

## **Managing Insomnia: an example sequence of CBT-based sessions for sleep treatment**

### **Session 1: Introduction and sleep assessment**

- Assess sleep problem (option: have client complete 20-item sleep questionnaire).
- Assess for comorbid mental health issues (anxiety, depression) or substance use (including caffeine).
- Provide education on normal sleep.
- Homework: Client takes home daily sleep diary to complete for 7 days

### **Session 2: Basic sleep hygiene**

- Review sleep diary
- Review sleep hygiene handout with client & help client identify items from the sleep hygiene that they can apply before the next visit.
- Give client the Sleep Education & Sleep Hygiene handouts.

### **Session 3: Stimulus control and sleep restriction**

- Review current sleep-wake patterns and set an agreed bedtime and wake-up time, which the client will try to stick to before the next visit.
- Review how the client is currently using their bed, and how they can limit bed to just sleep.
- Educate client on sleep restriction and make plan for client to get up and leave bed any time they cannot sleep for 20 minutes, to sit in a chair (or in another room if possible) until they feel tired again.
- Give client the Stimulus Control and Sleep Restriction handout.

### **Session 4: Progressive relaxation**

- Educate on normal physical & mental changes during sleep.
- Help client develop and practice a relaxation technique (which may include elements of meditation, mindfulness, progressive muscle relaxation, deep breathing, and/or grounding, and should include mentally envisioning a pleasant thing or place) and schedule a time for the client to practice this on their own for 25 minutes every day until the next session.
- Give client the Progressive Relaxation handout.

### **Session 5: Cognitive techniques**

- Discuss how negative or worrying thoughts can get in the way of sleep, and how sleep will occur naturally without having to try if obstacles such as these thoughts are removed
- Help client schedule a time during the daytime to anticipate worrisome thoughts that they expect may come that night, so they can attempt to address them in the day (journaling about them may help)
- Help client identify negative automatic thoughts about sleep, & then challenge those thoughts by identifying more realistic alternatives of the same thoughts.
- Review techniques for calming the mind at bedtime: (1) using visual imagery, such as picturing a pleasant scene; (2) "blocking" bothersome or unimportant thoughts at night with a strategy such as the patient repeating the word "THE" every 2 seconds in their head; (3) catching any automatic negative thoughts & remembering the more realistic alternative.
- Give the client the Cognitive Techniques handout

## Managing Insomnia- Sleep Education & Sleep Hygiene

Whatever the cause of your present problem there are still things you can do that will help you get the most out of your sleep *now*:

- Don't expect **too** much from your sleep. As you get older it is quite normal for sleep to become shorter, lighter, and more broken. You may also find that your normal sleep routines are more easily disturbed. Rather than changing your sleep, you may need to adjust your expectations and your habits. Do you really need as much sleep as you think?
- Avoid those things which can prevent or disrupt sleep (even if these things have never been a problem in the past). Learn to take more care of your sleep. For example, try drinking less tea or coffee (especially close to bedtime). If you have to get up in the night to go to the toilet, perhaps it is best to avoid late night drinking altogether.
- Is your bed comfortable and warm enough, and is your bedroom quiet and dark enough?
- It is extremely important to keep regular habits. In particular, avoid excessive daytime napping, or long lie-ins in the morning.
- Try to keep at least *fairly* active during the day, but allow time to 'wind down' in the evening.
- If you have a medical complaint that seems to interfere with your sleep (for example, pain, breathlessness, snoring, or frequent urination at night), see your primary care doctor and explain the problem.

## **Managing Insomnia- Stimulus Control and Sleep Restriction**

Beds and bedrooms are very important 'signals' for sleep, and actually make a lot of people feel quite sleepy. For those with insomnia, however, these important signals may be lost. With practice, these signals or 'cues' can be strengthened so that your sleep gradually improves. The main aim of this treatment approach is to reduce the amount of time you spend awake in bed each night.

Listed below are some rules to follow.

- Establish a set bedtime for yourself. Try to go to bed at this same time each night and settled down to sleep as soon as possible.
- If you have not gone to sleep after about 20 minutes, get up and leave the bedroom (if possible) until you feel tired again. If you live in one room and cannot leave, at least leave the bed (for example, sit in a chair instead) until you feel tired.
- It is important that you do not use your bed for anything except sleep. Avoid activities like reading, smoking, listening to the radio, using the computer, or watching TV in bed. If you can't sleep, get up.
- Establish a set wake-up time for yourself, and get up at the set time even if you feel tired or in need of more sleep.
- Try to keep active during the day and avoid napping.
- Go to bed at the set time.

Before putting these rules into practice, you may find it helpful if you first prepare a room or area in your room where you can sit during sleepless periods, and if there are other people you live with, tell them about your sleep treatment.

## Managing Insomnia- Progressive Relaxation

Physical and mental relaxation are a normal and natural part of good sleep. As we drift into sleep we experience several changes, both in our physical arousal and in our thinking pattern. With sleep –

- Breathing slows down
- Heart rate slows down
- Muscles relax
- Patterns of thinking change from problem solving which is usually in words, to thoughts in pictures and images

These changes are a normal and natural part of good sleep, just as it is normal for our heart rate and breathing to speed up when we exercise. When we prepare for sleep we begin the process of putting our minds and bodies to bed.

You can give the natural process a helping hand, by learning a good, deep relaxation. This will help you to reduce your physical arousal, by slowing down your heart rate and breathing and by reducing muscle tension. By focusing on the relaxation you will also stop your mind from racing, you will keep thoughts which might otherwise get in the way of sleep and you will help the natural shift in your thinking from words to pictures.

This will help you to achieve a relaxed state and allow you to drift into sleep.

### PRACTICE

- Set aside 25 minutes each day, at a convenient time when you will not be disturbed, to practice your relaxation/meditation. If you need tips on how to do this, ask your provider. The more you practice the deeper your relaxation will become and the more it will help you to achieve a good night's sleep.
- Once in bed, settle down prepared to sleep and again go through the relaxation. At the end try to hold in your mind the details of a pleasant image. Hold this as vividly as you can, see the colors and movements and hear the sounds, etc.

### REMEMBER

- Beware of excuses which prevent you from practicing every day
- Don't fall asleep during your daytime relaxation/meditation practice
- Don't expect changes in your sleep immediately, as it takes time. Just focus on enjoying the relaxation.

## Managing Insomnia- Cognitive Techniques

Let's consider how we can put our minds to bed and stop thoughts from getting in the way of good sleep. Thoughts which get in the way of sleep might be worrying thoughts, which are often about the day that has gone, or the day to come.

### Put the day to rest

We have to put the day to rest. It is helpful to guess what bedtime thoughts may be ahead of time, by rescheduling them to earlier in the day. Set aside time to pay attention to these thoughts in the daytime – a good way is to write them down, perhaps as a journal of the day. We can write details about the day past or to come, and try to tie up loose ends.

### Change *troublesome or negative thoughts* into *trouble-free realistic thoughts*

Negative thoughts can be challenged by more realistic versions of the same thoughts, such as:

| <i>Negative thought</i>            | <i>Realistic thought</i>                           |
|------------------------------------|--|
| I am never going to sleep tonight. | I always fall asleep eventually.                   |
| I won't cope tomorrow.             | I will be tired but I will get through it.         |
| I will get sick if I don't sleep.  | Insomnia does not cause illness.                   |
| Everyone else is asleep.           | I am not alone – 1 in 5 adults have sleep trouble. |

### Change *negative thoughts* to *realistic thoughts* by challenging your beliefs

Catch the thoughts you want to block or challenge. These thoughts are often involuntary, habitual, negative, exaggerated or even defeatist. Ask yourself:

1. Is this thought or fact?
2. Am I jumping to conclusions?
3. What is the evidence to support this thought?
4. What is a more realistic alternative thought?

### A calm mind at bedtime

Once in bed settle down quickly and go through your relaxation technique. Use *imagery* by holding a pleasant scene in your mind. Attempt to block repetitive, unimportant thoughts – one technique is to repeat the word “THE” every two seconds in your head. Remind yourself that you have already put your thoughts to bed. If any disruptive thoughts enter your mind, remind yourself of the realistic alternative you identified during the day. Then use your imagery or block technique to distract yourself and drift into sleep.

## **No need to try to sleep**

There is no need to try to sleep! Sleep is natural and will occur if we remove the things that keep us awake. Don't expect too much too quickly, it takes time