

CBT-I Session 3:

Consolidating Your Sleep

Acknowledgment: Presentation and Program developed from the Office of Professional Development and Educational Scholarship (Queen's University Faculty of Health Sciences).

Agenda:

Review

Calming the racing mind by challenging thoughts

Introduction to Cognitive Therapy

Addressing worry and anxiety in relation to sleep

Calculate Sleep Efficiency

Homework Debrief

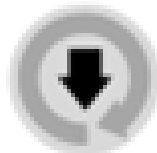
Share how it went trying one or more “sleep rules”

What experiments did you try in order to challenge your beliefs about sleep?

The Racing Mind



Why is calming it important?



Helps reduce vicious cycle of insomnia



Allows de-arousal



Reduces interference with sleep onset

The Racing Mind

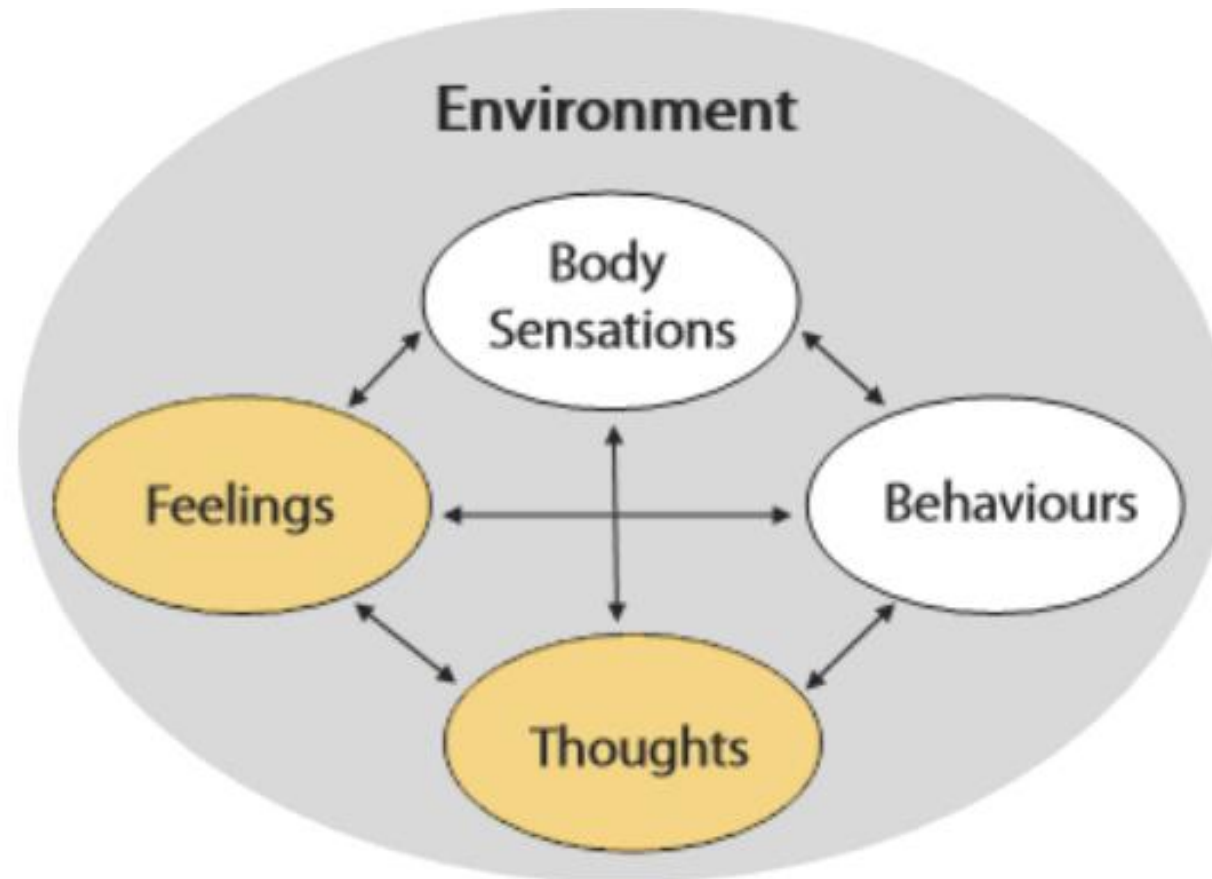


Tools:

- Cognitive restructuring
- Relaxation training
- Other de-arousal strategies



What is Cognitive Therapy?



What is Cognitive Therapy?

“Cognitive”: This denotes the thoughts/cognitions we have. In cognitive therapy our cognitions both drive and are driven by other aspects of the cycle. If we have helpful or rational thoughts, they create a positive feedback loop, alternatively if we have unhelpful thoughts or irrational thoughts, this creates a negative feedback loop.

The goal is to identify the main thoughts that are troubling you. You may be able to state right away what your unhelpful thoughts are. However, it is often easiest for you to start with identifying your feelings in the situation which will then link to the thought.

“Behavioural”: The behavioural aspect of cognitive therapy concerns the behaviours that drive and are driven by the other parts of the cycle (physical sensations, the thoughts and feelings).

Emotion: Anxiety

What causes us to feel anxious?

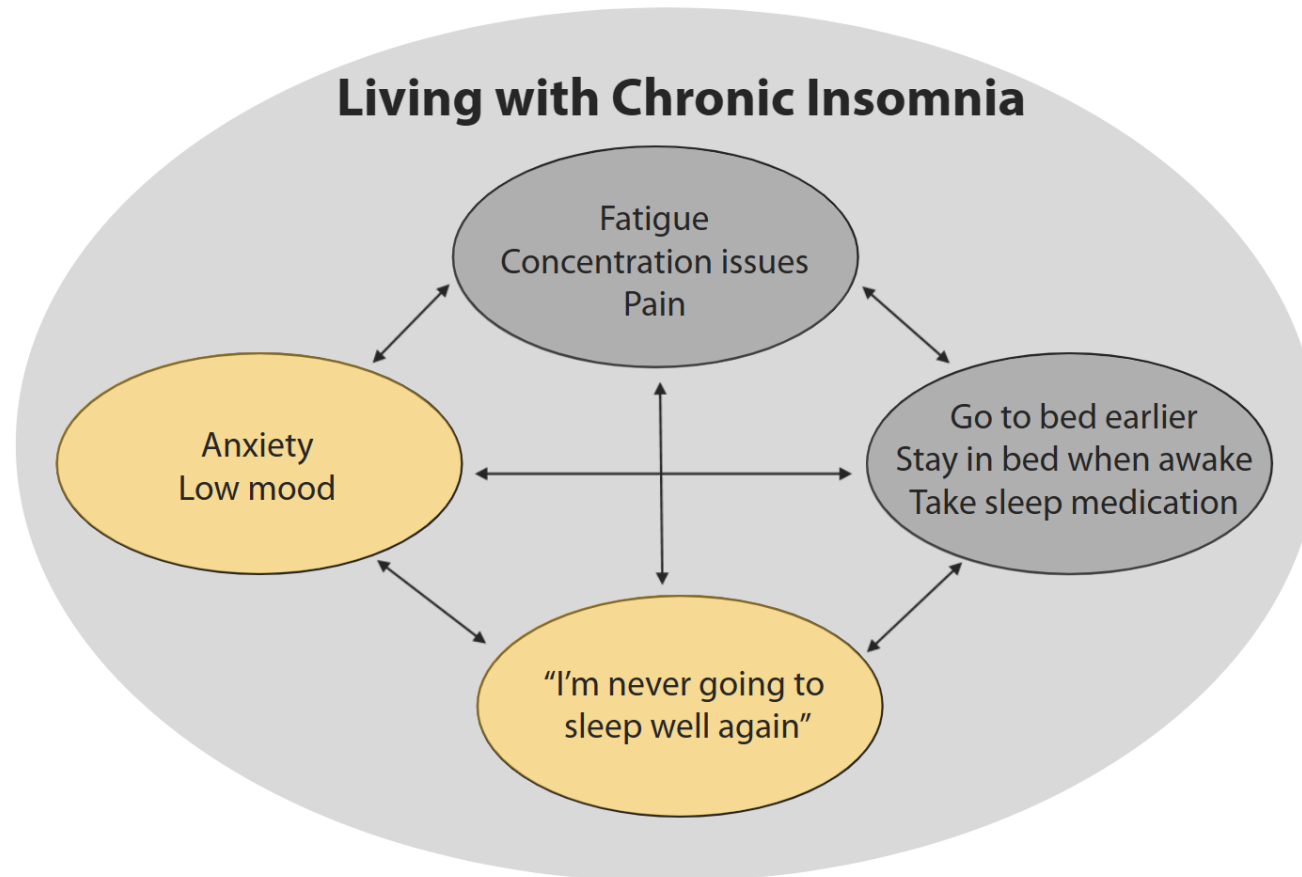
Fight, flight, freeze or submit responses to a perceived threat

Our sympathetic nervous system automatically prepares the body for more energy, strength and speed

Unconscious

Normal and helpful (meant to protect you)

The cycle of living with insomnia



Types of Thinking errors

Catastrophizing:

Seeing the situation as extremely negative

“I’m sure this insomnia is having awful effects on my health”

Underestimating Ability To Manage Sleep:

Thinking that your sleep is totally out of your control

“I’ve tried everything: nothing works. My sleep problem is controlling me”



Fortune-telling

Are you 100% sure of your future tonight and tomorrow?
Other possibilities?



Underestimating your ability to manage your sleep:

Is there any evidence that you are doing anything now to help reverse insomnia?



Catastrophizing

Is there any clear evidence that your insomnia is causing permanent problems? What's the best case scenario? What's something in between?



Setting a standard

How do you know that this is true? Is this true for everyone?



Other

Is your statement entirely realistic and balanced?

Match the common thinking errors in insomnia with their corresponding thoughts

“I’m sure insomnia is having awful Effects on my health”

Fortune-telling

“I should be getting 8 hours of sleep every night, as recommended, by I’m not”

Catastrophizing

I’ve tried everything; nothing works. My sleep problem is controlling me”

Underestimating your ability

I’m not going to sleep tonight and I’ll be miserable tomorrow”

Setting a standard

Thoughts: Worry

Worry can interfere with sleep (cause hyperarousal)

What is worry?

“Worry is a thought process that is concerned with future events where there is uncertainty about the outcome, the future being thought about is a negative one, and this is accompanied by feelings of anxiety: (Macleod, Williams, & Bekerian, 1991)

Thoughts: Why does the mind wander?

Acceptance and Commitment Therapy (ACT) calls it “linguaging”:

Describe

Evaluate

Problem Solve

This process can be helpful for getting rid of a problem in the environment. Sometimes however, we use this process to evaluate our internal “private events” (thoughts, feelings, urges, memories etc). In thinking about the past or future, we get distracted from the present moment.

The Racing Mind



**Productive
worries**

versus

**Nonproductive
worries**



Productive Worries:

have solutions (e.g., upcoming deadline)

- Use problem solving (e.g., "Clear-Your-Head Time")
- Schedule time (about 30 minutes) in the early evening (at least 2 hours before bed) to write down worries
- Write down a solution for each


The Racing Mind



Productive
worries

versus

Nonproductive
worries



Nonproductive Worries:

have no clear solutions (e.g., will my nephew get a job and fix his relationship with his partner?)

→ Let them go

- Float them away (e.g., in a bubble or ball)
- Shelve them (e.g., in a box or cupboard)

Generalized Anxiety Disorder

Excessive worry impacting daily functioning, occurring more days than not for the past 6 months, with three or more of the following symptoms:

Feeling restless or on edge

Irritability

Being easily fatigued

Muscle tension

Difficulty concentrating or mind going blank

Sleep disturbance

Activity Choices – Follow a Plan, Not a Feeling

Outside-in approach to fatigue

e.g. You are at work (or event), and are considering leaving because you are so tired.
What can you do if you really want and / or need to stay?

Remember: “things to do if you are awake” handout

Schedule wind-down time an hour before bed

Scheduled Worry Time

Purpose: to restrict when and where worry is permitted.

Schedule a daily worry time (e.g. 3:00pm to 3:20pm), should be a limited time.

Think of the next step towards solving the problem during scheduled worry time.

Should not be conducted while in bed or close to bedtime.

If worries persist, gently remind yourself that you can think about it tomorrow at the scheduled time.

- You may choose to write down your worry for tomorrow

Analyzing Sleep Diary – Sleep Efficiency

85%-95% Great result! When you are in bed you are spending most of your time asleep.

70% - 84% Some opportunity for improvement. Ideally, you should be spending a larger proportion of your time in bed asleep.

<70% Lots of opportunity for improvement. You are spending more time in bed while awake than is recommended. You may be finding it difficult to go to sleep, stay asleep or both.

Analyzing Sleep Diary – Noticing Patterns

What factors affected YOUR sleep this week?

Sleep Drive

Body Clock

Arousal/Stimulations

Sleep Restriction

We stop the sleep restriction when:

- You report sleepiness
- It takes you 10 minutes or less to fall asleep
- Sleep efficiency rises to above 90%

- Complete “Assessing Your Level of Alertness Worksheet”

Sleep Restriction

Adjusted based on sleep efficiency

If last week's sleep efficiency was:	This week's sleep prescription bedtime is:
Less than 85%	15 minutes later
85-89%	Unchanged
Greater than 90%	15 minutes earlier
Greater than 95%	30 minutes earlier

Sleep Prescription

My Sleep Prescription

Bed Time:

Rise Time:

Remember: Sleep Rules

- Get up and out of bed when you can't sleep
- Avoid daytime napping

At Home:

Follow “six steps to solid sleep” using your most recent threshold bedtime and threshold rise time.

Complete CBT-I coaching app each morning and bring in next week

IF YOU ARE UNABLE TO MAKE A SESSION – EMAIL YOUR SLEEP DIARY THROUGH THE CBTI-I APP
to:

cbti@mosspsychology.com

Wrap up exercise: Awareness of the Breath

