CBT for Anxiety

THE TALKING THERAPIES UK SELF-HELP SERIES



CBT for Anxiety

A guided eight-week programme for working with worry, panic, and excessive fear

A self-help workbook · 8 modules · about 8 weeks

TALKING THERAPIES UK

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First edition, 2026.

This workbook accompanies the CBT for Anxiety programme on the Talking Therapies UK self-help platform. Its text is drawn from the programme and is kept current with it: whenever the programme changes, the workbook is set again.

Revision 7. This printing was set on 9 November 2026 from the programme as it stood that day.

A note on using this workbook. It offers self-help based on established psychological approaches for difficulties of mild to moderate severity. It is not a substitute for assessment or treatment by a qualified professional and is not designed for use in a crisis. The examples in it are fictional; no real person appears in them. If you are worried about your safety, or your difficulties are getting worse, the page headed “When self-help is not enough” says where to turn.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

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How to use this workbook

Cognitive Behavioural Therapy (CBT) is the most extensively researched psychological treatment for anxiety disorders. Developed initially by Aaron Beck for depression in the 1960s and rapidly extended to anxiety conditions through the 1970s and 1980s, CBT for anxiety is the first-line psychological treatment recommended by the National Institute for Health and Care Excellence (NICE) for generalised anxiety disorder, panic disorder, specific phobias, and the worry-driven anxiety presentations that account for most everyday anxiety in adults. It is the primary intervention delivered through the NHS Talking Therapies service for these conditions. This eight-module programme teaches the standard CBT approach to anxiety in a structured, self-paced format. The model and the methods are the same as those used in the NHS service; the format is self-directed rather than therapist-led. Understanding anxiety. The first conceptual move is recognising that anxiety is not the enemy. Anxiety is the body's threat-detection system functioning normally, often calibrated more sensitively than the actual environment requires. The problem in clinical anxiety is not that the system is broken but that it is reading ordinary situations as threats and producing the full response anyway. Once you see this, the work changes shape: it is not about stopping anxiety, which would be neither possible nor desirable, but about resetting the calibration so the system responds proportionately to the actual demands of life. The cognitive component of CBT for anxiety. Your thoughts about a situation generate the emotional response, not the situation itself. In anxiety the thoughts are typically about danger that has not yet happened: 'what if this goes wrong', 'they will think I am incompetent', 'this sensation in my body might be the start of something serious'. The cognitive work identifies these prediction-of-threat thoughts as they happen, examines whether they hold up against the actual evidence, and develops more accurate alternatives. The work is not optimism; it is calibration. The behavioural component. Anxiety is maintained by avoidance and by what the field calls safety behaviours: the small things you do to manage anxiety in the moment that prevent it from settling over time. The behavioural work is to deliberately approach the situations and sensations the anxiety has been trying to keep you away from, in a graded and structured way, until your system learns from direct experience that the predicted catastrophe does not arrive. Exposure-based work is the single most evidence-supported behavioural technique in mental-health practice, and the programme builds it carefully around your own anxiety ladder. Working with worry specifically. For people whose anxiety presentation is primarily worry rather than panic or phobia, the programme includes the contemporary approaches to worry management: scheduled worry time, distinguishing productive from unproductive worry, the intolerance-of-uncertainty work that addresses the underlying driver of chronic worry, and the metacognitive approach for the beliefs about worry that paradoxically keep it going. Body-side work. Anxiety has a substantial physical component that the cognitive and behavioural work alone does not address. The programme includes paced breathing, progressive muscle relaxation, and a clear explanation of what is happening in the autonomic nervous system during acute anxiety episodes, so the bodily experience becomes intelligible rather than alarming. Relapse prevention. The final module is relapse prevention: identifying the early warning signs that anxiety is escalating, the specific strategies that work for you at each level of intensity, and the conditions under which stepping up to therapist-led care is the right move. Who this is for. The programme is suitable for adults

experiencing anxiety at NHS Talking Therapies Step 2 equivalent: mild to moderate generalised anxiety, specific worries, performance anxiety, and panic that is not severely incapacitating. It is suitable for people experiencing a first significant period of anxiety, for people who have been through CBT before and want to revisit the work, or for people whose current therapy uses CBT and who want supplementary structured material. When this programme is not the right starting place. If your anxiety is severe or incapacitating, if you are experiencing post-traumatic stress disorder, obsessive-compulsive disorder, severe social anxiety, or panic disorder with substantial agoraphobia, individual therapy with a CBT-accredited therapist is more appropriate; these conditions respond to CBT but require the structured therapist-led format. If you are in crisis, please contact Samaritans on 116 123, text SHOUT to 85258, or NHS 111 option 2. Stepping up to therapist-led work is straightforward at any point through our practice or through your GP.

This workbook is the written form of the CBT for Anxiety programme on the Talking Therapies UK self-help platform. It follows the programme module by module: each part of the book is one module, and each chapter is one piece of the module's teaching, set in the order the programme presents it.

Read the chapters of a part in order, then turn to the worksheets that follow them. The worksheets are the part of the work that changes things, so give them the time they ask for and come back to them as the weeks go on. You may copy or print the worksheets for your own use, as often as you need.

Most people work through one module a week, which takes the whole programme about 8 weeks. Go at the pace that suits you: a module done properly is worth more than two done quickly.

The check-in questionnaires let you see how things are changing. Complete each one when you reach it, note the date and your total, and compare it with the last.

When self-help is not enough

- If you are in danger now, or have seriously harmed yourself, call 999 or go to your nearest accident and emergency department.
- If you need help urgently but it is not an emergency, call NHS 111 or contact your GP surgery.
- Samaritans are there day and night, every day of the year: call 116 123 free from any phone.
- If you would rather not talk, text SHOUT to 85258 for free, confidential support at any hour.
- If your difficulties are getting worse as you work through this book, or you find yourself thinking about ending your life, stop and speak to your GP or a mental health professional. A workbook can be a good start, and some difficulties need more help than a book can give.

What this workbook will help you to do

- By the end of this module you will:
- Understand what anxiety is and why it exists
- Recognise the difference between helpful anxiety and a problem anxiety
- Recognise the body changes that happen when anxiety fires
- Know what the next eight weeks will cover and how the techniques fit together

- Understand the body's fight-flight response in detail and why none of it is dangerous
- Have practised three body-calming techniques: slow paced breathing, progressive muscle relaxation, and 5-4-3-2-1 grounding
- Have chosen one technique to practise daily for the next week
- Have a tool you can use the next time anxiety hits hard
- Understand the difference between productive and unproductive worry

PART 1

Understanding Anxiety

What anxiety is, why we have it, and how it stops being useful

CHAPTER 1

Welcome to your self-help programme

Welcome. We are glad you are here. Choosing to start a structured programme is itself an act of agency, and it counts.

Anxiety is one of the most common reasons people seek help with their mental health. About one in five UK adults will experience an anxiety disorder at some point in their life. The good news is that anxiety responds very well to cognitive behavioural therapy (CBT). Most of the techniques in this programme are practical things you can apply in everyday situations, and the techniques have some of the largest effect sizes of any psychological treatment for any condition.

How this programme works

This is an eight-module programme. The recommended pace is one module per week, but you set the actual rhythm. Some people work faster; some sit with a particular topic for an extra week or two. There is no penalty for taking longer. The aim is steady, considered progress rather than speed.

Each module is a self-contained piece of learning. You will encounter five kinds of block:

- Introduction sets out what the module covers and why it matters
- Psychoeducation is the core teaching content, with diagrams and examples
- Reflection prompts help you connect the material to your own life
- Exercises give you something practical to do
- Summary wraps up and points forward

The platform tracks your progress automatically. You can pause and pick up where you left off; you can revisit any module at any time during your access window.

A NOTE

If you are in crisis right now, this programme is not the right place to start. Please contact:

- Samaritans on 116 123 (free, 24 hours, every day)
- NHS 111 (option 2 for mental health) for urgent support
- Your GP for medical assessment
- 999 if you are in immediate danger

You can return to this programme when things feel more stable.

A NOTE

This programme is designed for adults experiencing mild to moderate anxiety, including generalised anxiety, panic, social anxiety, and specific worries. If you are struggling significantly with obsessive compulsive disorder, post-traumatic stress disorder, or severe agoraphobia, individual therapy with a therapist trained in those specialised treatments may be a better fit, and you can step up at any time.

Three habits that make a difference

People who get the most from CBT-based anxiety programmes tend to share three habits.

They write things down. Anxiety often involves vague catastrophic predictions that feel overwhelming until you put them on paper. Writing slows the mind enough to notice what it is actually saying. Skipping the exercises is the single biggest predictor of not seeing change.

They practise outside the programme. The techniques become useful when you use them in real anxious moments, not in the calm of reading a module. Each module ends with a small practice you do across the week before the next module.

They are willing to be uncomfortable. Anxiety treatment, particularly the most effective parts (Module 4 onward), works by deliberately turning towards what makes you anxious rather than away from it. The discomfort is uncomfortable by design. It is also where the real change happens.

Module 1. Understanding anxiety — what it is, why we have it, and how it stops being useful.

Module 2. The fight-flight response — how anxiety shows up in the body, and three practical tools to bring it down.

Module 3. Worry and rumination — why worry feels useful, why it usually is not, and how to interrupt the cycle.

Module 4. Behavioural experiments and exposure — the most evidence-based technique in CBT for anxiety, and the heart of this programme.

Module 5. Thought challenging — examining the predictions anxiety makes and finding more accurate ones.

Module 6. Avoidance and safety behaviours — the subtle workarounds that look like coping but keep anxiety alive.

Module 7. Relapse prevention — recognising early warning signs and having a plan ready.

Module 8. Maintaining wellbeing — keeping the gains and knowing when to step up to individual therapy.

Take your time. The work you do here is for you, and the value comes from the engagement, not from finishing quickly.

CHAPTER 2

What anxiety is and why we have it

Anxiety is a normal and useful emotion. It evolved to keep us safe.

When our ancestors faced a real threat — a predator, a hostile stranger, an unsafe situation — anxiety triggered a set of physical and mental changes that prepared the body to either fight or run. The heart rate sped up. Breathing became faster. The senses sharpened. Attention narrowed onto the threat. This is the fight-flight response, and it almost certainly saved many of our ancestors' lives.

When the system stops being useful

The problem is that the same response activates today, in situations where it is not needed and where it cannot help. The threat detector inside the brain is not very precise. It treats job interviews like predators, social events like hostile strangers, and unread emails like unsafe situations. It produces the same physical changes whether the threat is a tiger or a meeting on a Tuesday afternoon.

When the response fires too easily, too often, or in the wrong situations, it stops being useful and becomes the problem itself. The pounding heart that would have been useful while running from danger is exhausting in a queue at the supermarket. The narrowed attention that would have helped spot the predator becomes ruminating on every social interaction at three in the morning.

A NOTE

Most anxiety disorders are not about having too much anxiety. They are about anxiety being triggered by the wrong things, lasting too long, or being so feared that the fear of fear takes over. The programme teaches you to recognise these patterns and retrain the threat detector.

When anxiety becomes a problem

Anxiety becomes a clinical problem when one or more of the following are true:

It happens too often or too easily

Most days, in situations where most people would not feel anxious. The threat detector is set to a hair-trigger. You wake up anxious for no clear reason; small things produce big reactions.

It is out of proportion to the situation

A small concern triggers a large response. A passing comment from a colleague generates hours of replaying. A delayed reply produces hours of catastrophic predictions.

It lasts too long

Anxiety that was understandable at the time of an event continues for days or weeks afterwards. The brain keeps activating as if the threat is still present, even after it has clearly passed.

It limits your life

You start avoiding situations, people, or activities to keep the anxiety down. The avoidance feels like relief in the moment but it makes the anxiety worse over time, because the brain learns that those situations are dangerous.

You become afraid of the anxiety itself

The physical sensations of anxiety — racing heart, fast breathing, dizziness, sweating — become the trigger for further anxiety. I am getting anxious. What if it gets really bad? What if I have a panic attack here? This is the engine behind panic disorder, and it is one of the most exhausting variants because the fear becomes self-feeding.

The techniques in this programme apply across all of these, with adjustments where needed.

Generalised anxiety disorder. Persistent worry about many different things. Hard to switch off. Often comes with muscle tension, sleep problems, irritability.

Panic disorder. Sudden episodes of intense anxiety, often with physical symptoms (chest pain, breathlessness, dizziness, feeling unreal) that can feel like a heart attack or losing your mind. Followed by fear of having more attacks.

Health anxiety. Excessive worry about being or becoming seriously ill, despite reassurance.

Social anxiety. Intense fear of social situations and being judged or scrutinised.

Specific phobias. Strong fear of a particular thing or situation (heights, flying, needles, dogs).

Many people have features of more than one. That is normal. The treatment principles are the same.