing levels of avoidance and low/depressed mood leading to a full-blown (new) episode of clinical depression.

This speculation is consistent with the behavioural theory of depression presented by Martell et al. (2001) used as the basis of Behavioral Activation techniques that specifically target avoidance and social skills deficits in treatment. However, given the cross-sectional nature of our design, we should remain cautious about such interpretations which need replication in a prospective study. Such longitudinal study of the BADS with depressed patients is an important next step in research in this area, including use of the BADS in treatment trials investigating the efficacy and/or effectiveness of Behavioral Activation.

A second limitation of this specific analysis is that, although it is the first study of the BADS in which respondents were diagnostically evaluated, the diagnoses relied on respondent self-report. Future studies, including treatment studies, may improve on this by using trained interviewers to assess for the presence of depression.

A third limitation is the fact that our respondents were selected from the community via sub-optimal sampling methods (snowball and convenience sampling). Also, information on socio-economic status and educational level was not collected. All this limits the potential for generalization of the present findings.

A fourth limitation is the internet administered format of the scales, since several studies show that the psychometric properties of scales and psychological tests administered via the internet can be different from paper-and-pencil versions (e.g., Buchanan, 2005).
However, other studies show that depression related self-report scales can be used with confidence in an online format and that their psychometric properties remain unchanged after transformation to online use (e.g., Zlomke, 2009). Also, the fact that the psychometric properties of the BADS in our study are very consistent with those of previous research using a paper-and-pencil version of the original English BADS (e.g., Kanter et al., 2006, 2009b) is reassuring in this respect.

Finally, one should keep in mind that self-report questionnaires like the BADS do not assess actual behavior, but rather the personal taxation of the behavior, which may be influenced heavily by depression or depressed mood itself.

In sum, the present results are largely consistent with those of previous research with the original English version of the BADS (e.g., Kanter et al., 2006, 2009b) and extend previous research in several important ways, including employing a larger sample, distinguishing depressive from anxiety symptoms in establishing the construct validity of the BADS with respect to depression severity, clarifying the relationship between BADS Avoidance/Rumination scores and different types of rumination, and establishing a valid Dutch-language version of the BADS. We thus conclude that the Dutch BADS can be recommended for further use by clinicians and depression researchers.
References


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Zlomke, K. R. (2009). Psychometric properties of internet administered versions of Penn State Worry Questionnaire (PSWQ) and Depression, Anxiety, and Stress Scale (DASS).

Footnote

1 In total, 422 participants logged on. However, for 20 of them, we could not calculate the BADS total score due to missing values, leaving 402 respondents for further data analysis.
Table 1
Correlations among BADS Total/Subscales

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Activation</th>
<th>Avoidance</th>
<th>Work/School Impairment</th>
<th>Social Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>BADS Total</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activation</td>
<td>.69</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance/Rumination</td>
<td>-.82</td>
<td>-.27</td>
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<tr>
<td>Work/School Impairment</td>
<td>-.73</td>
<td>-.48</td>
<td>.44</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Social Impairment</td>
<td>-.68</td>
<td>-.28</td>
<td>.55</td>
<td>.27</td>
<td>---</td>
</tr>
</tbody>
</table>

*Note. BADS = Behavioral Activation for Depression Scale.
Note. All correlations significant at $p < .001$. 
Table 2
Means and Standard Deviations for BADS Scales by Diagnostic Status

<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
<th>CD (n=26)</th>
<th>FD (n=81)</th>
<th>ND (n=287)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BADS Total</td>
<td>108.65 (16.67)</td>
<td>72.63&lt;sub&gt;a&lt;/sub&gt; (20.03)</td>
<td>105.99&lt;sub&gt;b&lt;/sub&gt; (16.67)</td>
<td>112.72&lt;sub&gt;c&lt;/sub&gt; (14.99)</td>
</tr>
<tr>
<td>Activation</td>
<td>23.04 (6.55)</td>
<td>15.33&lt;sub&gt;a&lt;/sub&gt; (7.22)</td>
<td>23.07&lt;sub&gt;b&lt;/sub&gt; (6.13)</td>
<td>23.74&lt;sub&gt;b&lt;/sub&gt; (6.15)</td>
</tr>
<tr>
<td>Avoidance/Rumination</td>
<td>11.23 (8.64)</td>
<td>25.93&lt;sub&gt;a&lt;/sub&gt; (7.47)</td>
<td>12.74&lt;sub&gt;b&lt;/sub&gt; (8.44)</td>
<td>9.46&lt;sub&gt;c&lt;/sub&gt; (7.35)</td>
</tr>
<tr>
<td>Work/School Impairment</td>
<td>7.22 (5.38)</td>
<td>13.22&lt;sub&gt;a&lt;/sub&gt; (6.44)</td>
<td>7.90&lt;sub&gt;b&lt;/sub&gt; (5.55)</td>
<td>6.48&lt;sub&gt;b&lt;/sub&gt; (4.85)</td>
</tr>
<tr>
<td>Social Impairment</td>
<td>3.93 (4.57)</td>
<td>11.56&lt;sub&gt;a&lt;/sub&gt; (6.55)</td>
<td>4.44&lt;sub&gt;b&lt;/sub&gt; (4.33)</td>
<td>3.09&lt;sub&gt;c&lt;/sub&gt; (3.67)</td>
</tr>
</tbody>
</table>

Note. BADS = Behavioral Activation for Depression Scale; ND = Never Depressed; CD = Currently Depressed; FD = Formerly Depressed.
<sup>a</sup> Means in the same row with different subscript differ significantly at \( p < .05 \).
Table 3
Correlations between BADS Total/Subscales and additional measures

<table>
<thead>
<tr>
<th></th>
<th>DASS-D</th>
<th>DASS-A</th>
<th>Brooding</th>
<th>Reflection</th>
<th>AAQ-II</th>
<th>CBAS</th>
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</thead>
<tbody>
<tr>
<td>BADS Total</td>
<td>-.75</td>
<td>-.50</td>
<td>-.59</td>
<td>-.34</td>
<td>.70</td>
<td>-.70</td>
</tr>
<tr>
<td>Activation</td>
<td>-.42</td>
<td>-.21</td>
<td>-.32</td>
<td>-.07</td>
<td>.40</td>
<td>-.38</td>
</tr>
<tr>
<td>Avoidance/Rumination</td>
<td>.69</td>
<td>.58</td>
<td>.58</td>
<td>.39</td>
<td>-.69</td>
<td>.60</td>
</tr>
<tr>
<td>Work/School Impairment</td>
<td>.40</td>
<td>.32</td>
<td>.38</td>
<td>.25</td>
<td>-.38</td>
<td>.49</td>
</tr>
<tr>
<td>Social Impairment</td>
<td>.70</td>
<td>.47</td>
<td>.41</td>
<td>.27</td>
<td>-.53</td>
<td>.61</td>
</tr>
</tbody>
</table>

Note. BADS = Behavioral Activation for Depression Scale; DASS = Depression Anxiety Stress Scales (D = Depression subscale, A = Anxiety subscale); Brooding = Brooding subscale of the Ruminative Response Scale (RRS); Reflection = Reflection subscale of the RRS; AAQ-II = Acceptance and Action Questionnaire; CBAS = Cognitive-Behavioral Avoidance Scale.

Note. All correlations significant at $p < .001$ (except for the correlation between Activation and Reflection, ns).