

Cognitive Behavioral Therapy for Insomnia (CBTi)

Treatment Manual

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Session 1

Purpose of today's session:

1. Introduction and structure of treatment
2. Discuss Sleep log

INTRODUCTION

What this program is NOT:

- it's not about "just drink some chamomile tea before bed"
- it's not about fancy bells and whistles
- it's not about sleep meds
- it's not a magic pill

What this program is IS:

- it's hard work
- it requires commitment
- it's practical and focused
- *it WORKS -- in fact, it's the most effective treatment out there for insomnia!*

Our GOALS:

- increase the **amount** of time you sleep
- increase the **quality** of your sleep
- increase **control** of your sleep patterns

How will we do this?

- Meet 5+ times
- Learn and practice specific strategies for improving sleep
- Track how the things we try are working
- Brainstorm to overcome hurdles

Why use CBTi for sleep problems?

- CBTi is considered the *first-line, gold standard treatment* for insomnia
 - It **works better** than sleep meds in leading to durable improvement
 - It has **no side effects** and no potential for dependency/addiction
 - It's a **more affordable** treatment option in the long run
- If you practice these behaviors every day, you should start to see improvement after only 4 weeks
- About 80% of people who complete CBTi demonstrate **significant long-term sleep improvement**

A note about sleeping medications:

- We are going to show you ways to manage your sleep without the use of sleep meds.
- On sleep meds, people often awaken feeling sedated or groggy.
- Often, sleep meds stop working over time because your body gets used to them.
- If you are currently taking sleep meds, you can still complete this treatment in conjunction with your medication regimen. *Always consult with your doctor first if you decide to make changes to your medication regimen.*

Exercise:

1. Complete the sleep log for last night as an example

Assignment:

1. Complete the sleep log each morning
2. Review Sleep Hygiene Guidelines and **star the ones you think you might be breaking**. Do not worry if some of these guidelines don't make immediate sense; we will be discussing certain guidelines in more depth in future sessions.

Sleep Hygiene Guidelines

Good dental hygiene is important in determining the health of your teeth and gums. Similarly, good sleep hygiene is important in determining the quality and quantity of your sleep. Review the below guidelines and check the ones you think you might be breaking.

Screen time: Turn off TV, computers, tablets, and smart phones 1 hour Before Bedtime

- The short waves of blue light (emitted from the screens of TVs, laptops, iPads, smart phones, etc.) mimic daylight. Thinking it's daytime, your brain suppresses melatonin and becomes more alert because we have evolved to see this type of light only during the day. What's more, the overall stimulation we get from these devices serves to keep us more alert. If TV is your relaxing activity, try to move it up a bit earlier in the evening.

Caffeine: Avoid Caffeine 6-8 Hours Before Bedtime

- Caffeine disturbs sleep, even in people who don't think they experience a stimulation effect.
- Individuals with insomnia are often more sensitive to mild stimulants than are normal sleepers.
- Caffeine is found in items such as coffee, tea, soda, chocolate, and many over-the-counter medications (e.g., Excedrin)
- *Caffeine should be avoided in the afternoon and evening, preferably by 1pm. You might consider a trial period of no caffeine at all.*

Nicotine: Avoid Nicotine Before Bedtime

- Although some smokers claim that smoking helps them relax, nicotine is a stimulant.
- The initial relaxing effects occur with the initial entry of the nicotine, but as the nicotine builds in the system it produces an effect similar to caffeine.
- *Nicotine should be avoided near bedtime and during the night. Don't smoke to get yourself back to sleep.*

Alcohol: Avoid Alcohol After Dinner

- Alcohol often promotes the onset of sleep, but as alcohol is metabolized sleep becomes disturbed and fragmented, leading to poor sleep quality.
- *Limit alcohol use to (1 beer or glass of wine for women, 2 for men).*

Sleeping Pills: Sleep Medications are Effective Only Temporarily

- Research has shown that sleep meds lose their effectiveness in about 2 - 4 weeks when taken regularly.
- Over time, sleeping pills actually can make sleep problems worse. When sleeping pills have been used for a long period, withdrawal from the medication can lead to an insomnia rebound. Thus, after long-term use, many individuals incorrectly conclude that they "need" sleeping pills in order to sleep normally.
- *Keep use of sleep meds infrequent, but don't worry if you need to use one on an occasional basis. (And always consult with your doctor first if you decide to make changes to your medication regimen.)*

Regular Exercise

- Exercise has been shown to aid sleep, although the positive effect often takes several weeks to become noticeable.
- Exercise within 2 hours of bedtime may elevate nervous system activity and interfere with sleep onset.
- *Get regular exercise, preferably at least 20 minutes each day of an activity that causes sweating.*

Hot Baths

- Spending 20 minutes in a tub of hot water an hour or two prior to bedtime may promote sleep.

Bedroom Environment: Moderate Temperature, Quiet, and Dark

- Extremes of heat or cold can disrupt sleep.
- Noises can be masked with background white noise (such as the noise of a fan) or with earplugs.
- Bedrooms may be darkened with black-out shades or sleep masks can be worn.
- *Position clocks out-of-sight since clock-watching can increase worry about the effects of lack of sleep.*

Eating

- A *light* bedtime snack, such a glass of warm milk, cheese, or a bowl of cereal can promote sleep.
- Avoid heavy or spicy meals before bedtime and any caffeinated foods (e.g., chocolate).
- Avoid snacks in the middle of the night since awakening may become associated with hunger.
- *Do not go to bed too hungry or too full.*

Avoid/Reduce Naps

- The sleep you obtain during the day takes away from your sleep need that night resulting in lighter, more restless sleep, difficulty falling asleep, and/or early morning awakening.
- *Avoid naps.* If you must nap, keep it brief. It is best to set an alarm to ensure you don't sleep more than 15 minutes.

Limit Your Time in Bed

- *Restrict your sleep period to the average number of hours you have actually slept per night during the preceding week.* Quality of sleep is important. Too much time in bed can decrease the quality on subsequent night and contribute to the maintenance of existing sleep problems. Don't lay in bed for extended times not sleep. If you aren't asleep in about 15-20 minutes go ahead and get up. Do something outside the bedroom that is relaxing. When you feel sleepy (i.e., yawning, head bobbing, eyes closing, concentration decreasing), then return to bed. Don't confuse tiredness with sleepiness, they are different. Tiredness doesn't lead to sleep, only sleepiness does.
- Light exposure in the morning

Regular Sleep Schedule

- Keep a regular time each day, 7 days a week, to get out of bed. Keeping a regular awaking time helps set your circadian rhythm set so that your body learns to sleep at the desired time.

Sleep log Instructions

WHAT: A sleep log is designed to gather data about your daily sleep pattern.

HOW OFTEN and WHEN do I fill it out? It is important to complete your sleep log every day. Ideally, it should be completed *within one hour of getting out of bed in the morning*.

What should I do if I miss a day? If you forget to fill in the log or are unable to finish it, leave the log blank for that day.

What if something unusual affects my sleep or how I feel in the daytime? If your sleep or daytime functioning is affected by some unusual event (such as an illness, or an emergency) you may make brief notes on your log.

What do the words “bed” and “day” mean on the log? This log can be used for people who are awake or asleep at unusual times. In the sleep log, the word “day” is the time when you choose or are required to be awake. The term “bed” means the place where you usually sleep.

Will answering these questions about my sleep keep me awake? This is not usually a problem. You should not worry about giving exact times, and you should not watch the clock. Just give your best estimate.

Item Instructions

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

Date: Write the date of the morning you are filling out the log

1. *What time did you get into bed?* Record the time you got into bed for the night.
2. *About what time did you fall asleep?* This is difficult to pinpoint, so just give your best guess!
3. *In total, about how long were you up in the middle of the night?* Record the total time you were awake between the time you first fell asleep and your final awakening. For example, if you woke 3 times for 10 minutes, 30 minutes, and 45 minutes, add them all up ($10+30+45= 85$ min or 1 hr and 25 min).
4. *What time was your final awakening?* Record the last time you woke up in the morning.
5. *What time did you get out of bed for the day?* Record the time you got out of bed.
6. **Time in Bed.** Calculate the total time you spent in bed (Item #5 minus #1)
7. **Time Asleep.** Calculate the total time you spent asleep (Item #4 minus #2, and also make sure to subtract #3)
8. **Sleep Efficiency.** Divide Time Asleep by Time in Bed (Item #7 divided by #6)
9. *How would you rate the quality of your sleep?* “Sleep Quality” is your sense of whether your sleep was good or poor.
10. *In total, how long did you nap or doze yesterday?* Record the total amount of time spent napping in the day.
11. *Comments.* Feel free to write anything that you would like to say that is relevant to your sleep.

At the end of the week, **calculate** the averages for #6, #7, and #8 using the Calculate Averages column.

Sleep log

Sample									Calculated Averages
Today's date	Mon 1/1/12								
1. What time did you get into bed?	10:30 p.m.								
2. About what time did you fall asleep?	12 a.m.								
3. In total, about how long were you up in the middle of the night?	1 hour								
4. What time was your final awakening?	6:30 a.m.								
5. What time did you get out of bed for the day?	7 a.m.								
6. Time in Bed (#5 minus #1)	8.5 hours								
7. Total Time Asleep (#4 minus #2 minus #3)	5.5 hours								
8. Sleep Efficiency (Time Asleep ÷ Time in Bed)	65%								
9. How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	
10. In total, how long did you nap or doze yesterday?	45 min								
11. Comments (if applicable)	I have a cold Didn't wear c-pap								

Session 2

Sleep Efficiency: Reclaiming the bed for sleep

Purpose of today's meeting:

1. Assignment review
2. Problem solve any difficulties in completing sleep logs
3. Learn about Sleep Efficiency and Stimulus Control (Bed = Sleep)

I. SLEEP EFFICIENCY THERAPY

- One goal when treating your insomnia is to improve your Sleep Efficiency
- Sleep Efficiency = Time Asleep ÷ Time in Bed
 1. If you spent 4 hours asleep and 8 total hours in bed last night, your sleep efficiency would be $4 \div 8$, or 50%
 2. Our goal is to increase the percentage of time you spend asleep in bed
 3. One way to do this is to limit the time you spend in bed

II. Sleep Drive

- Sleep is regulated by our brain based on how long we have been awake
- The longer we're awake, the more "sleep drive" we build up and the sleepier we get
- Sleeping in or napping may help a little that day, but it *decreases* your sleep drive and makes it *harder* to sleep that night

III. What does this mean for Treatment? Your first change!

- Only stay in bed as long as you are typically able to sleep
 1. At first, you will get even *less* sleep than normal
 2. But, this will help *increase* your sleep debt and make it *easier* to fall asleep the next night
 3. Sometimes with insomnia, you need 2 or 3 nights of added sleep debt before you fall asleep quickly
 4. You may have noticed this pattern in your insomnia already - a few bad nights followed by a good night

IV. The mind-body relationship

- Certain habits cause our body and our mind to have automatic responses. In other words, behaviors become associated with feelings and bodily reactions.

Q. Think about when you are lying in bed and can't sleep.

1. *How do you feel?*
2. *What do you usually do?*

- This example shows us how feelings, behaviors, and body reactions can become associated with each other.
 1. When you are in bed awake, you may feel frustrated and restless, be unable to sleep, and stay in bed trying to sleep more. This experience associates

bed/bedtime with negative feelings. The more negative the feelings, the less likely you'll get to sleep.

V. Bad associations with the bed

- One of the major problems in insomnia is that the bed/bedtime is no longer paired with feelings of relaxation and falling asleep easily
- *Instead of Bed = Sleep, for insomniacs Bed = Awake (and often frustrated)*
- **Q.** Think about other examples of things that have led to this problematic pairing of Bed = Awake for you.
 1. *What thoughts do you have as you lay awake in bed?*
 2. *How does that make you feel?*
 3. *Does that make it easier or harder to fall asleep?*

VI. Stimulus Control strategies: How to make Bed = Sleep again

- **Go to bed only when you are sleepy.**
 1. *How do you know when you are sleepy? How is this different from being physically tired?*
 2. If you are not sleepy when you go to bed, you might toss and turn, lying in bed awake. This reinforces the negative association we are trying to break.
- **Only use your bed for sleep (or sex).**
 1. For example, if you watch TV in bed every night until you fall asleep, what does the bed become associated with? TV watching...not sleep!
- **Leave the bed when you are unable to fall asleep after about 15 minutes.**
 1. Go back to bed only when you feel sleepy again.
 2. Repeat this as many times as needed. This will strengthen the association between bed and sleep (versus bed and awake).
 3. The goal is to make the bedroom/bed associated with falling asleep
 4. If you do need to leave the bed because you are unable to sleep, try not to do anything stimulating. Do not check your cell phone, watch television, get on the computer, or read. Remain as minimally stimulated as possible so as to promote sleepiness.
- **Hide the clock.**
 1. Looking at the clock (or cell phone) when you cannot sleep is likely to increase frustration that you are not asleep.
 2. Plus, who cares what time it is? You really just want to be asleep no matter what time it is, right?

- **Wake up at a regular time regardless of how well or how long you slept.**
 1. Get out of bed immediately after you wake up. This will help your body to get into a constant sleep rhythm.
 2. If possible, give yourself sunlight or very bright indoor light first thing in the morning.

- **Avoid/reduce naps**
 1. By not napping, you help to ensure that any sleep debt from last night will increase your likelihood of falling asleep quickly tonight.

Exercise:

1. Determine your average Total Sleep Time from your sleep log: _____
 - a. This is how much Time in Bed you get to spend this week

2. Decide your Wake Up Time: _____

3. From that, determine your Bed Time: _____

4. Determine your Sleep Efficiency (Time Asleep ÷ Time in Bed): _____
 - a. This will help you see how much you improve.

Assignment:

1. Continue to complete the sleep logs
2. Keep a set “Time in Bed” window: Go to bed consistently at your Bed Time and set an alarm to get up consistently at your Wake Up Time
3. Follow Sleep Guidelines (*Refer to Guide to Overcoming Insomnia*)
4. What might make these changes difficult?

Sleep log

Sample									Calculated Averages
Today's date	Mon 1/1/12								
1. What time did you get into bed?	10:30 p.m.								
2. About what time did you fall asleep?	12 a.m.								
3. In total, about how long were you up in the middle of the night?	1 hour								
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10. In total, how long did you nap or doze yesterday?	45 min								
11. Comments (if applicable)	I have a cold Didn't wear c-pap								

Session 3

Sleep Hygiene Behaviors

Purpose of today's meeting:

1. Review Sleep Log and adjust Time in Bed Window
2. Review Stimulus Control Strategies (Bed = Sleep)
3. Problem solve any difficulties
4. Review Sleep Hygiene: how your behaviors can make sleep easier at night and being awake easier during the day

1. Review Sleep log and Adjust Time in Bed Window

- a. If last week's average sleep efficiency > 85%:
 - i. Increase Time in Bed by 15 minutes
- b. If last week's average sleep efficiency < 80%:
 - i. Decrease Time in Bed by 15 minutes
- c. Otherwise, maintain Time in Bed Window

2. Review Stimulus Control Strategies (Bed = Sleep)

- a. Break association between bed and responses such as frustration, anxiety, wakefulness, etc.
- b. Strengthen association between bed and sleep.

3. Problem solve any difficulties adhering to Time in Bed window/Stimulus Control strategies

4. Review Sleep Hygiene

- a. Examine how your behaviors can make sleep easier at night and being awake easier during the day

Exercise:

Q. What are 2-3 rules of Sleep Hygiene that you are breaking and how can you fix that?

Sleep Hygiene Problem	Solution

Is My Solution SMART?

- **S**pecific and small
- **M**easurable
- **A**ction oriented
- **R**ealistic
- **T**ime stamped

Example SMART Goal: “Each night, I’ll leave my bedroom if I’m awake for 20 minutes or more” or “On Tues and Thurs morning of this week I will exercise (take a walk) for 20 minutes”.

Assignment:

1. Adjust your Time in Bed window, if necessary
2. Continue to complete the sleep log
3. Practice Sleep Guidelines strategies (*Refer to Guide to Overcoming Insomnia*)
 - a. In particular, practice your sleep hygiene solutions

Sleep log

Sample									Calculated Averages
Today's date	Mon 1/1/12								
1. What time did you get into bed?	10:30 p.m.								
2. About what time did you fall asleep?	12 a.m.								
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10. In total, how long did you nap or doze yesterday?	45 min								
11. Comments (if applicable)	I have a cold Didn't wear c-pap								

Session 4

Sleep and Your Thoughts

Purpose of today's meeting:

1. Review Sleep Log.
2. Problem solve any difficulties in following Sleep Guidelines (*Refer to Guide to Overcoming Insomnia*)
3. Learn how thoughts can influence your sleep

Myths and Truths about sleep

MYTH: I need 8 hours of sleep to survive

Truth: Different people need different amounts of sleep. Most people benefit from about 7-8 hours of sleep each night, others more and others less.

MYTH: If I don't get a good night's sleep, then ... (something terrible will happen)

Truth: How many bad nights have you had? How many times has this terrible thing happened? Does it happen 100% of the time?

MYTH: If I am having trouble sleeping, I should try harder to sleep

Truth: Trying harder usually works in reverse - it makes it less likely you will fall asleep, because you make yourself more alert and frustrated

MYTH: If I had a bad night of sleep, I should try to catch up (by sleeping in, by spending more time in bed)

Truth: Spending more time in bed rarely provides you with quality sleep and only increases the chances you will sleep poorly the next night. On the other hand, if you get out of bed even when you did not get enough sleep, you will be a little sleep deprived the next night and therefore more likely to fall asleep quickly.

Exercise: Challenging sleep thief thoughts

1. What are some unhelpful thoughts you have about sleep and how can you challenge them?

Sleep thief thought	Alternative thought
Example: <i>“If I can’t get a good night’s sleep my day tomorrow will be shot”</i>	<i>“Even if I don’t sleep well tonight, I can still get up in the morning and do things. And the more active I am tomorrow, the easier it will be to fall asleep tomorrow night.”</i>

Exercise: Scheduled Worry Time

2. Research shows that scheduling “worry time” can help contain worry and anxiety. Pick a set time every day, at least 3 hours before bedtime, when you can worry for 15-30 minutes. During this set time, write down all of the worries that come to mind, and feel free to engage in constructive problem solving if there are any actionable steps you can do to address the worry. If not, move on to the next worry. When a worry pops up right before bedtime or in the middle of the night, tell yourself to DELAY this worry until your set worry time.

Assignment:

1. Adjust your Time in Bed Window, if necessary
2. Continue to complete the sleep log
3. Practice Sleep Guidelines strategies (*Refer to Guide to Overcoming Insomnia*)
4. Pay attention to thoughts that might be interfering with your sleep and see if you can come up with more helpful alternative thoughts

Sleep log

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Sessions 5+

Titration and Compliance

Additional sessions (Sessions 5+) may be warranted to work on titration and compliance. More specifically, additional sessions (usually 1-3 total) may be indicated if:

1. Sleep Efficiency is not yet greater than 90%

a) If so, further *titration*, or adjustment in patient's time in bed window, may be needed.

2. Patient needs additional sessions to work on *compliance* with sleep hygiene guidelines

a) If within provider's scope of practice, it may be helpful to address other behavioral health issues impacting compliance (e.g., anxiety, depression, pain).

Session 6

Relapse Prevention

Action Plan for Addressing Insomnia in the Future

Insomnia can return but now that you know how to address it, you don't need to panic if it does. Recognize that you will have occasional bad nights. Check the parts of this treatment that have worked well for you (even those that were difficult to follow) and use them when you re-experience insomnia.

- Keeping the *same wakeup time* every day
- Going to bed when you're sleepy but never before your regular bedtime
- Using the bed for sleeping only
- Getting out of bed:*
 - when you're unable to sleep
 - when you find yourself worrying or can't shut off your thoughts
 - at the same time every day, even if you've had a bad night's sleep
- Creating a *buffer zone* before bed
- Engaging in worrying or problem solving *earlier* in the day
- Reframing your sleep thief thoughts
- Not trying too hard to sleep
- No napping (except for short safety naps)
- Avoiding caffeine, alcohol, cigarettes, or vigorous exercise within a few hours bedtime
- Other: _____

Two Commandments of Maintaining Success:

1. *Don't stay in bed awake for more than 15 minutes*
 - a. Or upset, frustrated, or even just alert
2. *Don't compensate for a bad night*
 - a. Don't turn in early, stay in bed later, or nap
 - b. I may sleep poorly tonight but tomorrow night I'm increasingly likely to sleep better.

If you notice new sleep-related problems, please contact your doctor and schedule an appointment. Such problems can include:

- loud snoring
- stopping breathing, breathing pauses, gasping or snorting during sleep
- falling asleep unintentionally/dozing during the day
- a creepy-crawly sensation in your lower legs in the evening along with an irresistible urge to move your legs to get rid the sensation
- very frequent leg jerking during your sleep
- walking or the urge to walk while asleep
- excessive weight gain or loss
- chronic repeating nightmares
- feelings of panic disrupting your sleep
- any other unusual new sleep experiences

Sleep log

Name: _____

Sample

Today's date	Mon 1/1/12								Calculated Averages
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7. Total Time Asleep (#4 minus #2 minus #3)	5.5 hours								
8. Sleep Efficiency (Time Asleep ÷ Time in Bed)	65%								
9. How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	
10. In total, how long did you nap or doze yesterday?	45 min								
11. Comments (if applicable)	I have a cold Didn't wear c-pap								

