

CBT-I Session 6:

Dealing with Nightmares

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Agenda:

Review

Understanding the link between trauma and insomnia

Two methods for dealing with nightmares

Reviewing progress (Insomnia Severity and My Beliefs about Sleep)

Sleep Prescription

Group relaxation exercise

Homework Debrief

Did you practice any of the low arousal reducing techniques?

Did you practice “clear your head time” or “cognitive shuffle”

How did it go?

Trauma and Insomnia

If we have a diagnosis of PTSD or have experienced a trauma or traumas that are not yet resolved, this can severely affect our sleep.

Symptoms include:

- feeling tense or 'on guard' much of the time
- flashbacks or nightmares
- feeling disconnected from people and situations.

Why trauma affects sleep

Avoidance of sleep due to:

- Fear of having nightmares
- Associations with sleep or nighttime if the trauma happened at night
- Not being able to respond to urgent situations

Safety Behaviours include:

- Listening to noises outside
- Checking locks on doors and windows
- Sleeping in different rooms other than the bedroom
- Keeping weapons within easy access

Dealing with Nightmares

- Nightmares are bad dreams that cause you to wake and involve strong negative emotional responses like fear.
- Upon waking from a nightmare, you may feel intense fear and disoriented
- For veterans, many nightmares relate to dangerous combat activities, but may also include other situations relevant to their work.
- Upon awakening, you may find yourself trying to figure out why the nightmare happened or what it may mean.
- Avoiding sleeping and replaying nightmares can make you more likely to have nightmares.

Methods to reduce nightmares

Re-scripting

This involves changing the narrative of the dream by using relaxation before and afterwards

Dream completion technique

This involves changing the dream by matching the negative intensity of the feeling and scenario with a similar positive intensity feeling and scenario.

Re-scripting

1. Before you start, do progressive relaxation, paced breathing, and/or mindfulness exercises; listen to music or guided imagery.

2. Choose a recurring nightmare you would like to work on. Put off trauma nightmares until you are ready to work with them

3. Write down your target nightmare. Include sensory descriptions (sights, smells, sounds, tastes, etc.). Also include any thoughts, feelings, and assumptions about yourself during the dream.

4. Choose a changed outcome for the nightmare. The change should occur BEFORE anything traumatic or bad happens and that will prevent the bad outcome of the usual nightmare from occurring.

5. Write down the new dream with an ending that will give you a sense of peace when you wake up. Changed outcomes can include changed thoughts, feelings, or assumptions about yourself

6. Rehearse the entire nightmare before getting ready for bed – then engage in more relaxation

Dream Completion Technique

1. Recognise that whatever the dream (even if reality based on trauma), it is now **IN THE PAST**.
2. It is **YOUR** dream and **YOU** are in charge.
3. Dreams don't follow any logical rules, this means you can imagine any scenario and outcome (can violate rules of physics, involve fictional characters, special powers or be surreal).
3. Think about the point you woke up in your nightmare and what you would like to change.
4. Find an alternative that is **JUST AS POWERFUL** as the nightmare.
5. It should ring true to you at a gut level, is positive and **AT LEAST AS STRONG** as the worse part of the nightmare (i.e. a powerful memory of the past).
6. Write down the new dream, read it, imagine it and practice it before going to sleep.
5. If it doesn't work, keep trying, or develop a new scenario until it works.

Reviewing Progress

Complete the Insomnia Severity Questionnaire

Complete 'my beliefs about sleep' questionnaire

Reflections on any changes?

Return complete questionnaires to facilitators

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 portion of your time in bed asleep.

<70%

- **Lots of opportunity for improvement.** You are spending more time in bed while awake than recommended. You may be finding it difficult to get to sleep, stay asleep or both.

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

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

Practice changing any nightmares by either of the two methods taught (re-scripting or dream completion).

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: Visualizing Positive Outcomes