Navigating Life Changes: A Guided Self-Help Programme

THE TALKING THERAPIES UK SELF-HELP SERIES



Navigating Life Changes: A Guided Self-Help Programme

CBT-based strategies for coping with major transitions

A self-help workbook · 7 modules · about 7 weeks

TALKING THERAPIES UK

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First edition, 2026.

This workbook accompanies the Navigating Life Changes: A Guided Self-Help Programme 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 6. This printing was set on 7 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

This programme supports people facing major life changes such as bereavement, relocation, career shifts or relationship breakdowns. It draws on the robust evidence base for Cognitive Behavioural Therapy, problem-solving therapy and Acceptance and Commitment Therapy in the treatment of adjustment difficulties. Through short, structured modules you will learn to understand your reactions, develop practical coping skills and create a plan to maintain wellbeing after the programme ends.

This workbook is the written form of the Navigating Life Changes: A Guided Self-Help Programme 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 7 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:
- Describe what a life transition is, and why even a wanted change begins with an ending
- Recognise the common emotional, physical and behavioural reactions to change, and understand why they are normal
- Distinguish an ordinary reaction from the five patterns that can keep distress going
- Use the four S's (situation, self, support and strategies) to see where your own strain actually sits

- Map your own change story as a baseline you will return to throughout the programme
- Explain how situations, thoughts, feelings, body sensations and behaviours interact in the CBT model, and why the cycle is not fixed
- Tell a thought from a feeling, and name feelings with more precision and an intensity rating
- Recognise the appraisals of loss, threat and challenge that shape a reaction to change, and the five thinking patterns that most often appear during transitions
- Spot the difference between rumination and worry, and know the one-question test for whether thinking is helping

PART 1

Understanding Change and Emotional Reactions

Why transitions unsettle us, what to expect, and how to tell a normal reaction from a pattern that keeps you stuck

CHAPTER 1

Welcome to Navigating Life Changes

This guided self-help programme is for anyone whose life has shifted under them. You might be coping with a bereavement, a move, the loss of a job or the end of a relationship. You might have retired, become a carer, received a diagnosis that changes what is possible, or taken on a role you wanted and found that it unsettled you anyway. Whatever the change, the programme has one aim: to help you understand your reactions and to give you practical, evidence-based skills for steadying yourself while you adapt.

Over seven modules you will build a set of tools drawn from Cognitive Behavioural Therapy, problem-solving therapy and Acceptance and Commitment Therapy. Each module is self-paced. You will read, or listen to, a piece of psychoeducation, try two or three exercises, and then reflect on what you have learned. The modules build on one another, so it is worth working through them in order and leaving a few days between each one to practise what you have covered.

Three people will keep you company as you go. Marcus is fifty-four and lives in Wolverhampton; he was made redundant in the spring after twenty-six years at the same factory. Ailsa is thirty-eight; she grew up in Dundee and moved to Swindon in the summer when her partner Tom was promoted, taking their six-year-old son Finlay with them and leaving her mother, her sister and her job behind. Joan is sixty-three and lives in Stockport; she retired a year ago after thirty-one years as a hospital ward clerk and, four months later, her husband Ray had a stroke and she became his carer. Their situations will differ from yours, but you will probably recognise some of what they think and do.

This first module introduces the nature of change and the reactions that most people experience. By the end of it you should be able to describe the typical feelings and behaviours that arise during a transition, recognise that these responses are normal, and start to notice any patterns that might be keeping you stuck.

Take your time, and be patient with yourself. Seeking support, whether from a therapist, a friend or a group, is a sign of good judgement rather than weakness. One further point before you begin. If at any stage things feel much worse rather than better, contact the practice through the messaging button, speak to your GP, or if you feel unsafe right now call 999 or the Samaritans on 116 123.

CHAPTER 2

What is change? A psychological perspective

From a psychological standpoint, a life transition is any event that alters the way you think, feel or act on a regular basis. The event itself may take a single day: the day you clear your desk, the day the removal van leaves, the day a letter arrives. The transition is longer. It is the inner process of letting go of how things were, living through a stretch of uncertainty, and gradually settling into how things are now.

What happens in the body. When a change occurs, your stress-response system is activated. A network linking the brain and the adrenal glands, known as the hypothalamic-pituitary-adrenal axis, releases cortisol and related hormones that prepare you to deal with a perceived threat. In the short term this fight-or-flight response is useful. It sharpens focus, raises energy and helps you mobilise resources.

The difficulty arises when the change is ongoing, as it is in the months after a separation, the weeks after a move, or the open-ended period of looking for work. The stress response was designed for short bursts. When it stays switched on, the same hormones that sharpened you begin to wear you down. Fatigue, broken sleep, irritability, poor concentration and a short fuse are the ordinary results of a body that has been on alert for too long. They are not evidence of weakness; they are evidence of a very particular kind of tiredness.

When adjustment becomes a clinical problem. Both of the main diagnostic systems used in the UK, the ICD-11 and the DSM-5, recognise a condition called adjustment disorder. It describes a reaction to an identifiable change or stressor in which distress is marked, out of proportion to what most people would experience in the same situation, and interferes with daily life. In the ICD-11 description the central features are preoccupation with the change and its consequences, and difficulty adapting to it. The diagnosis is not a label of pathology, and it says nothing about you as a person. It simply indicates that the reaction has become more intense or more persistent than is usual, and that your coping resources have been overwhelmed for the time being. This programme is designed for that territory, and for people whose reactions are milder but still troubling.

The majority of people experience at least some distress after a major life change. Feeling upset, restless, flat or uncertain is a normal part of human experience, yet many people arrive at a programme like this convinced that they alone are failing to cope.

Three phases of a transition. In 1980 the American writer William Bridges described transitions as having three phases. The first is the ending: whatever has changed, something has finished, and that something has to be let go of. The second he called the neutral zone: a disorienting in-between period in which the old way has gone and the new way has not yet taken shape. The third is the new beginning: a gradual re-engagement with life as it is now, with new routines, new roles and a renewed sense of who you are. Bridges made two observations that people in transition find steadying. The first is that every transition starts with an ending, even when the change was wanted. A promotion ends the comfort of knowing your job well; a planned retirement ends a working identity. The second is that the neutral zone is not a failure to move on. It is a

necessary stage, and it is usually longer and more uncomfortable than people expect.

Four things that shape how a change lands. Around the same time, the counselling psychologist Nancy Schlossberg proposed that how well a person copes with a transition depends on four sets of factors, which she called the four S's. The situation: what triggered the change, whether it was expected, how much control you had over it, whether it arrived alongside other stresses, and what it does to your roles and routines. The self: your age, your health, your previous experience of change and your general outlook. Your support: the people and services around you, and whether the change itself has removed some of them. And your strategies: what you actually do to cope, from seeking information to changing how you think about the situation. Schlossberg also distinguished between anticipated transitions, such as a planned retirement; unanticipated ones, such as a redundancy or a diagnosis; and non-events, the changes you expected that never came, such as a promotion that went to somebody else. Each brings its own strain. The four S's give you a way of asking, calmly, where your difficulty actually lies.

Joan, who is sixty-three, had planned her retirement for years. She left her job as a ward clerk in September with a plan to take on more of the allotment and a list of places she and Ray would take the caravan. She expected to miss the ward. What she had not expected was how lost she felt at ten o'clock on a Tuesday morning with nobody needing anything from her. That was an anticipated transition, and it still had an ending in it.

Four months later Ray had a stroke. He came home after six weeks with weakness down his left side, slower speech and a tiredness that meant he slept most afternoons. He could no longer drive. Joan became his carer almost overnight. This second transition was unanticipated, it arrived on top of the first, and it removed much of the support she might have drawn on, because the friends she would have leaned on were the ones she now had no time to see. Within a month she was waking at four, snapping at Ray for being slow and then hating herself for it, and living on toast.

When Joan first looked at the four S's, she assumed the problem was her self: that she was not coping as well as she should. Looking more honestly, she saw that the situation was two transitions stacked on top of each other, that her support had shrunk through no fault of her own, and that her strategies so far amounted to pushing on through on very little sleep. The example shows that a reaction which feels like personal failure is often a reasonable response to an unreasonable load, and that naming where the strain actually sits is the first move towards easing it.

A NOTE

Your brain and body are trying to protect you. The stress response, the sadness, the restlessness and the preoccupation are signals that something is different and that you need to adapt. The first step in navigating change is to recognise those signals for what they are, rather than treating them as proof that you are not coping.