

CBT-Based Client Guide

Major Depressive Disorder

Client Workbook

This workbook uses evidence-based cognitive behavioral therapy (CBT) strategies to help you understand and recover from depression. Work through each section with your therapist.

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What Is Major Depressive Disorder (MDD)?

Major Depressive Disorder is characterized by one or more major depressive episodes — periods of at least two weeks in which you experience persistent low mood and/or loss of interest or pleasure, along with other symptoms that significantly impair functioning. Depression is not a character flaw or weakness — it is a treatable condition.

DSM-5 Key Features

Five or more of the following during a 2-week period (must include depressed mood or anhedonia): depressed mood, markedly diminished interest/pleasure, weight/appetite change, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness or guilt, difficulty concentrating, recurrent thoughts of death or suicidal ideation. (APA, 2013)

The Cognitive Model of Depression

Beck's cognitive model of depression proposes that depressed individuals have a **negative cognitive triad**: negative views of the self ('I am worthless'), the world ('Everything is hopeless'), and the future ('Things will never improve'). These negative views are maintained by cognitive distortions — systematic errors in thinking. CBT targets these distortions to shift mood and behavior (Beck et al., 1979).

The Depression Cycle

Depression creates a vicious cycle: negative thoughts lead to low mood, which leads to withdrawal and inactivity, which reduces positive reinforcement and confirms negative beliefs, deepening depression. **Behavioral activation** — intentionally increasing engagement in meaningful activities — is one of the most powerful tools to break this cycle (Cuijpers et al., 2007; Dimidjian et al., 2006).

Important Note on Safety

If you are experiencing thoughts of suicide or self-harm, please tell your therapist immediately. These thoughts are a symptom of depression, not a reflection of reality, and can be treated.

Worksheet 1 - Understanding My Depression

Mapping your depression helps you and your therapist focus treatment. Complete this at the start of therapy.

Current mood level (circle):

0	1	2	3	4	5	6	7	8	9	10
None		Mild		Moderate			Severe			Worst ever

What symptoms am I experiencing most intensely?

What activities have I stopped doing since becoming depressed?

What negative thoughts are most frequent?

What keeps me stuck (barriers to getting better)?

Worksheet 2 - Activity Monitoring

For one week, track your activities and rate your mood. This reveals the relationship between what you do and how you feel.

Day	Morning Activity	Mood (0-10)	Afternoon Activity	Mood (0-10)	Evening Activity	Mood (0-10)
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

What patterns do I notice between activities and mood?

Worksheet 4 · Thought Record for Depression

Use this record when you notice a dip in mood. Identify the thought driving the emotion, examine the evidence, and develop a more balanced perspective.

Situation	Automatic Thought	Emotion (0-10)	Evidence For	Evidence Against	Balanced Thought

Common cognitive distortions in depression:

- All-or-nothing thinking — seeing in black and white
- Mind reading — assuming you know what others think
- Fortune telling — predicting negative outcomes
- Overgeneralization — one event becomes a never-ending pattern
- Personalization — blaming yourself for things outside your control
- Disqualifying the positive — dismissing good things as not counting

Worksheet 5 - Identifying Cognitive Distortions

Write a recent negative thought, then identify which distortion(s) it reflects. Naming the error weakens its power.

Thought 1:

Distortion(s) present:

Reframed, more balanced thought:

Thought 2:

Distortion(s) present:

Reframed, more balanced thought:

Thought 3:

Distortion(s) present:

Reframed, more balanced thought:

Worksheet 6 - Core Belief Work

Core beliefs are deep, global beliefs about the self, others, and the world that form the foundation of the negative cognitive triad in depression. Identifying and modifying them is key to lasting change.

My core belief about myself (e.g., 'I am worthless', 'I am unlovable'):

Evidence that supports this belief

Evidence AGAINST this belief

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A more balanced, compassionate belief I could hold instead:

How would I treat a close friend who held this belief about themselves?

Worksheet 7 - Values and Meaningful Activities

Depression often pulls us away from what matters most. This worksheet helps you reconnect with your values and identify activities that align with them.

Rate how important each area is to you AND how much you are currently living in line with it:

Life Area	Importance (0-10)	Currently Living It? (0-10)	One small step I could take
Family relationships			
Friendships & social connection			
Work / career			
Health & physical well-being			
Creativity & personal growth			
Community & giving back			
Spirituality / meaning			
Leisure & enjoyment			

Worksheet 8 - Relapse Prevention Plan

Recovery is ongoing. This plan helps you recognize early warning signs and respond quickly to prevent a full relapse.

My early warning signs of returning depression:

CBT skills that have been most helpful for me:

Activities that reliably improve my mood:

People I can reach out to:

When to contact my therapist or seek professional help:

Research Finding

Completing a relapse prevention plan at the end of CBT is associated with significantly lower rates of relapse compared to terminating without one (Jarrett et al., 2001). Keep this plan somewhere you can access it easily.

References: APA (2013). DSM-5. | Beck et al. (1979). Cognitive Therapy of Depression. Guilford. | Cuijpers et al. (2007). Acta Psychiatr Scand. | Dimidjian et al. (2006). J Consult Clin Psychol. | Jarrett et al. (2001). Arch Gen Psychiatry. | Martell et al. (2001). Depression in Context. Norton.