

Cognitive Behavioural Therapy for Insomnia Group

Week 1

Notes on Using Language

- Be very careful about terminology.
- Don't conflate terms such as going to bed/going to sleep or waking up/getting up.
- Gently clarify and correct patients when they use the terms incorrectly.
- Name, top and tail each technique.
- Patients are tired and struggle with concentration and memory.
- So announce that you are starting a new technique, give it a clear, simple name and announce when you've finished that technique.

Session 1

- Goals:
- Explain the process.
- Lay down ground rules and expectations.
- Psychoeducation re: insomnia.
- Understand what normal looks like.
- Introduce the sleep diary.
- Sneakily deliver the first technique.

How Effective Is CBT-I?

- Morin (1994) showed that CBT-I provides durable improvements in SOL and WASO and that TST actually continues to improve for at least 6 months after the therapy finishes.
- Compared to hypnotics: CBT-I is better at improving SOL and subjective sleep quality; they are equivalent for reducing WASO and hypnotics are better at improving nighttime awakenings and TST.
- Repeated meta-analyses have found that around 70% of patients experience significant improvements with CBT-I.
- The evidence suggests that the Behavioural component kick starts the recovery and the Cognitive component makes it stick (Harvey, 2014).

Yes, but will it work for me?

- Efficacy has been demonstrated across age groups, in those taking and not taking hypnotics and in many comorbidities (Van Straten, 2018).
- It is as effective in comorbidities as in stand-alone insomnia (Morin, 2006).
- E.g. effective in chronic pain (Currie, 2000; Jungquist, 2010; Vitiello, 2009), fibromyalgia (Lami, 2018) with reductions in pain as well.
- Effective in cancer (Johnson, 2016), stroke (Herron, 2018) with improved mood and quality of life.
- Effective in asthma (Luyster, 2018) with improved asthma symptoms.

CBT-I in Psychiatric Conditions

Condition	Improves insomnia	Improves Psychiatric Sx
Major Depressive Disorder	Yes	Yes (possibly as much as CBT for depression)
Bipolar Disorder	Yes	Yes (reduces likelihood of relapse)
Psychotic Disorders	Yes	Yes (reduces delusions)
PTSD (CBT-I + IRT)	Yes	Yes
Alcohol Dependence	Yes	No (no reduction in relapse rates)

Blom, K. *et al.* (2015) 'Internet treatment addressing either insomnia or depression, for patients with both diagnoses: a randomized trial.', *Sleep*, 38(2), pp. 267–77

Harvey, A. G. *et al.* (2015) 'Treating insomnia improves mood state, sleep, and functioning in bipolar disorder: A pilot randomized controlled trial.', *J of Consulting and Clinical Psychology*, 83(3), pp. 564–577.

Myers, E., Startup, H. and Freeman, D. (2011) 'Cognitive behavioural treatment of insomnia in individuals with persistent persecutory delusions: A pilot trial', *Journal of Behavior Therapy and Experimental Psychiatry*. Pergamon, 42(3), pp. 330–336. doi: 10.1016/J.JBTEP.2011.02.004.

Ulmer CS, Edinger JD, Calhoun PS. A multi-component cognitive-behavioural intervention for sleep disturbance in veterans with PTSD: a pilot stud. *J Clin Sleep Med*. 2011;7(1):57-68.

Arnedt, J. T. *et al.* (2011) 'Cognitive-Behavioral Therapy for Insomnia in Alcohol Dependent Patients: A Randomize Controlled Pilot Trial', *Behavior Research and Therapy*, 49(4), pp. 227–233.

Welcome to CBT-I School

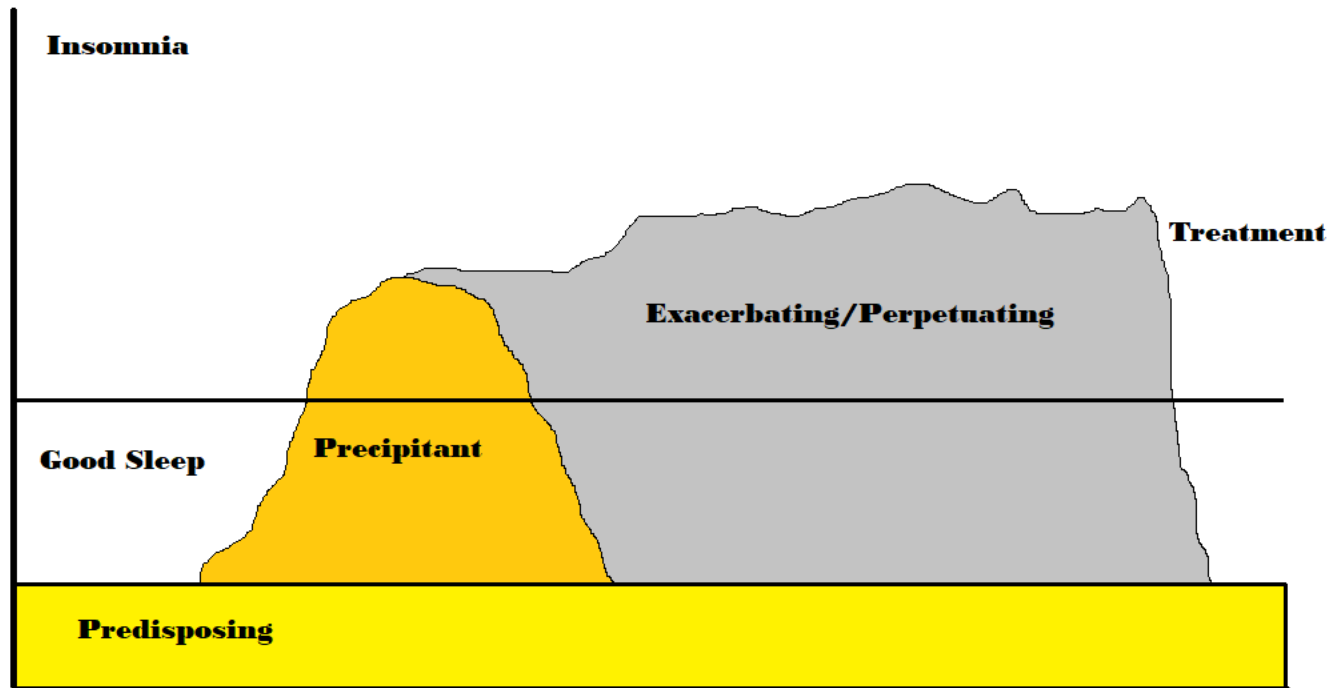
- The therapy doesn't happen in the room.
- It happens when you use the techniques at home.
- And most of the therapy happens after the course finishes.
- So this is like CBT-I school – we will teach you the techniques, but the therapy only happens when you use the techniques over the next few months.

What is Insomnia?

- Difficulty falling asleep. **3x/week**
- Difficulty maintaining sleep (or waking up too early).
- Leading to daytime symptoms.

>3 months = chronic

What causes insomnia?



Who Would Be Most Tired Tomorrow?

- Let's say that the average amount of sleep you are getting is 5hr a night.
- I sleep 7.5hrs at night.
- Suppose tonight I only sleep 5 hours because my neighbours have a loud party.

If we meet up at the same time tomorrow who will be the most tired person in the room?

Sleep Deprivation

Insomnia

Consequences of Insomnia



Normal Sleep



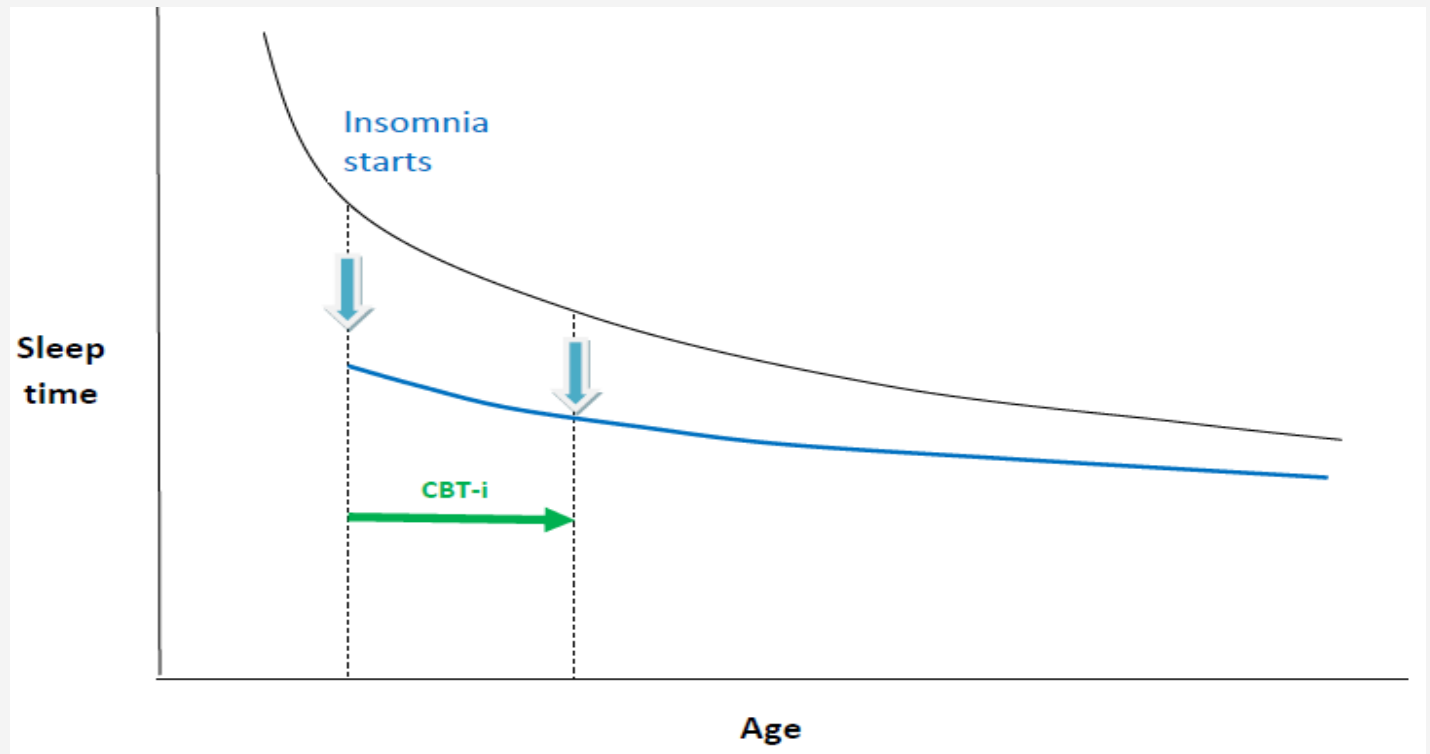
Some Sleep Myths

- We are supposed to sleep for:
8 hours
- Good sleepers don't wake up at night.
- You should lose awareness of the outside world when asleep.
- You should stop thinking in your sleep.

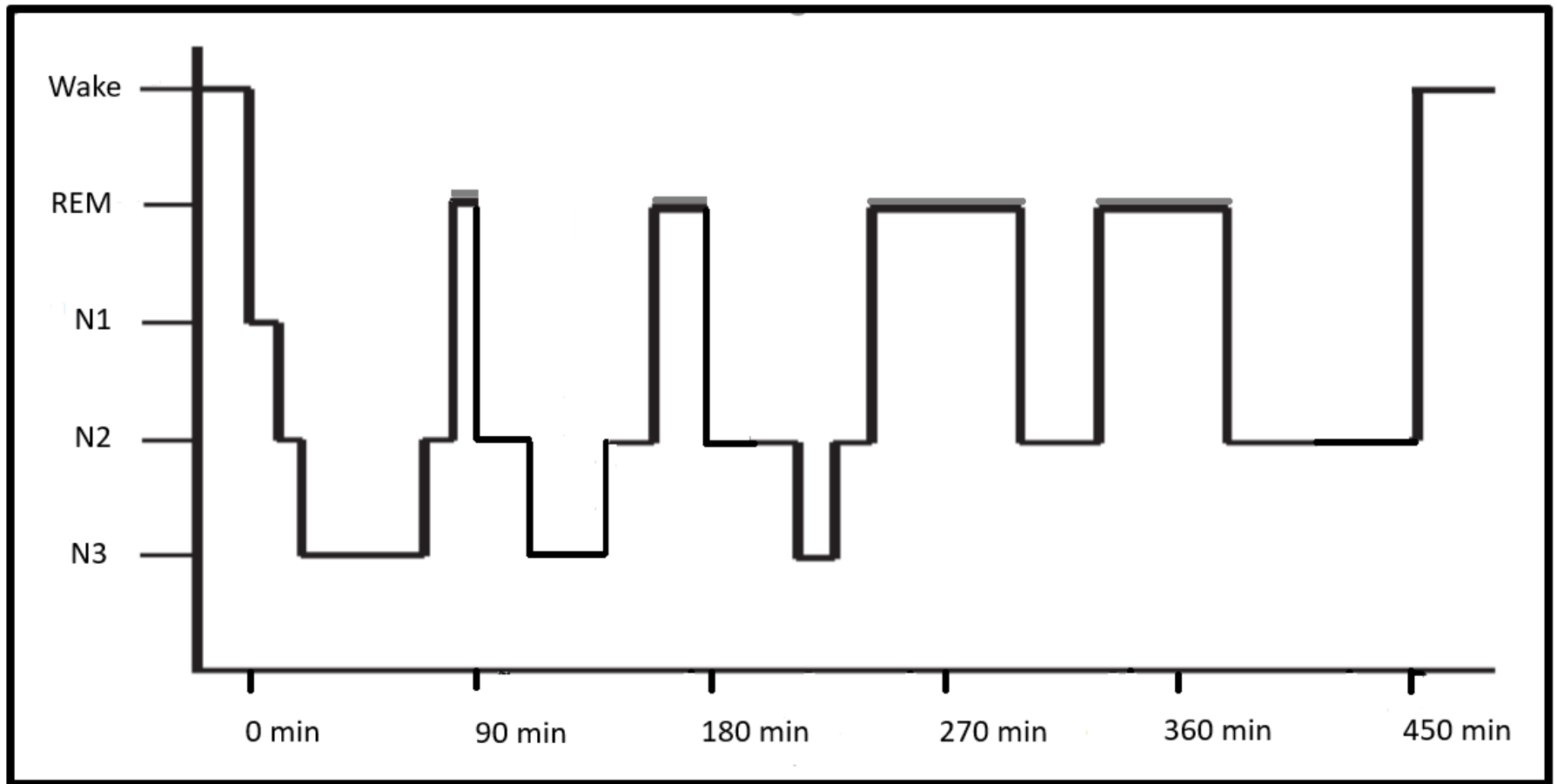
So How Do I Know I'm Getting Enough Sleep?

- When you feel alert and rested **most** of the day **most** days then you are getting enough sleep for you.
- Nobody is alert and rested all day every day.
- Unless you are a genuine morning person, ignore the first hour of the day when you make that determination.

Age & Sleep



The Sleep Cycle Across the Night



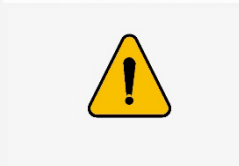
Confident driver vs. Nervous driver

2 drivers drove from Hull to London. One confident, one nervous.
How would they describe their journey?

• Confident:



• Nervous:



Eyes open experiment



PICK A NIGHT
YOU CAN
AFFORD TO HAVE
A SLIGHTLY
WORSE NIGHT
THAN USUAL



DO YOUR USUAL
BED TIME
ROUTINE. GET
COMFORTABLE,
TURN OFF THE
LIGHT AND TRY
TO KEEP YOUR
EYES OPEN AS
LONG AS
POSSIBLE



TAKE NOTE HOW
YOU FEEL IN THE
MORNING

Sleep Diary

- There are two rules to keeping the diary:
 1. Do not fill the diary out in bed. Fill it out after getting up in the morning, outside the bedroom.
 2. This diary must not be accurate. Do not clock watch. Record how you feel you slept not how you actually slept.

Sleep Diary

Name:

Rising Time:

Threshold Time:

Week starting:	In total I think I slept for (minutes):	Last night I went to bed at:	This morning I got up at:	So I was in bed for (minutes):	It took me ? minutes to fall asleep:	I woke ? number of times:	During the night I was awake for (minutes):	Total Sleep time (minutes):	Other info:
Night 1									
Night 2									
Night 3									
Night 4									
Night 5									
Night 6									
Night 7									
Total									
Average in minutes				<u>B</u>				<u>A</u>	
Average in hours and minutes								<u>C</u>	

Sleep Efficiency:

$$\frac{\text{A}}{\text{B}} \times 100 = \text{[]}$$

Threshold Time:

$$\text{Rising time} - \text{Average Sleep Time} = \text{[]}$$

!! Minimum 5hrs !!

Homework for next session

- Please complete your sleep diary
- Eyes open experiment

Good Reasons to Stop Medication Bad Reasons to Stop Medication

- The patient wants to stop.
 - The medication is not effective.
 - The medication has unacceptable side effects/interactions.
 - The patient is abusing the medication or using it in an unsafe way e.g. with alcohol.
- The medication also treats another condition.
 - The GP wants them to stop.
 - Because sleeping pills are “evil”.
 - Cost – they are pretty cheap and probably reduce healthcare utilisation.

Coming off an effective drug is not as hard as beating an addiction.

- Many patients and their doctors think they are addicted to sleeping pills.
- Addiction is actually relatively rare.
- Tolerance is not inevitable (Marom, 2016) – 10% of hypnotic users of >6months escalated the dose; 7% reduced it.
- But medications only work when you take them.
- So once the pills are stopped the insomnia returns.
- This should be seen as a normal consequence of not treating a chronic condition and not an addiction.

Hypnotics Are Not Anaesthetics

- Explain to your patients that hypnotics.
- They do not make you sleep – they only help you sleep.
- You have to take yourself 95% of the way and the medication just gets you across the line.
- So if the medication is working you must be taking yourself 95% of the way.





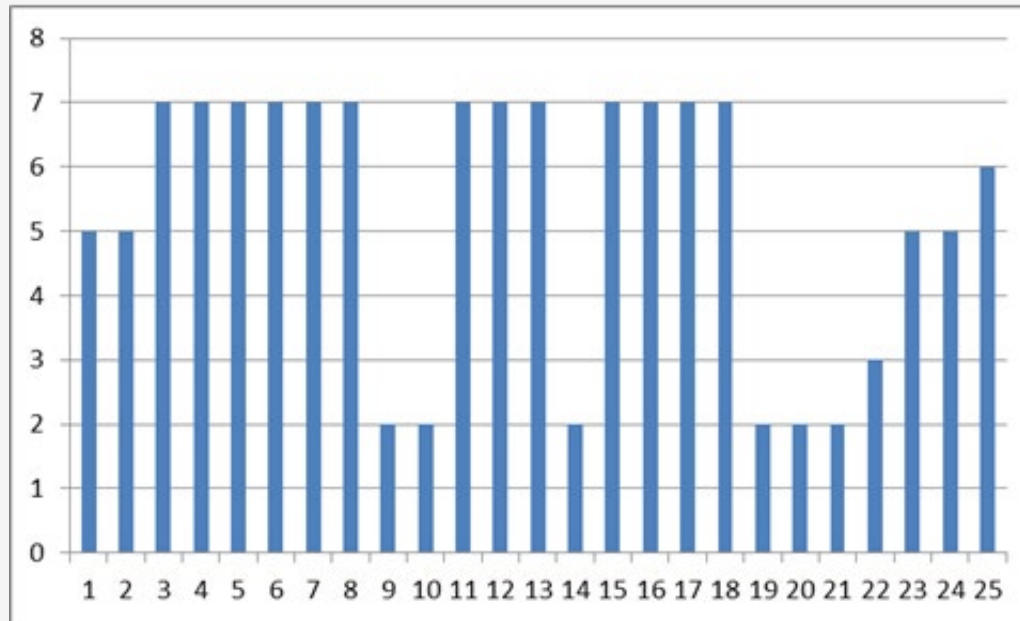
Stabilization Strategies

- If on more than one medication it can be helpful to rationalise the meds to a single medication.
- If the patient takes medication on an occasional basis they may naturally use it less as their sleep improves with CBT-I.
- If they use medication regularly but not every night, set out the nights it will be used in advance.
- A common practice is to try sleep without the medication and then take it after an hour or so when they fail. If this is a nightly event ask them to take the medication every night on going to bed.

Reduction Strategies

- Cold turkey rarely works.
- A gradual reduction of no more than 25% every one to two weeks works better.
- A gradual reduction with CBT-I works best.
- Warn patients about rebound insomnia and explain that it is normal and temporary.
- For many medications the rebound is likely psychological.

Rebound Insomnia



Unblinded Reduction Option 1

- Start by reducing a tablet on one night by the smallest possible increment.
- Stress that the following night they will take the full dose again.
- This reduces the anxiety about the reduction as they know it is only for one night.
- Set out the reduction timetable in advance but explain that it is flexible and will be reviewed regularly.
- Reduce the dose, if possible, by 25% every 1 – 2 weeks. It may be best to start a week on a Friday night.
- If this is not possible (e.g. pill can't be cut), reduce the number of nights by 25% every 1 – 2 weeks.

Unblinded Reduction Option 2

- Use sleep scheduling to reduce medication.
- This will be explained in session 2.
- It is also what most patients choose to do.

Blinded Reduction

- This requires a motivated family member.
- They make up tablets in advance.
- They do a 25% reduction every 1 – 2 weeks.
- The nights where the dose has been reduced is only unblinded every couple of weeks.
- The sleep diary is then compared to the medication diary to see if there is a close correlation (spoiler alert – there often isn't).
- Repeat as needed.



The Alchemists Apothecary
Empty Gelatine Capsules Light
Blue Size 00 Pack of 200

Capsule

★★★★★ ∨ 3

£1⁹⁵ (£0.01/count)

Get it **Tuesday, 18 Apr**

£2.72 delivery

Only 3 left in stock.

So Tell Your Patients

1. They are not addicted to their medication.
2. They are closer to being able to sleep without it than they think.
3. They may experience some rebound insomnia but it is temporary.
4. The CBT-I will help them sleep better and reduce their medication.
5. If you are not the prescriber ask them to go to the prescriber to get the same dose of medication but in the smallest possible denomination. This will allow them to do a gradual reduction.
6. In the 1st week ask them to take their medication as normal – this will provide a baseline. Reduction can start at week 2 or later.

Session 2

- Goals:
- Review the sleep diary.
- Review the Eyes Open Technique.
- Explain the difference between tiredness and sleepiness.
- Explain the role of the homeostatic sleep drive and deliver three techniques to harness it.

Eyes Open Review

- 3 possible outcomes:
 1. I didn't do it: Opportunity to explore how committed they are and to talk about safety behaviours.
 2. I did it and it was awful: Congratulate them on doing something hard and talk about how that shows they will do well with the techniques that follow.
 3. I did it but I fell asleep: Well there's your 1st technique!
- It is called Paradoxical Intent.
- The harder one tries to sleep the more elusive sleep becomes. So stop trying!
- It also helps you to quieten the mind.
- And it teaches you how to feel sleepy.

Sleep Diary

Name:

Rising Time:

Threshold Time:

Week starting:	In total I think I slept for (minutes):	Last night I went to bed at:	This morning I got up at:	So I was in bed for (minutes):	It took me ? minutes to fall asleep:	I woke ? number of times:	During the night I was awake for (minutes):	Total Sleep time (minutes):	Other info:
Night 1	270	23.00	7.00	480	45	3	55	380	
Night 2									
Night 3									
Night 4									
Night 5									
Night 6									
Night 7									
Total									
Average in minutes				B				A	
Average in hours and minutes								C	

Sleep Efficiency:

/

x 100 =

Threshold Time:

Rising time

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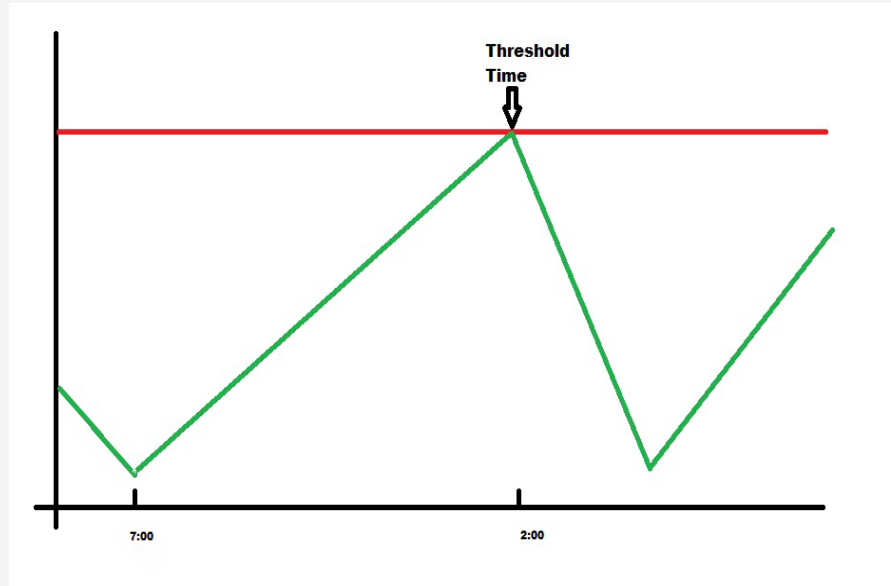
Average Sleep Time

=

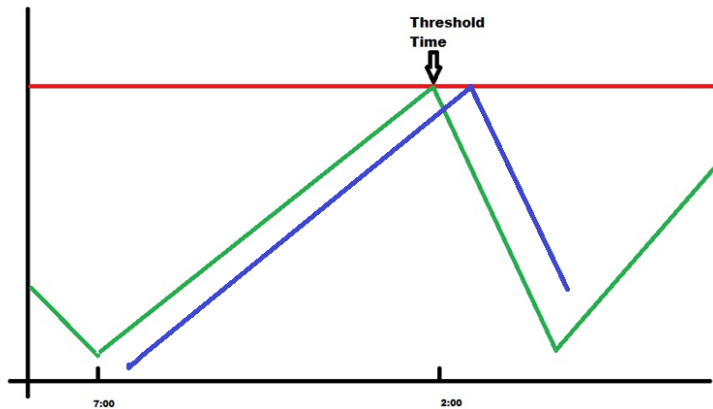
!! Minimum 5hrs !!

The Homeostatic Sleep Drive

- From the moment we wake up in the morning we start to accumulate sleepiness. We are filling up our sleep tank with sleep fuel.
- The chemical substrate of this is probably adenosine.
- When we sleep at night we use up the fuel.
- When we run out of fuel in the morning we wake up.



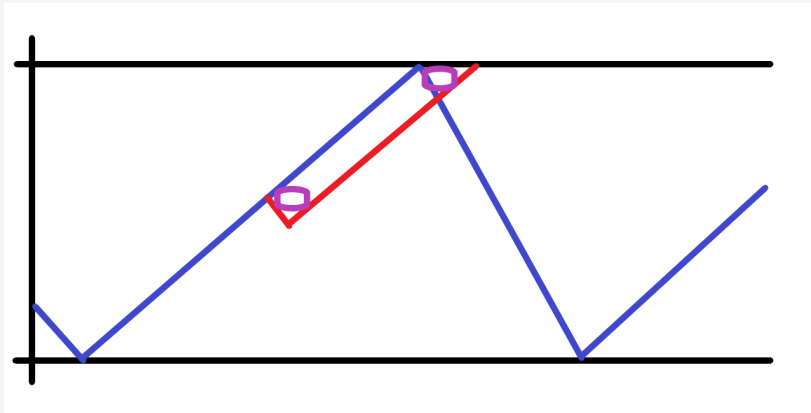
Start Filling Your Tank at the Same Time Every Day



Have the patient commit to, and write down, their “anchor time” i.e. latest rising time.

- Set an alarm to wake up and, get up at the same time every day.
- If you start to fill your tank at the same time every day, it will reach full at the same time every night.
- You will therefore feel sleepy at the same time every night and your bed time will become more consistent too.
- Note: you can get up before your alarm, just not later.

Jealously Guard Your Sleep Fuel



- Every time you nap (intentionally or unintentionally) you use up some of your sleep fuel.
- Any sleep during the day is stealing some of your sleep from the night.
- So avoid napping if possible.
- If a nap is unavoidable keep it brief and early!

How to Avoid Napping

- Keep a sleepiness diary. Every waking hour for a week rate sleepiness on a scale of 0 – 10.
- This will demonstrate that sleepiness in the day is temporary.
- Recruit friends or family to keep them awake.
- Schedule interactive activities for danger periods.
- Caffeine up to 2pm.
- Bright light, fresh air, physical exertion.
- Chew gum.

Explain Sleep Efficiency

- Sleep efficiency is a measure of how consolidated the sleep is and a reasonable measure of sleep quality.
- Keep a sleep diary for a week, recording Time in Bed (TIB) and Total Sleep Time (TST).
- Sleep Efficiency = $TST/TIB \times 100$.
- A normal sleep efficiency is around 90%.

Sleep Diary

Name:

Rising Time:

Threshold Time:

Week starting:	In total I think I slept for (minutes):	Last night I went to bed at:	This morning I got up at:	So I was in bed for (minutes):	It took me ? minutes to fall asleep:	I woke ? number of times:	During the night I was awake for (minutes):	Total Sleep time (minutes):	Other info:
Night 1									
Night 2									
Night 3									
Night 4									
Night 5									
Night 6									
Night 7									
Total									
Average in minutes				<u>B</u> 495				<u>A</u> 362	
Average in hours and minutes								<u>C</u> 6hr10min	

Sleep Efficiency:

A 362

/

B 495

x 100 =

73%

Threshold Time:

Rising time

7.00

—

Average Sleep Time

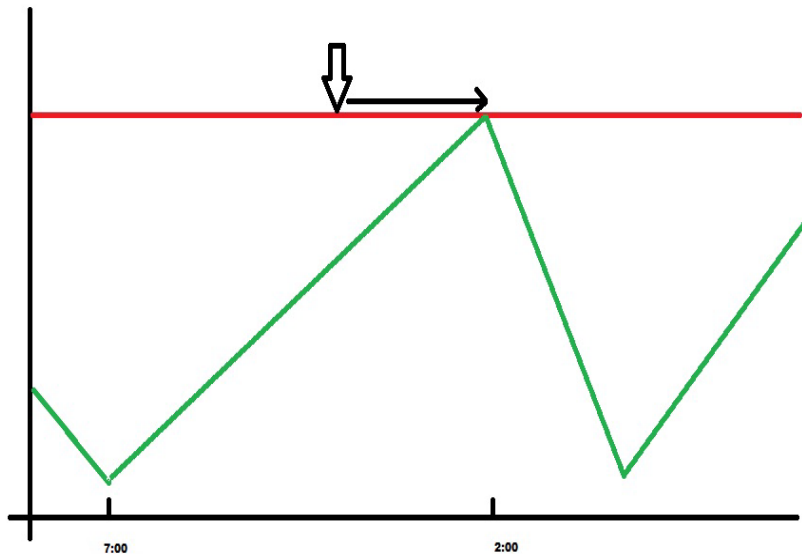
6hr10min

=

00:50

!! Minimum 5hrs !!

Go to Sleep When Your Tank is Full



- Set an earliest bed time:
- Earliest bed = Rising time – average sleep time across a week.
- If average sleep time is less than 5 hr then Earliest bed = Rising time – 5hr.
- Only go to bed when you have a) reached that earliest bed time and b) you are sleepy.
- Patients may choose to change their rising time at this point. This is fine, as long as they then stick to that new rising time.

Adjusting the Bedtime

- Keep a sleep diary and recalculate the sleep efficiency at the end of each week.
- If the sleep efficiency is less than 85% then move the earliest bedtime 15 min later for the subsequent week (unless they are at the 5hr floor in which case keep it the same).
- If the sleep efficiency is 85-89% keep the earliest bedtime the same.
- If the sleep efficiency is 90% or above then move the earliest bedtime 15 min earlier for the subsequent week.

Modification for Comorbid Conditions

- In conditions that are sensitive to sleep loss e.g. bipolar disorder, epilepsy, CFS you may need to take a gentler approach.
- Simply start sleep scheduling using their current average bed time.
- The sleep efficiency will be low and their bed time will move 15min later each week until it reaches 85%.

Sleep Scheduling for Medication Reduction

- Take hypnotic 15min before earliest bedtime.
- If the sleep efficiency is less than 85% then move the earliest bedtime 15 min later for the subsequent week (unless they are at the 5hr floor in which case keep it the same). Keep medication the same.
- If the sleep efficiency is 85-89% keep the earliest bedtime the same. Keep medication the same.
- If the sleep efficiency is 90% or above then keep earliest bedtime the same but reduce the medication by 25%.
- Once off the medication, switch to the default sleep scheduling rules.

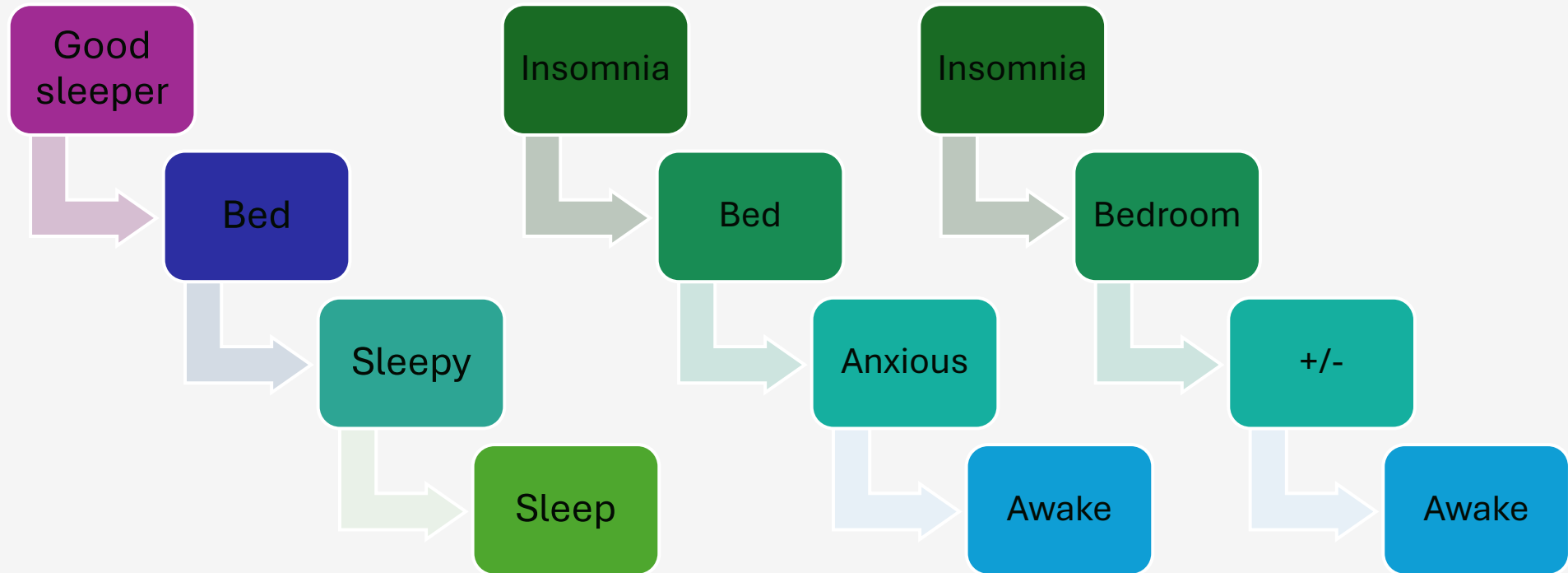
Session 2 Homework

- Start sleep scheduling.
- Keep sleep diary.
- Calculate sleep efficiency and work out what that tells you to do with your earliest bedtime/medication.
- Write down 5 things you can do at night that are relaxing and enjoyable and that won't wake the neighbours. Bring the list next week.

Session 3

- Goals:
- Review the first week of sleep scheduling.
- Check they know how to calculate their sleep efficiency and how to use that.
- Explain classical conditioning, how it relates to sleep and how to use classical conditioning to improve sleep.
- Cover sleep hygiene.
- Teach progressive muscle relaxation.

The Power of Conditioning



Harness the Power of Classical Conditioning 1

Allowed in the Bedroom	Not Allowed in the Bedroom
• Sleep • Sex • Getting dressed and undressed (as long as you don't spend more than a few minutes doing this) Note: This list is complete. There are <u>NO</u> other activities that are allowed in the bedroom.	• Reading (yes, reading!) • Audiobooks/radio/TV/music • Computer/iPad • Texting/Talking on the phone • Meditation/Prayer • Relaxing • Exercising • Ironing • Working/Studying • Eating/Drinking • Conversations • Painting/crosswords/knitting etc. Note: This list is incomplete. <u>ANY</u> other activity you can think of goes in this column!

Harness the Power of Classical Conditioning 2

- If you go to bed and don't fall asleep in about 15 minutes; or if you wake in the night and are awake for about 15 minutes: then get up, get out of bed and out of the bedroom.
- Go to the lounge/kitchen etc and do something pleasant and relaxing. That's why you made a list of activities.
- Only go back to bed when you **feel sleepy**.
- If you are don't fall asleep in about 15 minutes etc. – repeat.
- This will lead to some bad nights and rotten days in the short term.
- But over a period of several weeks the association with the bed will change and the bed will make you sleep.

Modification 1

- Some patients may not be able to fully separate their sleep and wake space e.g. if they live in a bedsit. In this case try to keep the bed for sleep only and do all waking activities out the bed. Have different décor for day and night.
- E.g. take the pillows and duvet off the bed and only put them on when in the bed and sleeping.

Modification 2

- In patients who are unable to leave the bed or are at risk of falls:
- Try to have waking bedclothes and décor and sleeping bedclothes and décor.
- If possible, have a waking side of the bed and a sleeping side of the bed.
- If not asleep in the night, try sit up and read, listen to a podcast etc but don't keep trying to sleep.

Modification 3

- For patients who get very anxious about the 15 minute rule or become obsessive about watching the time:
- Use the negative emotion rule – they can stay in bed if they are happy and content.
- But if they have a negative thought, emotion or sensation then that is their cue to get out of bed.

Sleep Hygiene

- On its own sleep hygiene is ineffective.
- But we do it because, if you get it very wrong, it will interfere with the effectiveness of the other techniques.
- We cover:
 - Caffeine
 - Alcohol
 - Temperature
 - Screens

Caffeine

- Caffeine is an effective stimulant – it is good at keeping you awake.
- It is also quite long acting with a half life of 6 hours.
- If you are struggling with sleep, use caffeine in moderation and time it carefully.
- Use caffeine to get going in the morning and to get you through the post – lunch ip.
- But avoid caffeine after 2pm.

Caffeine content of commonly consumed food and drinks

- Coffee 0.2–2.1 mg/ml
- Black tea 0.2 mg/ml
- Green tea 0.1 mg/ml
- Decaffeinated coffee & tea 0.01–0.06 mg/ml
- Cola 0.1–0.19 mg/ml
- Energy drinks 0.11–0.68 mg/ml
- Chocolate 0.2–0.7 mg/g
- Cocoa or chocolate milk 0.01–0.07 mg/ml
- These values are approximate and vary widely. Total caffeine = concentration of the caffeine in each substance X the quantity of the substance.

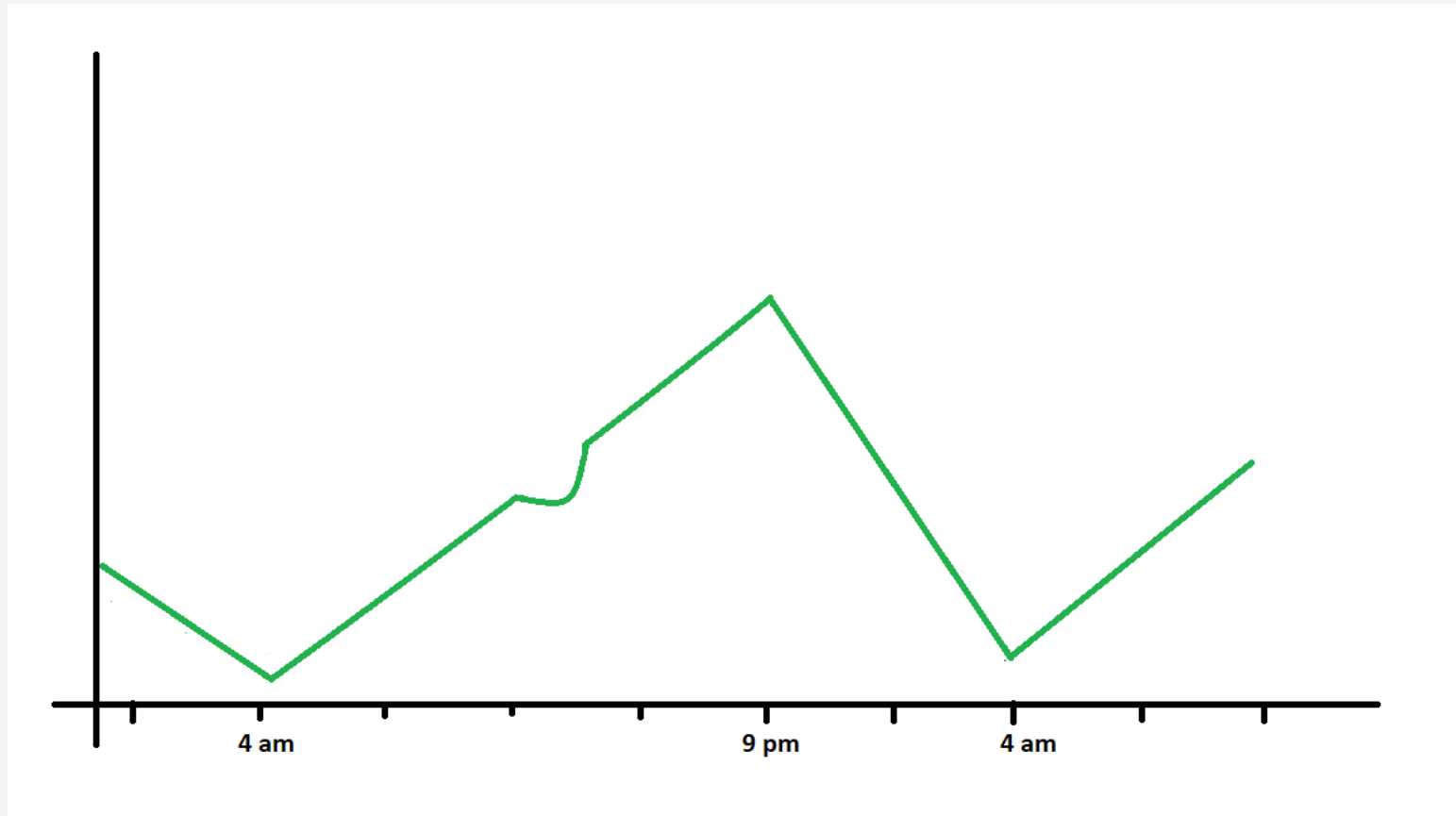
Alcohol

“Whoever drinks beer, he is quick to sleep; whoever sleeps long, does not sin; whoever does not sin, enters Heaven! Thus, let us drink beer!” — Martin Luther



- Alcohol makes you fall asleep faster.
- But it also wakes you up earlier.
- So on average you sleep less after a drink.
- Avoid even moderate, early evening drinking if you have difficulty staying asleep.

Body Temperature



Body Temperature

- Your body likes to fall asleep when its temperature is dropping.
- Have a warm bath or shower an hour or two before bed.
- This raises the body temperature and means you have more heat to lose.
- Then go to bed in a cool room. Around 18 degrees is ideal.

Body Temperature

- You want to be able to regulate your temperature easily. If you're hot you can take the blanket off and cool down; if you're cold you can put the blanket on and warm up.
- Avoid using electric blankets in the night – it's ok to use them to warm the bed up before getting into bed.
- A hot water bottle is fine – if you're too hot you can just kick it out the bed.

Screens



Screens

- We do not have a blanket rule to avoid screens at night because:
 - It's unrealistic.
 - It's not necessary.
- Just use common sense:
 - Dim the screen a little bit.
 - Don't sit too close to the screen.
 - Don't consume content that gets you anxious etc.

A Few Other Bits and Bobs

- Food: no evidence that particular foods or eating times affect sleep. Use common sense and do what works for you.
- Exercise: always a good idea. And it can help sleep **in the long run**. But maybe avoid it for a couple of hours before bed.
- Have the level of light in your room that you are comfortable with.

Progressive Muscle Relaxation

- Lie on your back with arms and legs uncrossed.
- Move through your body and tense a muscle, hold the tension for about 5 seconds, then relax. (Calf muscles only tensed for 3 seconds to avoid cramp)
- Wait 15 - 20 seconds and then move to the next muscle.
- Don't worry about doing it wrong, what order you do it or missing out some muscles.
- Soundcloud: Progressive Muscle Relaxation – go to Soundcloud and search for RLHIM.
<https://soundcloud.com/joseph-weitzman/sets/pmr-for-sleep>
- I will go through an abbreviated version at the end of the session.
- Emphasise that one should do this every night on going to bed.
- The more you do it the better it works.

Week 3 Homework

- Continue sleep scheduling.
- Move all waking activities out the bedroom and start the 15 minute rule.
- Check your sleep hygiene.
- Start practicing PMR.

Week 4

- Goals:
- Review sleep scheduling and techniques from week 3.
- Introduce the concept of sleep stage fright.
- Explain why our brain is busy at night.
- Create a separation between the day and the sleep period using the buffer zone and put the day to bed diary.
- Discuss thought management techniques.

I need to do an online shop for the weekend.

I need to

The deadline for stock-taking at work is getting closer.

I'm getting stressed about this.

Omigosh! I've got so much going on and so much to do. If I don't sleep well tonight tomorrow is going to be a disaster!

Maybe that's why I'm so stressed.

That's a bit rude!

I wonder why supermarkets start Xmas adverts in August.

Lunch with friends today was a lot of fun.

The dogs need a proper walk if the weather is good.

How to Manage These Thoughts

- Create a buffer zone between the day and the sleep period.
- Cast a net out to catch as many of these thoughts as possible.
- Put the thoughts down on paper.
- Turn them into something productive.
- Prioritise to make them.
- Recognise that you can manage.

There needs to be a separation in time between the day and bed.



Draw a Line Under the Day Buffer Zone.

- Create a period of time (1 – 2hr) before bed to wind down.
- This time is for relaxing not work, chores etc.
- You need to do something at the beginning of the buffer zone to draw a line under the day and mark the transition.
 - Warm bath/shower.
 - Pre – bed routine.
 - Put the day to bed diary.



Stressed about the deadline for work.
 Money is a bit tight right now.
 I hate my job and I worry it could get
 worse. The checkout lady at Tesco is so rude.
 Why they hurt.
 The stock is stressed about the stock-
 take.
 I'm worried about Bill's health.

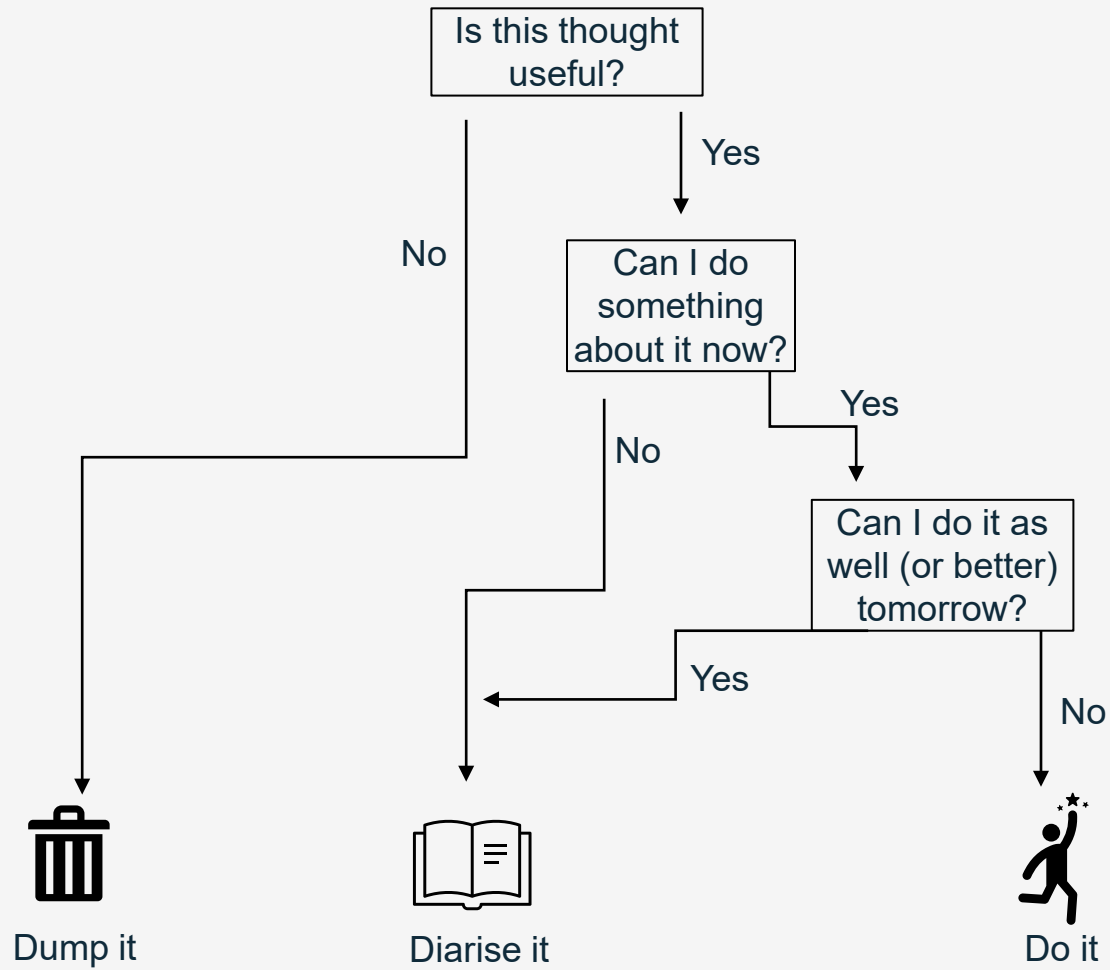


Really enjoyed the book with friends.
 Enjoyed the new book.
 Enjoyed lunch with colleagues.
 Looking forward to trip to Italy.
 Read good quality magazine review.
 Had a good performance review.
 My dogs are sooo cute.

To Do:

Get parcel from Post Office to get parcel.
 Do online shopping for the weekend.
 Call Mum to see if she wants to climb up Mount Everest
 Check August bank statement – am I paying for things I no longer use?
 Draw out timetable for work project and decide what needs to happen by when.
 Find my CV on the computer and move it to my desktop.
 Check October bank statement for any unnecessary expenses.
 Draw up timetable for stock take.
 Ask neighbour for name of that physio they recommended.
 Look up author and see what else they've written.
 Text friends to arrange another lunch.
 Text friends to arrange another lunch.
 Look up author and see what else she's written.
 Get guide book to Rome.

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Other Thought Management Techniques

Simple mindfulness

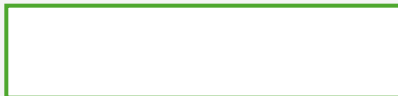
- Imagine being at a train station.
- Do you get on the 1st train you see?
- No, you wait for the train you want and only get on that train.
- Imagine the trains are thoughts – which train you choose to get on?
- Or imagine sitting by a stream watching leaves float past.
- Every time you notice a thought, put it on a leaf and let it float away.
- A new thought will take its place – simply put that on a leaf and so on...

Thought Stopping

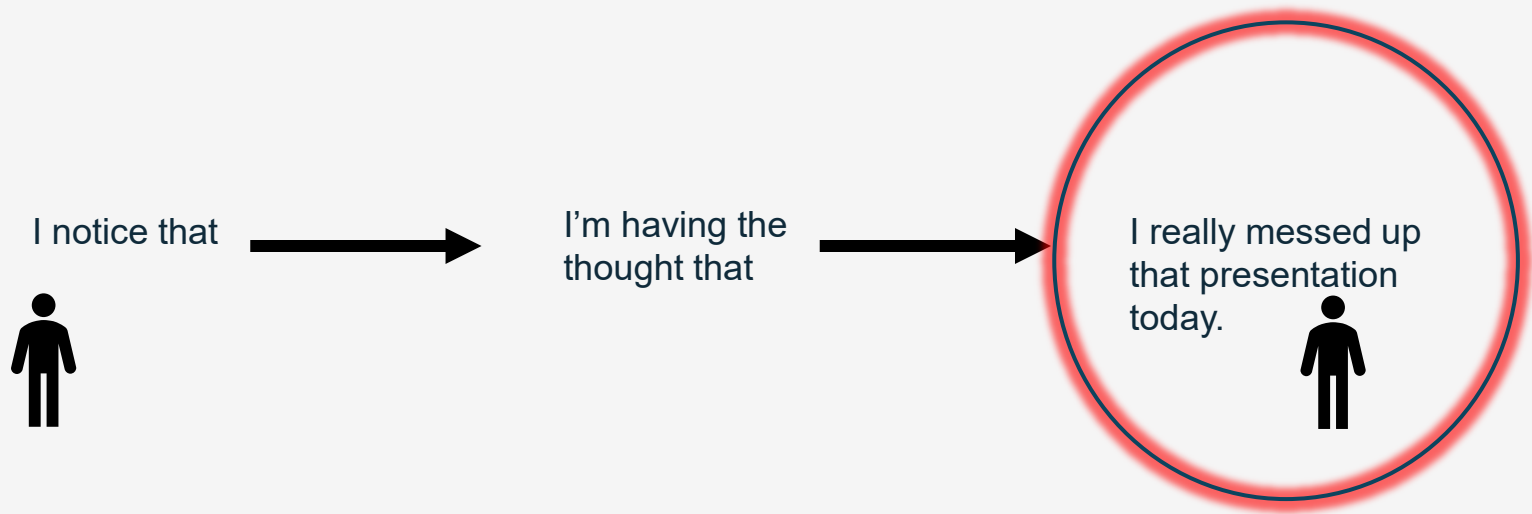
- Breathe normally
- Don't try to control your breathing, do deep breathing etc.
- Every time you breathe out think the word "the".
- This breaks up your thoughts and stops any one thought from getting hold of you.

Open your eyes.

- Try to keep your eyes open for as long as you can (you can blink as often as you like).
- This pulls you out of your head into the room around you.
- It reduces anxiety about sleep.
- It is often harder to do than you would imagine as your eyes want to close – this helps you to notice sleepiness.



Dealing With Self Critical Thoughts



Week 4 Homework

- Continue behavioural techniques.
- Start keeping Put the Day to Bed diary.
- Use buffer zone.
- Practice thought management techniques.

Week 5

- Goals:
- Review techniques from last week.
- Shift the responsibility for the day from sleep to the person.
- Teach imagery technique.
- Explain the treatment trajectory and the importance of bad sleep.
- Discuss relapse prevention.

Ask a question:

- Has it ever happened that you have a good night's sleep and yet you feel rotten in the day?
- And has it ever happened that you have a not so great night but don't feel as bad as you'd expect?
- The answer to the above is almost always: yes.
- What does this tell us about the relationship between the sleep and how you feel?

What Determines How Good or Bad Your Day Is?

- If you have insomnia the natural answer is:
- How I slept.
- Which is heaping a whole load of pressure on your sleep.
- So we need to introduce the idea that there are other factors that influence the day.
- But need to do it in subtle, non-confrontational way.
- For this we use the Wagon Wheel.



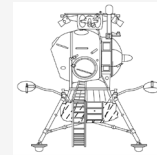
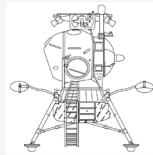
Wagon Wheel

- The process of creating it is in itself therapeutic.
- If one is not sleeping in the night and has the “I’m not sleeping. Tomorrow’s going to be awful!” thought then pull out the wagon wheel and:
 1. Look at it to remind yourself about the other things that impact on your day.
 2. Remind yourself of ways you can make your day a better day, even if you don’t sleep and **make a plan**.

Wagon Wheel 2

- If you have a bad night and you get up feeling dreadful, stressed etc.
- Pull out the wagon wheel and:
 1. Remind yourself that there are other things that will impact on your day.
 2. Develop strategies to finish the day in a better place than you started it. I use the moon landing metaphor.

Moon Landing



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Imagery

How long
should you do
it for?

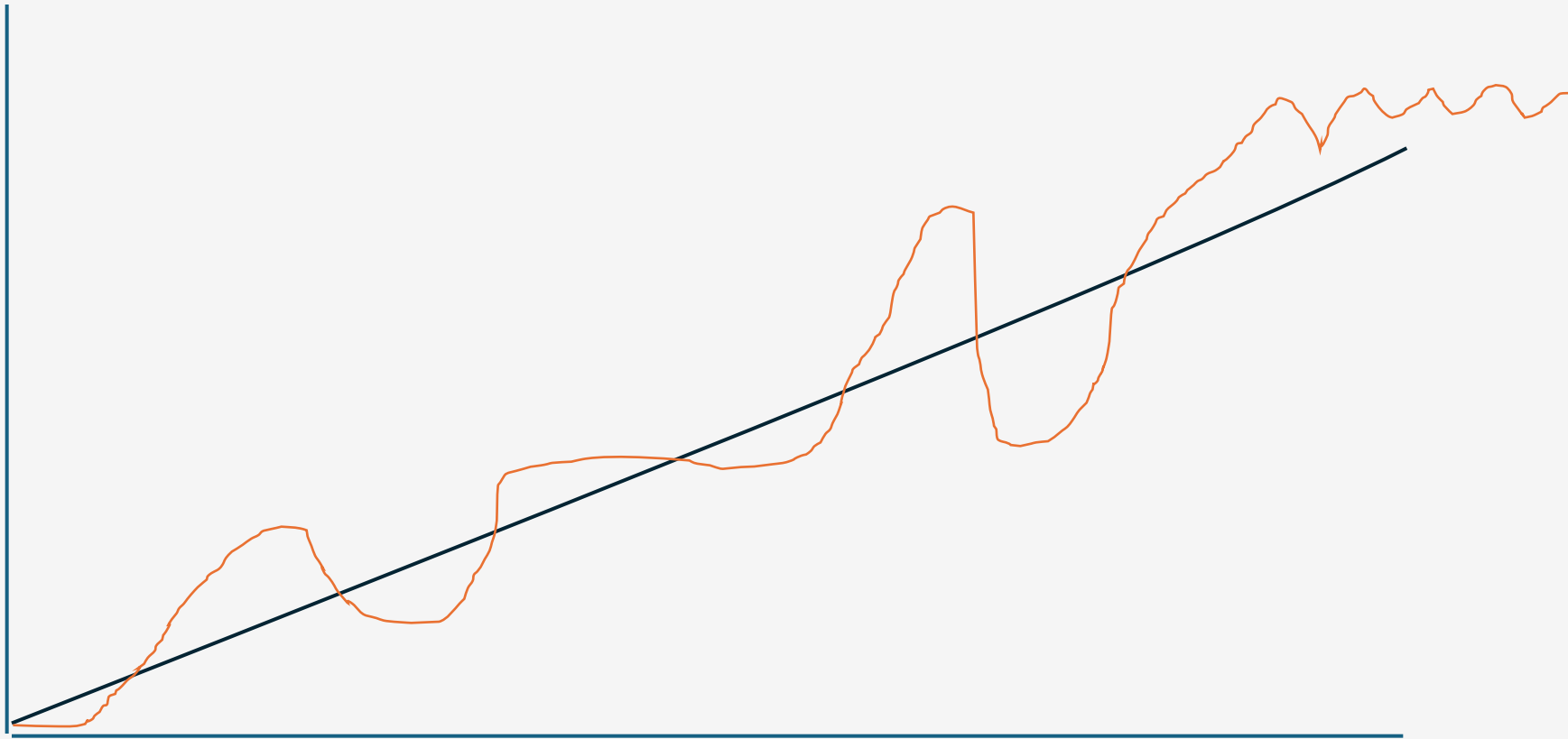
Up to
about 15
minutes.

- Imagine being somewhere nice.
- This can be a real place or imaginary.
- Imagine **moving** through the environment.
- Cycle through your senses: what can I see, hear, feel, smell; now what can I see, hear, feel smell.
- Have several different scripts. Using guided imagery is ok for inspiration but not in bed.
- If you do an example in the group, ask them to close their eyes, explain where you will be taking them and ask them to raise a hand if they are not comfortable.

When to Stop CBT-I

- When you are sleeping well and starting to feel more confident about sleep you can start dropping the techniques.
- Drop one technique at a time.
- If your sleep remains good, wait a while before dropping the next one.
- If your sleep deteriorates, restart that technique.

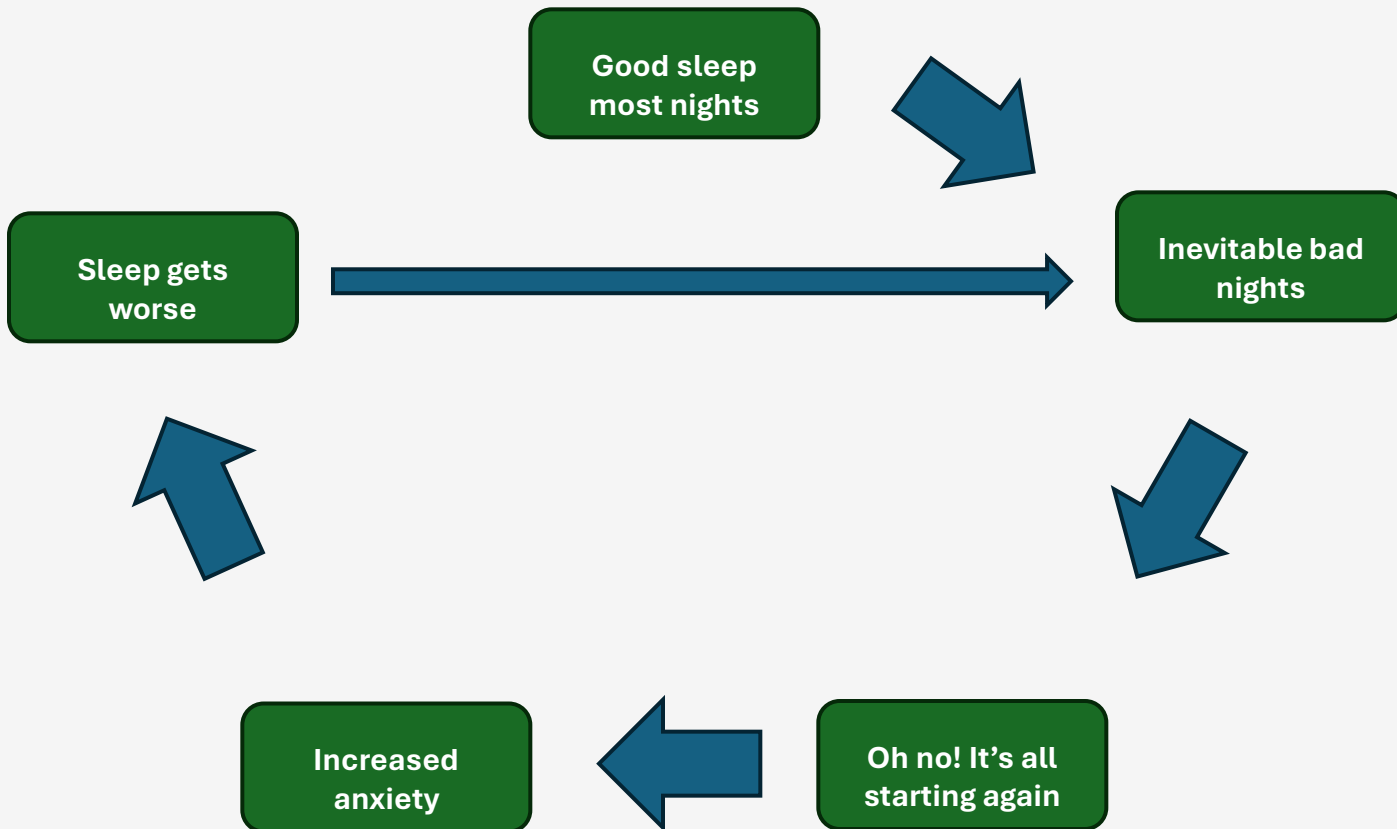
The Path Ahead



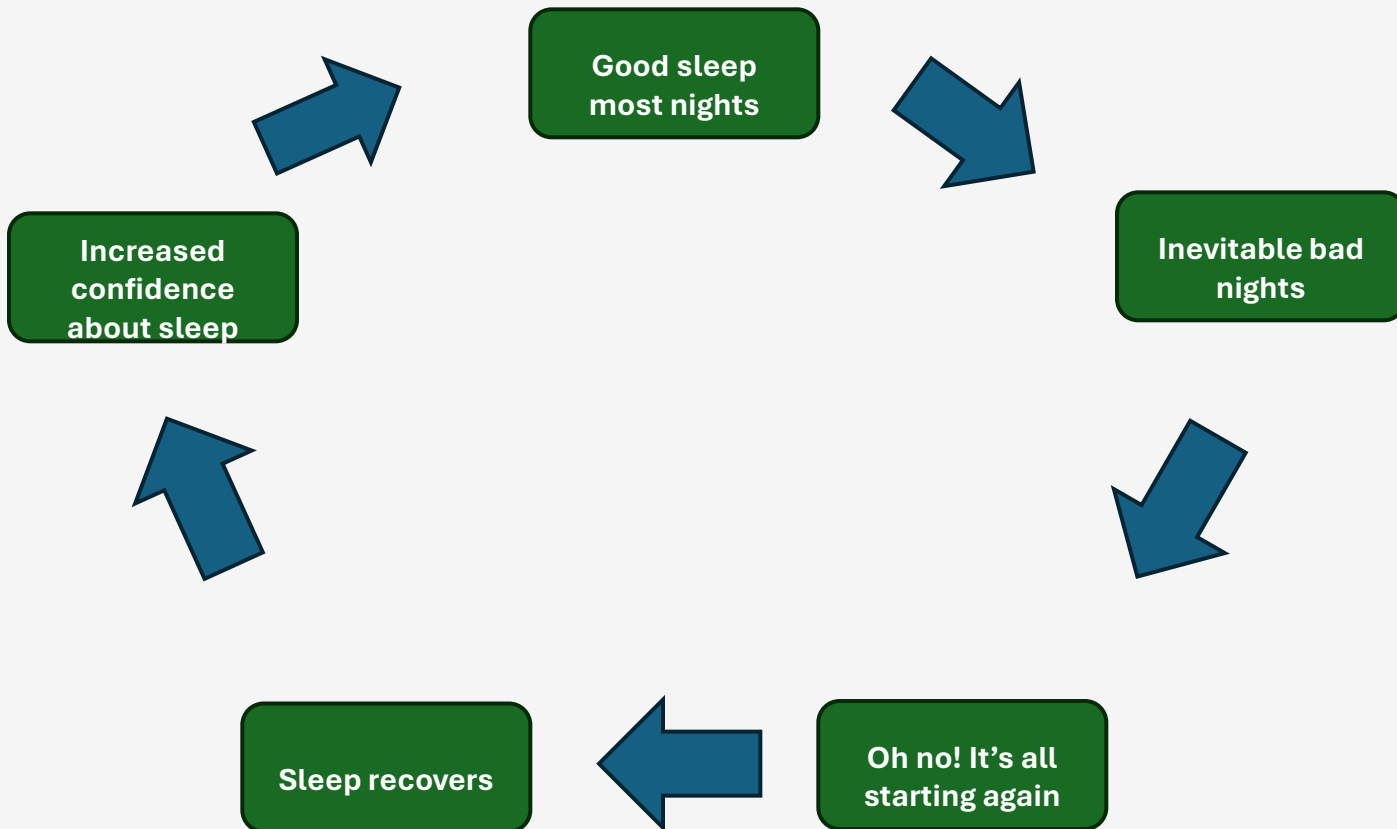
The Path Ahead

- Even the best sports team doesn't win every match.
- When a sports team improves it starts to win more matches than before but it doesn't win every match.
- As long as the general trend is for more wins than last season we would have faith that they're on the right track.
- The same is true for your sleep.

Why Bad Sleep is Good



Why Bad Sleep is Good



Relapse Prevention

- If your sleep slips back:
- Don't panic.
- You are not back at square one.
- Tighten up on your CBT-I techniques.
- Keep a sleep diary for a week and reinstate sleep scheduling.
- You will catch the insomnia early and it will likely settle down more quickly than the first time.

You Are About to START Therapy

- The CBT-I course taught you how to do the therapy.
- The process of fully doing the therapy only starts now.
- Most of the improvement happens in the 3 – 6 months after the course finishes.