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SKILL SHEET

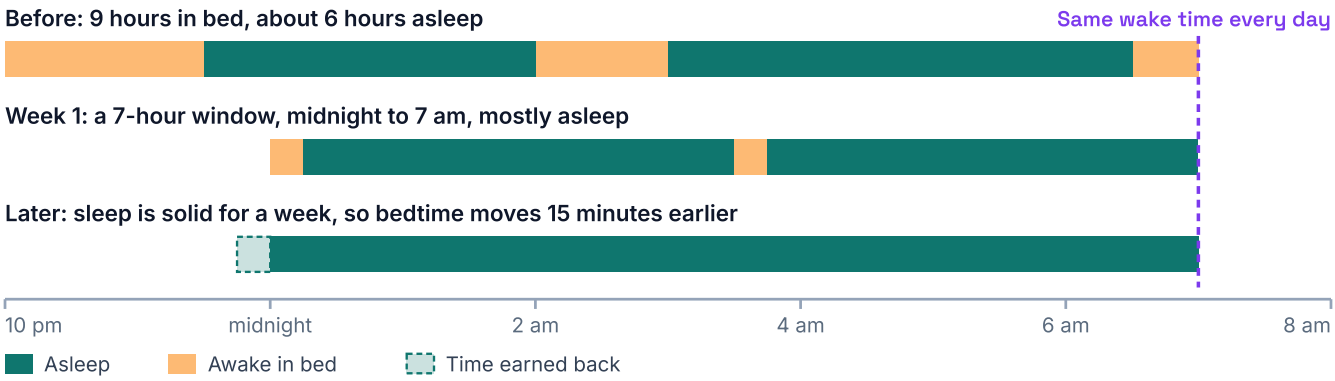
# Retrain Your Sleep

CBT-I, the first-line treatment for insomnia

A step-by-step program: track your sleep, set a sleep window, retrain the bed, earn time back.

**Insomnia** means trouble falling asleep, staying asleep or waking too early, even with enough time to sleep, along with tiredness, poor focus or irritability in the day. **CBT-I** (cognitive behavioral therapy for insomnia) is the recommended first treatment, and its benefits last longer than those of sleeping pills. It works two ways: it builds **sleep drive**, the pressure to sleep that grows the longer you are awake, and it retrains your brain to link the bed with sleep. You can do it while taking a sleeping pill, and it works when anxiety, depression or pain are part of the picture.

## HOW A SLEEP WINDOW WORKS




*Less time in bed, but more of it asleep. The extra sleep drive makes sleep deeper and less broken, and the window then grows.*

## THE PROGRAM, STEP BY STEP

1. **Keep a sleep diary for a week.** Each morning, write down when you got into bed, when you fell asleep, how long you were awake in the night, when you woke and when you got up. Guesses are fine. Use the diary on the next page.

2. **Set your sleep window.** Take your average time asleep (not time in bed) and add 1 hour. Pick a wake time you can keep every day and count back. Example: about 6 hours asleep and up at 7 am gives a 7-hour window, so bedtime is midnight. Never go under about 5.5 hours.

3. **Keep the window every day.** Stay up until your bedtime, even if you are tired earlier, and get up at your wake time however the night went, weekends too. No naps. Plan calm things for the extra evening time, such as reading or stretching.

4. **Follow the bed rules.** Use the bed for sleep and sex only. Go to bed only when sleepy (heavy eyelids), and not before your window opens. If you think you have been awake about 20 minutes, get up, keep the lights dim, do something calm and dull, and go back only when sleepy. Turn the clock away.

5. **Earn time back.** Once a week, check the diary. If you were asleep for about 85% of your time in bed (about 6 hours of a 7-hour window), move bedtime 15 minutes earlier. Repeat until you feel rested in the day. If sleep is still broken after 2 weeks, talk with your clinician.

6. **Answer sleep worries.** Notice thoughts like “I will be a wreck tomorrow” and answer them: “I have slept badly before and still got through the day.” After a bad night, do the day you planned. If you lie awake, settle for calm rest; trying to force sleep keeps you up.

### WHEN IT GETS HARD

- **Sleepy in the day:** expected for 1 to 2 weeks. Keep the window, skip naps, and do not drive drowsy.
- **Nodding off before bedtime:** stand up and do something a little more active until your window opens.
- **A bad night:** keep your wake time anyway. Sleeping in or napping undoes the progress.
- **Signs it is working:** you fall asleep faster, wake less, and the diary shows more of the window asleep.

### HABITS THAT SUPPORT THE PROGRAM

Keep caffeine to the morning, and stop at least 6 hours before bed. Go easy on alcohol, which breaks up sleep later in the night. Get daylight in the morning, finish exercise 3 hours before bed, and keep the bedroom cool, dark and quiet, with your phone outside it. A wind-down hour with slow breathing or muscle relaxation can help.

These habits help a little. The steps above do the main work.

### BEFORE YOU START

The first 1 to 2 weeks bring daytime sleepiness. **Do not drive or do risky work when drowsy.** Never set the window under about 5.5 hours. **Do this only with a clinician if** you have bipolar disorder (lost sleep can trigger mania), a seizure disorder or sleep apnea, if you work nights, sleepwalk, or take sedating medicine. Loud snoring or pauses in breathing at night need a sleep study first. Older adults should use a night-light and take care with falls when up at night. Do not stop a prescribed sleep medicine suddenly; ask your prescriber how to taper.

## MY SLEEP DIARY: FILL IN EACH MORNING

| DATE | INTO BED | FELL ASLEEP (ABOUT) | AWAKE IN THE NIGHT (MINUTES) | WOKE UP | OUT OF BED | HOURS ASLEEP (GUESS) |
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*Hours asleep: from falling asleep to waking, minus the time awake in the night. Photocopy for more weeks and bring it to your visits.*

### MY SLEEP WINDOW

My average hours asleep (from the diary):

Plus 1 hour = my window (at least 5.5 hours):

My wake-up time, every day:

My bedtime (wake-up time minus the window):

If I am awake about 20 minutes, I will:

A sleep worry, and my answer to it:

### HOW LONG IT TAKES

The first week or two are the hardest. Most people sleep more solidly within a few weeks, and the window then grows. With a therapist, CBT-I usually takes about 4 to 8 sessions. It does not work for everyone. If it is not helping, see a professional, or a different one: it may need adjusting to you.

### WHERE TO GET IT

- A clinical psychologist, or a doctor, nurse or social worker trained in CBT-I. Some are board certified in behavioral sleep medicine. Ask for it by name: "CBT-I." Telehealth is common.
- The book *Quiet Your Mind and Get to Sleep* by Colleen Carney and Rachel Manber.
- Free apps: CBT-i Coach and Insomnia Coach.

**Source.** Adapted and rewritten, in new words, from the ADAA webinar "Cognitive Behavioral Therapy for Insomnia" with Dr. Virginia Runko (licensed clinical psychologist, board certified in behavioral sleep medicine) and the Cleveland Clinic video "CBT-I: Cognitive Behavioral Therapy for Insomnia." The figure, safety box, diary and window worksheet are added.

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