CBT for Depression

THE TALKING THERAPIES UK SELF-HELP SERIES



CBT for Depression

A guided eight-week programme based on cognitive behavioural therapy

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 Depression 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 depression. Developed by the American psychiatrist Aaron Beck in the 1960s and refined across six decades of clinical practice and outcome research, CBT is the first-line psychological treatment recommended by the National Institute for Health and Care Excellence (NICE) for mild to moderate depression and is the primary intervention delivered through the NHS Talking Therapies service. This eight-module programme teaches the standard CBT approach to depression 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. The cognitive model of depression. CBT understands depression as a self-sustaining cycle between three components: situations or events that act as triggers, the thoughts and interpretations the mind generates in response, and the emotions and behaviours that follow. When the cognitive layer is dominated by characteristic depressive thinking such as mind-reading, catastrophising, all-or-nothing thinking, and the negative cognitive triad about self, world, and future, the emotions and behaviours that result tend to confirm the thinking and deepen the cycle. The therapeutic work is to interrupt the cycle by changing the cognitive and behavioural responses, which over time changes the emotional experience. Behavioural activation comes first. When you are depressed, you typically do less of what previously gave you pleasure, mastery, or meaning. The reduced activity in turn reduces the rewards available, which deepens the low mood, which makes activity feel even less worthwhile. Behavioural activation works in the opposite direction: structured, deliberate increases in activity even when motivation is low, with attention to the kinds of activities that produce pleasure, achievement, and connection. The programme dedicates substantial time to behavioural activation because the evidence is unambiguous that it is one of the most effective single interventions for depression. Cognitive restructuring. Once activity is moving in the right direction, the cognitive work begins. You learn to identify the specific thoughts that arrive during low-mood episodes, recognise the cognitive distortions they contain, examine the evidence for and against them, and construct more accurate alternative thoughts that hold up under examination. The work is not ‘positive thinking’; it is more accurate thinking, which over time changes the emotional weight that situations carry. Working with core beliefs. Beneath the moment-to-moment thoughts that arrive in any difficult situation are the more fundamental beliefs we hold about ourselves, others, and the world. In depression these are typically negative: ‘I am not good enough’, ‘people will leave me’, ‘things will never get better’. The later modules of the programme work at this deeper level, using the same evidence-based approach but applied to the more enduring patterns. Behavioural experiments and relapse prevention. Towards the end of the programme you put new beliefs into action through structured behavioural experiments: small planned actions that test whether the depressive prediction holds up against actual experience. Most of the time, the actual experience produces results that the depressive prediction did not anticipate. The final module is relapse prevention: identifying the early warning signs that a depressive episode is beginning, the specific strategies that work for you at each level of intensity, and the conditions under which stepping up to therapist support is the right move. Who this is for. The programme is suitable for adults experiencing low mood or depression at NHS Talking Therapies Step 2 equivalent: mild to moderate depression, where there is enough cognitive and emotional capacity to engage with

structured material between modules. It is suitable for people experiencing a first depressive episode who want to learn the approach, 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 you are experiencing severe depression, persistent thoughts of harming yourself, or if your symptoms have not responded to previous self-help work, individual therapy with a CBT-accredited therapist is the more appropriate route. Stepping up to therapist-led work is straightforward at any point through our practice or through your GP. If you are in crisis, please contact Samaritans on 116 123, text SHOUT to 85258, or NHS 111 option 2; the programme is not a substitute for crisis support.

This workbook is the written form of the CBT for Depression 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 depression is and how it differs from low mood
- Recognise the four areas where depression shows up: mind, body, mood, and behaviour
- Understand the cognitive behavioural model and why depression maintains itself
- Have a clear sense of what the next eight weeks will cover and how to get the most from them
- Understand why depression makes us do less, and how doing less makes depression worse
- Recognise the difference between activities that give you pleasure and those that give you a sense of accomplishment

- Have planned at least three small activities for the coming week
- Have a tool you can use throughout the program to track your activities and mood
- Understand the difference between a value and a goal, and why values matter more for sustainable recovery

PART 1

Understanding Depression

What depression is, how it shows up, and why CBT can help

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.

Depression is one of the most common reasons people seek help with their mental health in the UK. About one in six adults will experience an episode in any given week, and roughly one in three will experience it at some point in their life. The good news is that depression responds well to cognitive behavioural therapy (CBT). The techniques in this programme are practical, evidence-based, and designed to be used in everyday situations.

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.

Three habits that make a difference

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

They write things down. The exercises in each module ask you to commit your thoughts to paper or screen. Writing slows the mind enough to notice what it is actually doing. Skipping the exercises is the single biggest predictor of not seeing change.

They practise between modules. The techniques become useful when you use them outside the programme, in real situations as they happen. Each module ends with a small practice that runs across the week before the next module.

They are honest with themselves. CBT works by helping you spot patterns you may have lived with for years. Some of those patterns will feel uncomfortable to look at directly. The discomfort is usually a sign that you are on to something useful.

Module 1. Understanding depression — what it is, how it shows up, and why it maintains itself.

Module 2. Behavioural activation — the most powerful single technique for lifting low mood. Planning small actions that rebuild a sense of pleasure and accomplishment.

Module 3. Values and goals — clarifying what genuinely matters to you and translating it into concrete steps that the depression cannot easily talk you out of.

Module 4. Spotting unhelpful thinking — the cognitive distortions depression uses, and how to recognise yours.

Module 5. Working with thoughts — testing thoughts rather than believing them automatically.

Module 6. Sleep, energy, and the body — the physical foundations depression erodes and recovery rebuilds.

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 depression actually is

Most people use the word depression loosely to mean feeling sad or low. Clinical depression is something different. It is a persistent mood disturbance that affects how you think, how your body feels, what you do, and how you see yourself, others, and the future. Sadness is part of it, but only part.

The difference between low mood and depression is not just about intensity. It is about how the experience colours everything else. When someone is sad, the rest of life still feels available; the sadness sits alongside the other parts of being a person. When someone is depressed, the depression saturates the whole field of experience, including the things that used to feel easy, pleasurable, or motivating.

How it shows up

Depression usually shows up across four distinct areas, often at the same time.

Mind (cognitive)

The thinking changes are some of the most distressing features. They typically include:

- Persistent negative thoughts about yourself ('I am useless', 'I am a burden')
- A bleak view of the future ('nothing will ever change', 'there is no point trying')
- Reduced ability to concentrate, make decisions, or remember things
- Rumination — thinking the same thoughts over and over without coming to a conclusion
- For some people, thoughts of self-harm or that life is not worth living

A NOTE

Thinking changes in depression are not character flaws and are not signs of weakness. They are symptoms in exactly the same way that a high temperature is a symptom of an infection. They get better as the depression gets better, and the techniques in this programme are specifically designed to address them.

Body (physical)

Depression is a whole-body condition. Common physical features:

- Tiredness that does not improve with rest, sometimes profound
- Sleep disturbance — difficulty falling asleep, waking in the early hours, or sleeping much more than usual without feeling refreshed
- Appetite changes — eating much less than usual, or much more, often with weight change
- Slowed movement and speech, or sometimes restlessness and agitation
- Aches and pains without an obvious physical cause, particularly in the back, head, and stomach
- Reduced libido and changes in physical sensation generally

Mood (emotional)

The mood change in depression is rarely just sadness. People describe it variously as:

- A flatness or emptiness, as if the colour has drained out of things
- Irritability, particularly in men and adolescents who often feel snappy or wound up rather than sad
- A loss of pleasure (the clinical term is anhedonia) — things that used to be enjoyable no longer feel that way
- Numbness or disconnection from your own emotions
- Sudden tearfulness, sometimes for no clear reason

Behaviour (what you do or stop doing)

Depression changes how you spend your day. Common behavioural features:

- Withdrawing from people, even ones you care about
- Reducing or stopping activities that used to give you pleasure or a sense of accomplishment
- Difficulty getting started on things, or finishing things you do start
- Increased time in bed, on the sofa, or scrolling on a phone
- Sometimes increased use of alcohol, food, or other substances to manage the feelings

A NOTE

You do not need to have all of these features to have depression. Most people have a particular pattern. For one person it is mostly the physical features and the withdrawal; for another it is mostly the negative thinking and the rumination. The underlying mechanism is the same, and CBT works across the whole picture.