

# Cognitive-Behavioral Therapy for Insomnia in the Military

## THERAPIST GUIDE

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# Table of Contents

Introduction ..... 2

Session 1: Sleep Basics ..... 4

Session 2: Sleep Schedules ..... 12

Session 3: Sleep Hygiene ..... 24

Session 4: Stress Management: Relaxation..... 32

Session 5: Stress Management: Stop Worrying about Sleep ..... 40

Session 6: Stress Management: Problem Solving..... 55

**Appendices** ..... 63

    Appendix A: Full-Size Figures ..... 64

    Appendix B: Sample Note Template ..... 73

    Appendix C: Coping with 24-Hour Duty..... 75

    Appendix D: Hypervigilance: Safety Behaviors and Sleep..... 77

    Appendix E: Sleep Compression Guidelines ..... 78

    Appendix F: Progressive Muscle Relaxation and FAQs ..... 79

# Cognitive-Behavioral Therapy for Insomnia in the Military (CBTI-M) Therapist Materials

## Introduction

This manual was developed using the best available scientific evidence, clinical experience, and feedback from both civilian and military therapists and patients. CBT-I in general is efficacious and effective (for a review, see Mitchell, Gehrman, Perlis & Umscheid, 2012), and the treatment described in this manual has demonstrated effectiveness (Taylor et al., 2017; Taylor, Peterson et al., 2018).

## Populations

Although this manual was developed for use by providers for active duty military, the principles and strategies presented here were drawn from previous studies in civilian samples and are also appropriate to use with veterans and the general population. This manual was meant to be used by individuals trained and licensed to provide psychotherapy and trained in emergency management procedures should they encounter a psychiatric emergency. Consistent with American Psychological Association ethical guidelines, providers should not practice outside their scope of expertise and training.

## Manual Structure

The treatment described in this manual is designed to be administered over six 1-hour weekly sessions. The material is presented in a session-by-session format, with the following manuals provided separately:

1. **Therapist materials:** This manual is designed to optimize treatment delivery, and describes the session structure, flow, and activities, and provides sample text that can be used by the therapist. Additional material (e.g., printable figures, optional patient handouts) are offered in the appendices.
2. **Patient materials:** This manual is designed to 1) optimize patient receipt and enactment of the topics covered in the session and 2) provide the patient with detailed descriptions of the rationale and instructions, with Home Practice assignments.
3. **Fidelity rating scales:** This manual is designed to optimize treatment fidelity by providing forms and instructions for conducting treatment fidelity ratings of video recorded sessions.

## Assessment

The therapist assessment of the patient's mental and medical health, sleep and wake history and current functioning, and specifically insomnia complaints should be conducted prior to the initial session. Sleep disorders can be assessed using the Structured Clinical Interview for Sleep Disorders-Revised (SCISD-R; for citation of the SCISD see Taylor, Wilkerson et al., 2018), which is available for free at <http://sleep.unt.edu/scisd>. This is important to ensure that the patient is appropriate for

CBT-I. In addition, the main form of tracking progress in CBT-I is the sleep log which can be collected via paper or electronic means.

## **Instructions**

The manual is written to be read or paraphrased to the patient, and all patient-directed text is presented in plaintext format. Instructions to the therapist will be **[bracketed and in bold]**, and should **not** be read aloud to the patient. Important questions to ask the patient will be *italicized*.

## **Common Terms**

It is presumed that the therapist will have some familiarity with the principles of CBT-I before using this manual, but we recognize that terms may be used differently across different trainings. Below, we have defined the most important terms as we will use them throughout the manual.

<b>Term</b>	<b>Abbrev.</b>	<b>Description</b>
Sleep Onset Latency	SOL	minutes to fall asleep (bedtime – asleep time)
Number of Awakenings	NWAK	number of times patient wakes up during the night
Wake after Sleep Onset	WASO	cumulative minutes spent awake during the night after asleep time but before final rise time
Terminal Wakefulness	TWAK	minutes between awakening and getting out of bed (rise time – wake time)
Time in Bed	TIB	time spent in bed intending to sleep (bedtime – getting out of bed time)
Total Sleep Time	TST	time spent asleep (TIB – [SOL + WASO + TWAK])
Sleep Efficiency	SE	of the time spent <i>trying</i> to sleep, the time <i>actually</i> asleep ( $[(TST/TIB)*100]$ ), expressed as a percentage

## **References**

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# **Agenda/Checklist for Session 1: Sleep Basics**

- Why is sleep vital to life?**
- Sleep Need, Homeostatic Process/Sleep Drive**
  - Figure 1
  - Figure 2
- Sleep Cycles/Circadian Process**
  - Figure 3
- Process S and Process C Work Together (Opponent Process)**
  - Figure 4
- Sleep Stages**
  - Figure 5
- What is Insomnia?**
- The 3P Model**
  - Figure 6
- Cognitive-Behavioral Treatment of Insomnia**
- Assign Home Practice**



# **Session 1: Sleep Basics**

Since this is our first session together, I want to provide you with a better understanding of sleep and insomnia and explain how this treatment is going to help get your sleep back on track. Last, I will explain the sleep log that you will be filling out which will be a road map for treatment.

## **1. Why is sleep vital to life?**

*Why do you think sleep is important? What function does it serve?*

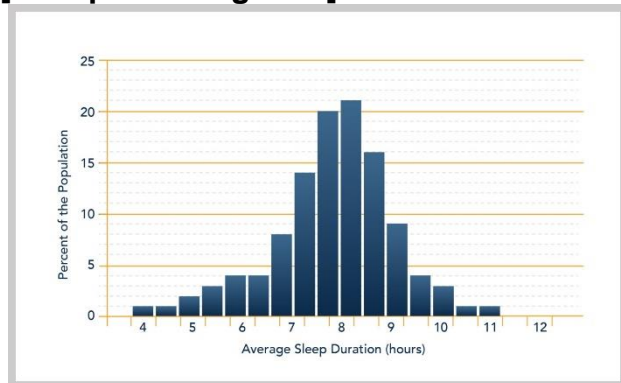
- Sleep affects the body's metabolism and immune system.
- It allows the body to repair, restore, and heal itself.
- It impacts your mood and well-being.
- Sleep is important for every job in the military. Getting enough sleep helps you:
  - Perform dangerous tasks safely.
  - Organize and store memories.
  - Perform complicated mental tasks more effectively.
  - Stay alert and concentrate during the day.
  - Perform routine, repetitive tasks with precision.

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.

*How has your sleep been in the past two weeks?*

## **2. Sleep Drive/Homeostatic (Process S)**

**[Give patient Figure 1]**



One important force that regulates our sleep is the homeostatic process, or the sleep drive. One component of our sleep drive is how much sleep we need.

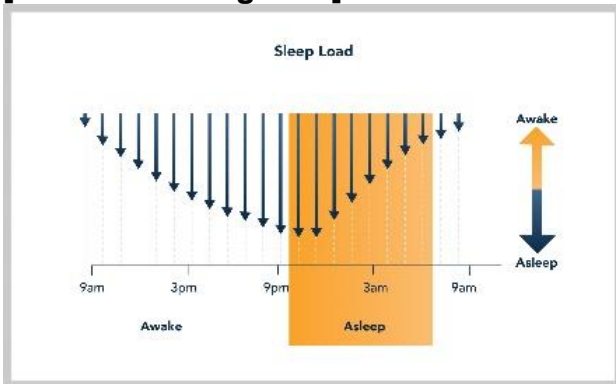
- There is a common belief that a specific amount of sleep is necessary for everyone.

*What have you heard about how much sleep you need?*

- Experts usually recommend adults get about 7-9 hours of sleep each night.
- Some people need more and some need less.
  - It's like shoe size: one size does not fit all.

- It's important to determine the amount of sleep you *actually* need to feel and perform your best.
- A general guideline is to get enough sleep that you don't feel fatigued during the day.
  - During this treatment, we will work together to figure out your ideal amount of sleep.

**[Give Patient Figure 2]**



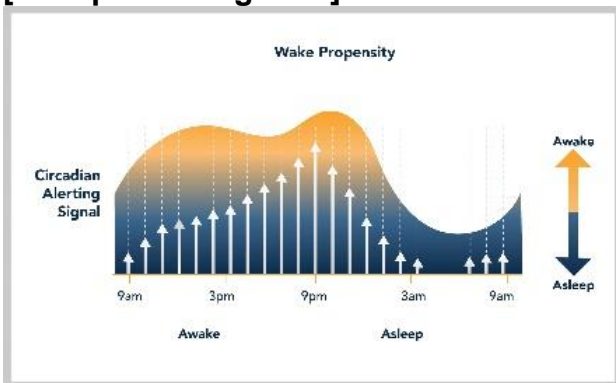
Another component of sleep drive is how long we have been awake.

- 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, 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.

*Before we move on, do you have any questions?*

### 3. Sleep Cycles/Circadian (Process C)

**[Give patient Figure 3]**



Sleep is also partially controlled by your circadian rhythm.

- Humans are programmed to be awake during the day and to sleep at night.
- Some believe this is an evolutionary mechanism to keep us out of harm's way.
- Circadian rhythms can't be easily reversed.
- They help keep us alert during the day and allow us to sleep at night when our sleep drive is normally greatest.

- However, like sleep drive, they vary some from person to person.

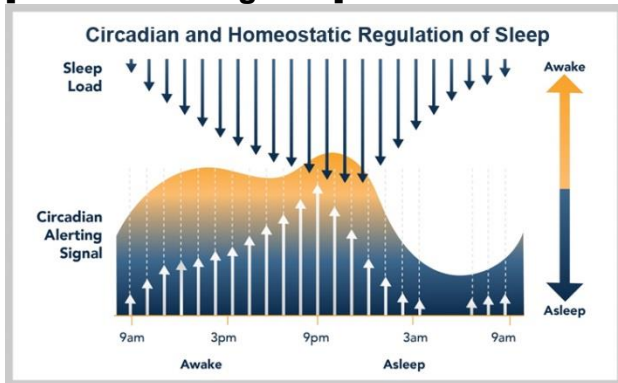
Are you more of a morning person, night person, or somewhere in the middle?

- You can see in the figure that throughout the day, the arrows representing your tendency to be awake get longer and longer.

Before we move on, do you have any questions?

## 4. Process S and Process C Work Together

[Give Patient Figure 4]



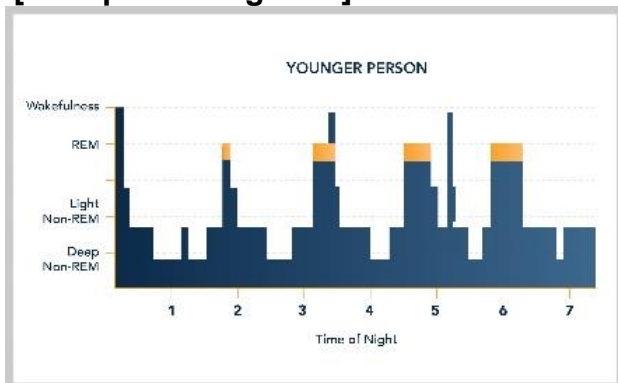
This figure shows how the sleep drive and circadian processes work together to regulate a normal sleeper's day and night.

- Both the sleep drive and wakefulness build up over the day, but at night the sleep drive peaks a little bit later and lets you go to sleep.
- You can see how getting these processes misaligned would interfere with your ability to fall asleep at your desired time.
- This is something we will discuss more as we move on in treatment.

Before we move on, do you have any questions?

## 5. Sleep Stages

[Give patient Figure 5]



- Across the night, your sleep follows a pattern of cycles.

- During the first stages of sleep, our sleep slowly gets deeper and more restful.
- Over the course of about 90 minutes our sleep lightens and we will enter rapid eye movement, or REM sleep.
  - The most vivid dreaming, including nightmares, usually occurs during the REM sleep stage.
- This cycle repeats throughout the night, with more deep sleep in the beginning and more REM sleep towards the end.
- In addition, even people without insomnia tend to awaken a few times a night **[point out awakenings on the figure]**
  - Most people fall right back to sleep and don't remember it in the morning.
    - Looking at the clock each time you wake up makes this more difficult.

## 6. What is Insomnia?

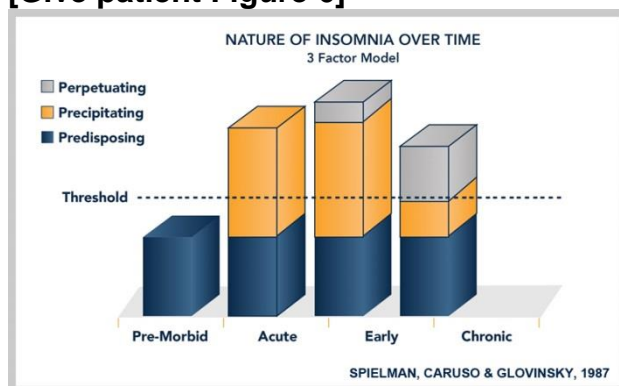
*What do you know about insomnia?*

- Insomnia is defined as having trouble *falling* asleep or *staying* asleep.
- Insomnia is not just a nighttime problem, but has effects on you during the day.
- This can result in poor-quality sleep and feeling fatigued in the morning.
- Insomnia is a common problem that can be brief or long-lasting.

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 we will talk about now 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

**[Give patient Figure 6]**



### **Predisposing Factors**

Some things that can sometimes put people at risk of developing insomnia include:

- Increased muscle tension
- Worrisome thinking style/personality
- Aging
- Genetics
  - Insomnia often runs in families

*Did you have any of these before your insomnia started?*

## Precipitating Factors

Just because some people are at risk for insomnia doesn't mean everyone will develop it. Often times some event brings on the onset of insomnia. Some things that can sometimes precipitate a period of insomnia include:

- New stressful situations
  - Deployment, new job, new baby, etc.
- Grief
- Family conflict
- Work problems
- Medical problems
- Changes in schedules (shift work, etc.)

Deployments can be particularly tough on sleep. Seventy-four percent of deployed service members report short-term sleep problems. This may be simply because of mission demands or natural tension from being in a combat environment. Noise, uncomfortable sleeping conditions, long work hours, and frequently changing sleep schedules might also have contributed.

**[if applicable]** *How was your sleep when you were deployed?*

*Did any of these other events occur just before your insomnia started?*

## Perpetuating Factors

Insomnia often goes away on its own once the precipitating event passes or we get used to it. But for some people insomnia continues even after things improve. This type of insomnia is generally considered chronic (i.e., lasts more than three months). The harmful habits that began as an effort to cope with the insomnia actually perpetuate or keep the insomnia going. Some things that can sometimes perpetuate insomnia include:

- Poor sleep habits
  - Irregular sleep schedule
  - Excessive time in bed, like trying to go to bed early
  - Doing things in bed (other than sleep or sex)
  - Sleeping in after a bad night's sleep or on the weekends/off days
  - Taking long naps in the afternoon
- Drinking a lot of caffeine/energy drinks
- Doing alerting things close to bedtime
- "Standing guard" at home or in bed
- Worrying near bedtime or in bed
- Medications for other health problems

*Do you have any of these habits or behaviors?*

Chronic insomnia is a widespread problem. 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.

*Before we move on, do you have any questions?*

## 8. **Cognitive-Behavioral Treatment of Insomnia**

- Cognitive-behavioral treatment of insomnia has been extensively tested, and it is the first line treatment for insomnia (recommended over medication).
- About 75% of people with chronic insomnia benefit from this intervention. The people who benefit most are the ones who follow the program closely.
- Patients typically experience a 50-60% reduction in the time it takes to fall asleep and/or time awake after going to sleep.
- This treatment is 6 sessions long, but you might start seeing improvements before the 6<sup>th</sup> session.
- We will be asking you to change some of your behaviors as well as some of your thoughts about sleep.
- Some of the things we will be asking you to do will be difficult at first. If you have trouble sticking to the program, we will work together to get it to work for you.
  - Getting the most out of this treatment means sticking with it and practicing the skills you learn here.

*Do you have any questions about this treatment program?*

## **Session 1 Home Practice**

- A critical part of this treatment is the input you give about your actual sleep patterns over the next few weeks.
- Your assignment between now and session 2 is to monitor your sleep and daytime habits with your sleep log.

### **[Help patient complete sleep log for previous night, then troubleshoot problems.]**

- This allows you to track your progress and provides very important information that allows us to compute next steps regarding setting new bedtimes and awakening times as you progress toward your goal.
- It is important that you complete the sleep log every morning, as soon as possible after waking up. This is the best way for us to track your progress.
- You can use the paper form, or you can use an electronic version (e.g., in CBT-I Coach).

### **[Give patient: Patient Materials for Session 1]**

# **Agenda/Checklist for Session 2: Sleep Schedules**

## **Introduction**

- Figure 7

## **Helpful and Harmful Habits**

- Use your bed only for sleep and sex
- Take at least 1 hour to unwind before bed
- Keep a regular sleep schedule
  - Figure 8
- Go to bed only when you are sleepy
- Get out of bed if awake more than 15 min
- Avoid naps

## **Sticking to the program to sleep better in the long run**

## **Information Review**

## **Assign Home Practice**



# Session 2: Sleep Schedules

[If possible, enter sleep log into the Excel calculator and print the summary while the patient is in the waiting room. Otherwise, you can do it in session.]

## 1. Introduction

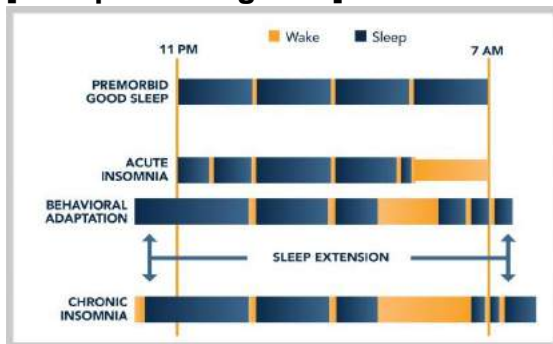
In this session we are going to try to identify the areas in your current sleep routine that are maintaining your insomnia and introduce a regular sleep routine with good healthy habits. The goal is to retrain your body to fall asleep more easily and sleep more soundly.

[Briefly review sleep log, discuss any questions and troubleshoot any difficulties with completion.]

- As mentioned last session, your sleep habits determine your quality and quantity of sleep. The body naturally tries to have a regular sleep schedule.
- However, when sleep problems first start people will often change their sleep habits to try to make up for the lack of sleep or to try to ensure they get enough sleep. For example:
  - Napping
  - Sleeping in (especially on weekends)
  - Going to bed too early

*Do you ever do any of these behaviors?*

[Give patient Figure 7]



These changes may help in the short run but actually keep the insomnia going in the long run. 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.

## 2. Helpful and Harmful Habits

Today, we're going to discuss some helpful habits that you can use to start to get your sleep back on track. We'll also discuss some of the harmful habits that you may be engaging in now, or that you will want to avoid in the future.

## 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 or going to the movies with eating popcorn, 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.

## Harmful Habit: Doing other activities in the bedroom

- Avoid doing activities in your bed or bedroom that you do when you're awake, such as watching TV, talking on the phone, using your tablet or laptop, or checking email.

*Do you currently do any of these? [If not, proceed to next helpful habit.]*

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, or somewhere else that makes this difficult, 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.

**[Help patient troubleshoot making bedroom distinct, if this is a concern]**

## 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.

*What do you currently do during the hour before bedtime?*

One very effective way to unwind before bedtime 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. Let's take some time now to develop a sleep routine to use in the hour before bedtime.

Activities: There are things you can do to help yourself relax before bed, outside of the bedroom. For instance, you could:

- Watch a relaxing TV show/movie
- Listen to soothing music
- Read something boring or calming
- Take a warm bath
- Pray or meditate
- Do a puzzle or put together Legos

*Can you think of any other things? Which of these things would you be willing to do?*  
**[Make a note so you can remember to put into “My New Sleep Plan” at the end.]**

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

Environment: There are also several things you can do to cue your body and mind to rest by making your sleeping environment as soothing and comfortable as possible. For instance, you could:

- Dim the lights
- Turn on a box fan, soft relaxing music, or a white noise machine
- Light a scented candle or spray some essential oils

*Can you think of any other things? Which of these things would you be willing to do?*  
**[Make a note so you can remember to put into “My New Sleep Plan” at the end.]**

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.

### 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 rhythm.

### Harmful Habit: Going to bed early

*Do you ever go to bed early to “catch up” on sleep? [If not, proceed to Sleeping in late.]*

People with sleep problems often go to bed early to make up for lost sleep or because they are tired after a sleepless night. Going to bed earlier may work during brief periods of sleep deprivation but **not** with chronic insomnia. Unfortunately, this habit can actually make sleep problems worse.

Each time you go to bed early because you didn't get enough sleep the previous night, you may be retraining your body to shift toward an earlier bedtime that is not consistent with your established or desired sleep routine. If your body is not ready to sleep, this will also set you up for long, frustrating periods of being awake in bed.

### Harmful Habit: Sleeping in late

*Do you ever sleep in to “catch up” on sleep? [If not, proceed to Planning your new sleep schedule.]*

People with sleep problems will often sleep in to make up for lost sleep or because they are tired after a sleepless night. This also can help during brief periods of sleep deprivation but it does **not** help with chronic insomnia. Unfortunately, this habit can actually make sleep problems worse.

By sleeping in, you are shifting your circadian rhythm later, making it more difficult for you to fall asleep at your regular time that next night. You might also be satisfying some of your sleep need for that day by oversleeping, which may make you less sleepy the next night at your normal bedtime. This is kind of like how overeating at one meal can make you less hungry at your next meal.

*Before we move on, do you have any questions?*

## Planning your new sleep schedule

Using your sleep log from the past week, we calculated that you are averaging about \_\_\_\_ **hours** of sleep per night. Let's use that information to determine what your new bedtime and wake time will be so that we can help you develop a regular sleep schedule.

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. I want you to imagine I give you enough pizza dough to make a decent \_\_- inch pizza. **[Use the patient's average TST in the blank].**

Now, imagine I ask you to spread that dough over a \_\_-inch pizza pan. **[Use the patient's average TIB here].**

*What do you think that pizza would look like?*

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.

### [Give patient Figure 8]



We have to do the same with your sleep. We need to make it into a solid mass (Step 1 on Figure 8) before we can **start spreading it out to its maximum length** (Step 2 on Figure 8). We are first going to maximize the quality of your sleep, and then focus on figuring out the proper quantity for you.

So, using your average night's total sleep time, let's create a sleep schedule.

**[The goal is for the patient to spend about the same time in bed as their average night's sleep (average TST; +30 minutes is acceptable). However, the minimum time in bed is 5.5 hours. This may take some negotiation. Start with earliest typical wake time (e.g., "When is the earliest you need to wake up for work/school?") and then count backwards to determine scheduled bedtime. If bedtime seems too late to the patient, you can move the entire schedule earlier. Remind them that they are (generally) already awake during this time anyhow, so you are not really taking anything from them.]**

**[NOTE: If patient is extremely resistant to or has contraindications for sleep restriction as described here, instead follow instructions for sleep compression which are available in Appendices ("Sleep Compression Guidelines.")]**

**[Record the scheduled bedtime and wake time on the New Sleep Plan document]**

Remember that you are going to stick to this schedule every day of the week, including weekends.

**[If patient insists on sleeping in on weekends, you can tell them they are allowed to sleep in for at most 1 hour, but that this will likely slow their progress.]**

*Before we move on, do you have any questions?*

### **Troubleshooting: Staying awake until bedtime**

*How difficult do you think it will be to stay awake until your new bedtime?*

- In case you have any problems staying awake, we should probably plan ahead to find things 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. Some things you might do to stay awake before it's time to start your relaxing pre-sleep routine include:
  - Play a video game
  - Watch a favorite TV show
  - Play with a pet
  - Talk to a friend
  - Read an interesting book
  - Do chores
  - Exercise (earlier in the day)
  - Surf the Internet

*Can you think of any other things? Which of these things would you be willing to do?*  
**[Make a note so you can remember to put into "My New Sleep Plan" at the end.]**

## Troubleshooting: Getting up in the mornings

*How difficult do you think it will be to get out of bed at the same time each morning?*

- In case you have any problems getting up in the morning, we should probably plan ahead to find things that will help you get out of bed.
- Perhaps the most important step will be to set your alarm clock.

*Do you think you will have any problems using your alarm to wake up at the same time each morning?*

**[If patient doesn't use alarm, doesn't hear alarm or hits snooze, work with them to get an adequate alarm clock (e.g., extra loud alarm, alarm that rolls or flies around the room, or with a light that goes from dim to bright with soothing sounds prior to the alarm sounding) or put the alarm clock across the room so they have to get up to turn it off.]**

It may also help 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:

Scheduling to meet friends at:

- A coffee shop or breakfast
- Gun range
- Horse stables
- Church
- Going to the gym

Rewarding yourself for waking with:

- Expensive coffee
- Nice breakfast
- Bath
- Reading/playing video games

*Can you think of any other things? Which of these things would you be willing to do?*

**[Make a note so you can remember to put into "My New Sleep Plan" at the end.]**

**[If patient has difficulty identifying pleasant events, there are many lists available online if you search "Pleasant Events Schedule."]**

Getting out of bed at the same time every day is the most important rule and is designed to reset your internal biological clock and your sleep-wake rhythms.

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

*Do you ever go to bed when you are not really sleepy, just hoping you will fall asleep?*

- 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 trying to fall asleep.
- 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 keeps you awake and keeps your insomnia going overtime.

- Therefore, you need to 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 this program.
- Also, remember to stick to your planned wake up time, regardless of the time you go to bed!
- It is also important to know that sleepy is different from tired.

*How do you know that you're feeling sleepy?*

- Wait until you feel things like your eyes closing, your head bobbing, yawning, or 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

*Do you ever get out of bed if you don't fall asleep soon after you go to bed?*

- People with sleep problems sometimes believe that they will get back to sleep if they simply stay in bed or sometimes believe that lying awake in bed provides the body with rest.
- Although it makes sense to stay in bed for a short period as you try to get back to sleep, lying awake in bed for long periods of time keeps insomnia going.
- Remember, the goal is for you to fall asleep quickly.
- The 15-minute 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, preferably outside of your bedroom.
- Avoid turning on bright lights or doing activities that will energize you.
- Return to your bed only when you are **sleepy**.

Some examples of relaxing activities include:

- |  |  |
|--|--|
| • Read a relaxing book or magazine                       | • Listen to soothing music   |
| • Make a cup of herbal tea (not green/black/caffeinated) | • Work on an easy crossword puzzle   |
| • Drink a glass of milk                                  | • Give yourself a mini-massage   |
| • Meditate   | • Watch a movie on DVD or a TV show on DVR (you can pause when you get sleepy) |
| • Practice relaxation exercise                           |  |

*Can you think of any other things? Which of these things would you be willing to do?*  
**[Make a note so you can remember to put into "My New Sleep Plan" at the end.]**

Plan the things you are going to do ahead of time, 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, as many times as it happens.

## Helpful Habit #6: Avoid Naps

*Do you ever take long naps during the day (over an hour)? [If not, skip to the next section]*

- Most sleep experts agree that naps can make your sleep rhythms worse and make it harder to go to sleep that night.
  - This is because we all have a certain amount of sleep we need each day (e.g., 6 hrs). This is called a sleep allowance or a sleep bank.
  - When you nap for longer than half an hour, you are taking sleep time out of your nighttime sleep need.
  - This will make it harder to fall asleep at your bedtime and/or stay asleep.
- Therefore, it is important to avoid naps, 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.
- 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.
  - 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, going for a walk, 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.

*Before we move on, do you have any questions?*

## Troubleshooting: Napping

**[IF patient insists on having a nap, work to ensure the naps are less than 30 minutes and before 1500. Then troubleshoot ways to make sure they get up after 30 minutes.]**

Here are some suggestions to help you wake up:

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

*Can you think of any other things? Which of these things would you be willing to do?*  
**[Make a note so you can remember to put into “My New Sleep Plan” at the end.]**



### **3. Sticking To The Program: To Sleep Better in the Long Run**

- These changes are the most important part of treatment, but also the most difficult.
- The success of this treatment depends on how closely you follow these guidelines.
- Because these changes are the most difficult to follow every night, some tips to sticking with this program are provided below.
- To give this program a fair chance, you need to stick with it for at least 6 weeks.
- 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.

Remember, the rules in this program have helped thousands of people sleep better.

*Before we move on, do you have any questions?*

## **Session 2 Information Review**

**[Give patient the “Post-Session 2 Information Review” to complete then review the answers together]**

Let’s review your answers.

**[Any answers that don’t correspond with the above instructions should be reviewed until the patient understands the instructions.]**

- |   |             |              |
|---|-------------|--------------|
| 1) Even if you didn't sleep well last night, its healthier to get to bed at the same time and not try to make up lost hours of sleep. | <b>True</b> | False        |
| 2) It’s best to get up at the same time every day, even on the weekends.  | <b>True</b> | False        |
| 3) If you take a long nap during the day, it will help you make up for missed sleep.  | True        | <b>False</b> |
| 4) It’s best to stay in bed awake as long as possible when you’re trying to get back to sleep.  | True        | <b>False</b> |
| 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        | <b>False</b> |

## **Session 2 Home Practice**

- Let's fill out the "My New Sleep Plan" document.
- 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.
- Do you have any concerns about making these changes?

### **[Troubleshoot, problem solve, make contingency plans.]**

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

**[Make copy of My New Sleep Plan and put with sleep log in file]**

**[Give patient: Patient Materials for Session 2 to take home]**

## **Agenda/Checklist for Session 3: Sleep Hygiene**

- Introduction**
- Reviewing the Sleep Log**
- Adjusting the Sleep Schedule**
- Sleep Hygiene: Guidelines for Healthy Sleep**
  - Stop drinking caffeine after noon
  - Cut down or stop alcohol at bedtime
  - Cut down or stop nicotine at bedtime
  - Don't exercise within 3 hours of bedtime
  - Make bedroom environment comfortable
  - Eat a light snack at bedtime
  - Avoid excessive fluids near bedtime
- Information Review**
- Assign Home Practice**

## **Session 3: Sleep Hygiene**

**[If possible, enter sleep log into the Excel calculator and print the summary while the patient is in the waiting room. Otherwise, you can do it together in session.]**

### **1. Introduction**

I hope you found the information and skills in the last session useful. Today, we'll focus on adjusting your sleep schedule to try to improve your sleep and modify your sleep routine if needed. Then we will discuss more helpful habits for you to apply to your routine that may improve your ability to sleep.

### **2. Reviewing the sleep log**

Let's take a look at your sleep log and see how you did this week.

**[Review each day with patient, focusing on sleep efficiency]**

*Did you follow your new sleep plan this past week?*

- **[Troubleshoot and encourage if necessary]**

*What were the major challenges you faced?*

- **[Troubleshoot and encourage if necessary]**

### **Troubleshooting**

- **[Review rationale for sleep restriction and stimulus control strategies.]**
- Remember—this is not a life sentence. However, the closer you adhere to this schedule for now, the quicker you will make progress, and the sooner we can extend the amount of time you spend in bed.
- Avoid reclined positions or lying down during last 1-3 hours of the night.
- Cold compresses to the extremities or small of the back.
- Review list of things to do at night, in the morning, or during an urge to nap.
- Recruit help from others.

### **Encouragement**

- It would be great if you did not have any problems staying on schedule.
- Unfortunately, it is common for people to experience some trouble staying on track throughout this program.
- Things can happen that disrupt even the most careful plans.
- How you handle your feelings during those times can make all the difference between getting the most out of the program and dropping out. For example:
  - When some people fall behind, instead of looking at the successes they had staying on schedule and mastering the skills, they tell themselves that they have failed and there is no use in continuing to work on the program.
  - They feel guilty for not sticking to the program.
  - They put themselves and the program they were working on “down.”
  - They forget their achievements and hard work and sometimes just “give up.”

**[Review the following with the patient as needed]**

**1. A Slip is Just a Mistake** -- and not a sign of weakness. Everyone has these slips, and most succeed in the long run anyways. What defines your success is how you react to the slip.

**2. Feelings of Guilt and Self-blame are Common.** They pass with time, often very quickly. Help yourself by focusing on your achievements and the progress you've made, instead of focusing on the few mistakes you've made.

**3. Think about What Got You Off Track.** What were the problems that interfered with your practice? What could you do to prevent similar problems from happening again?

**4. Push Yourself to Practice,** even if you don't really feel up for it. If it's not your best effort, that's OK. At least you'll have your program back in gear rather than staying stuck in neutral.

Don't let a slip become an excuse for throwing your previous hard work and progress out the window. Stick with it!

### **3. Adjusting Sleep Schedule**

**[If the patient has been following their new sleep plan closely, they should be falling asleep faster at night and returning to sleep faster when they wake up. If so, we want to try to start increasing the amount of time we allow them in bed to try to move towards the amount of sleep they need to feel rested. If things are not going well, we will reduce or hold constant the amount of time in bed in the sleep plan. Follow the guidelines below using data from their sleep log from the previous week. Remember, exclude nights that were unusual and out of the patient's control like change of quarters, emergencies, illnesses.]**

**[Make the following adjustments based on average sleep efficiency (SE)]**

**SE is > 90%: [Increase time in bed by 15 minutes.]**

- It looks like you did well. For the next week you get to spend an extra 15 minutes in bed. *Would you like to add that to your bedtime or wake time?*  
**[earlier bedtime is preferable]**

**SE is between 85% and 90%: [No change to prescribed bedtime.]**

- It looks like you are on track. Let's stay with this schedule for another week.

**SE is between 70% and 85%: [Decrease time in bed by 15 minutes.]**

- It looks like you still are not sleeping very well.
  - **[Review sleep log and make sure they were following the "New Sleep Plan" schedule from last session.]**
    - **[If major issues were seen then Troubleshoot as above]**

- **[If no major issues were seen]** Since you are spending so much time awake in bed, let's reduce your time in bed by another 15 minutes. Would you like to take this from your bedtime or wake time? **[later bedtime is preferable]**

**SE is < 70%:** [Calculate new total sleep time and revise bedtime and/or wake time.]

- **[If major issues with stimulus control and sleep restriction instructions were reported, then review and Troubleshoot as above]**
- **[If no major issues (unlikely)]** It looks like maybe we got it wrong last week. Let's re-adjust your sleep schedule to more closely match your total sleep time.

## **4. Sleep Hygiene: Guidelines for Healthy Sleep**

**[Make notes on each helpful habit as needed to add to new My Sleep Plan]**

Next, we are going to talk about how well you practice good sleep hygiene.

- You've probably heard of dental hygiene, which includes habits like brushing and flossing that maintain the health of your teeth and gums.
- Similarly, we use the term "good sleep hygiene," for practices that help maintain the quality and quantity of your sleep.
- If we identify areas where you are not following these guidelines, we will try to plan out some changes you can make this week to bring yourself more in line with these suggestions.

### **Helpful Habit #1: Stop Drinking Caffeine After Noon**

*Do you currently drink caffeine or caffeinated beverages after noon?* **[If not, proceed to next section.]**

- 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 caffeine products over time.
- Caffeine and other stimulants can also cause the body to enter the "fight-or-flight" fear response by causing adrenaline to be released. When that response wears off, there can be more fatigue and irritability.

### **Helpful Habit #2: Cut Down or Stop Alcohol at Bedtime**

*Do you currently drink alcohol at bedtime?* **[If not, proceed to next section.]**

- Many people think using alcohol is a good long-term solution to their sleeping problem.

- Although alcohol may help in the very short term, the techniques described in this treatment are the only proven long-term solution.
- Cutting down or eliminating alcohol at bedtime 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.

### Helpful Habit #3: Cut Down or Stop Nicotine at Bedtime

*Do you currently use nicotine near bedtime? [If not, proceed to next section.]*

- 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

*Do you currently exercise within 3 hours of bedtime? [If not, proceed to next section.]*

- A 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.
- 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.

### Helpful Habit #5: Make Bedroom Environment Comfortable

- 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, an FM radio set between stations with the volume turned low), 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 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.

### Helpful Habit #6: Eat a Light Snack at Bedtime

- A light bedtime snack such as a glass of warm milk, cheese, or cereal can promote sleep.
- Avoid the following foods at bedtime: peanuts, beans, most raw fruits and vegetables (since they may cause gas), and high-fat foods like potato 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.

### Helpful 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.
- Avoid drinking more than 8 oz of fluid within 2-3 hours of bedtime.

*Before we move on, do you have any questions?*

## **Information Review**

**[Give patient the “Post-Session-3 Information Review” to complete then review the answers together]**

Let's review your answers.

**[Any answers that don't correspond with the above instructions should be reviewed until the patient understands the instructions.]**

- |   |             |              |
|---|-------------|--------------|
| 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        | <b>False</b> |
| 2) Alcohol may help you go to sleep initially but it interferes with sleep after the first couple of hours.       | <b>True</b> | False        |
| 3) Drinking caffeine after noon should have no effect on sleep.   | True        | <b>False</b> |
| 4) Cutting down or stopping nicotine at bedtime may improve sleep.  | <b>True</b> | False        |
| 5) Drinking fluids near bedtime can interfere with sleep.   | <b>True</b> | False        |
| 6) A light snack at bedtime can interfere with sleep.   | True        | <b>False</b> |

## **Session 3 Home Practice**

- Let's fill out the "My New Sleep Plan" document.
- Your assignment between now and session four is to monitor your sleep habits with your sleep log and practice good sleep hygiene using your "New Sleep Plan" that you developed today.
- Do you have any concerns about making these changes?

### **[Troubleshoot, problem solve, make contingency plans.]**

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

**[Make copy of My New Sleep Plan and put with sleep log in file]**

**[Give patient: Patient Materials for Session 3 to take home]**

## **Agenda/Checklist for Session 4: Stress Management: Relaxation**

- Introduction**
- Reviewing the Sleep Log**
- Adjusting the Sleep Schedule**
- The Cycle of Stress and Sleep**
  - Figure 9
- Relaxation Techniques**
- Relaxation Tool: Tactical Breathing**
- Your Relaxation Log**
- Assign Home Practice**

# **Session 4: Stress Management: Relaxation**

[If possible, enter sleep log into the Excel calculator and print the summary while the patient is in the waiting room. Otherwise, you can do it in session.]

## **1. Introduction**

I hope you found the information and skills in the last session useful. Today, we'll focus on adjusting your "Sleep Plan" to try to improve your sleep further. Then we will discuss some relaxation skills that might help you improve your ability to sleep.

## **2. Reviewing the sleep log**

Let's take a look at your sleep log and see how you did this week.

**[Review each day with patient, focusing on sleep efficiency]**

*Did you follow your new sleep plan this past week?*

- **[Troubleshoot and encourage if necessary]**

*Were you able to practice all of the good sleep hygiene skills you learned in the last session?*

- **[Troubleshoot and encourage if necessary]**

*What were the major challenges you faced?*

- **[Troubleshoot and encourage if necessary]**

## **Troubleshooting**

**[Review sleep restriction, stimulus control, or sleep hygiene rationale as needed.]**

- This is not a life sentence. However, the closer you adhere to this schedule for now, the quicker you will make progress, and we can extend the amount of time you spend in bed.
- **Stimulus control/sleep restriction**
  - Avoid reclined positions or lying down during last 1-3 hours of the night.
  - Cold compresses to the extremities or small of the back.
  - Review list of things to do at night, in morning, or during an urge to nap.
  - Recruit help.
- **Sleep hygiene**
  - Because we don't know how each of these behaviors may be affecting your sleep, and it would take too long to eliminate them one at a time to determine this, we try to eliminate them all at once.
  - We can add them back one at a time later if you want, then we can determine exactly what effect they have on your sleep.

## **Encouragement**

- It would be great if you did not have any problems staying on schedule.
- Unfortunately, it is common for people to experience some trouble staying on track throughout this program.
- Things can happen that disrupt even the most careful plans.

- How you handle your feelings during those times can make all the difference between getting the most out of the program and dropping out. For example:
  - When some people fall behind, instead of looking at the successes they had staying on schedule and mastering the skills, they tell themselves that they have failed and there is no use in continuing to work on the program.
  - They feel guilty for not sticking to the program.
  - They put themselves and the program they were working on “down.”
  - They forget their achievements and hard work and sometimes just “give up.”

**[Review the following with the patient as needed]**

**1. A Slip is Just a Mistake** -- and not a sign of weakness. Everyone has these slips, and most succeed in the long run anyways. What defines your success is how you react to the slip.

**2. Feelings of Guilt and Self-blame are Common.** They pass with time, often very quickly. Help yourself by focusing on your achievements and the progress you’ve made, instead of focusing on the few mistakes you’ve made.

**3. Think about What Got You Off Track.** What were the problems that interfered with your practice? What could you do to prevent similar problems from happening again?

**4. Push Yourself to Practice,** even if you don’t really feel up for it. If it’s not your best effort, that’s OK. At least you’ll have your program back in gear rather than staying stuck in neutral.

Don’t let a slip become an excuse for throwing your previous hard work and progress out the window. Stick with it!

**3. Adjusting Sleep Schedule**

**[If the patient has been following their new sleep plan closely, they should be falling asleep faster at night and returning to sleep faster when they wake up. If so, we want to try to start increasing the amount of time we allow them in bed to try to move towards the amount of sleep they need to feel rested. If things are not going well, we will reduce or hold constant the amount of time in bed in the sleep plan. Follow the guidelines below using data from their sleep log from the previous week. Remember, exclude nights that were unusual and out of the patient’s control like change of quarters, emergencies, illnesses.]**

**[Make the following adjustments based on average sleep efficiency (SE)]**

**SE is > 90%: [Increase time in bed by 15 minutes.]**

- It looks like you did well. For the next week you get to spend an extra 15 minutes in bed. *Would you like to add that to your bedtime or wake time?* **[earlier bedtime is preferable]**

**SE is between 85% and 90%: [No change to prescribed bedtime.]**

- It looks like you are on track. Let's stay with this schedule for another week.

**SE is between 70% and 85%: [Decrease time in bed by 15 minutes.]**

- It looks like you still are not sleeping very well.
  - **[Review sleep log and make sure they were following the “New Sleep Plan” schedule from last session.]**
    - **[If major issues were seen then Troubleshoot as above]**
    - **[If no major issues were seen]** Since you are spending so much time awake in bed, let's reduce your time in bed by another 15 minutes. *Would you like to take this from your bedtime or wake time?* **[later bedtime is preferable]**

**SE is < 70%: [Calculate new total sleep time and revise bedtime and/or wake time.]**

- **[If major issues with stimulus control and sleep restriction instructions were reported, then review and Troubleshoot as above]**
- **[If no major issues (unlikely)]** It looks like maybe we got it wrong last week. Let's re-adjust your sleep schedule to more closely match your total sleep time.

## **4. The Cycle of Stress and Sleep**

I'd like to spend the rest of the session talking about how we can use relaxation to help bring on sleep. First, let's go over how feeling un-relaxed, or stressed, can interfere with sleep.

**[Give patient Figure 9]**



- Stress can be a precipitant of insomnia. 80% of people with chronic insomnia recall stressful events associated with the onset of their sleep problems.
  - In your case, we talked about...**[refer to previous precipitating events]**
- 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.

- 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.
  - **Stress leads to physical arousal.**
  - **Physical arousal inhibits sleep.**
  - **Difficulty sleeping increases stress,** restarting the cycle.

Since stress can interfere with sleep, it is important for you to learn how to

- (a) **Prevent your body from getting tense at bedtime 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.

## **5. Relaxation Techniques**

*Have you heard of relaxation techniques before or even tried them?*

**[If Yes, start here.]**

- Many people with insomnia report something like “I bought one of those relaxation tapes and tried it a few nights, but it didn't help.”
- There are two reasons why it might not have helped:
  1. Trying relaxation in isolation, instead of while also addressing the other things maintaining their sleep problems (e.g., going to bed too early, erratic schedules).
  2. Not getting adequate training in the skill or enough practice to get good at it.

**[If No, start here]**

- Even without specific techniques, we often try to initiate a relaxation response by engaging in an activity we find relaxing (e.g., exercise, reading, listening to music, hobbies, taking a walk, watching TV, fishing).
- These methods require 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).
- The relaxation technique we are going to teach you is a breathing exercise that can be used anytime and anywhere.

**[For both Yes and No, continue here]**

Before we discuss this technique, let's go over a few of key points of how 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 that 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 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.

## **6. 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.
- Deep 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. In a second we will go through an easy way to start mastering belly breathing. Before we begin, can you tell me how tense you feel on a 100-point scale, with 0 = Completely and deeply relaxed throughout your body to 100 = Extremely tense throughout your body. **[Make a note]**

### **[Play relaxation recording, or read the following script]**

- Great, now 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. Open your eyes when you are finished.

**[When patient is finished]** Great, now can you tell me again how tense you feel on the same 100-point scale, with 0 = Completely and deeply relaxed throughout your body and 100 = Extremely tense throughout your body. **[Make a note].**

*How was that for you? Any difficulties? [Troubleshoot.]*

- Some people find this easier to do **lying on their back** in a quiet place where they know they won’t be disturbed. However, we don’t want you to practice in bed unless it is bedtime.
- You might also want to try practicing with a **book on your belly while lying down**; that way you can watch it rise and fall while you practice, letting you know that you’re breathing deeply with your diaphragm instead of shallowly with your chest.
- Strive to **make the flow of your breath smooth and gentle**. Try to find a steady rhythm in your breathing. Think of your belly as a balloon that expands and collapses.
- **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.

This tactical breathing exercise is available on the Breathe2Relax smart phone app. This is a free app that includes guided steps to the deep breathing technique. Alternatively, I can email you an .mp3 file that you can load on your phone or computer and play any time. **[Help patient download if necessary.]**

## **7. Your Relaxation Log**

### **[Show patient relaxation log]**

To keep track of your relaxation practice and the resulting development of these skills, I would like you to fill out a Relaxation Log each day. Your Relaxation Log has been placed at the end of the task list for the week. Please flip to that page and make a note of today’s date, the approximate start and stop time, your ratings of before and after **[prompt from your notes if needed]** and any difficulties you may have had, or other comments (e.g., things you did that seemed especially helpful).

The relaxation log for the week has a place for you to record up to two relaxation practices a day. It’s best if you do one practice some time during the day during a time of low stress, and one as part of your nighttime sleep routine. Remember, 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**

- Let's update your "New Sleep Plan".
- Your assignment between now and session five is to monitor your sleep habits with your sleep log and practice your "New Sleep Plan" that you developed today.
- Also, practice the relaxation exercise at least two times a day (once preferably at bedtime). Record your practice on the relaxation log. Be sure and rate your level of relaxation before and after the exercise. Bring these log sheets with you to your next appointment. **[If not already done, if patient has smart phone, help download Breathe2Relax app. This is a free app that includes guided steps to the deep breathing technique.]**
- Do you have any concerns about making these changes?

### **[Troubleshoot, problem solve, make contingency plans.]**

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

**[Make copy of My New Sleep Plan and put with sleep log in file]**

**[Give patient: Patient Materials for Session 4 to take home]**

## **Agenda/Checklist for Session 5: Stress Management: Stop Worrying About Sleep**

- Introduction
- Reviewing the Sleep Log
- Adjusting the Sleep Schedule
- Stop Worrying About Sleep
- Common Dysfunctional Thoughts and Realistic Alternatives
- Assign Home Practice

# **Session 5: Stress Management: Stop Worrying About Sleep**

**[Administer Dysfunctional Beliefs and Attitudes about Sleep Scale (DBAS) to the patient, review for top 4 scored items, and store it in the therapy file.]**

**[If possible, enter sleep log into the Excel calculator and print the summary while the patient is in the waiting room. Otherwise, you can do it in session.]**

## **1. Introduction**

I hope you found the information and skills in the last session useful. Today, we'll focus on adjusting your "Sleep Plan" to try to improve your sleep further. Then we will discuss some new skills that might help you improve your ability to sleep.

## **2. Reviewing the sleep log**

Let's take a look at your sleep log and see how you did this week.

**[Review each day with patient, focusing on sleep efficiency]**

*Did you follow your new sleep plan this past week?*

- **[Troubleshoot and encourage if necessary]**

*What were the major challenges you faced?*

- **[Troubleshoot and encourage if necessary]**

## **Troubleshooting**

**[Review sleep restriction, stimulus control, sleep hygiene, or relaxation rationale as needed.]**

- This is not a life sentence. However, the closer you adhere to this schedule for now, the quicker you will make progress, and we can extend the amount of time you spend in bed.
- **Stimulus control/sleep restriction**
  - Avoid reclined positions or lying down during last 1-3 hours of the night.
  - Cold compresses to the extremities or small of the back.
  - Review list of things to do at night, in morning, or during an urge to nap.
  - Recruit help from others.
- **Sleep hygiene**
  - Because we don't know how each of these behaviors may be affecting your sleep, and it would take too long to eliminate them one at a time to determine this, we try to eliminate them all at once.
  - We can add them back one at a time later if you want, then we can determine exactly what effect they have on your sleep.
- **Relaxation**
  - **[Offer them progressive muscle relaxation training and handout if having difficulty with Tactical Breathing.]**
  - Like learning any new skill, it takes practice to get good.

## Encouragement

- It would be great if you did not have any problems staying on schedule.
- Unfortunately, it is common for people to experience some trouble staying on track throughout this program.
- Things can happen that disrupt even the most careful plans.
- How you handle your feelings during those times can make all the difference between getting the most out of the program and dropping out. For example:
  - When some people fall behind, instead of looking at the successes they had staying on schedule and mastering the skills, they tell themselves that they have failed and there is no use in continuing to work on the program.
  - They feel guilty for not sticking to the program.
  - They put themselves and the program they were working on “down.”
  - They forget their achievements and hard work and sometimes just “give up.”

### **[Review the following with the patient as needed]**

1. A slip is just a mistake. Don't let a slip become an excuse for throwing your previous hard work and progress out the window. Stick with it!
2. Feelings of guilt and self-blame are common. They pass with time, often very quickly.
3. Think about what got you off track.
4. Push yourself to practice.

Doing the home practice is an important part of this process—remember, it takes time and practice to make changes.

## 3. **Adjusting Sleep Schedule**

### **[Review sleep efficiency and adjust bedtime.]**

- Sleep Efficiency (SE) > 90% - increase prescribed time in bed 15 minutes.
- SE is between 85% and 90% - no change to prescribed time in bed.
- SE < 85% - change prescribed time in bed to 15 minutes less.
- SE < 70% - calculate new total sleep time and revise bedtime and/or wake time.

**[Remember, exclude nights that were unusual and out of the patient's control like charge of quarters, emergencies, illnesses.]**

## 4. **Stop Worrying About Sleep**

### **Harmful Habit: Worrying about sleep**

- Now I'd like to focus on worrying while in bed, which 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 what you do in bed eventually becomes associated with your bed and with your sleep habits.
  - Thinking upsetting thoughts in bed will strengthen this association
- Worrying in bed can set off a negative cycle that can lead to insomnia.
  - Worrying disrupts sleep, which makes you even more worried about how little sleep you're getting, which further disrupts sleep, and so on
- Negative thoughts are often unrealistic and rarely helpful.
- Some examples of negative or alarming self-talk include:
  - “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.”

### Helpful Habit: Replace Alarming Thoughts

- One way to change negative thoughts is to carefully considering their accuracy.
  - If they are not accurate, replacing them with more accurate and realistic thoughts can help.
  - 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 from your list rather than in 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 include:
- “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.”
  - “It will be that much easier to fall asleep at my bedtime tomorrow.”
  - “Following the treatment can help me 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, balanced thoughts.**

**[Give patient the Session 5 patient packet to follow along]**

In this packet are some alternative thoughts to common sleep worries. We will review some now but you will get the most benefit if you review these ideas over the next week.

**[This should be driven by the patient’s responses on the DBAS: pick the highest scores and work backwards. You will likely only have time to address 2-3 in session.]**

**[Any method of challenging these thoughts is acceptable (i.e., evidence for and against, what would you tell a friend, cost-benefit analysis, imagined vs. true risk). Below we give you some potential questions to ask to start the process and give some psychoeducation points. ONLY offer potential alternative thoughts if the patient is having trouble generating their own.]**

## **5. 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 you 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 go 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 machine. It will take over control and get the sleep it needs.

**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 night's sleep? What about the opposite, have you felt fine the next day after a bad night's 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.

**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 night's sleep the next night after a bad night's 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 night's 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 night's 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 night's sleep.

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 nights 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 nights 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**

- Let's update your "New Sleep Plan."
- Your assignment between now and session six is to monitor your sleep habits with your sleep log, continue to practice good sleep hygiene and relaxation strategies outlined in your "New Sleep Plan" that you developed today, and read the remainder of the handout about modifying thoughts about sleep **[Patient should already have packet]**
- Do you have any concerns about making these changes?

### **[Troubleshoot, problem solve, make contingency plans.]**

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

**[Make copy of My New Sleep Plan and put with sleep log in file]**

**[Give patient: Patient Materials for Session 5 to take home]**

## **Agenda/Checklist for Session 6: Stress Management: Problem Solving**

- Introduction**
- Reviewing the Sleep Log**
- Adjusting the Sleep Schedule**
- Problem Solving: The To Do List**
- Developing Flexibility in Your Sleep Habits**
- What to do if Insomnia Returns**
- Assign Home Practice**

# **Session 6: Stress Management: Problem Solving**

[If possible, enter sleep log into the Excel calculator and print the summary while the patient is in the waiting room. Otherwise, you can do it in session.]

## **1. Introduction**

I hope you found the information and skills in the last session useful. Today, we'll focus on adjusting your "Sleep Plan" to try to improve your sleep further. Then we will discuss some new skills that might help you improve your ability to sleep.

## **2. Reviewing the sleep log**

Let's take a look at your sleep log and see how you did this week.

**[Review each day with patient, focusing on sleep efficiency]**

*Did you follow your new sleep plan this past week?*

- **[Troubleshoot and encourage if necessary]**

*What were the major challenges you faced?*

- **[Troubleshoot and encourage if necessary]**

## **Troubleshooting**

**[Review sleep restriction, stimulus control, sleep hygiene, relaxation, and cognitive restructuring rationale as needed.]**

- This is not a life sentence. However, the closer you adhere to this schedule for now, the quicker you will make progress, and we can extend the amount of time you spend in bed.
- **Stimulus control/sleep restriction**
  - Avoid reclined positions or lying down during last 1-3 hours of the night.
  - Cold compresses to the extremities or small of the back.
  - Review list of things to do at night, in morning, or during an urge to nap.
  - Recruit help from others.
- **Sleep hygiene**
  - Because we don't know how each of these behaviors may be affecting your sleep, and it would take too long to eliminate them one at a time to determine this, we try to eliminate them all at once.
  - We can add them back one at a time later if you want, then we can determine exactly what effect they have on your sleep.
- **Relaxation**
  - **[Offer them progressive muscle relaxation training and handout if having difficulty with Tactical Breathing.]**
  - Like learning any new skill, it takes practice to get good.
- **Cognitive Distortions**
  - **[Help them focus on one cognition you feel there is considerable evidence against.]**

- **[If they have one thought that has a lot of evidence for, troubleshoot with them on what they can do to change the situation or better cope with it.]**

## **Encouragement**

- It would be great if you did not have any problems staying on schedule.
- Unfortunately, it is common for people to experience some trouble staying on track throughout this program.
- Things can happen that disrupt even the most careful plans.
- How you handle your feelings during those times can make all the difference between getting the most out of the program and dropping out. For example:
  - When some people fall behind, instead of looking at the successes they had staying on schedule and mastering the skills, they tell themselves that they have failed and there is no use in continuing to work on the program.
  - They feel guilty for not sticking to the program.
  - They put themselves and the program they were working on “down.”
  - They forget their achievements and hard work and sometimes just “give up.”

### **[Review the following with the patient as needed]**

1. A slip is just a mistake. Don't let a slip become an excuse for throwing your previous hard work and progress out the window. Stick with it!
2. Feelings of guilt and self-blame are common. They pass with time, often very quickly.
3. Think about what got you off track.
4. Push yourself to practice.

Doing the home practice is an important part of this process—remember, it takes time and practice to make changes.

## **3. Adjusting Sleep Schedule**

### **[Review sleep efficiency and adjust bedtime.]**

- Sleep Efficiency (SE) > 90% - increase prescribed time in bed 15 minutes.
- SE is between 85% and 90% - no change to prescribed time in bed.
- SE < 85% - change prescribed time in bed to 15 minutes less.
- SE < 70% - calculate new total sleep time and revise bedtime and/or wake time.

**[Remember, exclude nights that were unusual and out of the patient's control like charge of quarters, emergencies, illnesses.]**

## 4. Problem Solving: The To Do List

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

- Worrying while in bed can also cause or perpetuate insomnia.
- Eliminating worry may not be realistic or even desirable.
- However, it is important to manage bedtime worry.
- People with insomnia do not have more problems than people without insomnia.
  - They just spend more time worrying about their problems.
- Whether excessive or realistic, worry is seldom a productive endeavor.
  - First, worry tends to involve uncontrolled mental activity.
    - We do it even at times when we would rather not.
  - Second, worry is often distressing and interferes with 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 lot of physical/mental energy without accomplishing anything.
    - 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 such as:
  - “If I hadn’t stayed up and worried about my son being out late then he would have been in an accident.”
  - “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.

A useful method for figuring out good options is to start off by brainstorming solutions.

4. 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.

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.) Once you have picked at least one "Y" solution for each worry, stop the above process.

5. Pick one "Y" solution to do the next day or in the near future (give due date).

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.

*Before we move on, do you have any questions?*

## **5. 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 an hour later on weekends with minimal impacts on your sleep.
- You will need to take a systematic approach to determine what is important and what is not.
  1. **Make sure you have achieved maximum improvements in your sleep.** Look back over the past 3-4 weeks and see if your sleep has become stable or if you are still achieving improvements. If you are still improving, you can keep adding 15 minutes a week, until you notice your sleep is getting poor again (awake for longer periods of time [e.g., greater than 15-20 minutes] at bedtime or during the night. 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 with adding back in old habits (e.g., caffeine in the morning, sleeping in no more than an hour on the weekends).
  2. **Change only one thing at a time to see the impact on your sleep.** 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.
  3. **If your sleep gets worse, then you know the change was bad for your sleep.** 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.



## **6. What to do if Insomnia Returns**

- Insomnia is a chronic illness and may return, especially during times of stress.
- Remember, there are a lot of factors that go into a bout of insomnia.
  - Perhaps there is a new stressor in your life.
  - Perhaps you are not following the healthy sleep habits as closely as before.
  - It is likely a combination of factors.
- To prevent mistakes or “relapses” from getting out of control, remember to go back and start practicing **ALL** of the components of your latest “**New Sleep Plan.**”
- This should help you get back on track and start enjoying good sleep again.

## **Session 6 Home Practice**

- Let's do the final update of your "New Sleep Plan".  
**[Fill out every line if possible since this is the final version.]**

- Your assignment from now on is to practice your "New Sleep Plan".  
*Do you have any concerns about making these changes?*

**[Troubleshoot, problem solve, make contingency plans.]**

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

**[Make copy of My New Sleep Plan and put with sleep log in file]  
[Give patient: Patient Materials for Session 6 to take home]**

# Appendices

Appendix A: Full-Page Figures

Appendix B: Sample Note Template

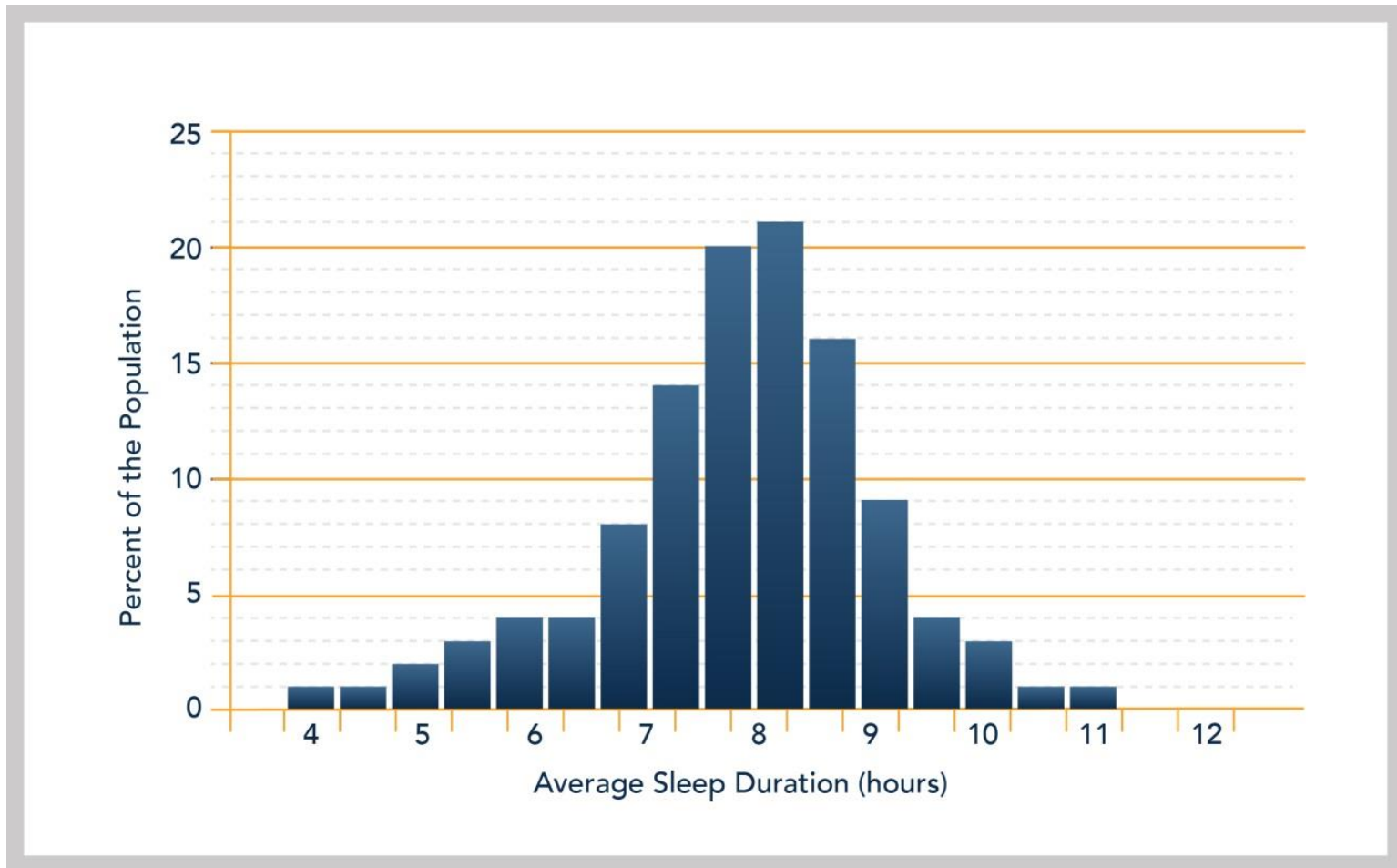
Appendix C: Coping with 24-Hour Duty/Charge of Quarters

Appendix D: Safety Behaviors/Hypervigilance and Sleep

Appendix E: Sleep Compression Guidelines

Appendix F: Progressive Muscle Relaxation Instructions and FAQs

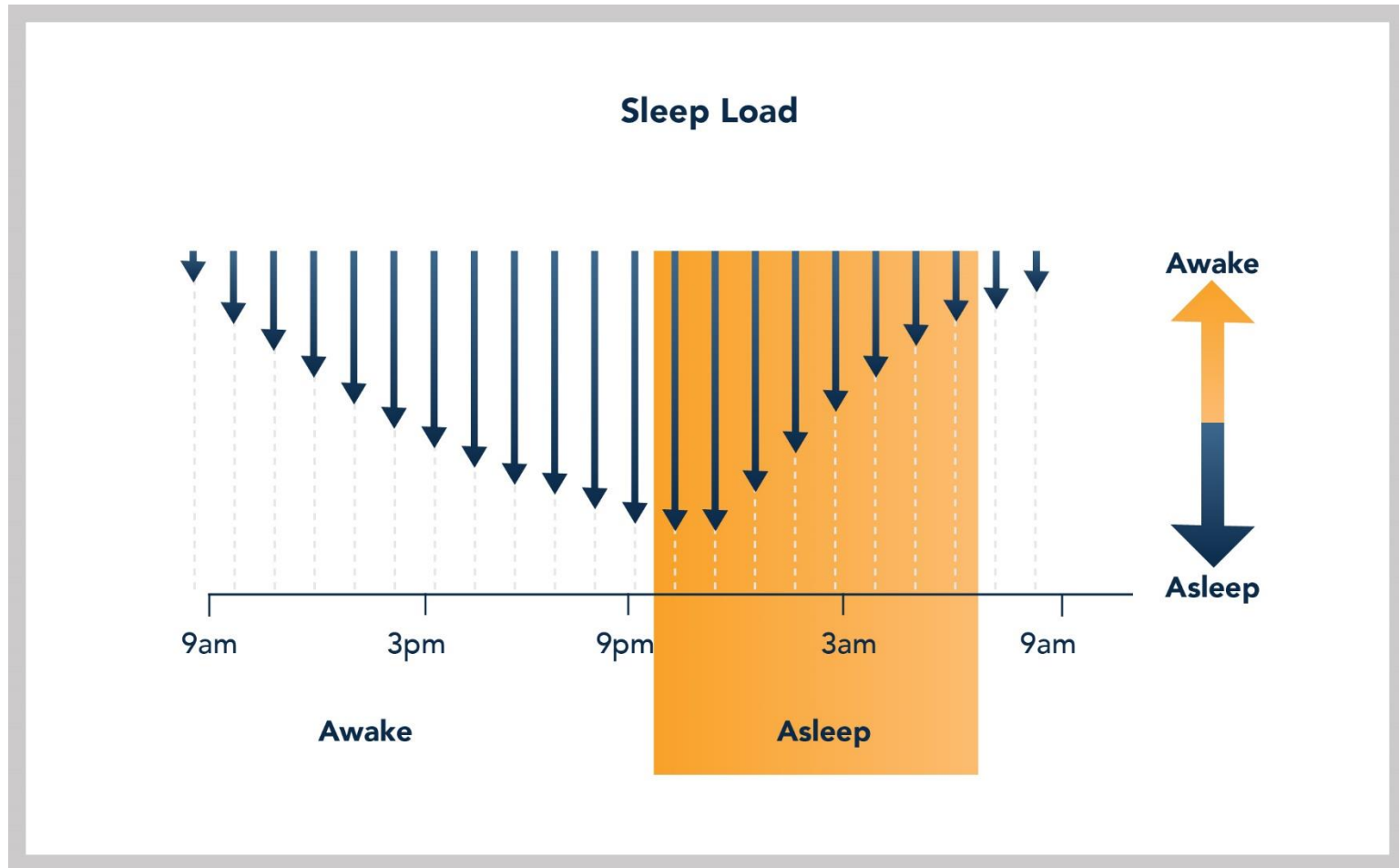
# Homeostatic Process: Sleep Need



Modified from Roenneberg, T. (2012). *Internal time: Chronotypes, social jet lag, and why you're so tired*. Harvard University Press.

Figure 1

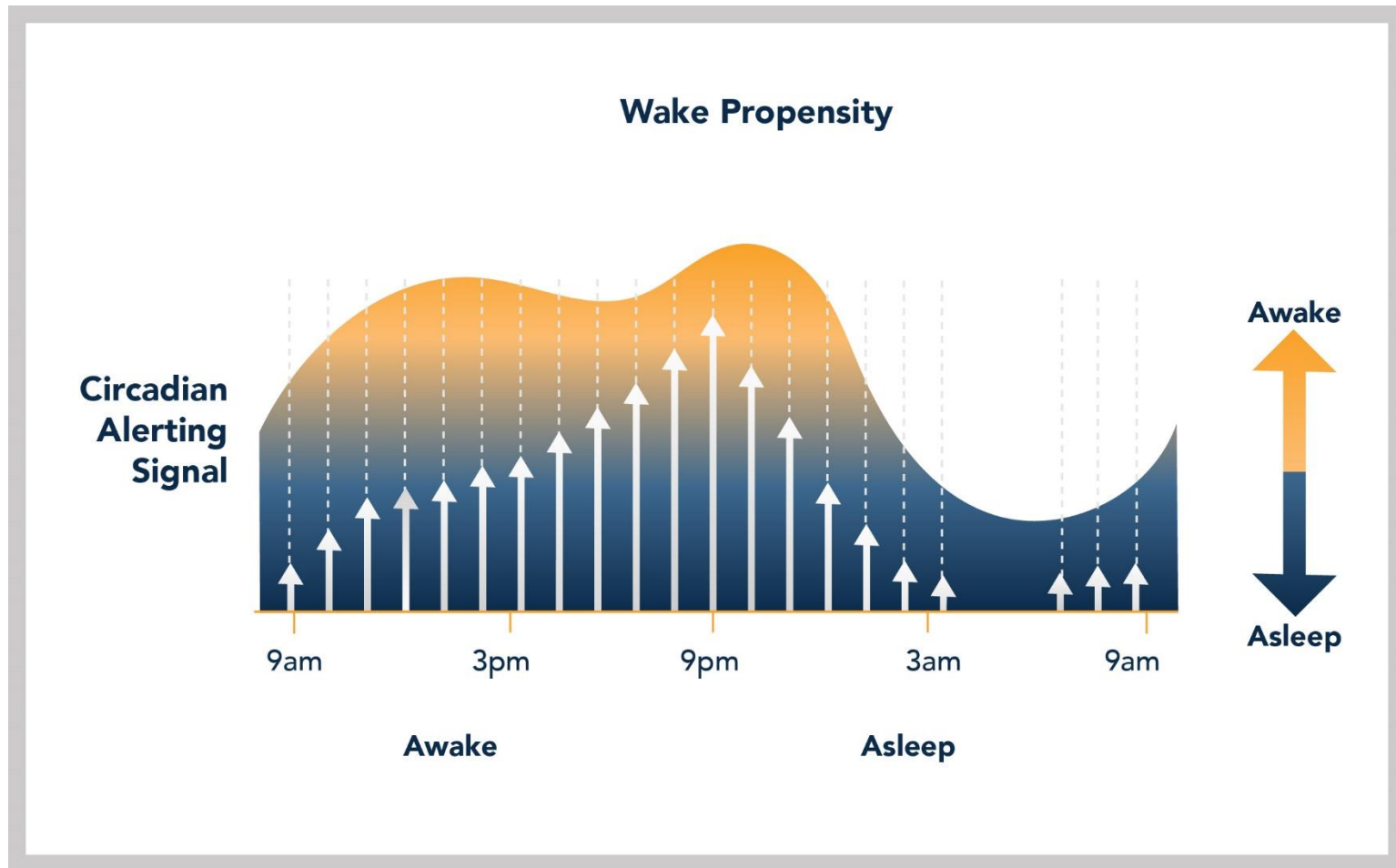
# Homeostatic Process: Sleep Drive



Modified from Edgar, D. M., Dement, W. C., & Fuller, C. A. (1993). Effect of SCN lesions on sleep in squirrel monkeys: evidence for opponent processes in sleep-wake regulation. *Journal of Neuroscience*, 13(3), 1065-1079.

Figure 2

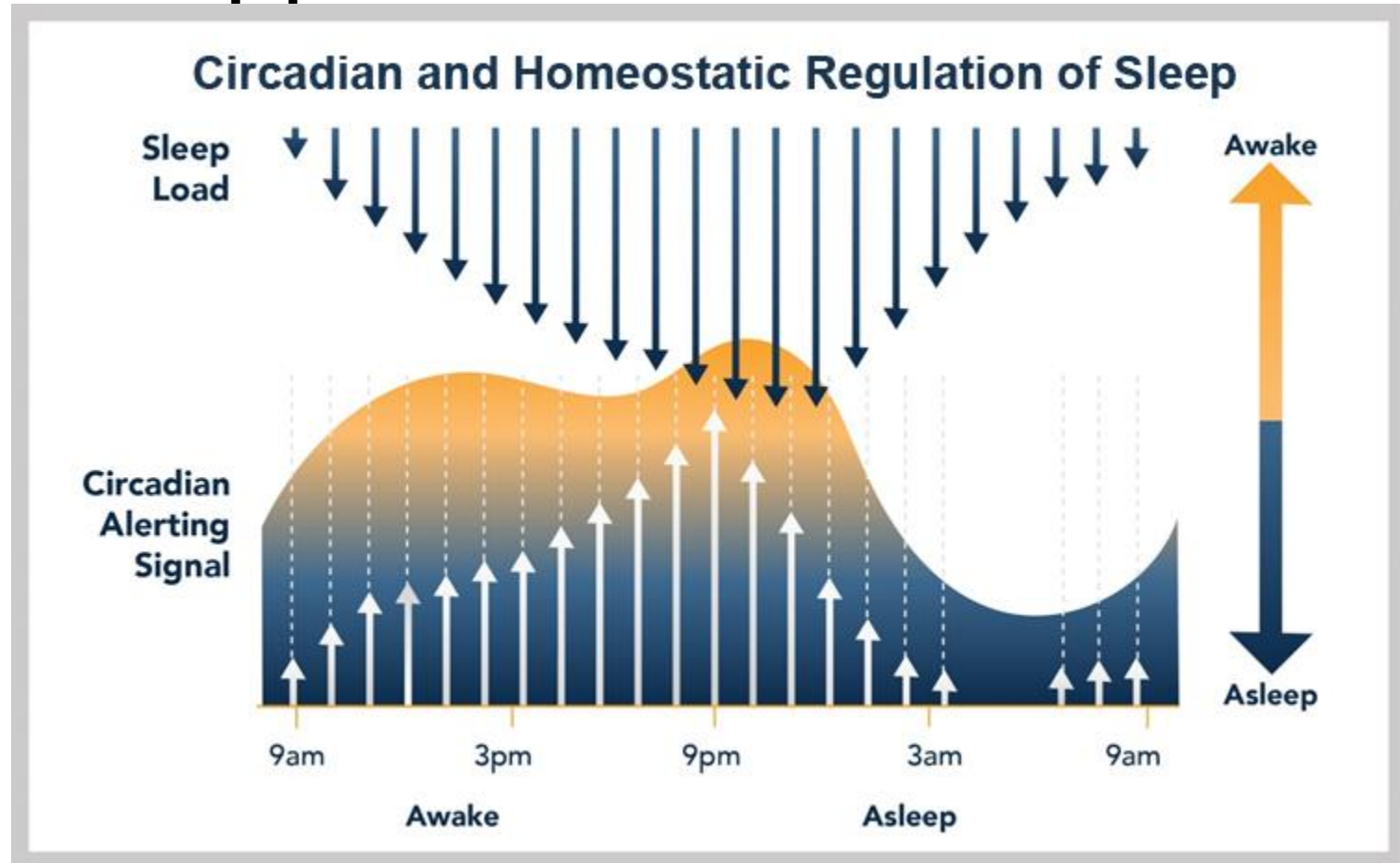
# Circadian Process



Modified from Edgar, D. M., Dement, W. C., & Fuller, C. A. (1993). Effect of SCN lesions on sleep in squirrel monkeys: evidence for opponent processes in sleep-wake regulation. *Journal of Neuroscience*, 13(3), 1065-1079.

Figure 3

# Putting it all Together: Opponent Process Model

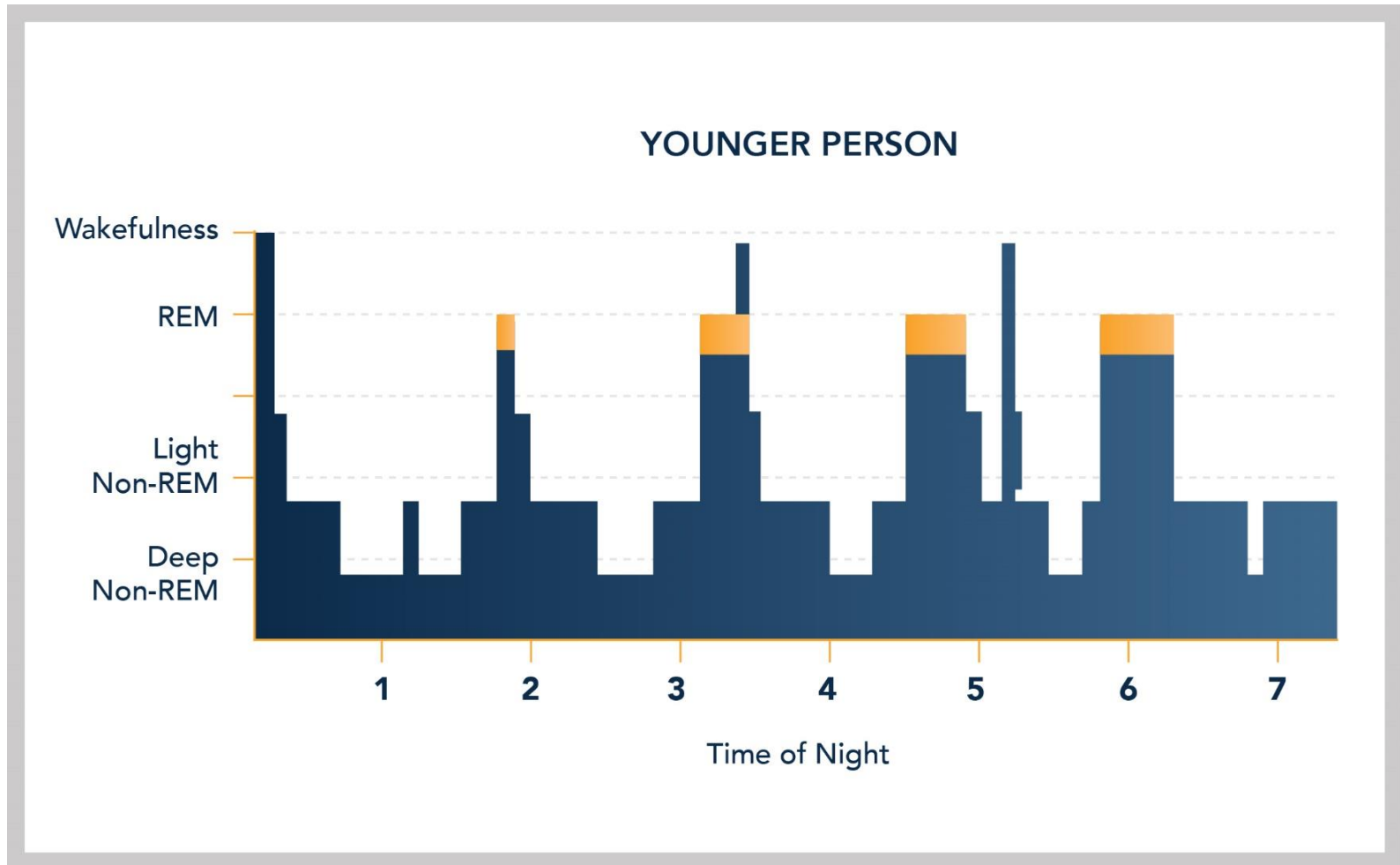


Modified from Edgar, D. M., Dement, W. C., & Fuller, C. A. (1993). Effect of SCN lesions on sleep in squirrel monkeys: evidence for opponent processes in sleep-wake regulation. *Journal of Neuroscience*, 13(3), 1065-1079.

Figure 4

# Sleep Stages

## A Typical Night of Sleep in a Young Adult

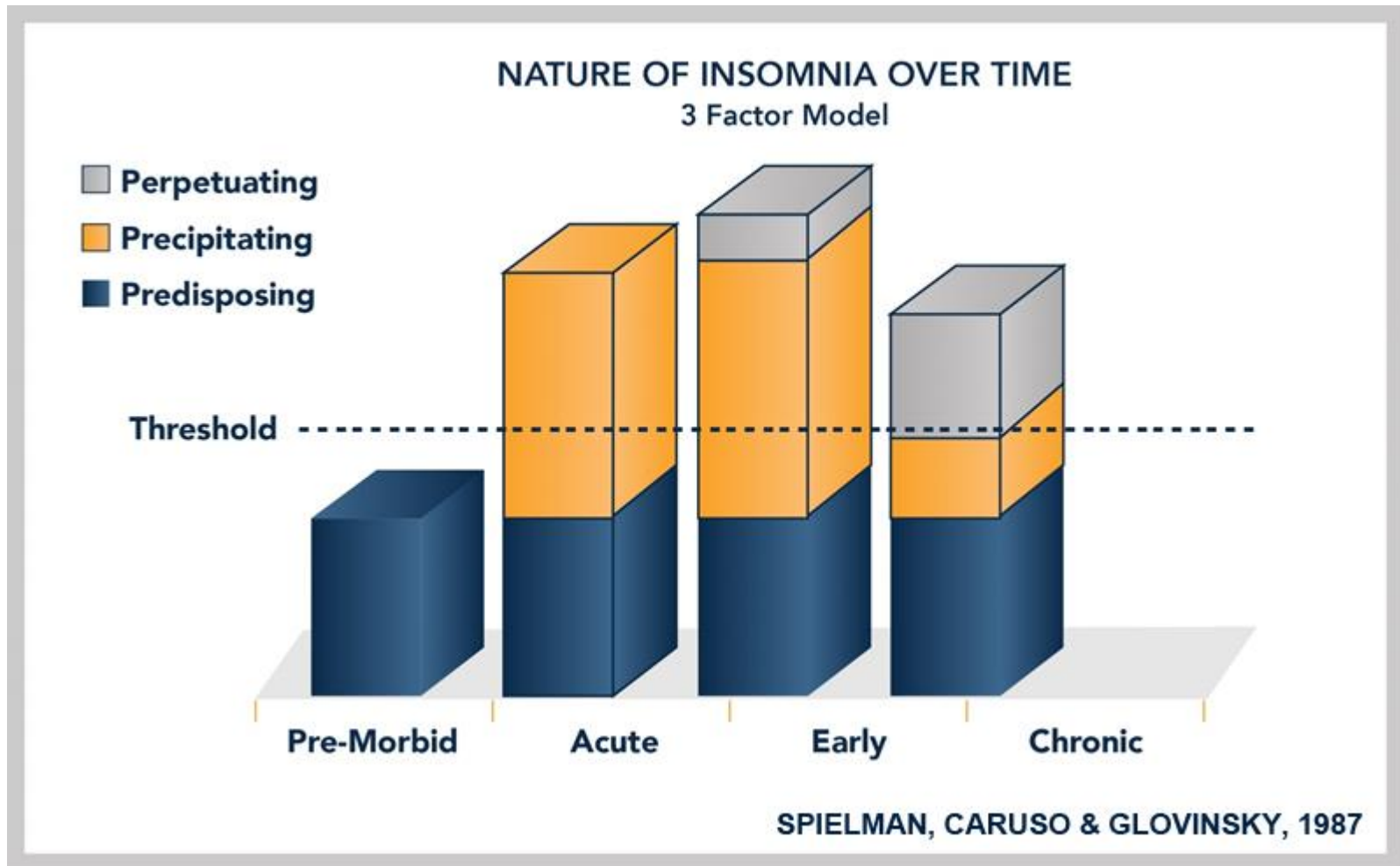


Modified from Lieberman, J. A., & Neubauer, D. N. (2007). Normal sleep and wakefulness. *Int. J. Sleep Wakefulness*, 1, 2-6.

Figure 5



# Behavioral Perspective on Insomnia



Modified from Spielman, A. J., Caruso, L. S., & Glovinsky, P. B. (1987). A behavioral perspective on insomnia treatment. *Psychiatric Clinics*, 10(4), 541-553.

# Sleep Extension as Perpetuator

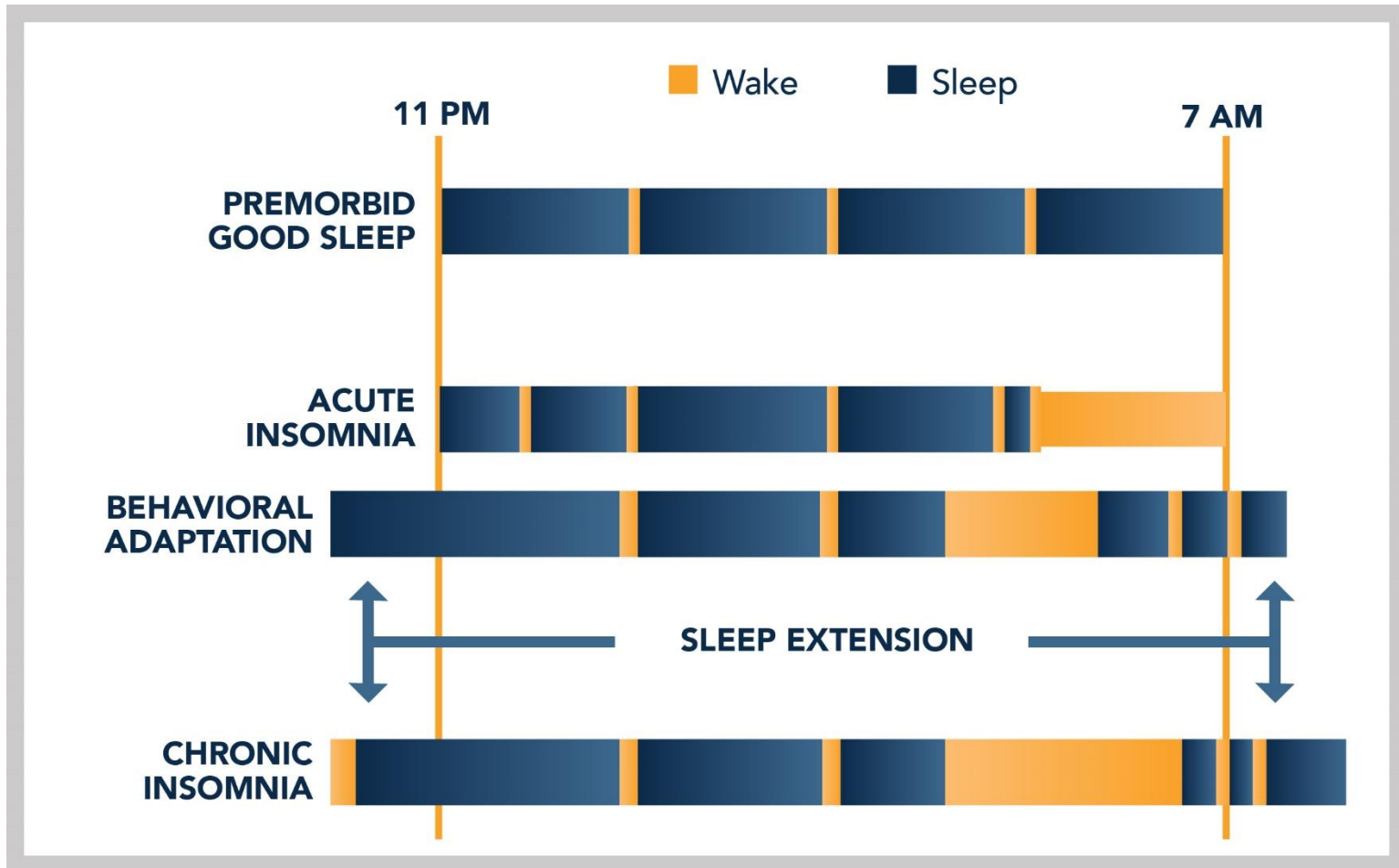


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# Sleep Restriction Rationale

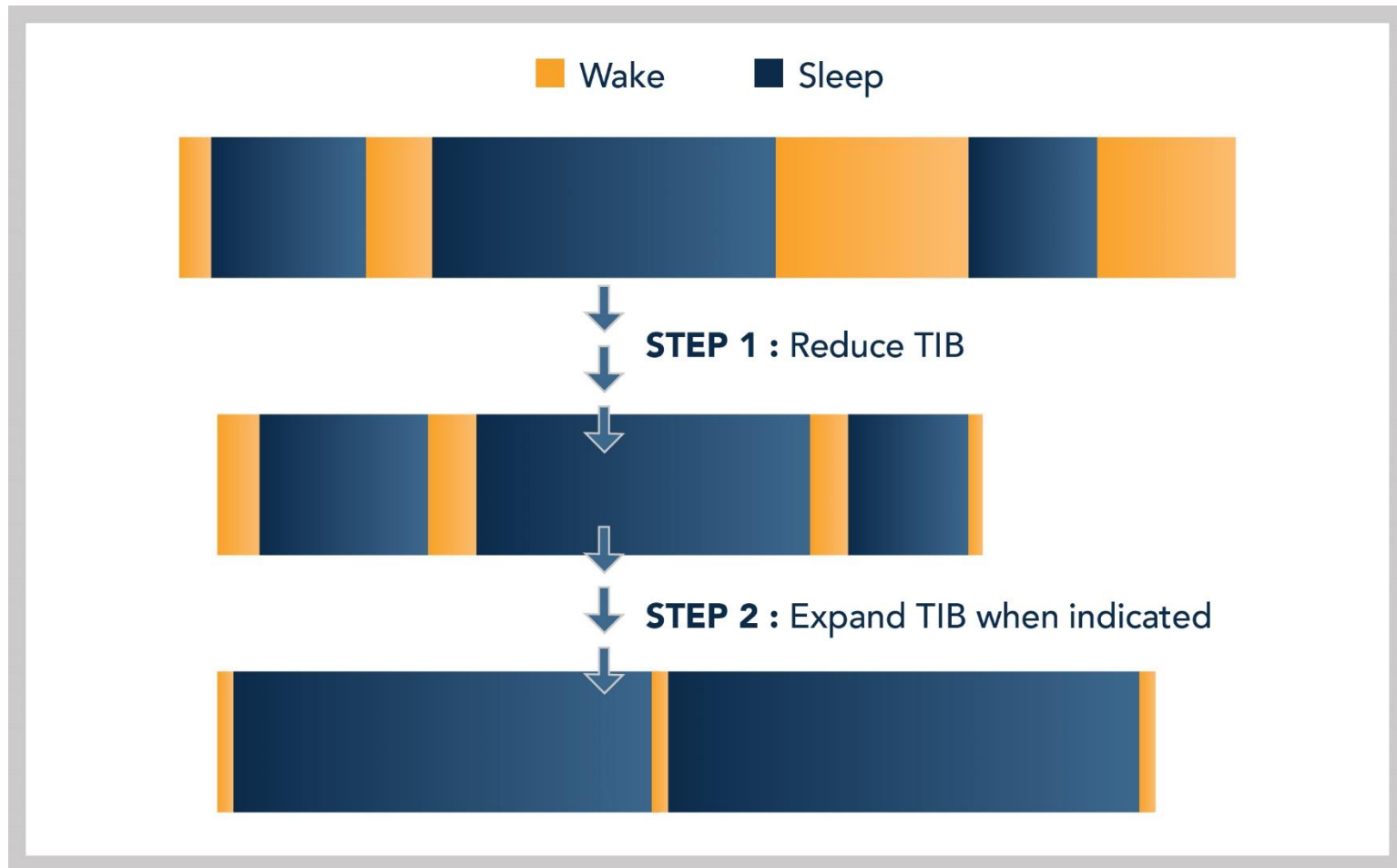


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Figure 8

# The Cycle of Stress and Sleep



Figure 9

## CBT-I Sample Notes

**Presenting Concerns:** Patient presented for treatment of insomnia.

### **Session Content:**

(Session 0/Sleep Intake Session)

Conducted sleep-focused intake session in preparation for cognitive-behavioral therapy for insomnia (CBT-I). Gathered information on presenting insomnia symptoms in order to develop case conceptualization and treatment plan. Patient indicated s/he has difficulty falling asleep and staying asleep XX nights/week. Sh/He reported daytime impairment associated with insomnia including difficulty concentrating, difficulties with memory, fatigue, mood problems, irritability, family problems, problems at work. These symptoms have been present since XX. (FILL IN ANY OTHER RELEVANT INFO FROM SLEEP INTAKE). Instructed patient on completing sleep log, and patient agreed to complete for the next week/next two weeks.

(Session 1)

The patient completed the first session of cognitive-behavioral therapy for insomnia (CBT-I). Provided psychoeducation about the function and regulatory processes of sleep, sleep stages across the night, sleep across the lifetime, and the 3P model of insomnia. Reviewed patient's sleep log and troubleshoot completion. Baseline sleep efficiency was XX% with total sleep time of XX hours.

(Session 2)

The patient completed the second session of cognitive-behavioral therapy for insomnia (CBT-I). Reviewed sleep diary and discussed mismatch between total sleep time (XX hours) and time in bed (XX hours). Explained sleep efficiency (past week sleep efficiency was XX%). Discussed sleep restriction rationale and prescribed bedtime and wake time (XX:XX to XX:XX). Explained stimulus control and helped patient brainstorm strategies for adherence including activities to do during middle-of-the-night awakenings such as XX, XX, and XX. Solicited feedback, answered questions, and provided support and encouragement. Patient agreed to complete sleep log and follow the new sleep plan for the next week.

(Session 3)

The patient completed the third session of cognitive-behavioral therapy for insomnia (CBT-I). Reviewed sleep diary and troubleshoot difficulties with implementing sleep restriction and stimulus control. Sleep efficiency was XX%, so time in bed was titrated up/down/maintained for a new sleep schedule of XX:XX to XX:XX. Total sleep time was XX hours. Explained sleep hygiene and made the following plans for improvements in sleep hygiene: XX, XX, XX. Solicited feedback, answered questions, and provided support and encouragement. Patient agreed to complete sleep log and follow the new sleep plan for the next week.

(Session 4)

The patient completed the fourth session of cognitive-behavioral therapy for insomnia (CBT-I). Reviewed sleep diary and troubleshoot difficulties with sleep restriction, stimulus control and sleep hygiene. Sleep efficiency was XX%, so time in bed was titrated up/down/maintained for a new sleep schedule of XX:XX to XX:XX. Explained connection between stress, arousal and sleep. Instructed patient in deep breathing relaxation. Self-rating of tension was X/7 prior and X/7 post in-session relaxation practice. Reinforced importance of practicing relaxation and helped patient schedule 2x per day to practice relaxation. Assigned relaxation log. Solicited feedback, answered questions, and provided support and encouragement. Patient agreed to complete sleep log and follow the new sleep plan for the next week.

(Session 5)

The patient completed the fifth session of cognitive-behavioral therapy for insomnia (CBT-I). Reviewed sleep diary and troubleshoot difficulties with sleep restriction, stimulus control, sleep hygiene, and relaxation. Sleep efficiency was XX%, so time in bed was titrated up/down/maintained for a new sleep schedule of XX:XX to XX:XX. Reviewed distorted cognitions about sleep using patient's responses on the Dysfunctional Beliefs and Attitudes about Sleep Scale and helped patient generate possible alternatives for these thoughts. Encouraged patient to continue to challenge these beliefs. Solicited feedback, answered questions, and provided support and encouragement. Patient agreed to complete sleep log and follow the new sleep plan for the next week.

(Session 6)

The patient completed the sixth and final session of cognitive-behavioral therapy for insomnia (CBT-I). Reviewed sleep diary and troubleshoot difficulties with sleep restriction, stimulus control, sleep hygiene, relaxation, and cognitive challenging. Sleep efficiency was XX%, so time in bed was titrated up/down/maintained for a new sleep schedule of XX:XX to XX:XX. Discussed scheduled worry time. Developed strategies for relapse prevention. Solicited feedback, answered questions, and provided support and encouragement. Patient agreed to complete sleep log and follow the new sleep plan for the next week.

**Mental status:** Patient arrived early/on time/late and participated fully in this session. Grooming and hygiene were within normal limits. Patient was alert and oriented x3. Mood appeared normal/upbeat/euthymic/depressed/anxious with normal/broad/restricted range of affect which was congruent/incongruent with content. Thought processes were logical/goal-directed/coherent/scattered. Thinking and judgment were within normal limits. Cognition/memory appeared grossly intact. No changes in SI/HI were observed or reported (note if ideation is present and document risk assessment).

**Date of Next Session:**

**Plan:** Continue CBT-I.

## Coping with 24-Hour Duty

Military duties that require 24-hour shifts (e.g., Charge of Quarters or CQ) are often followed by a release of duties the following day. One of the main challenges service members face with 24-hour duties is the adverse impact on their sleep. Several strategies have been found to help shift workers improve their quantity and quality of sleep, which can be applied to the CQ situation:

### **Before 24-Hour Duty**

- **Try a short nap before you go to work.** Even 20 minutes can be helpful. It can maintain or improve alertness, performance, and mood. Even if you feel groggy or sleepier after a quick nap, those feelings usually pass within 15 minutes, but the benefits of the nap may last for many hours.
- **Use caffeine thoughtfully.** Caffeine can help you maintain alertness during your 24-hour duty, but different beverages have differing amounts of caffeine. Energy drinks have the most, followed by coffee, then soda, then tea. Only use caffeine if it is helpful for you and only use the amount that you need.
- **Get exposure to bright outside light.** During the 24 hours before pulling CQ, try to spend as much time as possible outside in bright sunlight.

### **During 24-Hour Duty**

- **Stop caffeine consumption several hours before you end your shift and plan to go to sleep.** Caffeine has a half-life (i.e., time it takes for half to get out of your body) of about 5-7 hours and can interfere with sleep for as long as 10 hours after consuming it.
- **Avoid smoking before going to bed.** Nicotine is a stimulant and can interfere with sleep.
- **Don't drink too many fluids,** especially within 2 hours of getting off work, as this can wake you up during the day when trying to sleep.
- **Avoid large heavy meals.** The stomach doesn't function the same at night as it does during the day. Large heavy meals could cause indigestion and other problems.
- **Get up and get active.** If you can, get up and get active during the night, and vary your activities. This can improve alertness.

### **After 24-Hour Duty**

- **Wear wraparound dark glasses** on your way home from work to keep morning sunlight from activating your internal daytime clock.
- **Go to sleep as soon as possible after work.**
- **Eat a light snack before bedtime.**
- **Try to sleep only about 4.5 hours,** so you will be sleepy enough to go to bed at a reasonable time the next night. Social activities and other things can be scheduled after.
- **Put a "do not disturb" sign on the front door** so that delivery people and friends won't knock or ring the doorbell.
- **Turn off the phone.**
- **Follow your regular pre-bedtime routine** before bed.

- **Make sure your sleeping environment is comfortable** (cool constant temperature, good airflow, *dark* and *quiet*). If there is outside noise, a constant background noise may help you sleep (e.g., relaxation tapes, radio).
- **Don't expect to go to bed on time the next night.** Because you stayed up all night the night before, you may feel sleepy early OR you may have delayed your sleep schedule. It will take a few nights to get back to normal.
- **The role of the family.** Possibly the most important factor regarding coping effectively with 24-hour duty is the support of the partner and family.
  - **Ask family and friends to help create a quiet and peaceful setting** during your sleep time. Have them wear headphones while listening to music or watching TV. Request that your family members avoid vacuuming, dishwashing, and noisy activities during your sleep time. You may even ask a partner to take children on an outing while you are recovering.
  - **Talk with family and friends about the possibility that you might miss family activities,** entertainment, and other social interactions so you can get the needed sleep during the day.
- **Have a regular routine before bed,** irrespective of sleeping during the day or night. For example, having a shower or bath, spending 30 minutes relaxing (e.g., meditation, light exercise, reading a book, clean teeth, etc.), then go to bed at a set time. By keeping a regular routine, the body learns when it is expected to sleep.
- **It is important to know that it may take several days to get your sleep back to normal.** The key is to make sleep a priority.



## Safety Behaviors and Sleep

### What is a Safety Behavior?

A safety behavior is a habit that people develop to help them cope with anxiety. Safety behaviors typically alleviate anxiety in the moment but can actually maintain insomnia in the long term.

Safety behaviors might include:

- Getting out of bed to check the perimeter of your home
- Checking locks and doors several times a night
- Leaving lights on at night
- Getting up to check out noises while trying to sleep
- Checking on family members several times a night

### How do safety behaviors affect sleep and anxiety at night?

Safety behaviors may interfere with the treatment techniques that you are working on in Cognitive Behavioral Treatment for Insomnia. For example, if you are lying in bed and thinking about how you and your family could be harmed, it will be difficult to relax enough to go to sleep. It may seem that going to check out every noise that you hear while you're lying in bed would help you cope with these fears, but this sort of checking behavior can actually interfere with your sleep and maintain your symptoms.

### Why don't safety behaviors count as a relaxing activity? My safety behaviors calm me down. Why would I want to get rid of them?

Remember that safety behaviors may decrease anxiety in the short term, but in the long term, they maintain stress and hypervigilance. For example, if you hear a noise and you feel nervous, then get out of bed to check and see that nothing is wrong, you feel better immediately. However, you will keep checking on every noise you hear while you are in bed (which will interfere with your sleep) because you are sending a message to your brain that unless you get out of bed to check on the noise, you and your family are not safe. Until you start to resist checking, you won't get to see that you would be safe even if you don't get out of bed. Over time, the urge to check will decrease if you don't check every noise.

### So, what should I do when safety-related thoughts come into my head or when I have a strong urge to check while I'm going to sleep?

It is fine to check your doors and windows once before going to sleep. Identify a space in your home where you will go to relax if you wake up. Choose a place that does not include anything you can check (e.g. windows, doors), and gather anything you will need for relaxation (book, music, etc.). If you wake up, practice a relaxation strategy such as deep breathing or progressive muscle relaxation, and try to go back to sleep. If you are unable to fall asleep after 15 minutes, follow your normal routine to get out of bed and encourage yourself not to check. Although you may really want to, remind yourself that it is better in the long run not to check. Examine the evidence for and against your thought. What is the evidence that something is wrong? What is the evidence that nothing is wrong? Use the answers to these questions to develop a more balanced and perhaps more accurate thought. Then, do a relaxing activity such as reading, deep breathing, listening to calming music, or prayer.

Remember, this is not a life sentence, so commit to not using safety behaviors when trying to sleep while you are in this program. Eventually, the urge to check will decrease.

# Sleep Compression Guidelines

Sometimes, people have a hard time tolerating sleep restriction and to a lesser extent stimulus control for reasons like high anxiety over losing sleep, age, work requirements, and comorbid disorders (e.g., pain making it hard to get out of bed). An alternative is sleep compression, which relies on similar principles but is a “gentler” version of sleep restriction.

**The goals of sleep compression** are to 1) maintain a consistent schedule each day, by making the bedtime and wake time the same every day, and 2) over the course of 5 weeks, slowly reduce time in bed by a little bit each week to match total sleep time.

## Steps for Sleep Compression

1. **Calculate the difference between your time in bed (TIB) and total sleep time (TST), and divide it by 5 to get your weekly reduction.** Based on your baseline sleep diary, you should be able to determine your average TIB and TST over one or more weeks. Then, subtract your average TIB – TST and divide this number by 5.

**Your average TIB was \_\_\_\_\_ minutes, and your average TST was \_\_\_\_\_ minutes:**

\_\_\_\_\_ – \_\_\_\_\_ = \_\_\_\_\_. **Then, divide by 5:** \_\_\_\_\_/5 = \_\_\_\_\_ minutes.

TIB

TST

Difference

Difference

2. **Pick a consistent bedtime and wake time that is 1/5 (i.e., \_\_\_\_\_ minutes from above) less than your typical TIB.** You will first have to decide whether you want to make your bedtime later or your wake time earlier. It's better to fix your wake time, but you and your therapist can decide this together. You'll need to keep this time constant every day, even on the weekends/days you don't work.

**Your new schedule for this week:**

**Week 1: Bedtime:** \_\_\_\_\_:\_\_\_\_\_ \_\_M, **Wake time:** \_\_\_\_\_:\_\_\_\_\_ \_\_M

P/A

P/A

3. **Each week, for the next 4 weeks, we will reduce your time in bed by the number of minutes you calculated in #1 (i.e., \_\_\_\_\_ min).** This means that your time in bed will get shorter each week. If you decided to fix your wake time in #2, you will push your bedtime later each week. If you decided to fix your bedtime in #2, you will wake up earlier each week. *Don't get in to bed until you're feeling sleepy (even if it's your scheduled time).*

**Your new schedule over the next few weeks will look like this:**

**Week 2: Bedtime:** \_\_\_\_\_:\_\_\_\_\_ \_\_M, **Wake time:** \_\_\_\_\_:\_\_\_\_\_ \_\_M

**Week 3: Bedtime:** \_\_\_\_\_:\_\_\_\_\_ \_\_M, **Wake time:** \_\_\_\_\_:\_\_\_\_\_ \_\_M

**Week 4: Bedtime:** \_\_\_\_\_:\_\_\_\_\_ \_\_M, **Wake time:** \_\_\_\_\_:\_\_\_\_\_ \_\_M

**Week 5: Bedtime:** \_\_\_\_\_:\_\_\_\_\_ \_\_M, **Wake time:** \_\_\_\_\_:\_\_\_\_\_ \_\_M

4. **Plan ahead what you will do to help you stay up later or wake up earlier.** Brainstorm activities with your therapist to help you stick to your new schedule, and remember what time to get in bed.
5. **Make weekly adjustments with your therapist if necessary.** If things aren't going well, don't give up—your therapist can help you troubleshoot problems. On the other hand, if things get better quickly and your sleep efficiency reaches the goal you set (usually 85% - 90%), then sometimes you can stop sleep compression early.

## **Progressive Muscle Relaxation FAQs**

Progressive Muscle Relaxation is another tool that is effective in helping people relax.

- This tool is one that you may need to practice a few times before it works for you.
- In progressive muscle relaxation, you slowly tense and relax all the muscles in your body starting with your arms and moving upward through your body, letting all the tension and stress leave your body until you are completely relaxed.
- This exercise provides a deeper state of relaxation by adding a method of directly relaxing muscles throughout your body to your current breathing skills.
- This is done by initially tensing the muscles and then releasing that tension. Upon release, muscles “rebound” to a more relaxed state than prior to the tension. You have probably done this without realizing it. For example, when someone’s shoulders feel tense they will often pull their shoulder blades back for a few moments and then release them with the result of reduced tension in their shoulders. This technique employs the principle to relax large muscle groups across your entire body to produce a general state of relaxation.
- You will only tense your muscles a third or a half of the maximum tension. The tension should NOT cause pain.

### **How to do the progressive muscle relaxation exercise:**

1. Find a comfortable position in a quiet place where you will not be disturbed.
2. Take a few deep, quieting breaths. Focus on your breathing. If worrisome thoughts come into your mind, gently push them aside.
3. Now focus your attention on your feet and legs. Build up a non-painful level of tension in your legs, by flexing your feet and pointing your toes toward your upper body. Feel the tension as it spreads through your feet and legs. Focus on it. Hold the tension for about 10 seconds... then release. Let your feet and legs relax completely. Visualize the tension draining from your legs.
4. Now build up the tension in your belly by pulling your belly in toward your spine very tight. Feel the tension as it spreads through your belly. Focus on it. Hold the tension for about 10 seconds... then release. Let your belly go...let it go further and further until it is completely relaxed. Visualize the tension draining from your abdomen.
5. Move up to your shoulders. Build up the tension in your neck and shoulders by pulling them up toward your ears while tensing the muscles around your neck. Feel the tension in your shoulders radiating down into your back and up into your neck and the top of your back. Notice the sensations of pulling, of discomfort, of tightness. Hold the tension for about 10 seconds... then release. Let your shoulders droop down and let your neck relax completely. Visualize the tension draining from your neck and shoulders.
6. Now build up the tension around your mouth, jaw and throat by clenching your teeth and forcing the corners of your mouth back into a forced smile. Hold that pose, hold the tension and focus on it. Hold the tension for about 10 seconds...then release, letting your mouth drop open and the muscles around your throat and jaw relax. Visualize the tension draining from your jaw and mouth.
7. Finally, build up the tension around your forehead by raising your eyebrows as high as you can while keeping your eyes closed. Feel the wrinkling and pulling sensations across your forehead and the top of your head. Hold the tension for about 10 seconds...then release, letting your eyebrows rest down and noticing the tension disappear from around your forehead. Visualize the tension draining from your forehead.
8. Take a few more slow, quiet breaths while you visualize the tension draining from your body.