CLINICAL TREATMENT PROTOCOL

The Depression Recovery Workbook

An evidence-based, step-by-step protocol for working through depression — built on Behavioral Activation, Cognitive Therapy, ACT, and skills for getting through the hardest moments.

MILD · MODERATE · SEVERE

THERAPIST-GUIDED

PREPARED BY

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For use in psychotherapy · To be introduced and paced by your clinician

CONFIDENTIAL

ORIENTATION

How to use this workbook

This is not light reading and it is not meant to be finished in one sitting. It is a working toolkit — a set of skills and worksheets you return to, one piece at a time, with the support of your therapist.

> **Read this first**
>
> Depression drains energy, motivation, and concentration. So this workbook is built for low-fuel days. You do **not** need to do it all. On a hard day, doing one small thing from one page is a real, legitimate win. Progress here is measured in small, repeated actions — not in heroic effort.

The four agreements that make this work

- **Action comes before motivation.** Waiting to "feel like it" is the trap depression sets. In these pages you act first, in tiny steps, and the feeling follows later.
- **Small and consistent beats big and rare.** Ten minutes most days outperforms a burst of effort once a week.
- **You are learning skills, not taking tests.** There is no failing. A worksheet you "did badly" still taught your brain something.
- **This complements care — it doesn't replace it.** Use it alongside your sessions, and tell your therapist what's working and what isn't.

> **AN IMPORTANT BOUNDARY**
>
> This workbook is a support tool, not a substitute for professional treatment, medication where appropriate, or emergency care. If you are in immediate danger or thinking about ending your life, **turn to the Safety First page next — that comes before everything else.**

CONTENTS

What's inside

BEFORE ANYTHING ELSE

Safety First

If part of you is in a lot of pain right now, or thinking about not being here anymore, please start here. You are not weak, broken, or a burden for feeling this way — pain this heavy is a signal that you need and deserve support, not something to handle alone.

If you are in immediate danger or thinking about ending your life

Please reach out for help right now — you don't have to get through this moment by yourself.

- **Call your local emergency number** (for example, 112 across Europe, 911 in the US/Canada) or go to the nearest emergency department.
- **Contact a crisis line.** In the US, call or text **988** (Suicide & Crisis Lifeline). Many countries have free 24/7 lines — your therapist will write your local numbers in the box below, or you can find a line for almost any country at **findahelpline.com**.
- **Reach a person you trust** — your therapist, a doctor, a family member or friend — and tell them plainly: "I'm not safe right now and I need help."

Thoughts of suicide are a symptom that the pain has become overwhelming — not a fact about your future, and not an instruction you have to follow. These thoughts can and do pass. Reaching out is the strongest, bravest thing you can do.

MY LOCAL CRISIS & EMERGENCY CONTACTS (FILL IN WITH YOUR THERAPIST)

A note on the rest of this workbook

The exercises ahead are designed for working with depression over time. They are not a replacement for crisis help. When the pain is at its peak, the goal is not to "fix" anything or complete a worksheet — it is simply to **get through the next hour safely** and connect with a person. The skills on this and the next page are for exactly those moments.

SAFETY FIRST · CONTINUED

My Personal Safety Plan

A safety plan is a short, pre-written set of steps to follow when things get dark — written **now**, while you can think clearly, so that future-you isn't left deciding alone in a hard moment. Fill this in together with your therapist and keep it somewhere easy to reach (a photo on your phone works well).

STEP 1 — WARNING SIGNS THAT A HARD MOMENT MAY BE STARTING

Thoughts, images, moods, or situations that tend to come before things get worse for me.

STEP 2 — THINGS I CAN DO ON MY OWN TO SOOTHE AND DISTRACT

Calming or absorbing activities that take my mind off the pain for a while (music, a walk, a show, a warm drink, breathing — see Module 3).

STEP 3 — PEOPLE AND PLACES THAT HELP ME FEEL BETTER OR LESS ALONE

People I can be around or message, and settings where I feel calmer (even without talking about how I feel).

STEP 4 — PEOPLE I CAN ASK DIRECTLY FOR HELP

Whom I will reach out to and tell that I'm struggling — name and how to contact them.

STEP 5 — PROFESSIONALS AND CRISIS SERVICES

My therapist, doctor, local crisis line, and emergency number.

STEP 6 — MAKING MY SPACE SAFER

When the pain spikes, it helps enormously to put time and distance between me and anything I could use to hurt myself. With my therapist or a trusted person, I will make a plan to limit my access to those things

during hard periods — and agree on who holds onto them for me. Increasing this distance is one of the most protective steps a person can take.

My reasons to keep going

People, hopes, responsibilities, or even small things I'd want to come back to. (These don't have to be big. "My dog needs feeding" counts.)

PSYCHOEDUCATION

Understanding depression

You can't fight an enemy you can't see clearly. Before the exercises, it helps to understand what depression actually is and how it keeps itself going — because once you see the machinery, you know where to put the wrench.

Depression is not a character flaw

Depression is a real, treatable condition that affects the brain and body — not a sign of weakness, laziness, or lack of willpower. It changes how you feel, how you think, how your body works, and what you do. Telling someone with depression to "just cheer up" is like telling someone with a broken leg to "just walk it off." That's not how it works, and it's not your fault.

Depression lies — and it sounds exactly like you

One of the cruellest features of depression is that it produces convincing, automatic thoughts that feel like simple truth: `Nothing will ever change` `It's all my fault` `I'm a burden` `There's no point` . These are not facts. They are **symptoms** — the same way a fever is a symptom of infection. A huge part of recovery is learning to notice these thoughts and treat them as symptoms to be questioned, not commands to be obeyed.

The depression cycle — how it traps you

Depression keeps itself alive through a self-feeding loop. Understanding it shows you exactly where to break in:

1. **Low mood & low energy** make activity feel impossible.
2. So you **withdraw and do less** — you stop the things that used to give pleasure, connection, or a sense of achievement.
3. With those things gone, you get **fewer rewards and more time to ruminate**, so mood drops further.
4. Lower mood means **even less energy and motivation** — and the loop tightens.

The key insight: the loop runs in both directions. Just as doing less drives mood down, gently and deliberately doing a little more of the right things pushes mood back up. That reversal is the engine of Module 1.

The four doors into the cycle

Everything in this workbook works by entering the cycle through one of four doors. You don't have to use all of them — pick whichever is most reachable on a given day.

Door	What you change	Where in this book
Behavior	What you do — adding small, meaningful actions back into your days	Module 1 (the core)
Thoughts	How you respond to the harsh, automatic narration	Modules 2 & 5
Body	Sleep, movement, light, food, rhythm	Module 4
Attention	Where your mind rests in intense moments	Module 3

IF YOUR ENERGY IS VERY LOW RIGHT NOW

Don't try to read this whole book. Go straight to **Module 1** and do the very first small step. Come back to the understanding part later. Action is medicine here — and it works even when you don't believe it will.

Rating where you are — gently

Naming the intensity of how you feel, without judging it, is itself a skill. Many people find it steadies them to put a number on a feeling — it turns a vague, total darkness into something with edges. Try this whenever you check in with yourself.

TODAY, MY MOOD IS ROUGHLY... (CIRCLE ONE)

0	2	4	6	8	10
as low as it gets		heavy	okay-ish		good

MY ENERGY TODAY IS ROUGHLY...

0	2	4	6	8	10
empty		low	some		full

Why this matters

Depression flattens everything into "all bad, all the time." But if you track it, you'll discover your mood actually moves — it has better hours and worse hours, lighter days and heavier ones. Noticing that movement is the first crack of light: if it can move at all, it can move up. The trackers near the end of this book help you see those patterns over time.

"You don't have to see the whole staircase. Just take the first step."

The pages that follow are that first step — broken down small enough to actually take.

MODULE 1 · THE CORE ENGINE

01 Getting moving

If you do only one thing in this entire workbook, do this module. Behavioral Activation is among the most strongly evidenced treatments for depression — and it's specifically built for people who have no energy and no motivation. It asks almost nothing of your feelings. It asks only for small, repeated action.

The principle that changes everything

Action comes before motivation — not after it. Depression promises that you'll do things once you feel better. That promise is a trap, because the feeling never arrives first. The truth is the reverse: when you do a small, meaningful action despite not feeling like it, the feeling slowly catches up. You act your way into feeling, not the other way around.

Step 1 — See your week as it really is

For two or three days, jot down what you actually do, hour by hour, and rate two things for each activity from 0–10: **P** = how much pleasure it gave, and **A** = how much achievement or mastery it gave. You're not changing anything yet — just collecting honest data. This reveals which activities feed you and which empty you.

Time	What I did	P (0–10)	A (0–10)
Morning			
Midday			
Afternoon			
Evening			
Night			

After a few days, look back: Which moments scored highest? Which long stretches were empty (lots of scrolling, lying down, ruminating)? Those empty stretches are your best opportunities — gaps where one small, nourishing activity could go.

Step 2 — Build a menu of nourishing activities

Recovery activities come in three flavors. A good week has a little of each. Brainstorm a few of your own under each heading — they can be tiny.

Pleasure — things that feel good or comforting

A hot shower, a favorite song, sunlight on your face, petting an animal, a good cup of tea, a funny clip.

Achievement — small things that give a sense of "I did that"

Washing one dish, replying to one message, making the bed, a 5-minute tidy, paying one bill.

Connection — small contact with other people

Texting one friend, sitting in a café near others, a short call, walking where people are.

Step 3 — Shrink it until it's impossible to fail

This is the secret that makes Behavioral Activation work on the worst days. Whatever activity you choose, **shrink it down until your tired brain can't talk you out of it.** Don't "clean the kitchen" — "put one cup in the sink." Don't "go for a run" — "put on my shoes and stand outside for two minutes." Don't "call a friend" — "send a two-word text."

> **The two-minute rule**
>
> If a task feels too heavy, cut it down to a version that takes two minutes. Two minutes is almost always doable, even at rock bottom. And very often, once you've started, you keep going a little longer. But even if you stop at two minutes — **that still counts as a full success.** Starting is the whole skill.

The activity ladder (for very low energy)

Pick one goal that matters to you and break it into a ladder, from a step so small it's almost silly, up to the full thing. You climb one rung at a time, on your own schedule. You never have to skip ahead.

MY GOAL

Rung 5 (full goal)	
Rung 4	
Rung 3	
Rung 2	
Rung 1 (almost silly-small)	

Step 4 — Schedule it, then do it like an experiment

Don't wait to feel ready — put one or two small activities into specific time slots, the way you'd schedule an appointment. Then treat each one as an experiment: predict how you'll feel, do it anyway, and check what actually happened. Depression is a bad forecaster — it predicts everything will be pointless. Gathering evidence proves it wrong.

Planned activity & when	Mood before (0–10)	Mood after (0–10)	What I actually noticed

When you "fail" a planned activity

You won't do everything you plan — nobody does, and depression makes it harder. When you miss one, the depressed mind will offer this: "See? You can't even do that. What's the point." That is the illness talking, and here is your reply: **a missed step is information, not a verdict.** Maybe the step was too big — shrink it. Maybe the timing was wrong — move it. Then try the smaller version tomorrow. You are running experiments, and no experiment "fails" — it just gives you data for the next one.

Step 5 — Act from values, not from mood

As mood lifts, start aiming your activities at what genuinely matters to you, not just what's pleasant. Doing one small thing in the direction of your values — being a caring friend, a curious learner, a present parent — builds something deeper than a good mood: it builds a life that feels like yours again. (Module 6 goes further with this.)

ONE SMALL ACTION THIS WEEK IN THE DIRECTION OF SOMETHING I VALUE

Module 1 in one sentence

Choose a small thing, shrink it until it's easy, schedule it, do it whether or not you feel like it, and notice what happens — then repeat tomorrow.

MODULE 2 · COGNITIVE WORK

02 Working with your thoughts

Depression narrates your life in a cruel, distorted voice — and because the voice is inside your own head, it sounds like the truth. This module teaches you to step back from that voice, see its tricks, and answer it with something fairer and more accurate. You are not trying to "think positive." You are trying to think realistically, which is almost always kinder than depression's version.

The thinking traps depression uses

Depressed thinking runs on a small set of predictable distortions. Learning to spot them by name takes away half their power. See which ones you recognize.

Trap	What it sounds like
All-or-nothing	"If it's not perfect, it's a total failure." No middle ground exists.
Overgeneralizing	"This always happens to me." One event becomes a never-ending pattern.
Mental filter	Noticing only the negatives and screening out anything good.
Mind-reading	"They think I'm pathetic." Assuming you know others' thoughts.
Fortune-telling	"There's no point trying, it'll go wrong." Predicting a bad future as fact.
Catastrophizing	Jumping to the worst possible outcome and treating it as likely.
Labeling	"I'm a failure / worthless." Turning a feeling into a permanent identity.
Should statements	"I should be over this by now." Rules that only produce guilt.
Personalizing	"It's my fault" — taking blame for things outside your control.

THE GOAL ISN'T TO ARGUE YOURSELF HAPPY

You're not trying to replace a dark thought with a fake cheerful one — your mind won't believe it. You're looking for the **fairer, fuller, more accurate** version: the one that holds the difficult truth and the parts depression edited out.

The Thought Record — your main tool

This is the workhorse of cognitive therapy. When a painful thought hits hard, walk it through these columns. With practice it becomes automatic — you'll start catching and answering thoughts in your head, without the page.

1 · THE SITUATION

What was happening when the mood dropped? (Where, when, who, what.)

2 · FEELING & INTENSITY

Name the emotion(s) and rate 0–10.

3 · THE AUTOMATIC THOUGHT

The exact words that went through your mind.

4 · EVIDENCE FOR THE THOUGHT

Actual facts that support it.

5 · EVIDENCE AGAINST IT

Facts it ignores; times it wasn't true; what you'd tell a friend.

6 · A FAIRER, MORE BALANCED THOUGHT

Weighing both columns, what's a more accurate and compassionate way to see this?

7 · RE-RATE THE FEELING NOW (0–10)

Questions that crack open a stuck thought

When a thought won't budge, ask it some of these. Keep the ones that help on a note in your phone.

What's the **evidence** this is actually true? What's the evidence against?

Will this matter as much in **a week? A year?**

Is there **another way** to see this situation?

Which **thinking trap** might this be?

What would I say to a **friend** who had this exact thought?

What's a **more useful** thing to focus on right now?

Am I confusing a **feeling** with a **fact**?

Even if part of it is true, what am I **leaving out?**

When a thought won't argue back — try unhooking instead

Some thoughts are too raw, too repetitive, or too sticky to reason with. For those, don't wrestle — unhook. The aim isn't to disprove the thought but to loosen its grip so it has less pull over what you do. These take seconds:

- **Name it.** Instead of "I'm worthless," try "I'm noticing the thought that I'm worthless." That small reframe puts a sliver of space between you and the thought.
- **Thank the mind.** "Thanks, mind, for that old story." You're not arguing — you're acknowledging an automatic broadcast and letting it pass.
- **Change the channel of attention.** Gently move your focus to something in the room or to the next small action. Rumination shrinks when attention moves.
- **Let it be background noise.** Picture the thought as a radio playing in another room — present, but not in charge of you.

> **Catch the rumination loop early**
>
> Rumination — chewing the same painful thought over and over — feels like problem-solving but is really the depression feeding itself. The moment you notice you've been circling, that noticing is the off-ramp. Name it ("I'm ruminating"), then move your body or your attention to one concrete, present-moment action. You break the loop through doing, not through thinking harder.

MODULE 3 · FOR THE HARDEST MOMENTS

03 Getting through the storms

Some moments are too intense for worksheets or careful thinking. The pain peaks, the thoughts get loud and dark, and the only job is to **get through the next stretch safely** without making anything worse. These are survival skills for those moments — to be used now, fast, when the storm is at its height.

First, the most important reminder: if these moments include thoughts of ending your life or hurting yourself, the skills below are only a bridge — use them to steady yourself for the next few minutes, and then **reach a person or a crisis line** (see the Safety First pages). You don't have to ride out a dangerous moment alone, and you shouldn't have to.

A storm is a wave — and waves break

The single most useful thing to remember in a peak of distress: **emotions are like waves.** They rise, they crest, and — even when it feels impossible — they fall again. No feeling, however unbearable, stays at maximum intensity forever. Your only task at the crest is to ride it out without acting on it. The intensity will drop. It always does.

Urge surfing

When a powerful urge or wave of emotion hits, picture yourself as a surfer riding it rather than being dragged under. Notice where you feel it in your body. Breathe slowly. Say to yourself: "This is a wave. It is rising now. I can ride it. It will pass." You don't have to fight the wave or obey it — just stay on the board until it lowers you down. Most intense urges crest and ease within minutes if you don't feed them.

Grounding — come back to right now (5-4-3-2-1)

When your mind is spiraling into the past or the future, pull it firmly back into the present through your senses. Slowly name, out loud or in your head:

- **5 things you can see** — look around and name them.
- **4 things you can feel** — your feet on the floor, the chair, fabric, air.
- **3 things you can hear** — near and far.
- **2 things you can smell** (or two scents you like).
- **1 slow breath**, all the way in, all the way out.

This works because the senses live in the present, and the present is almost always more survivable than the story in your head.

Paced breathing — the fastest way to lower the body's alarm

When distress spikes, the body's alarm system fires. Slow breathing — specifically, a longer out-breath than in-breath — is one of the few things that can calm that system on purpose. Try this for a few rounds:

1. Breathe in gently through your nose for a slow count of **4**.
2. Hold softly for a count of **2** (skip if it feels uncomfortable).
3. Breathe out slowly through your mouth for a count of **6**.
4. Repeat for ten rounds, or until the sharpest edge softens.

The long out-breath is the active ingredient — it tells your nervous system the emergency is passing.

The STOP skill — for when you're about to act on impulse

- **S — Stop.** Freeze for a moment. Don't act on the urge right now.
- **T — Take a step back.** Take a slow breath. Give yourself a little space.
- **O — Observe.** What's happening, inside and around you? What are you feeling and thinking, right now, without judging it?
- **P — Proceed mindfully.** Ask: what choice, made now, will I be glad about in an hour? Then take that next small step — including reaching out for help.

Soothe yourself through gentle senses

In a storm, comfort the body kindly. Reach for soft, calming input — not anything harsh. Have a few of these ready in advance:

- Wrap yourself in a soft blanket; hold a warm (not hot) drink.
- Play music that soothes you, or a familiar comforting voice or show.
- Step outside for fresh air and natural light, even for a minute.
- Hold something with a pleasant texture or a calming scent.
- Gentle, slow movement — a short walk, a long stretch — to let some of the charge out of the body.

MY STORM KIT — THE 3–4 THINGS THAT HELP ME MOST (WRITE THEM NOW, FOR LATER)

_____

_____

_____

Plan for the storm before it comes

In a crisis your thinking brain goes offline, so decisions made in advance are gold. Fill in your storm kit now, while it's calmer. Keep it next to your Safety Plan. Future-you will be grateful that present-you did this.

04 The body & daily rhythm

Depression is not only in the mind — it lives in the body's rhythms: sleep, movement, light, food, and the shape of your day. You don't need a perfect health regimen. You need a few small, steady anchors that gently nudge your biology back toward stability. Everything here is sized for a hard week, not an ideal one.

Sleep — the most important anchor

Depression and disturbed sleep feed each other, so steadying sleep is high-leverage. Aim for regularity over perfection:

- **Anchor your wake-up time** — keep it roughly the same every day, even after a bad night. A steady morning is the keystone that pulls the rest of the rhythm into place.
- **Get light into your eyes early** — open the curtains or step outside within an hour of waking. Morning light is a powerful, free signal that resets your body clock.
- **Wind down the last hour** — dim lights, set the screen aside, do something quiet. Give your mind a runway to land.
- **If you can't sleep, don't fight the bed** — get up, do something calm and dull in low light, and return when sleepy. The bed is for sleep, not for battling your thoughts.
- **Be cautious with long daytime naps** — they can quietly steal that night's sleep.

Movement — the closest thing to a natural antidepressant

Regular physical activity has a real, measurable effect on depression. But forget "exercise" if that word feels impossible right now. Think only **movement**, in the smallest dose that's doable:

- A two-minute walk to the end of the street and back.
- Stretching gently while the kettle boils.
- Stepping outside and standing in daylight.
- Putting on a song and moving however your body wants to.

The dose isn't the point at first — the habit is. A tiny amount most days quietly builds, and motion lifts mood even when it's small.

> **SIZED FOR LOW ENERGY**
>
> Every suggestion in this module has a "floor" version that takes under two minutes. On your worst days, do the floor version — and count it as a complete success. You're keeping the thread of the habit alive, and that's what matters.

Food & basic fuel

Depression often kills appetite or interest in eating, and skipped meals leave you more fragile — shakier mood, less energy, harder thinking. You don't need a strict diet. The goal is gentle, regular fuelling:

- **Eat something at regular times**, even small, even when you don't feel hungry. Don't go long stretches running on empty.
- **Keep easy options on hand** for low days — food that takes no effort to prepare. Tired-you needs the bar to be low.
- **Stay hydrated** — dehydration quietly worsens fatigue and concentration.
- **Notice alcohol** — it can feel like relief but is a depressant that tends to deepen low mood and disturb sleep.

If eating itself has become hard or distressing, please raise it with your therapist or doctor — it's worth proper support, not just willpower.

Routine — give the day a shape

When depression dissolves the structure of your days, time turns into one long, shapeless stretch that rumination loves to fill. A few fixed anchor points restore a sense of ground. You only need three or four:

MY ANCHOR POINTS (A FEW FIXED MOMENTS TO HOLD THE DAY TOGETHER)

Morning anchor	
Midday anchor	
Evening anchor	
Wind-down anchor	

Connection — the antidote to withdrawal

Depression whispers that you should isolate — that you're a burden, that no one wants you around. Following that whisper deepens the depression. You don't have to be social or talk about your feelings. Even small, low-pressure contact helps: sitting where other people are, a brief text, a short call, a walk somewhere with a bit of life around you. Aim for one small dose of human contact most days.

> **Tell one person**
>
> If you can, let at least one trusted person know roughly what you're going through. You don't owe anyone the full story. But carrying this entirely alone makes it far heavier — and the people who care about you generally want the chance to show up. Who could that one person be?

MODULE 5 · THE INNER VOICE

05 Self-compassion

Almost everyone with depression carries a harsh inner critic — a voice that judges, blames, and kicks you when you're already down. You'd never speak to someone you love the way that voice speaks to you. Learning to answer it with the same warmth you'd offer a friend isn't soft or indulgent — it's one of the things that actually helps depression lift.

Hear the critic clearly

The critic works best in the shadows, disguised as truth. Drag it into the light. For a few days, jot down the harsh things it says.

THINGS MY INNER CRITIC SAYS TO ME

The friend test

This is the heart of self-compassion. Take one cruel thing your critic says, and ask: "If someone I loved was suffering and said this about themselves, what would I say back to them?" Then — and this is the hard, vital part — try offering those same words to yourself.

WHAT THE CRITIC SAYS

WHAT I'D SAY TO A FRIEND WHO SAID IT

The three parts of a compassionate response

When you're suffering, try holding these three things together — the formula behind self-compassion:

- **Acknowledge the pain:** "This is really hard right now."
- **Remember you're not alone:** "Suffering like this is part of being human — many people feel this; it's not a personal defect."
- **Offer yourself kindness:** "What do I need right now? Can I give myself a little of it?"

Drop the second arrow

There's an old idea worth keeping: when something painful happens, that's the **first arrow** — unavoidable. But then we fire a **second arrow** at ourselves: "What's wrong with me for feeling this? I shouldn't be like this." The second arrow is the suffering we add on top, and it's the one we can learn to put down. You can't always stop the pain — but you can stop punishing yourself for having it.

A daily practice

Once a day, place a hand on your chest and say — out loud or silently — one genuinely kind thing to yourself, as you would to someone you love. It will feel awkward and possibly false at first. Do it anyway. You are teaching your nervous system a new, gentler default, one repetition at a time.

MODULE 6 · DIRECTION

06 Meaning & values

Depression strips life of meaning and tells you that nothing matters. The way back isn't to wait for meaning to return on its own — it's to reconnect, in tiny deliberate steps, with what mattered to you before the fog rolled in. Values are your compass. Even when you can't feel them, you can still walk in their direction, and the feeling tends to follow the footsteps.

Find your compass points

Values aren't goals to achieve — they're directions to keep moving in: the kind of person you want to be, the things you want your life to be about. Which of these still flicker for you, even faintly?

Connection & relationships · Kindness · Creativity · Learning & growth · Health · Nature · Honesty · Contribution / helping · Adventure · Spirituality · Family · Craft & good work · Play & humor · Courage

TWO OR THREE VALUES THAT STILL MATTER TO ME

Turn a value into one small step

Pick one value and ask: "What's the smallest action I could take this week that points in this direction?" Not a life overhaul — one tiny, concrete step. Valuing connection might mean sending a single message. Valuing creativity might mean ten minutes with a pen. The step is small; the direction is everything.

VALUE

ONE SMALL STEP THIS WEEK

> **Make room for the feeling to be absent**
>
> You may take these steps and feel nothing at first — no spark, no satisfaction. That's expected; a numbed mood is part of depression, not a sign you're doing it wrong. Take the step anyway, for the direction rather than the feeling. Meaning is rebuilt by repeated action, and the sense of it usually returns later, quietly, once the actions have been adding up for a while.

"At first you act it into being. Later, you feel it again."

RELAPSE PREVENTION

Staying well

Recovery from depression is rarely a straight line — there are better stretches and harder ones, and dips along the way are normal, not failures. The goal of this page is to make you the expert on your own depression, so that if a dip starts, you catch it early and act, instead of sliding back down before you notice.

Know your early-warning signs

Before a serious low, there are almost always small early signals — unique to you. Maybe sleep slips first, or you start cancelling plans, or the inner critic gets louder, or you stop replying to messages. Knowing yours turns them into an early alarm rather than a surprise.

MY PERSONAL EARLY-WARNING SIGNS (CHANGES IN SLEEP, ENERGY, THOUGHTS, BEHAVIOR, CONTACT...)

My early-action plan

Decide now what you'll do when you spot those signs — so the plan exists before you need it.

WHEN I NOTICE THE WARNING SIGNS, I WILL...

e.g. restart my daily anchors, return to Module 1's smallest steps, tell my therapist / a trusted person, re-read this workbook, book a session.

My "keeps me well" maintenance list

The handful of things that, when you do them regularly, keep you steady — your non-negotiables once you're feeling better. Often the first things to slip, so protect them.

A DIP IS NOT A DEFEAT

If you slide back, it does **not** erase your progress or mean you're back to square one. You now have skills, insight, and this workbook — none of that disappears in a dip. Returning to the basics is exactly the right move, not a failure. Be as kind to yourself in a dip as you'd be to a friend in one.

TOOLS

Weekly mood & activity tracker

Tracking does two quiet but powerful things: it shows you that your mood actually moves (depression insists it doesn't), and it reveals which activities lift you and which drain you. Fill in a row each evening — one minute is enough.

Day	Mood 0–10	Energy 0–10	Sleep (hrs)	One thing I did that helped
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

THIS WEEK'S PATTERN I NOTICED

ONE THING TO REPEAT NEXT WEEK

Look for the movement, not the average

When you review the week, resist scoring yourself. You're looking for movement and links — "my mood was higher on days I got outside," "the worst day followed the worst night's sleep." Those links are your personal instruction manual for what helps. Bring this page to your sessions.

KEEP THIS WITH YOU

Quick-reference card

Cut this page out, photograph it, or keep it where you'll find it on a hard day — when reading the whole workbook feels like too much.

On a hard day — pick just one

- [ ] **Do one tiny thing.** Shrink it to two minutes. Starting is the whole win. (Module 1)
- [ ] **Move your body for two minutes.** A walk to the door and back counts. (Module 4)
- [ ] **Get daylight** on your face — open a curtain, step outside. (Module 4)
- [ ] **Catch one harsh thought** and ask: "What would I say to a friend?" (Modules 2 & 5)
- [ ] **Send one small message** to one person. You don't have to explain anything. (Module 4)
- [ ] **One kind sentence to yourself**, hand on chest. (Module 5)

In a storm — get through the next few minutes

- **Remember:** this is a wave. It is rising now. It will pass. Ride it.
- **Ground:** name 5 things you see, 4 you feel, 3 you hear, 2 you smell, 1 slow breath.
- **Breathe:** in for 4, out for 6. Long out-breath. Ten rounds.
- **STOP** before acting on any urge: Stop · Take a breath · Observe · Proceed gently.
- **Reach out:** message a person, or contact a crisis line.

If you're thinking of ending your life, call your local emergency number or a crisis line now. You don't have to face this moment alone.

My crisis numbers ↑

"This feeling is real, but it is not forever. The next small step is enough."

APPENDIX

For the clinician

This workbook is designed as a therapist-guided adjunct, not a self-administered cure. The notes below offer a frame for pacing it across presentations and severity levels. Clinical judgement, your own modality, and local standards of care always take precedence.

Pacing by severity

Presentation	Suggested emphasis
Mild	Often well-served by Behavioral Activation (M1), cognitive work (M2), and lifestyle anchors (M4), with self-compassion and values woven through. Trackers support self-monitoring.
Moderate	Lead with M1 to interrupt the withdrawal cycle and build behavioral momentum before heavy cognitive work. Keep tasks very small and graded. Introduce M2 once activation is underway. Use the tracker collaboratively in session.
Severe	Prioritize safety, structure, and the smallest possible behavioral steps; minimize cognitive demand early. Cognitive restructuring may be too effortful at first — favor behavioral activation, routine, and distress-tolerance skills (M3). Coordinate with prescriber/medical care as indicated. Consider frequency and intensity of contact.
Suicidal ideation present	Safety comes first and is a clinical task, not a self-help one. Conduct your own risk assessment; collaboratively complete the Safety Plan and means-safety discussion in session; ensure the client has crisis resources and knows how to use them. This workbook does not replace risk assessment, crisis intervention, or higher levels of care where indicated.

Working principles

- **Introduce one module at a time** and assign small between-session practice; avoid overwhelming a low-energy, low-concentration client with the whole book at once.
- **Localize the crisis resources** on the Safety First pages with the client before they leave with the workbook.
- **Review worksheets in session** — the therapeutic value lies in the collaborative review, not the form alone.
- **Frame setbacks as data** and model the self-compassion the workbook teaches.
- **Mind contraindications** — e.g., titrate exposure to difficult material, attend to trauma, comorbidity, and any agitation that may raise acute risk.

SCOPE

This is a psychoeducational and skills resource grounded in established approaches (Behavioral Activation, Cognitive Therapy, ACT, and distress-tolerance skills). It is not a diagnostic instrument or a standalone treatment, and it does not replace clinical assessment, evidence-based therapy delivered by a qualified professional, medication where indicated, or emergency services.

Prepared as a customizable clinical tool. Review, adapt, and localize before use with clients. · Keep crisis resources current.