

Cognitive-Behavioral Therapy for Insomnia in the Military

PATIENT GUIDE

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Session 1: Sleep Basics

1. Why is sleep vital to life?

First, sleep affects the body's metabolism and immune system. Getting enough sleep allows the body to repair, **restore**, and heal itself.

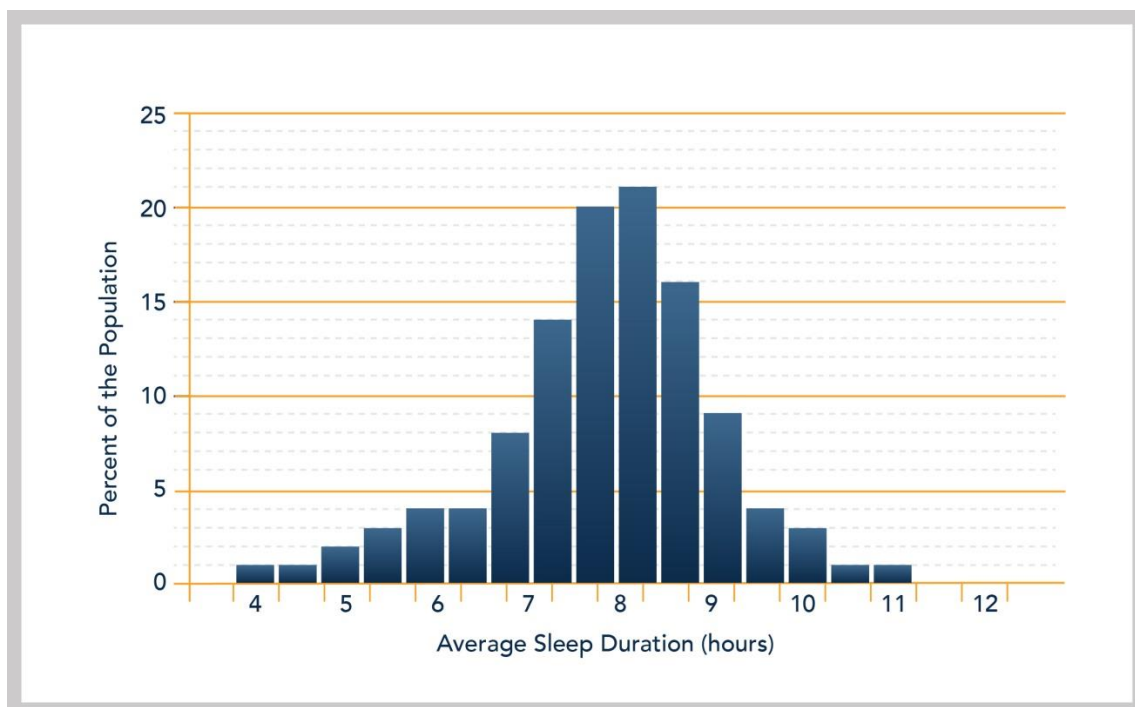
Second, sleep impacts the brain's ability to **organize and store memories**. Getting enough sleep enables you to perform complicated mental tasks more effectively and better remember things.

Third, sleep affects daytime alertness and concentration. Getting enough sleep enables you to perform well. Lack of sleep affects performance on routine, repetitive tasks. Getting enough sleep helps you perform dangerous tasks safely. So, sleep is important for every job in the military.

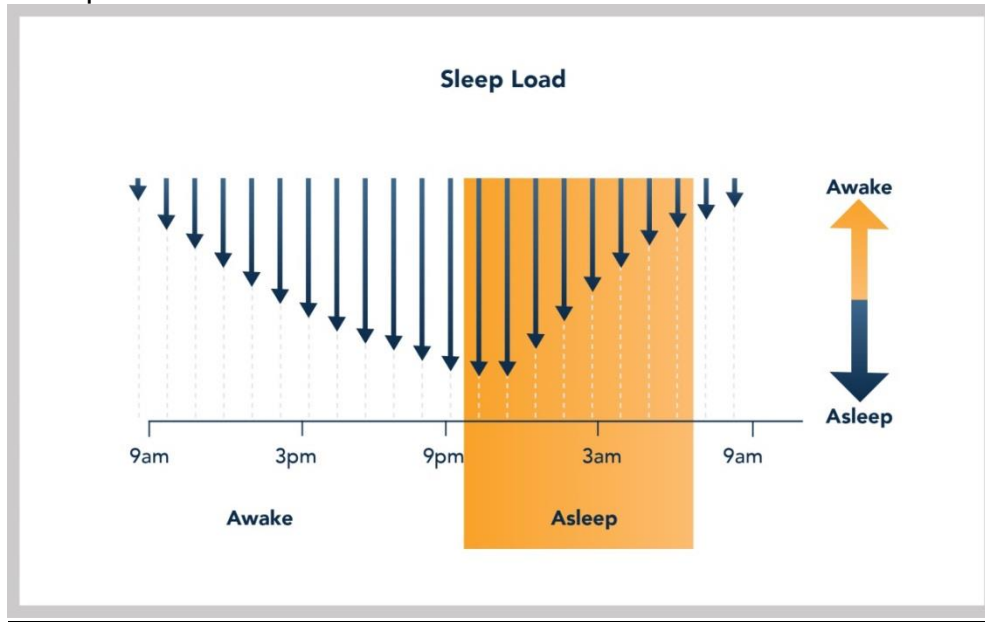
Essentially, when we sleep well, we wake feeling ready to take on the day's challenges. When we don't sleep well, little problems can seem much more difficult.

2. Sleep Drive: How much sleep do I need?

Unfortunately, it's a common belief that a *specific amount of sleep* is necessary. In fact, the amount of sleep required for good health and performance depends on the individual. Experts usually recommend that adults get about 7-9 hours of sleep each night. Some people need more and some need less. It's important to determine the amount of sleep that is *actually* needed in order to feel well-rested. A general guideline is to get enough sleep so that fatigue isn't a problem during the day.

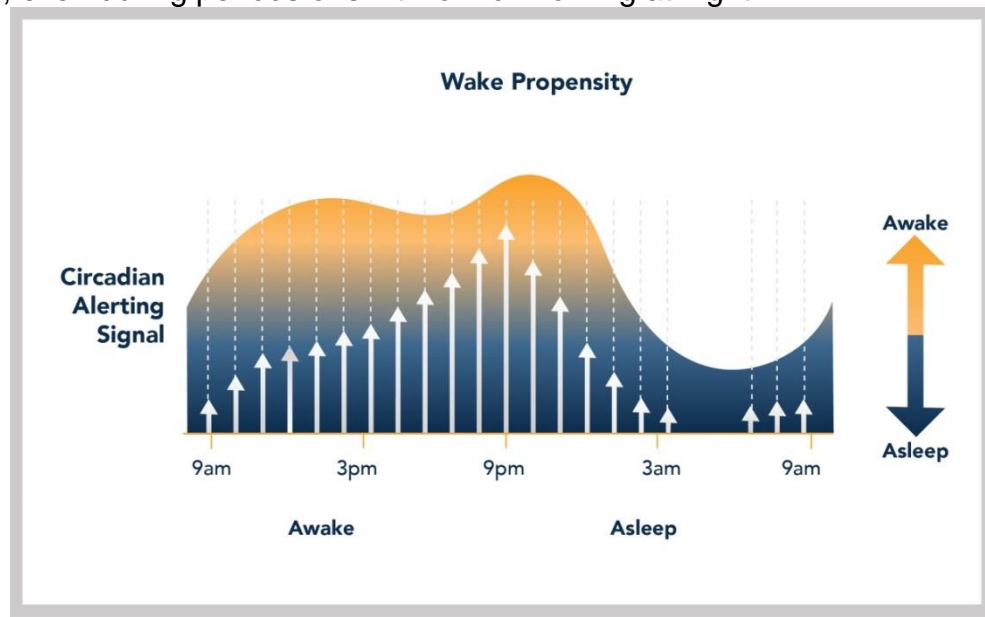


The longer you have been without sleep, the more your body starts to need it. Likewise, the longer you sleep, the less your body needs it. This is similar to the drive for food and water – the more recently you’ve eaten, the less hungry you feel. In the figure below, you can see that the arrows representing a typical sleep drive get longer and longer throughout the day as you get further from having slept. At night right before you go to bed is when you have built up the greatest sleep pressure, which is part of what helps you get to sleep.



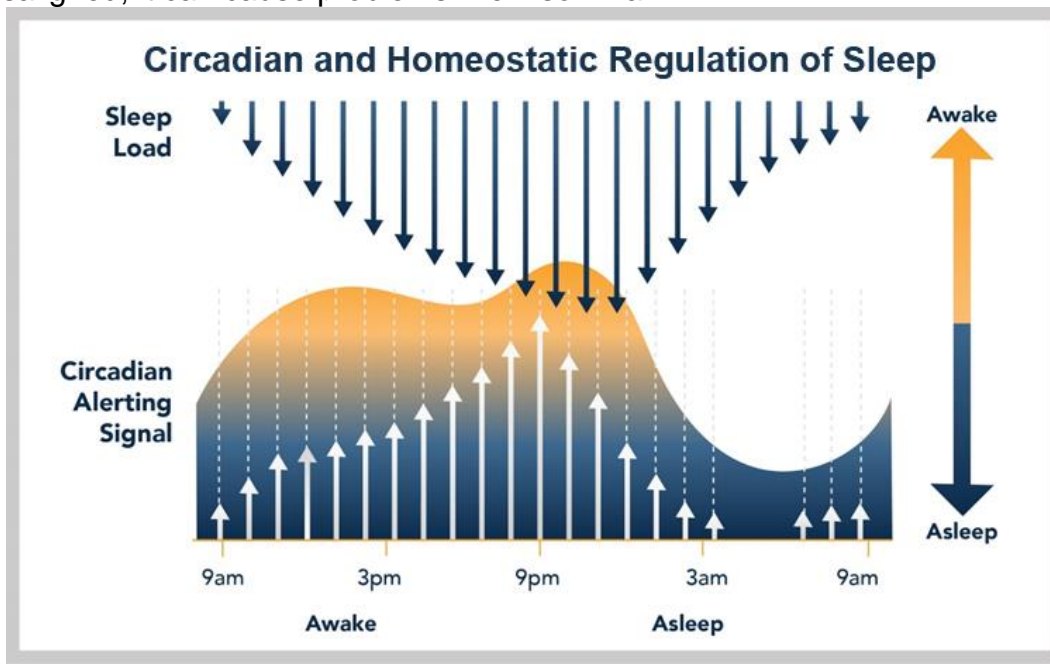
3. Sleep Cycles

Humans are programmed to be awake during the day and to sleep at night. This automatic routine is called the ***circadian rhythm***. The circadian rhythm can't be easily reversed, even during periods of shift work or working at night.



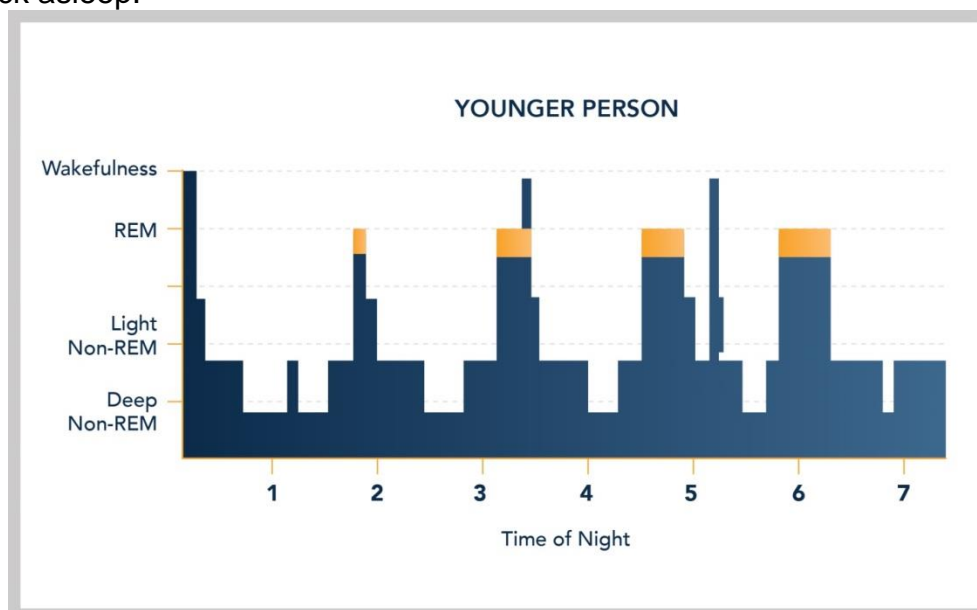
4. Sleep Drive and Sleep Cycles Work Together

Your sleep drive and your sleep cycles work together to regulate your sleep. When they are misaligned, it can cause problems like insomnia.



5. Sleep Stages

During the first four stages of sleep, your sleep will slowly get deeper and more restful. The fifth and final stage is called rapid eye movement, or REM sleep. Dreaming, including nightmares, usually occurs during the REM sleep stage. Although it's common for people to wake up as they shift from one sleep stage to the next, *most people fall right back to sleep*. Looking at the clock each time you wake up makes it more difficult to fall back asleep.



6. Insomnia

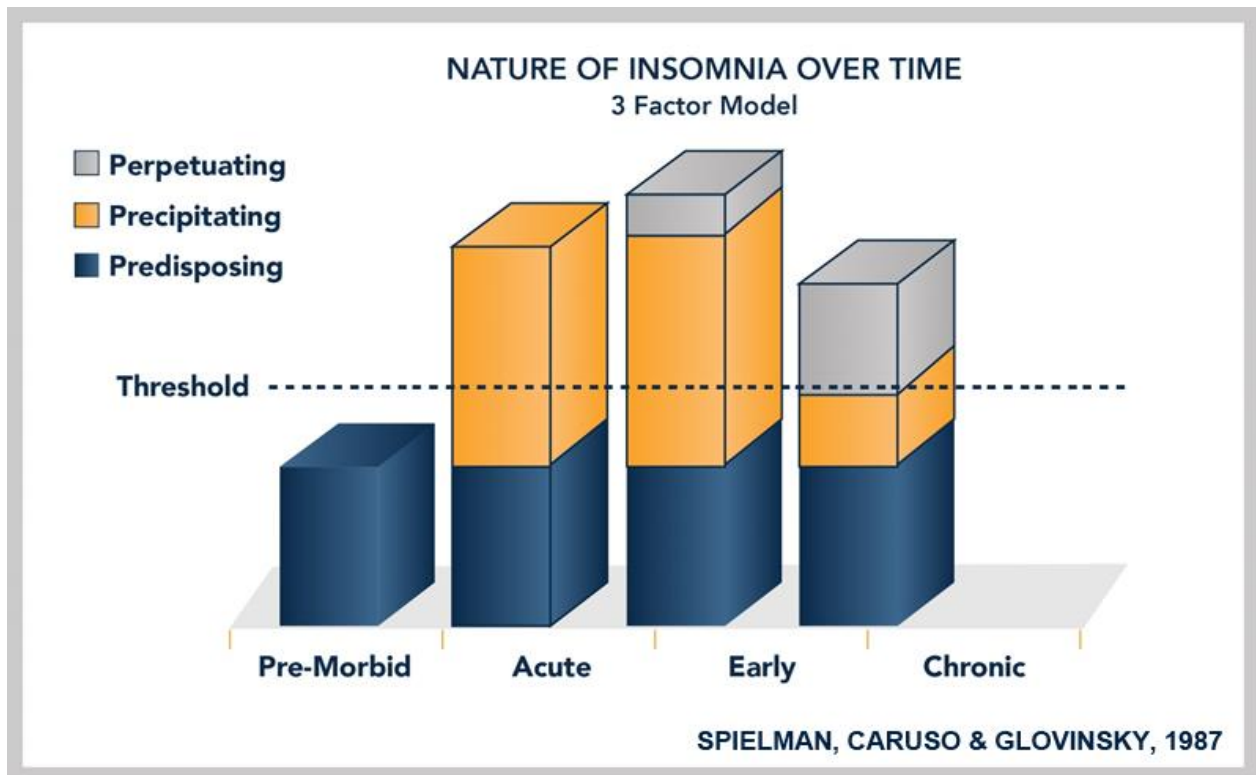
Insomnia is defined as having trouble falling asleep or staying asleep. Insomnia is a common problem that can be brief or long-lasting. In some cases, a person with insomnia may fall asleep easily but wake too soon. In other cases, the problem is falling asleep. In either case, the result of insomnia is poor-quality sleep and a lack of feeling refreshed in the morning.

A person struggling with insomnia usually experiences one or more of the following:

- A hard time falling asleep
- A hard time staying asleep
- Waking up many times at night
- Waking up earlier than planned
- Feeling tired and not well rested
- Having a hard time focusing
- Not doing a good job
- Not being able to complete tasks
- Feeling anxious, depressed, or irritable

Insomnia is usually a result of many things that when combined result in difficulty sleeping. Like the many pieces of a puzzle that when put together make a complete picture, the things listed below are some of the pieces that make a person vulnerable to insomnia. You don't need to have all of these and this list doesn't include everything, but this list should help you see that your sleep problems may be the result of many things.

7. The 3P Model



Predisposing Factors

Things that put people at risk for insomnia are called predisposing factors. For example:

- Increased muscle tension
- Worrisome thinking style
- Poor sleep habits
- Aging
- Genetics

As you know, deployments can be tough on sleep. Research shows that 74% of deployed service members report sleep problems. Along with mission demands, the natural tension associated with being in a combat environment can cause insomnia episodes. Additionally, for many deployed service members, noise, uncomfortable sleeping conditions, long work hours, and frequently changing sleep schedules can contribute to insomnia.

Precipitating Factors

Things that come before and bring on a period of insomnia are called precipitating factors. For example:

- New stressful situations (deployment, new infant, etc.)
- Grief
- Family conflict
- Work problems
- Medical problems
- Change in schedule (shift work, etc.)

Insomnia that is a result of stress may go away on its own during periods when life is less stressful, but for some people insomnia continues even after things improve. This type of insomnia is generally considered chronic (i.e., last more than one month). Chronic insomnia is a widespread problem. It is perhaps the most frequent health complaint after pain. One poll found that 36% of Americans suffer from some type of sleep problem, with 27% reporting occasional insomnia and 9% reporting chronic insomnia. Post-deployment screening of returning Operations Iraqi Freedom and Enduring Freedom service personnel found that 18% reported insomnia. Although the stressors associated with deployment may have started problems with insomnia, there are likely harmful habits begun to cope with the insomnia that are keeping the insomnia going long after the deployment. You don't need to have all of these and this list doesn't include everything, but this list should help you see that your sleep problems are a result of many things that change over the course of your insomnia.

Perpetuating Factors

Poor sleep habits that keep insomnia going over time are called perpetuating factors.

For example:

- Irregular sleep schedule
- Excessive time in bed
- Doing activities in bed other than sleep or sex
- Sleeping in late after a bad night's sleep
- Sleeping in on the weekends
- Taking long naps in the afternoon
- Drinking a lot of caffeine/energy drinks
- Doing alerting activities close to bedtime (hard work out, etc.)
- "Standing guard" at home or in bed
- Worrying
- Medications for other health problems

If you have chronic insomnia, then this treatment may be able to help you sleep by targeting these perpetuating factors. Next session, we will talk specifically about some of these harmful habits and how to fix them.

8. Cognitive-Behavioral Treatment for Insomnia

Cognitive-behavioral procedures for insomnia have been extensively tested throughout the world and are effective. About 75% of people with chronic insomnia benefit from this intervention. After treatment, individuals typically experience a 50-60% reduction in the time it takes to fall asleep and/or time awake after going to sleep.

With this treatment, most people experience substantial improvement in about 4 weeks. However, during the first week of practice some people report that they feel worse. After about 3 to 4 weeks of consistent practice people start to experience significant benefits. You need to be willing to stick to the procedures even if you feel worse at the beginning of treatment.

The procedures are highly structured and will require time, patience, and effort. To achieve your goals of falling asleep quickly at bedtime and/or of reducing the time spent awake in the middle of the night, it is important that you follow all the guidelines. You cannot choose only those that seem least painful. The benefits of these highly effective procedures are related directly to how closely and consistently you follow the guidelines.

For the first few nights you may be getting up many times before you fall asleep. You are likely to be sleepy the next day. You may become discouraged and even think about discontinuing behavioral treatment. You will think of many reasons why you can't or shouldn't follow the guidelines. Remind yourself that for most individuals the worsening of sleep is only temporary and is the path to a future of better sleep. You will see gradual and long-term improvement in your sleep. People tell us that regaining control of their sleep was definitely worth the temporary disruption caused by following the guidelines. So, don't talk yourself out of gaining control of your sleep. Rather, talk yourself into sticking with it!

Session 1 Home Practice

Getting the most out of this treatment means practicing the skills you learn here.

Your assignment between now and session two is to **monitor your sleep and daytime habits with your sleep log.**

Sleep Log Instructions

General Instructions

- **What is a Sleep Log?** A sleep log is designed to gather information about your daily sleep pattern.
- **How often and when do I fill out the sleep log?** It is necessary for you to complete your sleep log **every day**. If possible, the sleep log should be completed **within one hour of getting out of bed** in the morning.
- **What should I do if I miss a day?** If you forget to fill in the log or are unable to finish it, leave the log blank for that day.
- **What if something unusual affects my sleep or how I feel in the daytime?** If your sleep or daytime functioning is affected by some unusual event (such as an illness, or an emergency) you may make brief notes on your log.
- **Will answering these questions about my sleep keep me awake?** This is not usually a problem. You should not worry about giving exact times, and you should not watch the clock. Just give your best estimate.

Item Instructions

Use the guide below to clarify what is being asked for each item of the Sleep Log.

Date. What was yesterday's date (i.e., night you went to sleep)?

1. What time did you get into bed? State the time that you got into bed. This may not be the time you began "trying" to fall asleep. Sometimes people get into bed and read, watch TV, or other things. That is the time you should put down for this answer. *What we want to know here is when you first got into bed for the night.*

2. What time did you "try" to go to sleep? Record the time that you began "trying" to fall asleep. This may or may not be different from your answer for question 1. Some people begin trying to go to sleep as soon as they get in bed, while others get into bed and read, watch TV, or other things. *What we want to know for this question is when you first started trying (e.g., closed your eyes, turned out the lights and TV, closed your book) to go to sleep.*

3. How long did it take you to fall asleep? Beginning at the time you wrote in question 2, how long did it take you to fall asleep?

4. How many times did you wake up, not counting your final awakening? How many times did you wake up between the time you first fell asleep and your final awakening?

5. In total, how long did these awakenings last? What was the total time you were awake between the time you first fell asleep and your final awakening. For example, if you woke 3 times for 20 minutes, 35 minutes, and 15 minutes, add them all up ($20+35+15=70$ min or 1 hr and 10 min).

6. What time was your final awakening? Record the last time you woke up in the morning.

7. What time did you get out of bed for the day? What time did you get out of bed with no further attempt at sleeping? This may be different from your final awakening time (e.g., you may have woken up at 0625 but did not get out of bed to start your day until 0720).

8. How would you rate the quality of your sleep? "Sleep Quality" is your sense of whether your sleep was good or poor.

9. In total, how long did you nap or doze yesterday? Estimate the total amount of time you spent napping or dozing, in hours and minutes. For instance, if you napped twice, once for 30 minutes and once for 60 minutes, and dozed for 10 minutes, you would answer "1 hour 40 minutes." If you did not nap or doze, enter 0 hours 0 minutes.

10. Comments: Please comment on anything that you would like to tell us that is relevant to your sleep such as you were woken up by a dog barking, kids crying, or some other disturbance.

Sleep Log

ID: _____

	Sample							
Yesterday's date	4/5/11							
1. What time did you get into bed?	2015 hrs							
2. What time did you try to go to sleep?	2130 hrs							
3. How long did it take you to fall asleep?	55 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last?	70 min							
6. What time was your final awakening?	0635 hrs							
7. What time did you get out of bed for the day?	0720 hrs							
8. How would you rate the quality of your sleep? (0=Very Poor, 1=Poor, 2=Fair, 3=Good, 4=Very Good)	3							
9. In total, how long did you nap or doze yesterday?	45 min							
10. Comments (if applicable):	I have a cold 10 mg Ambien 4 beers							

Session 2: Sleep Schedules

The body naturally tries to have a regular schedule of sleep. However, when sleep problems first start people will often change their sleep habits to try to make up for the lack of sleep (such as napping, sleeping in on weekends, etc.) or to try to ensure they get enough sleep (such as going to bed 2 hours earlier since it takes 2 hours to fall asleep). Although such changes may help in the short run, they actually keep sleep poor. Over time, these changes result in your bed and bedroom getting in the way of your body's natural drive to sleep because the bed becomes a trigger for being awake and frustrated rather than a trigger for sleep. In this session we will discuss specific changes in sleep habits that will enable you to create a regular sleep routine and to retrain your body to fall asleep more easily and sleep more soundly.

These changes are the **most important** parts of treatment, but also the most difficult to stick with. The success of this treatment depends on how closely you stick to these guidelines. Because these changes are the most difficult to follow every night, some tips to sticking with this program are provided at the end of this session.

This program is not a quick fix. Most people sleep worse the first 1 to 2 weeks, then see their sleep slowly improve for the next 4 to 8 weeks. The first few weeks are like the first few weeks of starting a new exercise program. It will be hard and you won't feel any of the benefits to start with and will feel worse during the day. But like exercise, when you stick with it, in a few weeks you start seeing the benefits and it gets easier. To give this program a fair chance, you need to stick with it for at least 8 weeks. If you have a job where increased sleepiness is a safety hazard, you should talk to your supervisor and tell them about the program and the possibility of increased sleepiness for at least the first couple of weeks. It may be necessary to modify your duties during that two week period.

But before we get into the sleep retraining procedures, it's important to understand how what you are doing may be hurting your sleep instead of helping. Use this information to help you stick with these procedures and not fall back into these hurtful habits during the first few weeks when you may sleep more poorly.

Helpful Habit #1: Use your bed only for sleep and sex

Using your bed and bedroom only for sleep and sex helps these areas become triggers for falling asleep faster. Just as you may associate the kitchen or table where you eat with hunger, this guideline will help your body relearn to associate sleep with your bed and bedroom. Follow this rule both during the day and at night. You must train your body and mind to think "sleep" when you get into bed.

Avoid doing activities that you do when you're awake, such as watching TV, talking on the phone, or checking email, in your bed or bedroom. It is best if you remove all things from your bedroom that remind you of anything other than sleep such as TVs, computers, anything to do with work, cell phone, books, etc. If you live in a dorm or

barracks, then either try to make the sleeping environment as distinct as possible from the daytime activity area or go out to a common area when you are awake.

Helpful Habit #2: Take at Least 1 Hour to Unwind Before Bed

The brain is not a light switch that you can just turn on and off. Most of us cannot expect to go full speed until 10:00 PM then easily fall asleep at 10:30 PM. It helps to do something to wind down before your planned bedtime. This will also help you be sleepy at your planned bedtime.

So, how do you get into the sleep mode? One very effective way is to create a sleep routine. Sleep routines are things you do before bed that become signals to your body and mind that it's time to wind down and sleep. If you do the same routine before going to bed for a week or two, your mind and body will learn automatically to switch into sleep mode. For example, darkness and quiet are signals that it's time to sleep, so a sleep routine would be to turn off the lights and any forms of auditory stimulation such as music, television, and so on.

Environment

Here are some things you can do to cue your body and mind to rest by making your sleeping environment as soothing and comfortable as possible. Check suggestions you would consider:

- Keep lights off or dim
- Wear an eye mask
- Reducing noise
- Wear ear plugs
- Making the room cool, but not cold
- Making the bed comfortable
- Put away school/work related items
- Other: _____

Remember: make it your goal to reduce activity and stress before bedtime to help your mind and body switch gears and prepare it for sleep.

Activities

Now that you've changed your sleep environment, which of these activities might help you relax yourself before bed, *outside of the bedroom*?

- Watch calming TV show/movie
- Listen to soothing music
- Read magazine/book
- Meditate
- Take a warm bath
- Pray
- Other: _____

Remember that your goal is to switch your mind and body into sleep mode.

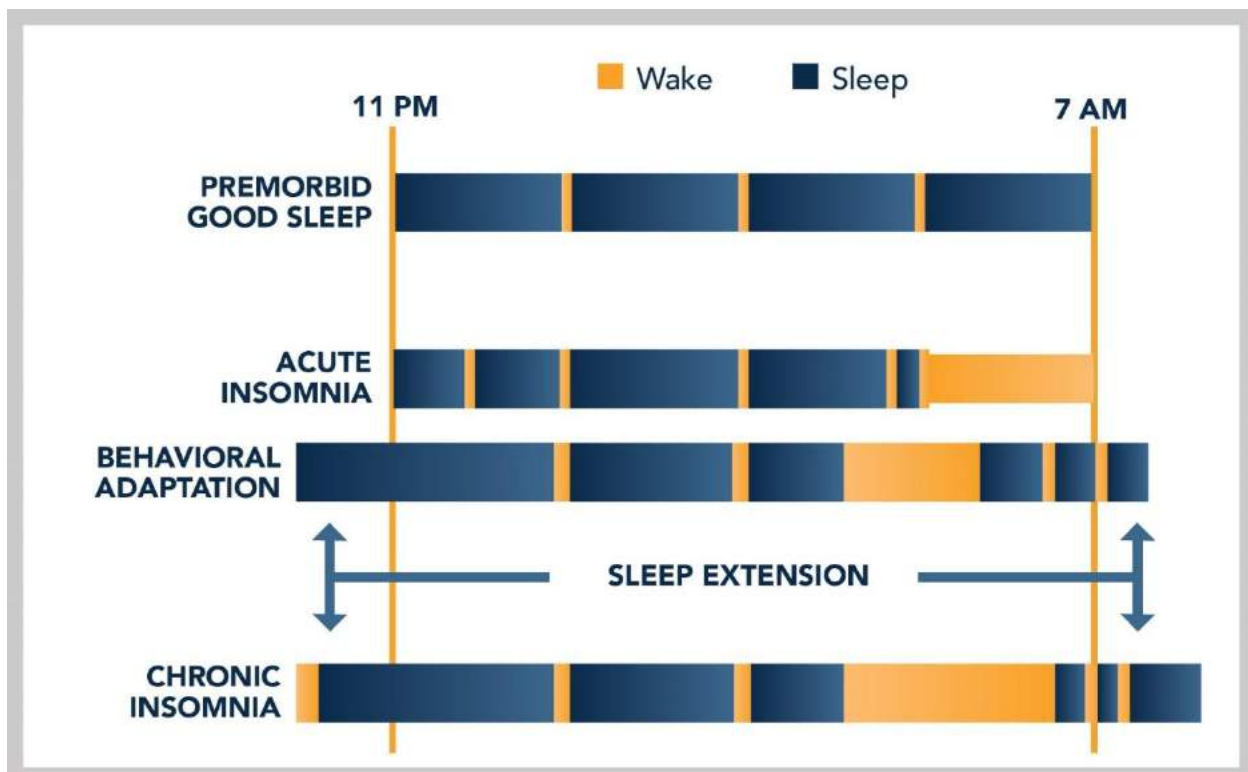
Helpful Habit #3: Keep a Regular Sleep Schedule

One of the best things you can do to overcome sleep problems is to set a regular sleep schedule and stick to it. Following a set bedtime and wake-up time will regulate your sleep/wake cycle, establish a healthy sleeping pattern, and strengthen your circadian rhythms.

Harmful Habit: Going to bed early.

People with sleep problems often go to bed early to make up for lost sleep or because they are tired after a sleepless night. Do you ever go to bed early to “catch up” on sleep? Unfortunately, this habit can actually make sleep problems worse.

1. Going to bed earlier may work during brief periods of sleep deprivation but not with chronic insomnia. It may even make your insomnia worse, because there are long periods of being awake in bed.
2. Getting sleep at times that don't fit your natural sleep cycle will disrupt your sleep routine.
3. Each time you go to bed early because you didn't get enough sleep the previous night, you are retraining your body to shift toward an earlier bedtime that is not consistent with your established or desired sleep routine.



Harmful Habit: Sleeping in late.

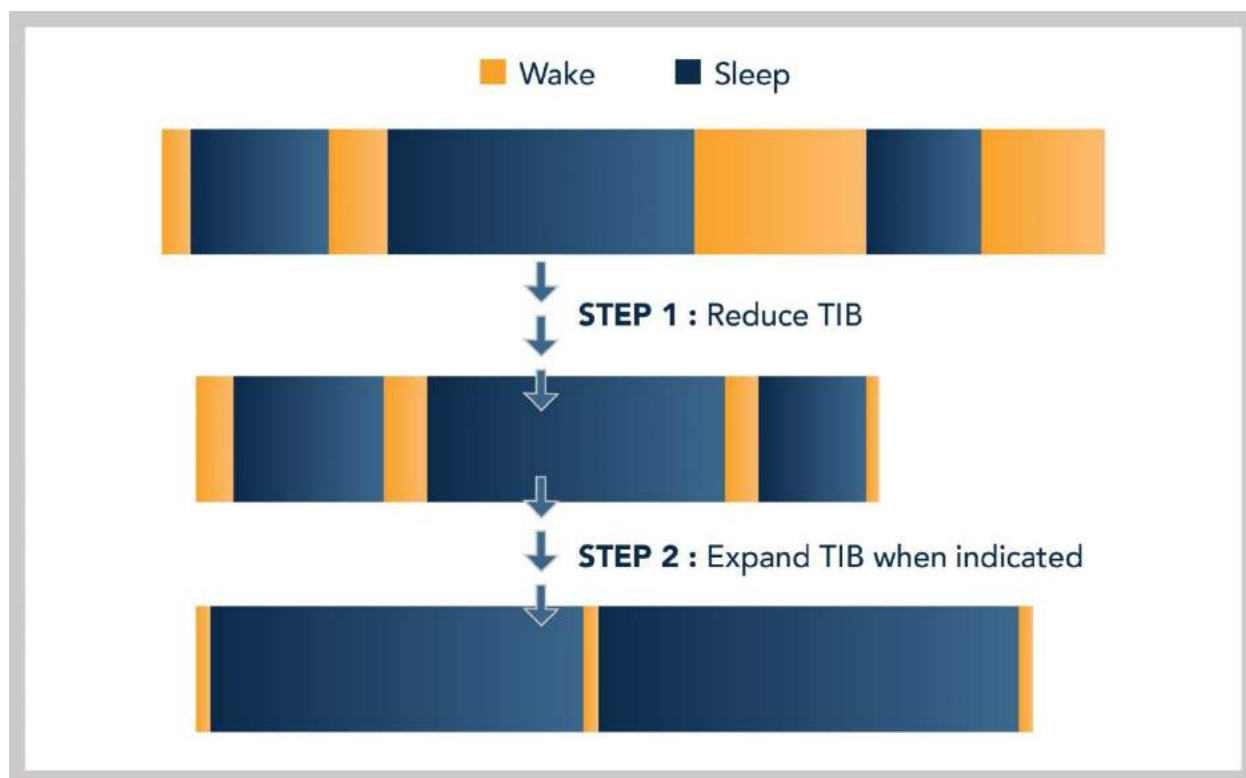
One of the most common ways that people cope when they haven't been getting enough sleep is to sleep in late, especially on weekends or on days off from work. People frequently sleep in late because they think they need to catch up on the sleep

they missed or simply because they are tired. Sleeping in late can hurt your sleep cycle. You are shifting your circadian rhythm later, making it more difficult for you to fall asleep that next night. When you sleep in you are less likely to fall asleep and stay asleep at your planned bedtime for the next night. When experiencing chronic sleep problems, it is a hurtful habit to sleep in more than an hour after your planned waking time.

Here is a helpful analogy to understand why a sleep schedule and setting a wake and sleep time is so important to getting your sleep back on track.

- Imagine you have enough pizza dough to make a decent 6 inch pizza **[Use average Total Sleep Time instead of 6 here]**.
- Now, imagine you try to spread that dough over a 10-inch pizza pan **[Use average Time in Bed instead of 10 here]**.
- It is probably going to be thin in spots, thick in others, and have some holes in it. Sounds a lot like your sleep doesn't it?
- Like pizza dough, to get you back on track, we need to roll up your sleep into one solid piece and gradually stretch the sleep over longer periods of time.

Now if you have ever worked with pizza dough, you know that you cannot just roll it into a ball and start right over, because the cracks you made remain. You have to knead the dough for a few minutes until it is a solid mass again. We have to do the same with your sleep. We need to make it into a solid mass (Step 1 below) before we can start spreading **it out to its maximum length** (Step 2 below). Once your sleep is solid, we will slowly start expanding it until it is the right quantity for you.



Troubleshooting

When staying awake until your new bedtime or resisting napping when sleepy in the daytime, find things to do that will help you stay awake and fight the urge to take a nap or go to bed before your planned bedtime. Doing physical activities (e.g., housework, walking) rather than mental (e.g., reading) or sedentary activities (e.g., watching TV) will help the most. Now, let's identify ways to stay awake when you're tempted to go to bed early. Here are activity suggestions you might do to stay awake before it's time to start your relaxing pre-sleep routine.

- Play a video game
- Watch a favorite TV show
- Play with a pet
- Talk to a friend on the phone
- Text message a friend
- Surf the internet
- Read an interesting book
- Do chores
- Light exercise (e.g., stretching, yoga)
- Other _____

You will need to get up at this same time no matter how badly you slept or how little sleep you got that night (You can probably already see why this program can be hard to stick with!). You will likely be tempted to stay in bed in the morning if you did not sleep well, but it is **very important** to force yourself to get out of bed. This rule is designed to reset your internal biological clock and your sleep-wake rhythms. *Getting out of bed at a regular time is the most important step in resetting your biological clock!* **Set your alarm clock.**

You may also want to plan fun, social, work, or family activities first thing in the morning on weekends to help you want to get up when the alarm goes off. Examples include going to the gym, scheduling to meet friends (e.g., coffee shop, gun range, breakfast, early services at church). Others find it helpful to reward themselves for waking (e.g., expensive coffee, a nice breakfast). Some people find this program easier if they are allowed to sleep in for at most an hour on the weekends. It is important to know that this will likely slow your progress.

Helpful Habit #4: Go To Bed Only When You Are Sleepy.

If you are not sleepy, you will not fall asleep. Therefore, there is no reason to go to bed if you are not sleepy. When you go to bed too early, it only gives you more time to become frustrated. People often lay in bed thinking about the events of the day, planning the next day's schedule, or worrying about the fact that they aren't falling asleep. Thinking about such things just makes you more awake that night and keeps your insomnia going overtime. Therefore, you need stay out of bed until you are sleepy. This may mean that you go to bed even later than your planned bedtime. That is normal and common the first 1 to 2 weeks in the program. Also, remember to stick to your planned time to get up regardless of the time you go to bed!

It is also important to know that sleepy is different from tired. Wait until you feel things like your eyes closing, your head bobbing, yawning, or you are having problems concentrating like having to keep re-reading the same thing over and over. Just feeling tired or worn out is not a sign of sleepiness so do not go to bed until you are having some of these signs of *sleepiness*.

Helpful Habit #5: Get Out of Bed if Awake More than 15 Min

Get out of bed if you don't fall asleep soon after you go to bed. Remember, the goal is for you to fall asleep quickly. This rule helps you begin to fall asleep quicker over time by helping the bed become a trigger for sleep rather than a trigger for being awake and frustrated. Once you get up, do not go back to bed until you are sleepy again.

We don't want you to watch the clock so just estimate when about 15 minutes has passed. If you start to wonder if 15 minutes has passed, then it is probably time to get up.

Here's what you should do if you find yourself unable to sleep after 15 minutes.

- *Get out of bed* and do something quiet and relaxing somewhere else.
 - Even quiet and relaxing activities such as reading will teach your brain to stay awake *if you do them while you're in bed*.
- Avoid turning on bright lights or doing activities that will energize you.
- Return to your bed only when you are **sleepy**.

Here are some examples of relaxing activities.

- Read a relaxing book or calming magazine
- Read military training materials
- Make a cup of herbal tea (not green or caffeinated)
- Drink a glass of milk
- Meditate
- Write in a journal
- Practice deep breathing or other relaxation exercise
- Listen to soothing music
- Work on an easy crossword puzzle
- Give yourself a mini-massage
- Watch a movie on DVD or a TV show on DVR (you can pause when you get sleepy)
- Other _____

Plan these things in the day, not when you wake up. Prepare the things you will need when you get out of bed (e.g., robe, book, etc.) before your planned bedtime.

Repeat this procedure if you are awake more than 15 minutes in the middle of the night.

Helpful Habit #6: Avoid Naps

Naps can hurt your sleep cycle. People frequently take naps because they think they need to catch up on the sleep they missed or simply because they are tired and think they need a nap to get through the day. When tired, it's tempting to take a *long nap (over an hour)*. When you nap for long periods of time or close to bedtime, you're less likely to fall asleep on time and stay asleep. This is because we all have a certain amount of sleep we need each day (e.g., 7 hrs), such as a sleep allowance or a sleep bank. When you nap for longer than half an hour, you are withdrawing sleep time from your nighttime sleep bank. This will make it harder to fall asleep at your bedtime and/or stay asleep.

Most sleep experts agree that naps can affect both your circadian rhythms as well as your sleep need at night, which almost always makes sleep rhythms worse and makes it harder to go to sleep that night. Therefore, it is important to avoid them if at all possible. This rule will help your body to acquire a consistent sleep rhythm so that you feel drowsy and ready to sleep at about the same time each night.

If you often feel the need to nap in the early afternoon, this is a normal part of the circadian rhythm called the "post-lunch dip." Try to get active during times you think you need to nap, even if that just means running stairs or doing a minute of pushups and a minute of sit-ups. This will increase alertness and help you sleep better at night. *Plus, it can count as PT time.*

One option is to set "exercise breaks" for your whole shop/office/team: do 20 pushups, 20 jumping jacks, and/or run in place for 2 minutes. This both addresses the constant emphasis on physical fitness and also gets everyone a little more alert in the afternoon.

However, we understand that sometimes people need naps to help them make it through the day or to be able to safely perform their duties. If you must nap, take short naps (*less than 30 minutes*) before 1500. However, it can be hard to wake up after less than 30 minutes.

Here are some suggestions for ensuring that you keep your nap brief:

- Ask a friend or family member to wake you up
- Set an alarm at the other side of the room or outside your room
- Create a reminder for myself and place it by your bed
- Set multiple alarms
- Plan an activity that you enjoy doing upon waking
- Other _____

Here's a quick tip about alarm clocks. If you don't tend to hear an alarm or if you tend to hit the snooze button to postpone getting up, know that there are new types of alarm clocks that address these problems. For instance there are clocks that have an extra loud alarm, roll or fly around the room when the alarm goes off so you have to get out of bed to turn them off, or gradually and gently wake you from sleep with a light that goes from dim to bright with soothing sounds prior to the alarm sounding.

Sticking To The Program: To Sleep Better in the Long Run

We know that it can be difficult to stick to this program. However, it is important to remind yourself that the rules in this program have helped thousands of people sleep better. You may have tried other things to try to sleep which help in the short run but don't help in the long run. Sticking with this program will get most people sleeping much better for the long run. The tips below may help you to stick to your new planned sleep habits.

1. Remember this program is only for 6 weeks.

- This program is not a quick fix.
- Most people's sleep is worse the first 1 to 2 weeks, then their sleep slowly improves for the next 4 to 6 weeks.
- The first few weeks are like the first few weeks of starting a new exercise program.
 - It will be hard and you won't feel any of the benefits to start with.
 - But like exercise, in a few weeks you start seeing the benefits and it gets easier.
- Isn't sticking to the program for the short-term worth it if your sleep improves for the long-term?

2. Get someone to help you stick with the program.

- Have friends/family members help you stick to your sleep plan. For example, a family member could play a game with you to help you stay awake until bedtime or ask you each morning how you did.
- Don't worry about waking up someone when you have to get up in the night. They will likely be deeply asleep and will not notice you getting out of bed.
- If they do wake up when you get up, ask them to try moving to a different bedroom during this treatment program.

3. Get help from work.

- If you have a job where increased sleepiness is a safety hazard, you should talk to your supervisor and tell them about the program and the possibility of increased sleepiness for at least the first couple of weeks.
- It may be necessary to modify your duties during that two week period.

Hang in There!! Things Will Get Better!!

For the first few nights you will likely be getting up many times before you fall asleep. You will become sleepy and your functioning may be somewhat impaired the next day. You may become discouraged and even think about dropping out of treatment. You will think of many reasons why you can't or shouldn't follow the guidelines.

Remind yourself that for most individuals the worsening of sleep is only temporary and is a signal that you will see gradual and long-term improvement in your sleep. People tell us that regaining control of their sleep was definitely worth the temporary disruption caused by following the guidelines.

So don't talk yourself out of gaining control of your sleep. Every excuse has either a good rebuttal or solution - we've heard them all! Give yourself the chance for improved sleep.

Session 2 Home Practice

Getting the most out of this treatment means practicing the skills you learn here.

Your assignment between now and session three is to **monitor your sleep habits with your sleep log** and **practice your new sleep plan** that we developed today.

Sleep Log

ID: _____

	Sample							
Yesterday's date	4/5/11							
1. What time did you get into bed?	2015 hrs							
2. What time did you try to go to sleep?	2130 hrs							
3. How long did it take you to fall asleep?	55 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last?	70 min							
6. What time was your final awakening?	0635 hrs							
7. What time did you get out of bed for the day?	0720 hrs							
8. How would you rate the quality of your sleep? (0=Very Poor, 1=Poor, 2=Fair, 3=Good, 4=Very Good)	3							
9. In total, how long did you nap or doze yesterday?	45 min							
10. Comments (if applicable):	I have a cold 10 mg Ambien 4 beers							

Session 2 Information Review

Here is a quick review to make sure you understood everything we covered.

- | | | |
|--|------|-------|
| 1) Even if you didn't sleep well last night, it's healthier to get to bed at the same time and not try to make up lost hours of sleep. | True | False |
| 2) It's best to get up at the same time every day, even on the weekends. | True | False |
| 3) If you take a long nap during the day, it will help you make up for missed sleep. | True | False |
| 4) It's best to stay in bed awake as long as possible when you're trying to get back to sleep. | True | False |
| 5) As long as they are quiet activities, it's okay for people with sleep problems to do things like read or watch TV in bed. | True | False |

My New Sleep Plan

(To be completed with information from healthy habits sections)

1. I will use the bed/bedroom for sleep and sex only
2. I will not watch TV, listen to the radio, eat, or read in bed.
3. I will take at least an hour before bedtime to unwind. I will do the following to
unwind: _____ or _____
or _____.
4. I will set a reasonable bedtime and arising time and stick to them.
 - My **new** bedtime will be no earlier than about _____ (or later if I am not yet sleepy).
 - My **new** rise time will be _____ every day, no matter how bad I slept that night.
5. I will _____ or _____
to help me get up in the morning at the same time every day.
6. I will go to bed only when I am sleepy. I know I am sleepy when

_____.
7. I will get out of bed if I can't fall asleep or go back to sleep in about 15 minutes (I will not clock-watch); I will return to bed only when I feel sleepy. I agree to repeat this step each time I wake up during the night.
8. When I get out of bed in the night I will do the following:
_____ or _____
or _____.
9. I will not nap during the day.

Session 3: Sleep Hygiene

Guidelines for Healthy Sleep

Good dental hygiene is important in determining the health of your teeth and gums. We all know we are supposed to brush and floss regularly. Those who do so are more likely to have strong, healthy gums and fewer cavities. Similarly, good sleep hygiene is important in determining the quality and quantity of your sleep. Below are guidelines for good sleep hygiene practices. Review these guidelines and evaluate how well you practice good sleep hygiene. If you identify areas you are not following these guidelines, try to make changes this week to bring yourself more in line with the below list.

Helpful Habit #1: Stop Drinking Caffeine After Noon

Although small amounts of caffeine may improve alertness, caffeine lasts for hours in the body and can interfere with quality of sleep. Caffeine is one of the most widely used drugs in the world. Caffeine is commonly found in coffee, tea, and some medications. It's also found in foods and beverages such as candy bars, chocolate, and energy drinks. Like other drugs, a tolerance to caffeine and other stimulants can be developed, leading many people to use more of the substance. Caffeine and other stimulants can also cause the body to enter the "fight-or-flight" fear response. Caffeine and other stimulants cause adrenaline to be released. When the adrenal response wears off, there can be more fatigue, and irritability. Similarly, too much caffeine can cause a state of exhaustion that will interfere with sleep.

Healthy Habit #2: Cut Down or Stop Alcohol at Bedtime

Many people think using alcohol, marijuana, or over the counter sleep aids are good long-term solutions to their sleeping problem. This is not the case. Although these substances may help in the very short term, the techniques described in this treatment are the only proven long-term solution for insomnia. Cutting down or eliminating the use of substances and sleep aids will help your sleep get back to normal.

While alcohol can help people fall asleep, this effect wears off after a few hours. As the body processes the alcohol, sleep becomes more fragmented and less restful.

Healthy Habit #3: Cut Down or Stop Nicotine near Bedtime

While nicotine can help you feel relaxed, nicotine is a *stimulant* that activates your mind and body, making it harder to sleep.

Helpful Habit #4: Don't Exercise Within 3 Hours of Bedtime

Exercising within a few hours before bedtime is another hurtful habit. The common belief is that getting tired out from exercising before bedtime will help with sleep. However, in addition to maintaining the alertness that exercise requires, exercise can interfere with falling asleep because of the way that it affects body temperature. Your body temperature rises and falls throughout the day and is closely tied to your sleep cycle.

When your body temperature is high you're most alert and active. As your body temperature decreases, you become less active and sleepier. This rhythm happens whether or not you got a good night's rest.

Since it takes your body temperature a few hours to cool down, it's best to exercise at least 3-6 hours before bedtime. This drop in temperature can help you fall asleep and stay asleep longer.

Exercising in the morning or daytime can help regularize your sleep cycle. If you're a very busy person, it can be difficult to schedule exercise. As you go through your day, think of creative options for fitting in exercise as early in your day as possible.

Healthy Habit #5: Make Bedroom Environment Comfortable

Having your bedroom very hot or very cold can disrupt sleep. Control the temperature so it is comfortable for you. If you and your bed partner require different comfort levels, try to develop a compromise that makes you both as comfortable as possible (e.g., electric blankets with dual controls, the person who is cold use more blankets or wear warm pajamas and/or a knit hat to bed).

Having quiet during your desired sleep time also helps. Noises can be masked with background white noise (such as the noise of a fan, white noise machine), or with earplugs. If your bed partner insists on watching TV or listening to music in bed, ask him/her to use headphones or temporarily move to another room until you get your sleep problem corrected.

Darkness will also help promote sleep. Bedrooms may be darkened with black-out shades or sleep masks can be worn.

Turn your clock so it faces away from your bed since clock-watching can increase worry about the fact that you are not falling asleep as fast as you may want or think you should.

Healthy Habit #6: Eat a light snack at bedtime

A light bedtime snack, such a glass of warm milk, cheese, or a bowl of cereal can promote sleep. You should avoid the following foods at bedtime: peanuts, beans, most raw fruits and vegetables (since they may cause gas), and high-fat foods such as potato chips or corn chips. Avoid snacks in the middle of the nights since regular "midnight" snacks just teach your body to be hungry at night and will cause you to wake up to satisfy that hunger.

Healthy Habit #7: Avoid excessive fluids near bedtime

While it's important to stay hydrated, excessive fluids prior to bedtime can cause you to wake up from the sensation of a full bladder. This can then result in you having difficulty going back to sleep. You should probably avoid drinking more than 8 oz of fluid within two hours of bedtime.

Session 3 Home Practice

Getting the most out of this treatment means practicing the skills you learn here.

Your assignment between now and session four is to **monitor your sleep habits with your sleep log** and **practice your new sleep plan** that we developed today.

Sleep Log

ID: _____

	Sample							
Yesterday's date	4/5/11							
1. What time did you get into bed?	2015 hrs							
2. What time did you try to go to sleep?	2130 hrs							
3. How long did it take you to fall asleep?	55 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last?	70 min							
6. What time was your final awakening?	0635 hrs							
7. What time did you get out of bed for the day?	0720 hrs							
8. How would you rate the quality of your sleep? (0=Very Poor, 1=Poor, 2=Fair, 3=Good, 4=Very Good)	3							
9. In total, how long did you nap or doze yesterday?	45 min							
10. Comments (if applicable):	I have a cold 10 mg Ambien 4 beers							

Session 3 Information Review

Here is a quick review to make sure you understood everything we covered.

- | | | |
|---|------|-------|
| 1) It's a good idea to exercise or do something active that fatigues the body in the hour before you go to sleep. | True | False |
| 2) Alcohol may help you go to sleep initially but it interferes with sleep after the first couple of hours. | True | False |
| 3) Drinking caffeine after noon should have no effect on sleep. | True | False |
| 4) Cutting down or stopping nicotine at bedtime may improve sleep. | True | False |
| 5) Drinking fluids near bedtime can interfere with sleep. | True | False |
| 6) A light snack at bedtime can interfere with sleep. | True | False |

My New Sleep Plan

(To be completed with information from healthy habits sections)

1. I will use the bed/bedroom for sleep and sex only
2. I will not watch TV, listen to the radio, eat, or read in bed.
3. I will take at least an hour before bedtime to unwind. I will do the following to unwind: _____ or _____ or _____.
4. I will set a reasonable bedtime and arising time and stick to them.
 - My **new** bedtime will be no earlier than about _____ (or later if I am not yet sleepy).
 - My **new** rise time will be _____ every day, no matter how bad I slept that night.
5. I will _____ or _____ to help me get up in the morning at the same time every day.
6. I will go to bed only when I am sleepy. I know I am sleepy when _____.
7. I will get out of bed if I can't fall asleep or go back to sleep in about 15 minutes (I will not clock-watch); I will return to bed only when I feel sleepy. I agree to repeat this step each time I wake up during the night.
8. When I get out of bed in the night I will do the following: _____ or _____ or _____.
9. I will not nap during the day.

Planned Improvements of My Sleep Hygiene

(Check those that apply)

- _____ **Avoid Caffeine after Lunch.** I will not have caffeine after lunch.
- _____ **Avoid Alcohol after Dinner.** I will not have any alcohol after dinner and will not drink more than one drink during dinner.
- _____ **Avoid Nicotine 1-2 Hours Before Bedtime.** I will not have a cigarette or other nicotine products after _____ hrs.
- _____ **Don't Exercise Within 3 Hours of Bedtime.** I will not exercise after _____ hrs.
- _____ **Ensure your Bedroom is a Comfortable Temperature, Quiet, and Dark.** I will make the following changes to my bedroom: _____
- _____ **Eat a Light Snack at Bedtime but Avoid High-Fat or Gas-Producing Foods**
- _____ **Avoid Excessive Fluids Near Bedtime.** I will not have more than 8 ounces of fluid after _____ hrs.

Session 4: Stress Management **Relaxation**

Stress often plays a major role in the initiation of sleep problems. In fact, 80% of people with chronic insomnia can recall stressful events associated with the onset of their sleep problems. However, as we discussed before, even after precipitating stressful events have passed (e.g., deployment, relationship problems, etc.), the sleep problems may persist as a result of maintaining factors. In addition to a precipitating factor, stress can also be one of the maintaining factors. While you may not currently be experiencing a major stressor in your life, stress associated with your daily hassles or the stress associated with having long standing sleep problems can still play a major role in maintaining insomnia. Let's look at how stress impacts your sleep.



Stress serves as a trigger for a series of events which impact your sleep. Specifically, stress leads to physical arousal. Since physical arousal inhibits sleep, this arousal leads to difficulties sleeping. Of course difficulty sleeping then increases stress in many people, thus restarting the cycle.

Since body tension can interfere with sleep, it is important for you to learn how to (a) prevent your body from getting tense and (b) how to truly relax your body. This section will focus on helping you learn a simple and brief relaxation technique to achieve both these goals.

Relaxation Techniques

You may have heard of relaxation techniques before or even tried them. Many people with insomnia report something like “I downloaded one of those relaxation playlists and

tried it a few nights, but it didn't help." There are several reasons why it might not have helped:

1. Insomnia sufferers often try relaxation in isolation. In other words, they do not simultaneously address the many other things maintaining their sleep problems. Relaxation alone is not likely to be effective.
2. Since relaxation is a skill, often people do not get adequate training in the skill or they give up on the technique before they have developed the skill. In such situations, people will often attribute their inability to get relaxed to the technique rather than to the way the technique was implemented.

People who have had little luck with relaxation techniques in the past find that they work better when combined with other changes such as keeping a consistent bedtime and not going to bed until sleepy.

We often initiate a relaxation response by engaging in an activity we find relaxing, for example, exercise, reading, listening to music, hobbies, taking a walk, watching TV, fishing, etc. While these methods for initiating the relaxation response are often helpful, they are limited by the need for special equipment (e.g., a TV, fishing rod, book. etc.), a large amount of time (an afternoon to fish, an hour to watch a TV program), or a special setting (TV room, a river). Relaxation techniques initiate the relaxation response anytime, anywhere and without the need for special equipment.

Here are a few of the keys to be successful when doing any relaxation technique:

- Remember that relaxation is a skill. It may feel unnatural or awkward at first but with practice should become easier and more relaxing.
- Keep in mind that a passive attitude is key for maximal relaxation. You just can't force yourself to relax. Trying really hard will only work against you.
- As you do the exercise you may find that you have a sensation of tingling, floating, warmth, or sleepiness. This is normal.
- A small percentage of people become more anxious as they become more aware of everything going on in their body. If you find yourself becoming more anxious or feeling out of control remember -this is also normal-it may just take you a little more time to become comfortable with relaxation.
- Distraction is normal. If you find your mind wandering or that you are beginning to feel drowsy- just redirect your thoughts to the task at hand. With continued practice you will find that your mind will wander less and less and that you will be able to become deeply relaxed without feeling sleepy. Using a word or phrase (e.g., "relax") that you repeat to yourself may help you keep your thoughts focused on relaxing.

Relaxation Tool: Tactical Breathing

- Tactical Breathing is a quick and easy tool to learn to help you relax.
- The goal of tactical breathing is to **switch from quick and shallow chest breathing**, which is part of the stress response, **to slow and deep breathing** by taking deep breaths, bringing on the relaxation response.
- Tactical breathing activates the relaxation response by supplying a rich supply of oxygen to the blood.

For many of us, breathing with our chests is a habit, and it may feel strange to breathe into the belly. But, here's an easy way to start mastering belly breathing.

- First, put one hand on your upper chest and one on your belly, just below your rib cage.
- Close your eyes and breathe in slowly through your nose.
- Expand your belly as you breathe in.
 - The hand on your belly should move a lot, while the hand on your chest will barely move.
- Pause naturally, then tighten up your stomach muscles and slowly exhale, allowing the air to gradually escape through your lips.
 - The hand on your stomach will fall quite a bit, while the hand on your chest will hardly move.
 - Try to keep your breathing slow, smooth, and easy.
 - Many people find it easiest to breathe through their nose, but do whatever is most comfortable for you and allows you to breathe most naturally.
- When you breathe in, think “one” to yourself.
- Then, breathe out slowly and think the word “relax.”
- On your next breath, think “two” as you breathe in, and “relax” as you breathe out.
- Continue counting until you reach “eight,” and then count backward back down to “one.”
- Try to focus only on your breathing and the words.
- Compare the tension you feel now to the tension you experienced when you began.

Having Trouble with the Deep Breathing Exercise?

- If you are having trouble breathing from your diaphragm, try pushing your belly out just before you inhale (as if you're making space for the air to fill).
- If you are still having trouble, try practicing while lying on your back on the floor. You can also try laying flat on your stomach (facing the floor) with your hands clasped under your head. Once you've mastered the breathing technique from this position, return to practicing from a more comfortable position.
- Practice. Even if it's hard at first, it will get easier and more automatic over time.
- Be patient. Although “breathing” sounds like it should be easy to do, diaphragmatic breathing takes practice. It is important that you feel comfortable with this type of breathing before you move onto the guided breathing exercise.

Your Relaxation Log

To keep track of your relaxation practice and the resulting development of these skills, fill out a Relaxation Log each day. Your Relaxation Log has been placed at the end of the task list for the week. Be sure to look at the example that follows this week's task list.

How to Fill in the Relaxation Log:

The relaxation log for the week has a place for you to record up to two relaxation practices a day. The information we would like you to keep track of is:

- Your tension rating before and after practicing relaxation (see the example). Be sure to rate how tense you feel, not how awake you feel! Rate your feelings of tension on the 100 point scale that ranges from 0 = completely and deeply relaxed throughout my body to 100 = extremely tense throughout my body. Be sure to take a look at the example Relaxation Log that follows this week's task list.
- The starting and ending time of your relaxation practice (e.g., 11:30 – 11:55).
- Any comments about your relaxation practice that day (e.g., problems in doing the exercise, things you did that seemed especially helpful).

Practice Makes Perfect

These techniques take practice and some time to master, so be patient and practice them several times before deciding which works the best for you.

Session 4 Home Practice

Remember, getting the most out of this treatment means practicing the skills you learn here.

Your assignment between now and session five is to **monitor your sleep habits with your sleep log** and **practice your new sleep plan** that we developed today.

Also, **practice the relaxation exercise at least two times a day** (once preferably at bedtime as part of your nighttime routine). **Record your practice on the relaxation log** (see instructions above and attached example). Be sure and rate your level of relaxation before and after the exercise. Bring these log sheets with you to your next appointment.

Sleep Log

ID: _____

	Sample							
Yesterday's date	4/5/11							
1. What time did you get into bed?	2015 hrs							
2. What time did you try to go to sleep?	2130 hrs							
3. How long did it take you to fall asleep?	55 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last?	70 min							
6. What time was your final awakening?	0635 hrs							
7. What time did you get out of bed for the day?	0720 hrs							
8. How would you rate the quality of your sleep? (0=Very Poor, 1=Poor, 2=Fair, 3=Good, 4=Very Good)	3							
9. In total, how long did you nap or doze yesterday?	45 min							
10. Comments (if applicable):	I have a cold 10 mg Ambien 4 beers							

Relaxation Log

Practice relaxation (e.g., tactical breathing, progressive muscle relaxation) at least twice per day. Once should be during the day when you are not experiencing a high degree of stress. The second should be close to bedtime. Record how tense you felt before and after your relaxation practice, on a scale of 0-100 with 0 = deeply and completely relaxed throughout your body, and 100 = extremely tense throughout your body.

	Date	Time		Self-Rating		Difficulties or Comments
		Start	End	Before	After	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

My New Sleep Plan

(To be completed with information from healthy habits sections)

1. I will use the bed/bedroom for sleep and sex only
2. I will not watch TV, listen to the radio, eat, or read in bed.
3. I will take at least an hour before bedtime to unwind. I will do the following to unwind: _____ or _____ or _____.
4. I will set a reasonable bedtime and arising time and stick to them.
 - My **new** bedtime will be no earlier than about _____ (or later if I am not yet sleepy).
 - My **new** rise time will be _____ every day, no matter how bad I slept that night.
5. I will _____ or _____ to help me get up in the morning at the same time every day.
6. I will go to bed only when I am sleepy. I know I am sleepy when _____.
7. I will get out of bed if I can't fall asleep or go back to sleep in about 15 minutes (I will not clock-watch); I will return to bed only when I feel sleepy. I agree to repeat this step each time I wake up during the night.
8. When I get out of bed in the night I will do the following: _____ or _____ or _____.
9. I will not nap during the day.

Planned Improvements of My Sleep Hygiene

(Check those that apply)

- _____ **Avoid Caffeine after Lunch.** I will not have caffeine after lunch.
- _____ **Avoid Alcohol after Dinner.** I will not have any alcohol after dinner and will not drink more than one drink during dinner.
- _____ **Avoid Nicotine 1-2 Hours Before Bedtime.** I will not have a cigarette or other nicotine products after _____ hrs.
- _____ **Don't Exercise Within 3 Hours of Bedtime.** I will not exercise after _____ hrs.
- _____ **Ensure your Bedroom is a Comfortable Temperature, Quiet, and Dark.** I will make the following changes to my bedroom: _____
- _____ **Eat a Light Snack at Bedtime but Avoid High-Fat or Gas-Producing Foods**
- _____ **Avoid Excessive Fluids Near Bedtime.** I will not have more than 8 ounces of fluid after _____ hrs.

Relaxation

I will practice relaxation at _____ am/pm and again at bedtime.

Session 5: Stress Management

Stop Worrying About Sleep

Harmful Habit: Worrying about Sleep

Worrying while in bed can also contribute to insomnia. Sometimes just thinking about how little sleep you're getting becomes a habit that can interfere with sleep. By now you know that whatever you do in bed eventually becomes associated with your bed and with your sleep habits. Thinking upsetting thoughts while in bed teaches your brain that the bed is a place to be wakeful and alert.

Thoughts affect how we feel and how we behave. Worrying gets in the way of getting a good night's sleep because the mind and the body are revved up and ready for action. The results can be unhelpful: lying in bed awake, having negative thoughts about sleep, and feeling frustrated because falling asleep isn't happening. The body reacts to the negative thoughts and the feelings of frustration. The heart starts racing, muscles become tense, and a headache kicks in. The physical discomfort creates worrying, which causes restlessness, and falling asleep becomes even more difficult. So, negative or alarming thoughts at bedtime set off a negative cycle that can lead to insomnia. This cycle may be hard to stop.

Negative thoughts are often unrealistic and rarely helpful.

Below are some typical examples of Negative or Alarming Self-Talk:

"I should be able to go right to sleep!"

"I must be rested and energetic or my life will be miserable!"

"It isn't fair that I should have to deal with this."

"My life has turned into a total disaster because of insomnia!"

"I had a bad night yesterday, this program must not be working anymore!"

"If I don't go to sleep quickly tonight I'll go crazy!"

"I'm so tired, how can I be expected to work today?"

Helpful Habit: Replace Alarming Thoughts

One way to change negative thinking is by carefully considering how accurate they are. Changing thoughts requires replacing them with more accurate and realistic thoughts. The more you do this, the easier it will become to replace negative thoughts with realistic ones, leading to better sleep. When you find yourself thinking negative thoughts, replace them by thinking to yourself the more accurate and realistic thoughts rather than exaggerated terms. For example, if you think, "I never get good sleep," this is very likely to be an inaccurate thought, because the key word "never" is an example of all-or-nothing thinking. Replace this negative thought with a more accurate one, something like, "I've had good sleep in the past and although I'm having some difficulty now, I just have to practice good sleep habits in order to get good sleep again."

Other examples:

"Having insomnia is a real hassle, but it is not 100% bad."

"I can't fall asleep again tonight, but I've gotten through many nights like this before. I can do it again. I need to make sure I'm following the treatment so I can be helping myself sleep better in the future."

Realistic thoughts carefully examine the **evidence** for a belief.

“I may not have perfect control over my sleep, but there are things I can do.”

“Staying in bed when awake only leads to frustration.”

Sometimes it can help to “reframe” alarming thoughts about needs or “shoulds” as *preferences* (even strong preferences). For example:

Instead of “I need to sleep well tonight!”

consider: “I hope I sleep well tonight, but if I don’t, I’ll cope okay.”

Instead of “My boss should be more understanding,”

consider: “I wish my boss was more understanding, but she isn’t. That’s the way she is going to act.”

Remember, REALISTIC thoughts are believable positive thoughts.

Here are some alternative thoughts to common sleep worries.

Common Dysfunctional Thoughts and Realistic Alternatives

1. “I need 8 hours of sleep to feel refreshed and function well during the day.”

Generating alternative thoughts:

- What are some possible alternative thoughts to this thought?
- What is the evidence for this thought?
- What is the evidence against this thought?
- While it would be nice to get 8 hours of sleep, have there been times in your past where you have received less sleep and felt refreshed and high functioning the next day?

Psychoeducation:

- Remember, we all have different sleep needs that may be less during times of stress.
- Your sleep log over the past few weeks says that I probably only need about ___ hrs of sleep on average [**insert average from past week or two**].

Possible alternative thoughts:

- Not everyone needs to get 8 hours of sleep. I seem to get by fine with less.
- I wish I could get 8 hours of sleep per night, but I seem to get by OK with less.

2. “When I don’t get a proper amount of sleep on a given night, I need to catch up the next day by napping or the next night by sleeping longer.”

Generating alternative thoughts:

- What are the costs of napping or sleeping in?
- If you oversleep the day after getting poor sleep, what do you think that does to your sleep drive and circadian clock?

Psychoeducation:

- If you oversleep the day after getting poor sleep, your sleep clock will be thrown out of whack and you'll have an even more difficult time falling asleep the next night.
- Think of your sleep like a bank – when you nap during the day you “rob” from the sleep bank, and then have less sleep available the next night.
- Also, napping for longer than 30 minutes can actually make you feel even more tired when you wake up!

Possible alternative thoughts:

- When I sleep during the day, I take away from my need to sleep at night, and make it more likely I'll have trouble sleeping through my scheduled time in bed.
- When I don't get as much sleep as I like, if I “press on” through the next day I'll be more tired the next night, and more likely to fall asleep faster.
- I don't have to nap or sleep longer the next night if I don't get a good night's sleep. I can press on through the next day and I will probably sleep better that night anyway!

3. “Chronic insomnia may have serious consequences for my physical health”

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Do you get sick more often than others you know without insomnia?
- If people with insomnia got sick more often than others, do you think you would see that on those insomnia medicine commercials?
- How do you think believing this thought affects your sleep? Do you think it might make you more anxious, put more pressure for you to sleep well, and maybe cause some performance anxiety?

Psychoeducation:

- There is limited evidence that insomnia is bad for your health, and no one has ever died from insomnia.
- If there was strong evidence, the drug companies would be using that to sell more meds.

Possible alternative thoughts:

- Insomnia is not actually that bad for my health and no one has ever died from insomnia.
- If insomnia was really that bad for my health, I would have heard about it by now.

4. “I may lose control over my abilities to sleep.”

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Have you done anything the past 4 weeks to help you control your ability to sleep?
- How do you think believing this thought affects your sleep? Do you think it might become a self-fulfilling prophecy?

Psychoeducation:

- Sleep is a natural occurrence that will happen, sooner or later.
- That is why it is called the gentle tyrant.
- As you have seen, you can control your sleep by controlling the time you spend in bed and by how you treat your body (e.g., no caffeine, exercise, relaxation).

Possible alternative thoughts:

- I've already taken control of my sleep by controlling when I got to bed and wake up, not taking naps, and paying attention to how I take care of my body (e.g., no caffeine, exercise, relaxation).
- My body is a finely built and tooled machine. It will take over control and get the sleep it needs one way or another.

5. “A poor night’s sleep will interfere with my daily activities on the next day.”

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Have there been times in the past when you had a poor night’s sleep and functioned just fine the next day?
- Have you had poor days in the past even though you had a good night’s sleep?
- How do you think believing this thought affects your sleep? Do you think it might become a self-fulfilling prophecy?

Psychoeducation:

- Research shows that people with insomnia function just as well as people without insomnia. They seem to be able to pool their resources when needed.
- You might feel fatigued or tired the day after a night of insomnia, but you can generally pull yourself together.

Possible alternative thoughts:

- A poor night’s sleep may interfere to some degree, but interference is a long way from complete shutdown. I can still do plenty of things.
- There have been many times in the past when I have had a poor night’s sleep and functioned just fine the next day – better than I expected the night before.

6. “In order to be alert and function well during the day, I believe I would be better off taking a sleeping pill rather than having a poor night’s sleep.”

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Do sleeping pills always work for you?
- Have there been times in the past when you took a sleeping pill and felt worse the next day?
- Have you learned anything in this program that seems to help you sleep just as well as medication?
- How do you think believing this thought affects your sleep? Do you think it might make you more anxious, put more pressure for you to sleep well, and maybe cause some performance anxiety?

Psychoeducation:

- Exactly the opposite is true. Most studies show that people who take sleep medications are MORE likely to have difficulty functioning the next day than those who don't, because of residual side-effects of the medication (like being groggy).
- Sleeping pills may be helpful every now and then, but they will cause more sleep problems than they cure in the long run!

Possible alternative thoughts:

- Sleeping medications can cause me to be groggy the next day. I don't need sleep medication to treat insomnia.
- Sleeping medicines don't really help me sleep much anymore. The skills I've learned here (e.g., ...) seem to be more effective, even though they are sometimes harder.

7. "When I feel irritable, depressed, or anxious during the day, it is mostly because I did not sleep well the night before."

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Have you ever felt irritable, depressed, or anxious during the day even though you had a good nights sleep? What about the opposite, have you felt fine the next day after a bad nights sleep?
- What else could be the cause of these feelings?
- What about people without insomnia? Don't they ever feel irritable, depressed, or anxious during the day?
- How do you think believing this thought affects your sleep? Do you think it might become a self-fulfilling prophecy?

Psychoeducation:

- Although insomnia may make you feel a little more irritable, depressed, or anxious the next day, most often those feelings are related to other things as well (e.g.,...)
- Many people with insomnia don't have any more irritability, depressed or anxious emotions than people without insomnia.
- Many people without insomnia are also irritable, depressed, or anxious during the day, so it can't be all insomnia's fault.

Possible alternative thoughts:

- Insomnia is not always the cause of negative feelings, sometimes I can just have a bad day for no reason.
- It's normal for people to have days like this even without insomnia. Insomnia may be partially to blame, but there are probably some other reasons as well.

8. "When I sleep poorly on one night, I know it will definitely disturb my sleep schedule for the whole week."

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?

- Have you ever had a good nights sleep the next night after a bad nights sleep?
- How has your sleep been the last few weeks when you have been keeping a regular schedule regardless of how you slept at night?
- What else could have caused your sleep schedule to get off track in the past?
- Do you think it might be the behaviors you used to engage in after a poor nights sleep (e.g., sleeping in, napping, caffeine, going to bed too early) that may have disrupted your sleep schedule in the past?
- How do you think believing this thought affects your sleep? Do you think it might become a self-fulfilling prophecy?

Psychoeducation:

- Research shows that after a poor night sleep, people with insomnia often have a good nights sleep the next night.
- Insomnia in and of itself doesn't cause your schedule to get out of whack, it is the behaviors you used to cope with insomnia, such as sleeping in, napping, going to bed too early, which disrupted your sleep drive and circadian rhythm, resulting in a poor week.

Possible alternative thoughts:

- As long as I don't sleep in or nap the day after a bad night's sleep, my sleep the next and subsequent nights should be better, not worse.
- If I start to worry and anticipate a bad night or week, this can often become a self-fulfilling prophecy.
- I can stay on track with my sleep schedule, even if I sleep poorly one night, and I should sleep better the following night anyway.

9. "Without an adequate night's sleep, I can hardly function the next day."

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Have there been times in the past when you had a poor night's sleep and functioned just fine the next day?
- Have you had poor days in the past even though you had a good night's sleep?
- How do you think believing this thought affects your sleep? Do you think it might become a self-fulfilling prophecy?
- Do you have to function at your best the next day? Have there been days in your life when you didn't function at your best, but it was good enough?

Psychoeducation:

- Research shows that people with insomnia function just as well if not better than people without insomnia. They seem to be able to pool their resources when needed.
- You might feel fatigued or tired the day after a night of insomnia, but you can generally pull yourself together.

Possible alternative thoughts:

- A poor night's sleep may interfere to some degree, but interference is a long way from complete shutdown. I can still do plenty of things.

- There have been many times in the past when I have had a poor night's sleep and functioned just fine the next day— better than I expected the night before.
- I don't have to function at my best, I just have to function, and that will probably be good enough.
- I can still function the next day after an inadequate night's sleep. I've done it before and I can do it again.

10. "I can't ever predict whether I'll have a good or poor night's sleep."

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Have you ever had a good nights sleep the next night after a bad nights sleep?
- How has your sleep been the last few weeks when you have been keeping a regular schedule regardless of how you slept at night?
- What happens to your sleep after you sleep in, take a long afternoon nap, drink a lot of coffee, go to bed too early? Can you predict that you will have a poor nights sleep after that?
- What about when you restrict your time in bed and take care of your body (e.g., no caffeine, exercise, relaxation)? Are you more likely to have a good night's sleep then?

Psychoeducation:

- Research shows that after a poor night sleep, people with insomnia often have a good nights sleep the next night.
- Insomnia in and of itself doesn't cause your schedule to get out of whack, it is the behaviors you used to cope with insomnia, such as sleeping in, napping, going to bed too early, which disrupted your sleep drive and circadian rhythm, resulting in a poor week.
- When you follow the instructions we've been talking about, you often have a good nights sleep, right?

Possible alternative thoughts:

- As long as I continue to practice good sleep habits (e.g., follow my new sleep plan) my sleep should be pretty good.
- When I practice bad sleep habits (e.g., do things like sleep in, nap, go to bed too early, not exercise, drink too much coffee, work too close to bedtime) my sleep might be poor.
- I can stay on track with my sleep schedule, even if I sleep poorly one night, and I should sleep better the following night anyway.
- Some fluctuations in sleep quantity or quality is normal. As long as I am following the sleep plan and my average night's sleep is improving, then I am on the right track.
- Prediction gets me nowhere and isn't useful to me. I am able to deal with a bad night's sleep if it happens.

11. “I have little ability to manage the negative consequences of disturbed sleep.”

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Have there been times in the past when you had a poor night’s sleep and functioned just fine the next day?
- What coping skills have you learned to deal with a night of insomnia (e.g., relaxation, ...)
- How do you think believing this thought affects your sleep? Do you think it might become a self-fulfilling prophecy?

Psychoeducation:

- Research shows that people with insomnia function just as well as people without insomnia. They seem to be able to pool their resources when needed.
- You might feel fatigued or tired the day after a night of insomnia, but you can generally pull yourself together.

Possible alternative thoughts:

- A poor night’s sleep may interfere to some degree, but interference is a long way from complete shutdown. I can still do plenty of things. I’ve coped in the past (by doing ...), I’ll cope in the future.
- There have been many times in the past when I have had a poor night’s sleep and functioned just fine the next day – better than I expected the night before.
- I can manage any consequences of disturbed sleep. I have good coping skills to do this, if it occurs.
- The next time I have a bad nights sleep I will do my best to ignore it and go about my daily routines anyway
- The only thing I can control is my own behavior.

12. “When I feel tired, have no energy, or just seem not to function well during the day, it is generally because I did not sleep well the night before.”

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Have you ever felt tired, had no energy, or just not functioned well during the day even though you had a good nights sleep? What about the opposite, have you felt fine the next day after a bad nights sleep?
- What else could be the cause of these feelings (e.g., illness, overexertion, post-lunch dip, boredom, sitting too long)?
- Don’t people without insomnia ever feel tired, have no energy, or just seem not to function well during the day?
- How do you think believing this thought affects your sleep? Do you think it might become a self-fulfilling prophecy?

Psychoeducation:

- Although insomnia may make you feel a little more tired, have no energy, or just seem not to function well during the day the next day, most often those feelings are related to other things as well (e.g.,...)
- Many people with insomnia are not any more tired during the day than people without insomnia. Research shows in general, people with insomnia are less able to sleep during the day than people without insomnia.
- Many people without insomnia also tired, have no energy, or just seem not to function well during the day, so it can't be all insomnia's fault.

Possible alternative thoughts:

- There are many things that can cause me to feel tired or have reduced energy (e.g., illness, overexertion, post-lunch dip, boredom, sitting too long) — insomnia is not the only cause of these feelings.
- It's normal for people to have days like this even without insomnia. Insomnia may be partially to blame, but there are probably some other reasons as well.
- If I'm tired I'll probably get good sleep that night.

13. “Insomnia is the result of a chemical imbalance.”

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Have you learned anything in this program that seems to tell you that insomnia may be the result of poor sleep habits (e.g.,...)?
- If there was such evidence, wouldn't the drug companies be using that to sell more meds?

Psychoeducation:

- There is zero evidence to show that insomnia is the result of a chemical imbalance.
- If there were, the drug companies would be using that to market their drugs.
- If this was true, sleep medications would continue to work long-term.
- If this was true, then changing your behaviors wouldn't have changed your sleep.

Possible alternative thoughts:

- There is no evidence out there suggesting I have a chemical imbalance due to insomnia, which is why I am working on my own behaviors to fix my insomnia!
- There is actually evidence against it. Consider the billions of dollars the drug companies spend trying to find this evidence. If there was an imbalance to blame they probably would have found it by now and it would be all over TV.
- The skills I've learned here (e.g., ...) show me that behaviors have much more to do with insomnia than chemical imbalances.

14. “Insomnia is ruining my ability to enjoy life and prevents me from doing what I want.”

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?

- Have there been times in the past when you had a poor night's sleep and still enjoyed the next day?
- Have you had poor days in the past even though you had a good night's sleep?
- How do you think believing this thought affects your sleep? Do you think it might become a self-fulfilling prophecy?

Psychoeducation:

- Research shows that people with insomnia have about the same quality of life as those without insomnia.
- People with insomnia do sometimes talk themselves out of doing things after a night of insomnia, which just perpetuates the insomnia.
- You might feel fatigued or tired the day after a night of insomnia, but you can generally pull yourself together and go out and enjoy things.
- Insomnia cannot prevent you from doing or not doing something you want. That is your choice.
- Although you may not enjoy something quite as much due to fatigue after insomnia, you will still probably enjoy it more than not doing it at all.

Possible alternative thoughts:

- I can still enjoy life and do things I want with insomnia.
- A poor night's sleep may interfere to some degree, but interference is a long way from complete shutdown. I can still do plenty of things.
- There have been many times in the past when I have had a poor night's sleep and still enjoyed things the next day— better than I expected the night before.
- It would be much more accurate to say that insomnia can occasionally affect my ability to enjoy life to its fullest and sometimes affects how much I enjoy doing things. But I don't need to turn it into a catastrophe. I have a plan for how to improve it.

15. "Medication is probably the only solution to sleeplessness."

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Do sleeping pills always work for you?
- If medications were the cure, shouldn't people be able to quit taking them once the insomnia is gone, like with infections and antibiotics?
- Have you learned anything in this program that helps you sleep as well as medication?

Psychoeducation:

- Research actually shows just the opposite.
- Sleeping pills may be helpful every now and then, but they will cause more sleep problems than they cure in the long run!
- The things you are learning in this treatment are the only proven long-term solution to insomnia. Medications are only useful for the short-term.
- If medications were the cure, then people would only need to take them for a few weeks and then the insomnia would go away, like with antibiotics.

Possible alternative thoughts:

- If medications were really the solution, I probably wouldn't be here.
- Medication can be helpful for short-term insomnia. However, the research is clear that medication is not a good solution over the long run.
- Sleeping medicines don't really help me sleep much anymore. The skills I've learned here (e.g., ...) seem to be more effective, even though they are sometimes harder.

16. "I have to avoid or cancel obligations (social, family) after a poor night's sleep."

Generating alternative thoughts:

- What is the evidence for this thought? What is the evidence against this thought?
- Have there been times in the past when you had a poor night's sleep and still enjoyed social or family activities?
- How do you think believing this thought affects your sleep? Do you think it might become a self-fulfilling prophecy?
- Do you think skipping out on activities improves or worsens your sleep?

Psychoeducation:

- People with insomnia feel fatigued or tired the day after a night of insomnia, but they can generally pull themselves together and go out and enjoy things.
- People with insomnia do sometimes talk themselves out of doing things after a night of insomnia, which just perpetuates the insomnia.
- Insomnia cannot prevent you from doing or not doing something you want. That is your choice.
- Although you may not enjoy something quite as much due to fatigue after insomnia, you will still probably enjoy it more than not doing it at all.

Possible alternative thoughts:

- I can still enjoy life and do things I want with insomnia.
- A poor night's sleep may interfere to some degree, but interference is a long way from complete shutdown. I can still do plenty of things.
- There have been many times in the past when I have had a poor night's sleep and still enjoyed things the next day— better than I expected the night before.
- It would be much more accurate to say that sometimes after a night of insomnia I might not enjoy family or social activities as much, but if I skip them, I won't enjoy them at all, and it may hurt my sleep even more.
- Even if I get a poor night's sleep, I can still choose to participate in social activities and family obligations. My insomnia doesn't control my life.
- Cancelling important events just helps perpetuate the insomnia.

Session 5 Home Practice

Getting the most out of this treatment means practicing the skills you learn here.

Your assignment between now and session six is to **monitor your sleep habits with your sleep log, practice your new sleep plan** that we developed today, **practice good sleep hygiene and relaxation**, and **try to replace alarming, negative thoughts**.

Sleep Log

ID: _____

	Sample							
Yesterday's date	4/5/11							
1. What time did you get into bed?	2015 hrs							
2. What time did you try to go to sleep?	2130 hrs							
3. How long did it take you to fall asleep?	55 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last?	70 min							
6. What time was your final awakening?	0635 hrs							
7. What time did you get out of bed for the day?	0720 hrs							
8. How would you rate the quality of your sleep? (0=Very Poor, 1=Poor, 2=Fair, 3=Good, 4=Very Good)	3							
9. In total, how long did you nap or doze yesterday?	45 min							
10. Comments (if applicable):	I have a cold 10 mg Ambien 4 beers							

Relaxation Log

Practice relaxation (e.g., tactical breathing, progressive muscle relaxation) at least twice per day. Once should be during the day when you are not experiencing a high degree of stress. The second should be close to bedtime. Record how tense you felt before and after your relaxation practice, on a scale of 0-100 with 0 = deeply and completely relaxed throughout your body, and 100 = extremely tense throughout your body.

	Date	Time		Self-Rating		Difficulties or Comments
		Start	End	Before	After	
1						
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My New Sleep Plan

(To be completed with information from healthy habits sections)

1. I will use the bed/bedroom for sleep and sex only
2. I will not watch TV, listen to the radio, eat, or read in bed.
3. I will take at least an hour before bedtime to unwind. I will do the following to unwind: _____ or _____
or _____.
4. I will set a reasonable bedtime and arising time and stick to them.
 - My **new** bedtime will be no earlier than about _____ (or later if I am not yet sleepy).
 - My **new** rise time will be _____ every day, no matter how bad I slept that night.
5. I will _____ or _____
to help me get up in the morning at the same time every day.
6. I will go to bed only when I am sleepy. I know I am sleepy when _____.
7. I will get out of bed if I can't fall asleep or go back to sleep in about 15 minutes (I will not clock-watch); I will return to bed only when I feel sleepy. I agree to repeat this step each time I wake up during the night.
8. When I get out of bed in the night I will do the following: _____
or _____ or _____.
9. I will not nap during the day.

Planned Improvements of My Sleep Hygiene

(Check those that apply)

- _____ **Avoid Caffeine after Lunch.** I will not have caffeine after lunch.
- _____ **Avoid Alcohol after Dinner.** I will not have any alcohol after dinner and will not drink more than one drink during dinner.
- _____ **Avoid Nicotine 1-2 Hours Before Bedtime.** I will not have a cigarette or other nicotine products after _____ hrs.
- _____ **Don't Exercise Within 3 Hours of Bedtime.** I will not exercise after _____ hrs.
- _____ **Ensure your Bedroom is a Comfortable Temperature, Quiet, and Dark.** I will make the following changes to my bedroom: _____
_____.
- _____ **Eat a Light Snack at Bedtime but Avoid High-Fat or Gas-Producing Foods**
- _____ **Avoid Excessive Fluids Near Bedtime.** I will not have more than 8 ounces of fluid after _____ hrs.

Relaxation

I will practice relaxation at _____ am/pm and again at bedtime.

Negative Thoughts

I will try to replace unbalanced, negative thoughts about sleep with balanced ones in the future.

Session 6: Stress Management

Problem-Solving

Harmful Habit: Worrying about “To Do” list in bed.

Worrying while in bed can also cause insomnia. Research shows that people with insomnia do not have more problems than people without insomnia. Individuals with insomnia just spend more time worrying about their problems. Worrying often involves thinking about what you have “To Do” the next day.

By now you know that whatever you do in bed eventually becomes associated with your bed and with your sleep habits. Therefore, worrying while in bed teaches your brain that the bed is a place to worry. Worrying gets in the way of getting a good night's sleep because the mind and the body are revved up and ready for action. The body reacts to the negative thoughts and the feelings of frustration. The heart starts racing, muscles become tense, and a headache kicks in. The physical discomfort creates worrying, which causes restlessness, and falling asleep becomes even more difficult. So, negative thoughts at bedtime set off a negative cycle that can lead to insomnia. This cycle may be hard to stop.

Whether excessive or realistic, worry is seldom a productive endeavor. First, worry tends to involve uncontrolled mental activity. That is, we do it even at times when we would rather not. Secondly, worry involves emotional distress that serves as an obstacle to good problem-solving. Rather than thinking clearly about the problem and generating realistic solutions, we tend to focus only on how bad the situation is when we worry. Third, worry uses a great deal of physical and mental energy without anything being accomplished. Worry does not push us toward productive behavior, but only toward more and more worry.

Often people *believe* that if they worry hard enough, the bad event or consequence they fear will not occur, or if it does, they will be ready *because they worried about it*. This myth is maintained when people incorrectly draw connections between their worry and a satisfactory outcome (e.g., “If I hadn’t stayed up and worried about my son being out late then he would have been in an accident” or “If I hadn’t obsessed about my speech all night I would have blown it for sure”).

Often it is only after we are free from the daytime distractions of work, family, television, and socializing and we settle down to sleep that our minds begin to focus on various problems and concerns. This *cognitive* arousal often triggers *emotional* and *physical* arousal, all of which can interfere with falling asleep. It is difficult to worry and be relaxed enough to fall asleep at the same time. Therefore, it is important to manage bedtime worry. Eliminating worry may not be realistic or even desirable; however, the skills needed to manage worry and decrease its impact on sleep can be learned.

Worrying often involves thinking about what you have “To Do” the next day.

Helpful Habit: Making a “To Do” list well before bedtime

If you are the type of person who lies in bed with thoughts racing through your head about things you have to do, problems you are facing, or events that could happen, you might benefit from a scheduled worry time. A worry time is simply a daily period of time, 10-15 minutes, scheduled well before bedtime, during which you deal with the problems and concerns so you don't have to do so at bedtime.

1. Begin this time by finding a quiet place to sit in which you can avoid interruptions. As you sit and relax, write down each worry or concern that comes into your mind using the “*To Do*” log below. Do not limit yourself to only the “big” worries, include little concerns or “silly” worries as well. At this point it is best to just write down everything that is on your mind.
2. When you have exhausted your mind of all worries, go back and rank order them with the bigger concerns being number one and so on down to the last. If ranking them is too difficult you may find it easier to organize them into groups based on their importance, such as “Big Concerns”, “Medium Concerns,” and “Small Concerns.”
3. Once your worries are grouped or ranked in importance, starting with the most important one write next to it how you might manage the problem. The method described below can be helpful in figuring out good options.
 - a. Brainstorm solutions
 - i. Be creative and willing to give “off the cuff” solutions.
 - ii. The more ideas you can generate the better.
 - b. Evaluate solutions
 - i. Put an “X” next to those not possible, a “?” next those that would be difficult, and a “Y” next to those you could do tomorrow.
 - c. Pick one “Y” solution to do the next day or in the near future (give due date).
4. If the problem is something you have absolutely no control over, write down things you can do to help yourself not to become overly stressed about this situation (e.g., use of reassuring thoughts, faith based coping, support from others, relaxation techniques, focus on acceptance, etc.)
5. Once you have picked at least one “Y” solution for each worry, stop the above process.
6. When worries come outside of the worry time, remind yourself you've already written them down and will take care of it in your next worry time. If it is a new worry that is not on your list, jot it down so you can add it to your list and rank it during your next worry time, then remind yourself you will “worry” about it then.

The goal of the worry time is to limit your worry to a specific period of the day, to have consistent time each day when you can consider things that are concerning and to develop productive ways of thinking about and dealing with them.

Practice daily for the next week. After a few days, see if you notice a reduction in your night time worry.

Developing Flexibility in Your Sleep Habits

As we discussed at the beginning of the program, the fairly rigid sleep habits we established do not necessarily need to be continued the rest of your life. Some of these new habits will be more important to maintaining good sleep than others. For example, not sleeping late on weekends was important during the period of re-establishing healthy sleep habits, but once established you may be able to sleep a few hours late on weekends with minimal impacts on your sleep. However, you will need to take a systematic approach to determine what is important and what is not.

First, you need to make sure you have achieved maximum improvements in your sleep. You should have been maintaining sleep diaries throughout this program. Look back over the past 3-4 weeks and see if your sleep has become stable or if you are still achieving improvements. Once your sleep has improved and remained stable (assuming you have applied everything that was applicable in this program) then you can start to experiment.

The keys are to change only one thing at a time and to continue to monitor your sleep so you can assess the impacts of the change. For example, if your sleep has been stable for a few weeks and you really miss sleeping in on the weekends, begin to sleep in but maintain all the other healthy sleep and stress management habits you have developed. If after a month of sleeping in late, you find your sleep has not changed significantly, or that you can live with the mild impacts in order to have the benefit of sleeping in, then you can continue to sleep late. If you find your sleep got significantly worse, then you know getting up earlier on weekends is important. You could try sleeping a little longer (e.g., 1 hour late instead of 3 hours) and assess the impacts using the same method. Continue these types of experiments until you find a pattern of sleep that works well for your lifestyle but does not cause a rebound of sleep problems.

What to do if Insomnia Returns

Insomnia is a chronic illness and very likely will return, especially during times of stress. Sometimes when people have a relapse of insomnia, they tell themselves that they have failed or that this program doesn't work. However, as we mentioned in the beginning, there are a lot of factors that go into a bout of insomnia. Perhaps there is a new stressor in your life. Or perhaps you are no longer following the healthy sleep habits as closely as you once were. Or more likely, it is a combination of factors. It makes sense, then to plan for the possibility of its return right now.

In order to prevent mistakes or “relapses” from getting out of control and becoming a failure, remember to go back and start practicing ALL of the healthy sleep habits we gave you. This should help you get back on track and start enjoying good sleep again.

If you finished this program and feel like you gave a good effort at following all of the healthy habits, but still are having significant trouble sleep, you should probably go to your primary care physician. It is possible that some other factor may be causing your insomnia.

Sleep Log

ID: _____

	Sample							
Yesterday's date	4/5/11							
1. What time did you get into bed?	2015 hrs							
2. What time did you try to go to sleep?	2130 hrs							
3. How long did it take you to fall asleep?	55 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last?	70 min							
6. What time was your final awakening?	0635 hrs							
7. What time did you get out of bed for the day?	0720 hrs							
8. How would you rate the quality of your sleep? (0=Very Poor, 1=Poor, 2=Fair, 3=Good, 4=Very Good)	3							
9. In total, how long did you nap or doze yesterday?	45 min							
10. Comments (if applicable):	I have a cold 10 mg Ambien 4 beers							

Relaxation Log

Practice relaxation (e.g., tactical breathing, progressive muscle relaxation) at least twice per day. Once should be during the day when you are not experiencing a high degree of stress. The second should be close to bedtime. Record how tense you felt before and after your relaxation practice, on a scale of 0-100 with 0 = deeply and completely relaxed throughout your body, and 100 = extremely tense throughout your body.

	Date	Time		Self-Rating		Difficulties or Comments
		Start	End	Before	After	
1						
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To Do Log

- INSTRUCTIONS:**
1. List Problems.
 2. Rank order problems.
 3. List possible solutions (more is better).
 4. Evaluate solutions; X = Impossible, ? = Difficult, and Y = Possible/Easy.
 5. Pick one thing to do the next day about the problem and circle it.
 6. Scratch out solution once it has been tried and move on to the next one if necessary.

Problem	Possible Solutions

My New Sleep Plan

(To be completed with information from healthy habits sections)

1. I will use the bed/bedroom for sleep and sex only
2. I will not watch TV, listen to the radio, eat, or read in bed.
3. I will take at least an hour before bedtime to unwind. I will do the following to unwind: _____ or _____
or _____.
4. I will set a reasonable bedtime and arising time and stick to them.
 - My **new** bedtime will be no earlier than about _____ (or later if I am not yet sleepy).
 - My **new** rise time will be _____ every day, no matter how bad I slept that night.
5. I will _____ or _____
to help me get up in the morning at the same time every day.
6. I will go to bed only when I am sleepy. I know I am sleepy when _____.
7. I will get out of bed if I can't fall asleep or go back to sleep in about 15 minutes (I will not clock-watch); I will return to bed only when I feel sleepy. I agree to repeat this step each time I wake up during the night.
8. When I get out of bed in the night I will do the following: _____ or _____
_____ or _____.
9. I will not nap during the day.

Planned Improvements of My Sleep Hygiene

(Check those that apply)

- _____ **Avoid Caffeine after Lunch.** I will not have caffeine after lunch.
- _____ **Avoid Alcohol after Dinner.** I will not have any alcohol after dinner and will not drink more than one drink during dinner.
- _____ **Avoid Nicotine 1-2 Hours Before Bedtime.** I will not have a cigarette or other nicotine products after _____ hrs.
- _____ **Don't Exercise Within 3 Hours of Bedtime.** I will not exercise after _____ hrs.
- _____ **Ensure your Bedroom is a Comfortable Temperature, Quiet, and Dark.** I will make the following changes to my bedroom: _____
_____.
- _____ **Eat a Light Snack at Bedtime but Avoid High-Fat or Gas-Producing Foods**
- _____ **Avoid Excessive Fluids Near Bedtime.** I will not have more than 8 ounces of fluid after _____ hrs.

Relaxation

I will practice relaxation at _____ am/pm and again at bedtime.

Negative Thoughts

I will try to replace unbalanced, negative thoughts about sleep with balanced ones in the future.

To Do List

I will make a to do list every afternoon, well before bedtime, during which I can deal with the problems and concerns so I don't have to at bedtime.