

Workbook

# Getting better sleep



# About us

Good Thinking is supported by the NHS and London borough councils. We provide free, 24/7, digital support to Londoners seeking mental health advice and help regardless of where they are on their journey. We offer round-the-clock support and self-care options that are easy to access and simple to navigate.

# Our mission

We support individuals to look after their mental wellbeing in a way that works best for them. We encourage everyone to be proactive about their mental health and we provide tools and guidance to support this.

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# Introduction

## Welcome and well done for taking a first step in improving your sleep

This workbook has been created by Cognitive Behavioural Psychotherapist Majella Cogan and London's digital mental wellbeing service [Good Thinking](#).

You will already be aware that good sleep is key to a good life – not to mention good health and wellbeing. Unfortunately, sleep problems are common and most people will have trouble sleeping at some point in their lives. This can happen for various reasons, such as illness and bereavement or worry and stress. Your age and activity levels also affect how much sleep you need. Even your own expectations of sleep (i.e. how much sleep you think you need in order to perform well at work or in social situations) can have an impact on how much sleep you actually get.

Cognitive Behavioural Therapy for Insomnia (CBT-I) is the leading evidence-based approach shown to be effective in improving sleep quality for people with persistent insomnia and sleep problems. The six-module programme in this workbook will give you useful information and simple tools and techniques to help you understand your sleep problems and improve your sleep quality. It is based on the CBT-I work of sleep expert Professor Colin Espie.

## Before you start

- Take a moment to think about your motivation for doing this programme and identify anything that might get in the way of your progress. Our aim is to help you understand and manage any sleep problems you have and to improve your sleep quality so that it is consistent, reliable and sufficient.
- Make time and space to work through all the modules. Much like good CBT and therapy, this is critical if you want to do well in this programme. Reading the information alone is not sufficient to create progress; this is a 'doing' course and will require your active engagement and hard work to achieve positive outcomes for yourself.
- Suspend any beliefs you might have about your sleep and the interventions we suggest. Instead, adopt a curious stance to what we propose. You can rest assured that we are confident in the interventions, techniques and information presented here. Indeed, this programme has been shown to work for most people with persistent sleep problems.

## How to use this workbook

- Set aside a couple of hours a week to read, digest and apply the practical techniques to help yourself get the most out of this programme. Each of the six modules includes information, worksheets and short exercises for you to complete.
- Have a notebook to hand as you go through the workbook. In CBT, you write things down rather than trying to work everything out in your head. This way, you can be more objective about what's going on inside and you can capture any useful information, timely reminders and changes you plan to make to your sleep habits or routines.
- Make your way through the workbook in sequence, only moving to the next module once you have made progress in the previous one.

## How to use Good Thinking

- Get access to NHS-approved apps that will improve your sleep, many of which are free if you live, study or work in London. These include [Be Mindful](#), [Meditainment](#) and [tomo](#).
- Find articles, podcasts and other content to help you get a better night's sleep.
- Take Good Thinking's clinically-validated self-assessment on sleep. It only takes 20 minutes to complete and, at the end, you'll get a list of recommended actions for you to take forward.

### Disclaimer

This self-guided workbook is designed to help you with your sleep problems, including persistent insomnia. The content is not tailored to your individual needs and we strongly advise you to talk to a health professional if you think you have a sleep problem or disorder other than insomnia. The information in this workbook should not be viewed as an alternative to medical advice.

Module 1

Understanding  
your sleep  
problem

What is insomnia?

Insomnia and sleep problems are very common, with about 30% of the adult population<sup>1</sup> experiencing difficulties with their sleep. Insomnia is described as a difficulty with both quality and quantity of sleep. Common problems include finding it hard to fall asleep (onset insomnia), struggling to stay asleep (maintenance insomnia) and waking during the night or very early in the morning (middle insomnia).

Insomnia is more common in women and the elderly and children too can experience disturbed sleep. It's fair to say that going through insomnia and disturbed sleep at some point in your life is quite normal!

At this point, it's important to differentiate between insomnia and other types of sleep disorders. This programme is designed to treat insomnia, which is defined by NICE<sup>2</sup> as difficulty getting to sleep, maintaining sleep, early waking or non-restorative sleep, which results in impaired daytime functioning or wellbeing. Insomnia can be short term if symptoms are present for less than three months or chronic if symptoms are present for at least three nights per week for three months or more.

EXERCISE

Common symptoms of insomnia

To check if you might have insomnia, put a tick in the box next to any symptoms you're experiencing.

I regularly...	
Find it hard to go to sleep	
Wake up several times during the night	
Lie awake at night	
Wake up early and can't get back to sleep	
Still feel tired after waking up	
Find it hard to nap during the day even though I'm tired	
Feel tired and irritable during the day	
Find it difficult to concentrate during the day because I'm tired	

1. NICE, 2020, *Insomnia: How common is it?* <https://cks.nice.org.uk/topics/insomnia/background-information/prevalence/>  
2. NICE, 2020, *Insomnia: What is it?* <https://cks.nice.org.uk/topics/insomnia/background-information/definition/>

Sleep is fundamental to your wellbeing and quality of life. You will no doubt have a sense of the importance of sleep and the impact of the lack of it from your conversations with family and friends. They may say disrupted sleep is 'horrible' or that they 'hate' it and 'can't function' if they don't get their seven or so hours!

You might also have noticed that people talk about the effect their lack of sleep has on their day as well as their night and on their ability to cope in general.

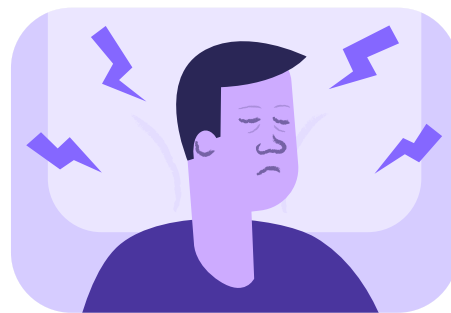
Unfortunately, insomnia is unlikely to improve without treatment and can have a significant impact on your health over a long period of time, including:

- Physical conditions (e.g. increased risk of heart disease, obesity and diabetes)
- Impaired concentration and memory
- Increased irritability and moodiness
- Low mood and anxiety
- Reduced pleasure and quality of life
- Impact on your social and professional life
- Impact on your family and personal relationships

## What other sleep disorders are there?

Sleep disorders refer to other conditions that affect your ability to sleep, your sleep quality and your daily functioning. Some disorders are related to breathing, movement, medical conditions or a particular stage of sleep. Sleep disorders include:

- Sleep apnoea
- Restless leg syndrome
- Sleepwalking
- Narcolepsy
- Circadian rhythm sleep disorder
- Night terrors
- REM sleep disorders



If you believe you have symptoms of a sleep disorder, we recommend that you consult your doctor as you may have physical or mental health symptoms that need to be worked on first. If you have a condition or medication that is linked to insomnia, discuss with your doctor how best to manage this alongside any other sleep problem. If you feel none of the disorders above are relevant to you, carry on to the next section of this workbook.

## How can sleep medication help?

People tend to have mixed opinions on using medication to help with sleep issues. Some worry they may become dependent and addicted and others are firmly against medication. For many, taking medication is the only option if they are desperate for a night's sleep. Whatever your opinion, it's helpful to consider the scientific evidence for sleep medication.

According to NICE guidelines, Cognitive Behavioural Therapy for Insomnia (CBT-I) is the treatment of choice for both short-term and chronic insomnia and is recommended as the first line of treatment for adults. Unlike pills, CBT-I is non-addictive, does not have side-effects and has benefits for wellbeing beyond medication. CBT-I addresses the underlying causes of insomnia rather than just relieving symptoms but it does take persistence and effort to make it work.

Where aspects of CBT-I have not been successful, short-term sleep medication may be prescribed to help cope with a particular stressor, such as grief or trauma, and in other situations where it's expected that sleep problems will be resolved in the short term. There is little evidence to support sleep medication use over the longer term. A combination of short-term sleep medication and CBT-I may be prescribed in certain circumstances.

It's important to discuss with your medical professional any concerns or questions you have regarding sleep medication and you **must** do this if you are already taking medication for another condition.

## Keeping a sleep diary

Most people who sleep well tend not to think about their sleep. In fact, if you were to quiz them on how much sleep they get and the quality of their sleep, it's unlikely they would be able to give you much information. On the other hand, poor sleepers have a lot more to tell you!

The first step to becoming a good sleeper is to get some real information on your current sleep pattern. In CBT, we call this 'assessment' and it's a key part of any treatment. The idea is to get a baseline measurement of where your sleep is now – both your sleep quality and your sleep quantity.

To do this, we suggest you keep a Sleep Diary. Please make friends with this tool as you are going to use it from now until the end of this programme! It may seem an unnecessary task at this point but this kind of diary is really useful to help you understand where you are now and measure your progress – and it doesn't take long to do each day.

Completing a Sleep Diary will enable you to spot variations and patterns in your sleep and, importantly, any improvements as you go through the programme. Of course, you won't be able to pinpoint to the minute how long you sleep (unless you wear a smartwatch that monitors your sleep) but the diary will give you a fair idea of how your sleep is now.

EXERCISE

My Sleep Diary



Print out or save six copies of the Sleep Diary on **page 52** as you'll be using this until the end of the programme.



Use the diary to log your sleep-wake pattern each day – this should only take a few minutes.



Complete your diary first thing in the morning, ideally within an hour of getting up.



Write down your sleep pattern to the nearest 10 minutes if possible.

Setting your sleep goals

As your Sleep Diary will give you a better idea of your sleep problem, it's important to revisit your reason for doing this programme on a regular basis. Up until now, you may have had an overarching goal of wanting to sleep better. This is the point at which you refine this goal to the point where you can imagine it.

Good goals are usually SMART (Specific, Measurable, Achievable, Realistic and Timebound) so your goals might be 'I'd like to sleep through the night', 'I'd like to get more consistent sleep' or 'I'd like to feel refreshed in the day, not fatigued'. It's important to set realistic goals that take into account where you are now rather than plucking a fantasy goal out of the air! If you've never slept more than six hours on a good night, striving to achieve nine hours is setting yourself up for disappointment.

It's also helpful to hold any goals somewhat lightly. This means that you'll avoid feeling like a failure if you don't manage to sleep through seven nights a week for seven hours each night – you should give yourself credit for the progress you are making along the way whilst you work on building a solid sleep pattern. This is where your Sleep Diary comes in useful. It will give you a sense of where your sleep is now and you can use the information from the diary to reset your goals as you go along.

EXERCISE

My Sleep Goals

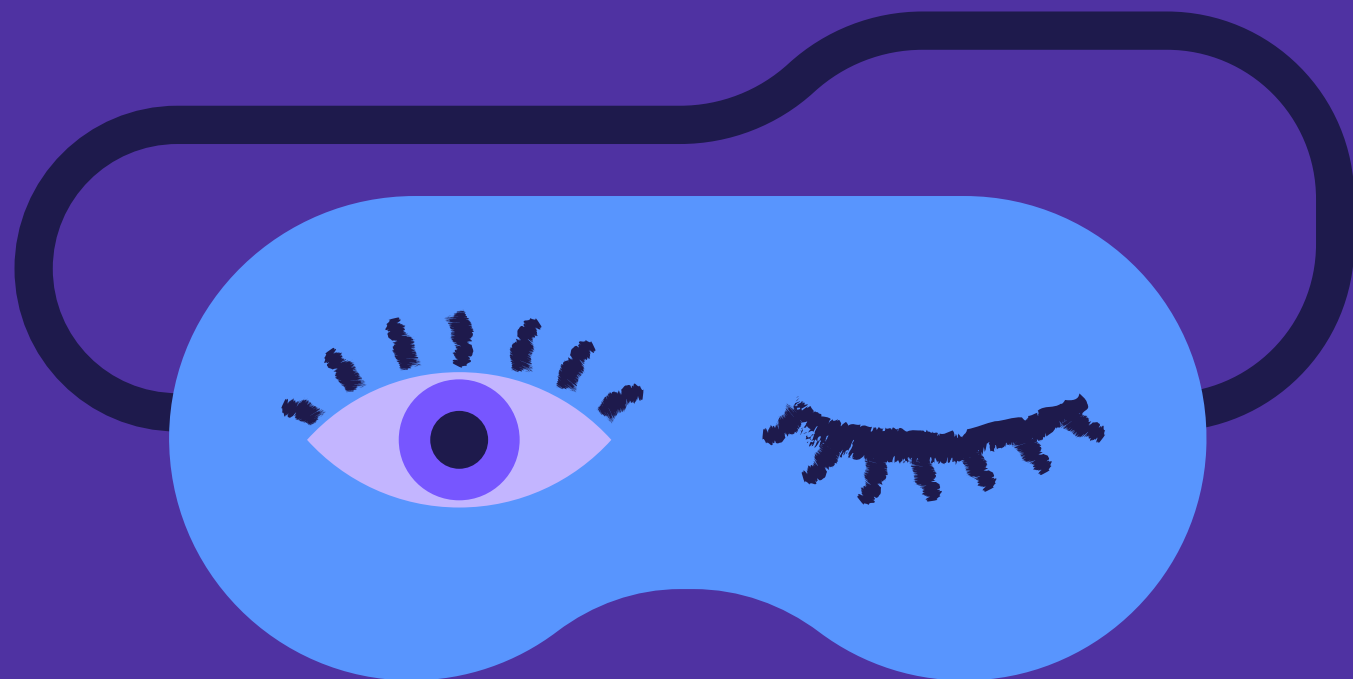
Write your sleep goals here but remember to refer to your Sleep Diary and check if they are realistic, achievable and measurable. Keep tweaking your goals as you progress through the programme.

My Sleep Goals

Remember to spend all of week 1 digesting the information in this first module and make a start on your Sleep Diary too.

# Module 2

## Setting realistic sleep expectations



## Welcome to Module 2!

You should already have one week's information about your sleep quality and sleep pattern in your Sleep Diary.

So far, we've been helping you get a picture of your own experience of sleep so that you can tailor this programme to suit your current needs. In this module, we'll look at sleep in more general terms and you'll have the chance to consider and refine your initial sleep goals.

### What is normal sleep?

Before we consider what normal sleep looks like, it's a good idea to understand a little more about sleep in general. What is sleep? Why do we sleep? How much or how little sleep is 'normal'?

Sleep is more than just not being awake. In fact, sleep is a very active time on both a physical level and a mental level. The body is busy during sleep, repairing and turning over new cells, resetting your body chemistry and hormones and allowing your muscles to rest. On a mental level, sleep gives you time to process the information you took in during the day and to lay down memories coherently – dreaming is a good example of this process.

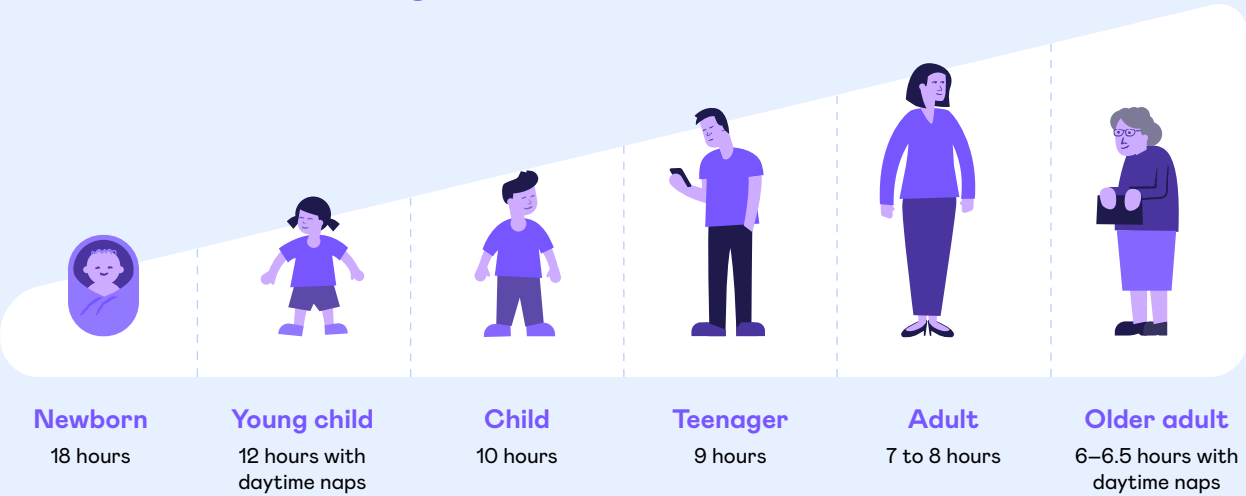
Sleep also varies with age, your stage of development and your individual differences. Just as we all look a little different on the outside (e.g. eye colour, height and shape) sleep is also different from person to person and our expectations of it should be individual. We all need different amounts of sleep.

As much a part of your experience of life as what you do when you're awake, sleep enables you to restore yourself so you can function properly. It helps you to pursue your dreams, earn a living, foster good relationships and contribute to society. In fact, sleep is a very important part of life and necessary for a good quality of life.

When it comes to sleeping patterns, you may be familiar with the idea of being a 'lark' (someone who tends to prefer doing things in the morning) or an 'owl' (someone who comes to life in the evening). What is common to both types is that they have a consistent trend in their wake-sleep pattern that is perhaps stronger than average. We also know that some of us are simply born with a strong sleep drive and so are less likely to suffer from sleeplessness.



How much sleep do people need (on average)?



Regulating sleep

Just as you have a number of natural cycles that keep your body functioning well, you have regular patterns that are important for your sleep. Your sleep-wake patterns are not automatic cycles but are influenced by external factors including your circadian rhythms and sleep homeostat (commonly known as your sleep driver).

Based on the 24 hour day, you could look at your circadian rhythm as a kind of timer or body clock that controls when you sleep. This timer regulates your sleep-wake pattern through the hormone Melatonin, which is produced through your exposure to daylight. Going for a walk when the sun is shining early in the day regulates your circadian rhythm and increases your chances of good sleep. In contrast, working a night shift or travelling across time zones disrupts your sleep-wake cycle and puts your sleep out of sync.

To sleep well, you need to have a good sleep drive – in other words, you need to be awake for enough time so that you feel sleepy. Just as your body produces a thirst drive to ensure you stay hydrated, your sleep driver is there to make sure you get enough sleep at the right time. Napping and inactivity reduce your sleep drive. We will talk more about this in Module 4.

Sleep stages

Sleep is complex and has five stages (which are also known as **non-REM Sleep** or **NREM** and **REM Sleep**) as well as cycles that unfold in an orderly way.

- Each sleep cycle lasts about 90 minutes, is repeated during the night and broadly moves from light to deep sleep.
- Most of your deep sleep happens within the first four hours of the night, regardless of whether you sleep for just four hours or 10 hours.
- You probably sleep most deeply in your first 90-minute sleep cycle of the night, with more sleep spent in REM and stage 2 in the cycles that follow and a decreasing amount of time spent in stage 4 as you approach the time you wake up.
- REM Sleep is light – it’s when you dream and your eye movements become rapid and irregular. During REM Sleep, your arm and leg muscles become temporarily paralysed to prevent you from acting out your dreams.

Sleep stage*	Activity
1	Transition from wakefulness to sleep, muscles relax, easy to awaken (NREM)
2	Light sleep, breathing and heart rate slow, body temperature drops (NREM)
3	Deep sleep, breathing and heart rate drop to lowest levels, body is still (NREM)
4	Deep sleep, body repair, no muscle activity (NREM)
5	Dreaming, eyes move behind eyelids, heart and blood pressure increases, body is still (REM)



Your expectations of sleep

We know that insomnia persists largely because of our psychology. Your thoughts, expectations, hopes and beliefs about sleep mean that any difficulties are centre stage in your mind and can keep your insomnia very much alive.

One of the key differences between good sleepers and poor sleepers is that poor sleepers tend to become preoccupied with their sleep problem. To make matters worse, poor sleepers (with very good intention) tend to compensate for sleep difficulties by napping, worrying about not sleeping and making themselves very busy at bedtime – none of which is helpful for good sleep!

EXERCISE

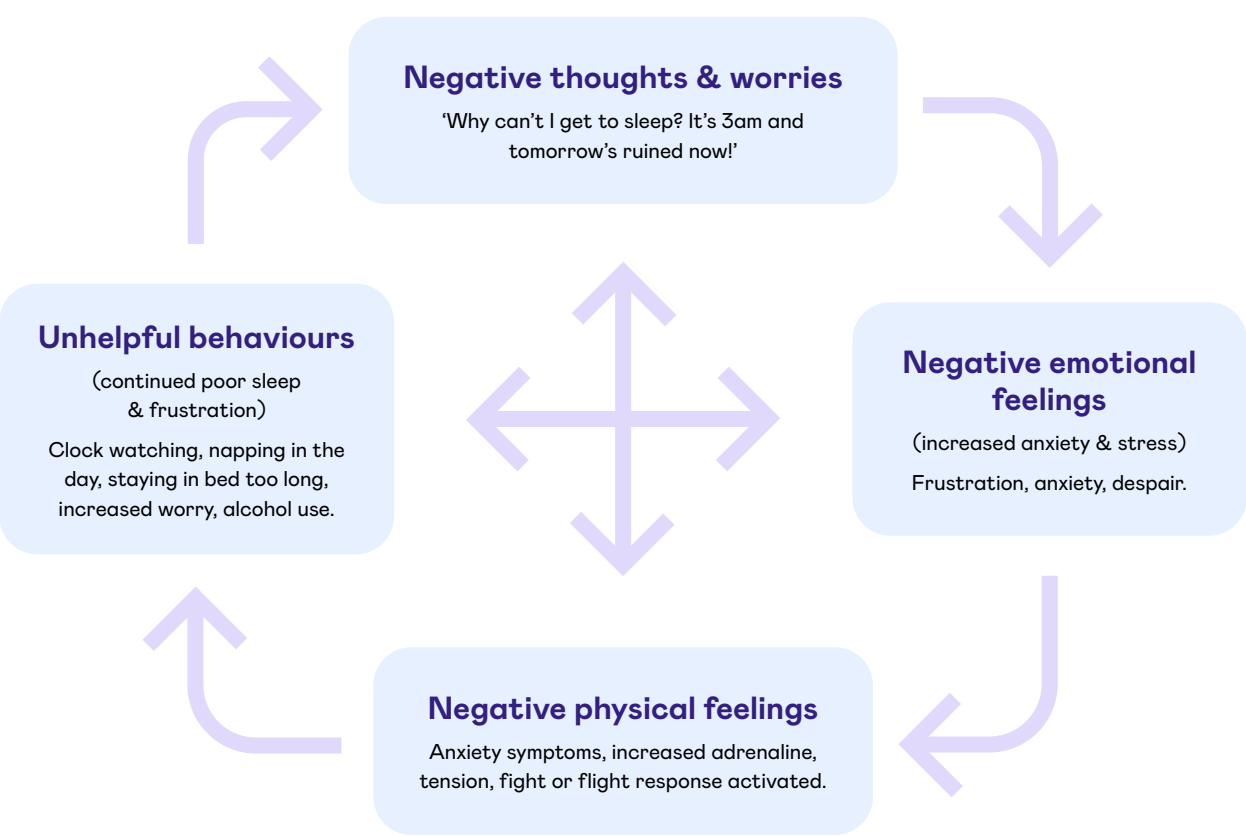
Do you identify with any of the following characteristics of poor sleepers?

Poor sleeper	Good sleeper
Sleep is effortful	Sleep is automatic
Compensates for lost sleep	Does not change sleep pattern
Inaccurate expectations about sleep	No expectations about sleep or being able to sleep
Worries about sleep	Does not think about sleep
Tries to control sleep	Sleep seen as natural
Unrelaxed in bed	More relaxed
Evaluates their sleep	Does not judge their sleep

A key reason why poor sleepers tend to continue to have insomnia is that they often think negatively about the impact of their sleep on their daytime functioning – a kind of performance anxiety and a sense of dread about not being able to cope with their upcoming day.

This can lead to increased stress and anxiety, the release of adrenaline and unhelpful behaviours such as clock watching, which result in continued poor sleep and frustration. The interaction between thoughts, feelings and behaviours is very central to CBT and to this programme that is based on CBT principles.

Does anything in the diagram below feel familiar to you?



Vicious cycle of insomnia

Poor sleepers also tend to think that the tiredness and fatigue they experience during the day is solely explained by their poor sleep of the previous night. They often rule out other factors that could explain their weariness, such as other people’s behaviour, the amount of work they have to get through and poor time management.

It’s likely you did not think about your sleep until it became a problem – and now, you find yourself here, looking for support. Often, our strong opinions on how much or how little we sleep and our strong feelings about our sleep problem actually get in the way of good sleep. This is why it’s helpful to have good information and good expectations when it comes to sleep. Your thoughts about your sleep are just that – they are opinions, not facts.

An important principle of CBT is that opinions are guesses, hunches or estimates, which are often inaccurate and missing important information. To get better at sleep, it's helpful to become more objective about your thoughts about sleep and carefully consider whether what you're telling yourself is true, accurate and based on factual information. It's time to get your notebook ready. Let's reset some expectations!

#### EXPECTATION 1

### I need X hours of sleep each night

Take a look at the section on sleep needs and age (page 14) and consider whether you have adjusted your expectations as you've gotten older. Importantly, are you overcompensating by resting too much during the day? Napping can lower your sleep drive and steal away your sleep.

#### EXPECTATION 2

### I need to make up for lost sleep

Contrary to what you might believe, sleep does not work on a debit/credit basis. The science suggests you need to make up less than one third of your missed hours. Furthermore, when you do sleep again, your body automatically puts you on the deepest and most restful phase of sleep. No extra effort needed!

#### EXPECTATION 3

### Time spent in bed without sleep is wasted

Beware of your thinking here. The problem might be that you're inclined to spend too much time in bed. Not sleeping does not mean we are not resting and gaining some benefit for our bodies.

#### EXPECTATION 4

### If I sleep for longer, I'll feel better the next day

Let's stick with the scientific evidence – no direct association has been found between our wellbeing and amount of sleep. In fact, oversleeping can cause us to feel groggy the next day (this is known as sleep inertia).

#### EXPECTATION 5

### Not sleeping well means I won't cope well in the day

This is a good example of the power of our thoughts and beliefs when it comes to insomnia. In fact, we are equipped to tolerate a level of sleeplessness and there is no evidence to suggest that not sleeping well leads to poor coping. How else do new parents get through the first few months with a newborn? Furthermore, poor sleepers tend to underestimate the amount of sleep they get. Both good sleepers and poor sleepers may feel tired and a little irritable for a variety of reasons.

#### EXPECTATION 6

### Tiredness and sleepiness are the same thing

This is inaccurate. Tiredness can be described as a weariness (either emotional or physical) or a kind of fatigue. Sleepiness is that feeling of not being able to keep your eyes open. Poor sleepers often feel tired but not sleepy.

#### EXERCISE

### Thinking about sleep

You have seen that your expectations about sleep and your thinking and beliefs about sleep can directly impact your insomnia. How you view your sleep issue is fundamental to getting your sleep back on track. Grab your notebook and get busy making changes to your thinking. Remember to:

- Be accurate and balanced in the way you think about sleep.
- Be objective – use the information from your Sleep Diary (page 52) and the content in this workbook.
- Revisit and reset your expectations about sleep based on facts rather than feelings.
- Re-evaluate your thoughts and beliefs on sleep (Are they helpful or unhelpful? Are they based on facts or opinion?).
- Take the emotional heat out of the picture – focus instead on looking at your sleep as a problem to be solved rather than a hopeless situation.
- Use your Sleep Thought Diary (page 53) to note any unhelpful beliefs or worries about sleep and how you feel – try to reset your thinking using the information in this module.

**Remember to spend this second week of the programme applying the information and guidance in Module 2 before moving on. Keep filling in your Sleep Diary too.**

# Module 3

## Sleep hygiene and relaxation

## Welcome to Module 3 and well done for keeping going!

Hopefully, you will have begun to think about your thinking by using the suggestions in the previous module and have examined your thoughts and expectations about your sleep using the Sleep Thought Diary. You should also have two weeks of sleep data captured in your Sleep Diary.

This module will raise your awareness of your sleep hygiene, which includes the particular lifestyle and environmental factors that impact your sleep. We will offer suggestions on how you might curb these elements and achieve good sleep quality and quantity by setting the right conditions for sleep to happen.

### Sleep hygiene

Sleep hygiene refers to the conditions and factors that affect your sleep pattern. Your lifestyle habits, sleep environment and readiness for sleep (how relaxed you are both physically and mentally) can either help or hinder sleep. Good sleep hygiene is essential to overcoming insomnia and there are a number of dos and don'ts that will help you to become a good sleeper.



## Lifestyle habits

Making small changes to what you eat, drink and other habits can result in quick wins that help to improve your sleep.

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**Caffeine** Found in coffee, tea, over-the-counter medications, chocolate, cola and cocoa, caffeine is a stimulant. It can stay in your system for up to 14 hours, making it difficult to fall asleep and stay asleep. Consider decaffeinated drinks instead and try to avoid caffeine four to six hours before bedtime. Reducing caffeine may at first result in withdrawal headaches.

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**Alcohol** Alcohol is a depressant and, whilst it helps you fall asleep easily, it results in interrupted sleep due to the effects of it being cleared from your system.

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**Nicotine** Also a stimulant, nicotine enters the bloodstream and disrupts sleep during the night. Try to avoid smoking, patches, vaping and nicotine gum.

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**Exercise** There is good evidence to suggest that regular exercise leads to better sleep. Just 3 x 30 minutes of exercise a week can help and this includes yoga and stretching exercises. The optimum time for exercise is late afternoon but it's best to avoid it a couple of hours before bed to minimise disruption to your sleep pattern.

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**Diet** Healthy eaters tend to sleep better. Consuming a heavy meal too close to bedtime can disturb sleep as can going to bed hungry – this is because you have given your body a digesting job to do! However, oaty, milky drinks and a light carbohydrate snack an hour before bed can help promote sleepiness. Remember to avoid caffeine.

## Environmental factors

Your body needs a number of cues to trigger sleepiness. In Module 2, we talked about your circadian rhythm, which regulates your sleep in response to daylight. Here, we'll look at how poor environmental conditions, such as noise and temperature, make it more difficult to sleep well.

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**Light** Daylight helps regulate sleep. Ideally, your bedroom should be very dark, with no natural light coming from outside and no artificial light from street lamps or phone or computer screens. Some people find the dark increases their anxiety so investing in a small nightlight can be helpful. If you're unable to block out light, you could wear an eye mask.

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**Noise** Unwanted noise can disrupt sleep so you might want to consider wearing earplugs to help with this. If you don't like silence, you might find listening to white noise (e.g. the sound of someone talking softly on the TV or the noise from a dishwasher) to be soothing. White noise needs to have a low repetitive sound, with no changes to rhythm, volume or tone, in order to be effective.

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**Temperature** The climate in your bedroom can make a difference to sleep (poor sleepers often report that they are hotter than good sleepers). A temperature of about 18 degrees celsius is considered helpful.











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**Bedding** It goes without saying that comfortable bedding is key to a good night's sleep. You might decide to buy more pillows or a lighter duvet if you find you are sometimes awake because you are uncomfortable. In essence, your bedding needs to be 'just right' – like Goldilocks!

You might also think about making sure your bedroom is clean and tidy and a place you look forward to going to. Tidying your bedroom might include getting rid of the TV, games console and other digital devices – any distractions that you might associate with work or play. You could also introduce pleasant smells, such as lavender drops on your pillow. You also need to feel safe to sleep so making sure doors, windows and gates are locked will reduce anxiety and help sleep on its way.

EXERCISE

Changes to lifestyle and environment

Factor	Changes I will make
Caffeine 	
Alcohol 	
Nicotine 	
Exercise 	
Diet 	
Light 	
Noise 	
Temperature 	
Bedding 	
Other (e.g. tidy bedroom) 	

Bedtime routine (winding down)

Wouldn't it be wonderful if you could 'flip a switch' and turn off the events of the day? In fact, you're likely to be busy right up to bedtime (e.g. catching up on work, responding to messages from friends, tidying up after dinner, online shopping). Expecting to fall asleep once your head hits the pillow is probably unrealistic!

Given the importance of bedtime cues for promoting sleepiness, it's important to ensure your body and brain receive helpful signals for sleep. You can do this by setting a regular bedtime routine that communicates to your body and brain that you're winding down for the night and encouraging sleepiness to take over.



Try to complete any household chores and other activities early in the evening. An hour to 90 minutes before bed, wind down and prepare for sleep – this relaxation time might include reading a book or listening to some music. Your pre-bed routine should then begin (e.g. locking up the house and brushing your teeth).

You'll need to personalise your routine and work out approximately how long it will take. By repeating it nightly, your schedule will turn into a pattern. Allow for some flexibility but try to keep your routine essentially the same each night.

EXERCISE

Night-time routine

Take a look at the example of a night-time routine below and write down your own version in your notebook.

Approximate time	Activities
19:45 to 20:45	Complete household chores, reduce and finish work and other activities
20:45 to 22:45	Relaxation time (e.g. watch TV, listen to music, read)
22:45 to 23:00	Pre-bed routine (e.g. brush teeth, change into nightclothes, set alarm)
23:00	Go to bed and practice relaxation sequence (see page 26-27)

# Relaxation

To sleep well, you need to be relaxed. Your breathing, muscle tension and heart rate should be at low levels and your body and mind sufficiently relaxed for sleep. Relaxation techniques, such as meditation, visualisation, yoga and autogenic training, can help reduce your arousal level and move your body into sleep mode.

Progressive Muscle Relaxation (PMR) has been shown to be effective for helping release muscle tension. It works by systematically tensing and relaxing each of your major muscle groups. This helps the mind by shifting it to focus on that action rather than focusing on worry while also allowing muscle tension to release.

PMR is also used to treat excessive worry and anxiety and is a useful tool whenever you are stressed. We often hold tension for much of the day without being aware of this. By practising PMR, you'll learn to distinguish muscle tension from your muscles in a relaxed state. Over time, you'll be able to drop into the relaxed state more easily as you'll be more aware of the first signs of muscle tension. More generally, you'll become more tuned in to the signals of bodily tension and able to apply relaxation more readily.

## EXERCISE

### Progressive muscle relaxation (PMR)

- Try doing PMR when you get into bed but also during the day to begin with – the routine should take no longer than 15 minutes. As relaxation is a skill like any other, it will take practice over time.
- By tensing and then relaxing each muscle, you'll begin to feel more and more relaxed. As you practise PMR, you'll become more aware of tension when it shows up and will be able to relax yourself more easily – it's really important that you notice the difference between tension and relaxation.
- Tense each muscle enough so you can feel it but avoid straining or pushing too hard. Skip any areas where you know you have an injury or where you feel pain.
- Practise the PMR routine on page 27 to help you relax. You can find lots of free PMR resources online and in print.
- You might wish to make your own recording of the routine (or ask a friend to do so) and go through it when you get into bed each night. Remember to speak in a slow and calming voice.

### Let's begin...

Settle in now to where you are. Lie down with your hands by your sides. Close your eyes. Notice how your body feels. Notice how your breath feels right now.

#### PAUSE

Slowly take a deep breath in, breathing deep and low from your stomach, then breathe out slowly through your mouth and feel the tension leave your whole body. Do this for a couple of cycles.

Breathe in again and hold this breath.

#### PAUSE

Slowly breathe out.

More deeply this time, take another deep breath in and hold this.

#### PAUSE

Slowly let go of the breath and see the tension release from your body.

Focus now on your feet. Curl your toes. Hold the tension and see how it feels.

#### PAUSE

Release the tension now. Notice how relaxed your foot feels. Take a deep breath.

#### PAUSE

Focus now on your lower leg (the calf muscle). Tense these muscles and notice any tension there.

#### PAUSE

Release the tension now. Notice how relaxed your calves feel. Take a deep breath.

Now focus on any tension in your thighs and hips. Squeeze your thighs.

#### PAUSE

Release now and feel your muscles relax and fall away. Take a deep breath, hold and release.

#### PAUSE

Now, moving up to your stomach and chest area. Tighten your stomach muscles and notice the tension there.

#### PAUSE

Release now, let the muscles relax and enjoy the feeling of relaxation that comes with this.

#### PAUSE

Breathe in slowly and deeply. Hold this breath for a second then release.

Notice the tension in your lower back and shoulders now. Tense your shoulders, squeezing them together. Hold this tension.

#### PAUSE

Release now. Let the muscles go back to where they were. Notice how your back feels.

#### PAUSE

Moving to your arms and hands now. Clench your fists and squeeze up your arm. Hold this tension.

#### PAUSE

Let go now and enjoy the feeling of relaxation as you let your arms and hands release.

#### PAUSE

Next, travel to your neck and your head. Squeeze the muscles in your face and jaw. Feel the tension this brings.

#### PAUSE

Release the muscles now and let go to a feeling of relaxation. Take a deep breath, hold and release.

#### PAUSE

Finally, bring tension to your whole body. Feel the tension in your feet, calves, thighs, hips, stomach, chest, back, shoulders, hands, arms, neck and head. Tense each area. Hold this tension.

#### PAUSE

Now, let go and release. Feel your body relax and go limp as the tension falls away. Notice the difference in how relaxed your body feels compared to when it is tense. Pay attention to all those areas of relaxation.

Slowly now, coming back into the room, wiggle your fingers and toes and, when you're ready, open your eyes.

**Remember to spend all of week 3 applying the information and guidance in this module before moving on. Keep going with your Sleep Diary too.**



## Module 4

# Developing a new sleep schedule



## Welcome to Module 4. Let's get ready to build on the good work you've done so far!

This module is possibly the most challenging as you're effectively going to restructure your sleep pattern. Like anything that's important to you, this may be uncomfortable to begin with (fortunately, you're already very good at tolerating discomfort as you have a sleep problem!).

During therapy, we often say that things might get worse in order to get better. This is the point we're at now – it's a bit like resetting a fracture so it can heal properly. To stay motivated, it's a good idea to revisit your reasons for taking this course and to have your eye on the long-term prize of building a consistent and good quality sleep pattern.

The key component of this module is Sleep Scheduling, which can be broken down into Stimulus Control and Sleep Restriction. Sleep experts agree that this evidence-based approach is possibly the most important aspect of building better sleep.

### Stimulus Control (the bed-sleep connection)

The rather robotic-sounding Stimulus Control describes the cues (or stimuli) people respond to that are likely to lead to sleep. Much like the smell of freshly baked bread (cue) might make you salivate (response), we want to build an association between your bed and sleepiness.

To do this, you need to control the cue so it is not being paired with any response other than sleepiness. An unhelpful pairing or connection might be 'bed and wakefulness' or 'bed and working'. You want a good bed-sleep connection where sleep happens quickly! If you suffer from insomnia, it's likely you have a weakened or poor bed-sleep connection and instead have a strong bed-wakefulness connection. Over time, this pairing can cause the bed or bedroom to automatically trigger feelings of wakefulness, anxiety and frustration. In addition, you may have used some unhelpful behaviours, such as napping, to cope and inadvertently reinforced insomnia rather than sleepiness.



Don't be too hard on yourself. It's completely understandable that you did what you needed to do to cope with insomnia. The good news is that you can create and strengthen your bed-sleep connection using the instructions below. Importantly, allow yourself some time to think about how you will make changes in line with this guidance and don't expect this to happen quickly or easily – there will be some ups and downs along the way whilst you adjust.

Instructions to improve the bed-sleep connection

Bed



Use your bed only for sleeping. Do not read, use the computer, eat, watch TV, scroll on your phone or worry in bed. The only exception to this rule is sexual activity as this can be relaxing and make you feel sleepy.

Get up



If you're unable to sleep within 15 to 30 minutes of going to bed, get up and go to another room – you don't want to associate being in bed with being awake and feeling frustrated. Avoid clock watching as this increases anxiety and arousal – you can estimate how long you might have been awake without getting too hung up about this. If you find you wake up for 15 minutes or more in the night, you might have to get up a number of times. This is perfectly normal whilst you're rebuilding your bed-sleep connection. This part of the programme can be difficult and takes time and practice.

Environment/  
Activities



When you get up because you can't sleep, the room you go to should be dimly lit. Read something non-arousing or listen to relaxing music. Perhaps even have a blanket set out and a flask of a warm milky drink already prepared. Return to bed only when you are very sleepy.

Avoid napping



Sleep belongs to night-time and bed only so napping should be avoided. Napping during the day (e.g. on your sofa or on a train) steals sleep and weakens the bed-sleep connection by confusing sleep with daytime and wakefulness with night-time. If you find you've nodded off without planning to or that you're unable to keep your eyes open, it's important to check whether you have another sleep issue that could be linked to daytime drowsiness. If you feel you're putting yourself or others at risk because of sleepiness, set an alarm for a nap of no more than 15 minutes.

Sleepiness



To sleep, you need to feel sleepy – real sleepiness means being unable to keep your eyes open and nodding off. Make sure you only go to bed when you feel sleepy and that you are in bed when you feel sleepy. Again, we want to strengthen the bed-sleep connection by linking bedtime with true sleepiness.

EXERCISE

Bed-sleep connection

Take time to re-group and use the space below or your notebook to write down what you might need to do to promote a good bed-sleep connection. What changes do you need to make to your environment or the time you go to bed, for example?

# Sleep Restriction

## (your sleep needs and sleep window)

If you suffer from insomnia, it's likely you have an inconsistent sleep pattern. Looking at your Sleep Diary, you can probably see a mixture of good and bad nights, with varying patterns of wakefulness and sleeping periods.

The aim of sleep restriction is to reset your sleep pattern and to get your sleep back in line with your circadian rhythm and sleep drive. You can increase your need for sleep by restricting the time you spend in bed and the time you spend asleep (i.e. go to bed later and get up earlier). Your need or drive for sleep will strengthen as you're inducing a state of temporary and mild sleep deprivation that will make you sleepy in the evening.

Our first goal is to get some consistency in your sleep pattern so that, eventually, you can fall asleep quickly using the work you've done on Stimulus Control. Over time, you'll extend your sleep window (the length of time you can be in bed).



It's important to mention here that Sleep Restriction is not recommended for those with a diagnosis of Bipolar disorder, parasomnias, seizure disorder and untreated Sleep Apnoea. Please seek medical advice before embarking on this part of the programme.

Sleep Restriction will make you tired at the outset so you need to take care if driving or operating machinery or equipment. Some people find it helpful to start Sleep Restriction when on holiday when they don't have to worry about work.



### EXERCISE

## Sleep Restriction

### Step 1: Work out your Average Sleep Time (using your Sleep Diary)

You'll now understand the relevance of completing your Sleep Diary as you're going to use it to calculate your Average Sleep Time (AST) – the average number of hours you sleep per night. To work out your AST:

- Look at your Sleep Diary for the past 10 nights.
- Transfer the figure from the row 'How long I slept in total' for each of these nights to the table below.
- Add up the total time you slept across the 10 nights.
- Divide this total by 10 to get the average number of hours you slept per night.

My Average Sleep Time	
Night	How many hours I slept for
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total time slept in past 10 nights:	
Average Sleep Time per night:	

Your Average Sleep Time (AST) is the amount of sleep you are currently getting. It's likely that you want to extend this figure and, hopefully, in line with realistic sleep expectations. It's our aim to get you sleeping for your AST in a regular and reliable pattern and we'll then look to extend this time.

Step 2: Set your Getting Up Time

When deciding what time you'll get up each morning, you'll need to consider your daily commitments, such as the school run and work. Choose a time that is realistic and achievable. To achieve sleep consistency, you'll need to stick to this time all seven days of the week, regardless of how much sleep you've had the night before or how busy you are that coming day.

My Getting Up Time

I'll get up each day at:



Step 3: Set your Going to Bed Time

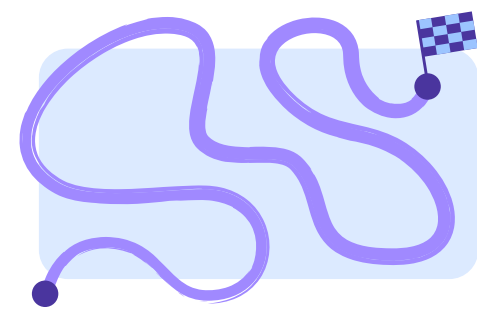
You may have developed a habit of going to bed that is automatic, such as 'after the news ends' or 'when I'm the last one up'. Ideally, you should be aiming to go to bed when you're sleepy and your chances of sleeping through the night are at their highest. To set your bed time, subtract your Average Sleep Time (AST) from your Getting Up Time.

For example, if your Sleep Diary shows that your AST is **5.5** hours and you've decided to get up at **07:00**, subtract **5.5** hours from **07:00**. That would mean your Going to Bed Time should be **01:30**. In order to increase your chances of sleeping through, go to bed at **01:30** at the earliest and only if you feel sleepy.

My Going to Bed Time		
My Average Sleep Time	My Getting Up Time	My Going to Bed Time
	-	=

By now, you may have realised that this is a tough part of the programme as you're changing longstanding patterns. You may be feeling anxious about staying up late on a work night and wondering how you might cope with the demands of your day. It's helpful to remind yourself of the aim of this part of the programme – to reset your sleep pattern through sleep restriction and to create a strong and consistent bed-sleep connection through the sleep hygiene guidance.

During Module 4, you may find that you can't get up after 15 minutes of sleeplessness some nights and instead lie awake. You may also find it very difficult not to have a lie-in at the weekends. This is normal and understandable but it's important to stay motivated and positive and counter any unhelpful thinking about the programme and your progress with some supportive self-talk.



One piece of wisdom from therapy is that the path to progress is rarely a straight and smooth line! It most likely looks a little bumpy, with peaks and troughs along the way. Be your own sleep coach and remind yourself of the value of this part of the process. Here's a quick reminder of how you can improve your sleep schedule through restricting your sleep.

Sleep schedule

- Jot down in your notebook any preparations/changes you need to make before embarking on Sleep Restriction (e.g. where you'll go if you wake up in the night).
- Only go to bed at your Going to Bed Time or after this time.
- Only go to bed when you feel sleepy.
- Do not nap during the day or before you go to bed.
- Get up after 15 minutes if you're unable to sleep.
- Repeat the step above if you wake in the night.
- Set an alarm and get up at the same Getting Up Time every morning regardless of how much sleep you've had.
- Follow this programme seven days a week, including the weekend, to strengthen your sleep drive.

## Adjusting your sleep schedule

Having gone through the Sleep Restriction process for at least a week, you may find you're beginning to sleep consistently and are now ready to extend your sleeping time (Sleep Window).

To do this, you would need to be sleeping consistently for about 90% of the time across a week. You can add more sleep in 15 minute segments, either by going to bed 15 minutes earlier or getting up 15 minutes later – not both! Do this for one week and monitor your sleep amount to ensure it is 90% consistent over the week.

Keep repeating this process weekly until you feel you are getting the amount of sleep you need. It's likely you will only need to do this for a few weeks. Continue to use your Sleep Diary so you can monitor the changes you're making and their effects.

## Resistance to Sleep Restriction

Sleep Restriction is hard, especially when you are already sleep-deprived. It's not surprising it meets resistance! Here are a number of common objections to Sleep Restriction as well as alternative ways of viewing this part of the programme.

**I won't be able to stay awake until my Going to Bed Time**

Think in advance about how you can fill your evening as it may be longer. Avoid any sleep-inducing activities, such as reading. Splash cold water on your face or open the windows. Call a friend. It's best not to lie down – sit up instead. Check out too whether your mindset is helpful. Is this a case of not wanting to rather than not being able to stay up and awake?

**I'm already down on sleep as it is – how will spending even less time in bed help me?**

Firstly, time spent in bed does not equate to time asleep. Also, you're being asked to sleep at least for as long as your average sleep time or no less than five hours.

You should also remember that you're trying to strengthen the bed-sleep connection rather than the bed-wakefulness connection (and all the frustrations that come with that). You only need to stick with the new sleep schedule for a week and you can then begin to adjust it.

Don't forget to use your thinking skills – rather than making a negative prediction of what might happen, approach this situation with curiosity and find out what *actually* happens. This is a short-term sacrifice for a longer-term gain.

**I will be so exhausted I won't cope – I need to sleep in or nap to make up for this**

Challenge your 'I won't cope' thoughts and keep your eye on the long-term prize of achieving better sleep. Remember, you're resetting your sleep and sleep drive – the sleepiness you may feel will be used to help you sleep better the following night. Nap as a last resort and only if it's to reduce risk to you or others and do set an alarm. Frame this change as an experiment and find out what happens with your new schedule.

**Remember to spend all of week 4 applying what we've covered in this fourth module before moving on. Keep filling in your Sleep Diary too.**

## Module 5

# Thinking and sleep

## Welcome to Module 5 and well done for sticking with the programme to this point – that last module was tough!

We hope you've persevered with your new sleep schedule and that you can now begin to think about making some adjustments to it based on the consistency of your sleep. Keep going with your sleep schedule whilst we turn to the relationship between our thinking and our sleep.

You'll know by now that insomnia can be set off by a number of factors, including lifestyle, health issues and environment. But it's also really important to identify and understand what keeps your insomnia going. Most people who suffer from sleeplessness and broken nights share the common problem of not being able to quieten their mind. It's as if your brain has saved all its best worries and ideas for the time when you are least able to distract yourself or take any action. Not a nice place to be at 2am!

This module aims to help you quieten your mind by taking action earlier and using a number of strategies, as well as helping you manage the negative and repetitive thinking that disturbs your sleep.

## Types of unhelpful thoughts and thinking processes

Thoughts come in all shapes and sizes and can be negative (e.g. 'I'm not going to sleep well tonight'), neutral (e.g. 'Sleep is important') or positive (e.g. 'I'm a pretty good sleeper'). They can take the form of worries, memories, problem-solving or imagination – all of which can show up at bedtime...

Thoughts and feelings are very much linked so if you experience negative thoughts, you'll also experience negative feelings. We feel how we think! So, the thought, 'I'm not going to sleep well tonight' is likely to generate a feeling of anxiety rather than peacefulness. In comparison, whilst the thought 'I had a good enough sleep' is unlikely to lead to intense happiness, it should at least generate a feeling of calm and coping.

It's also useful to understand that thoughts, by their nature, are automatic and not under your conscious control unless you choose to focus on them. As human beings, we're also wired to think negatively as this would have helped us prepare for threats (e.g. from predators) and survive in ancient times. This type of threat-based thinking is not particularly useful nowadays when there is no physical threat to us but we still perceive a threat.

Insomnia often runs on our attention to a perceived threat where the threat is psychological – the possibility of a bad night without sleep or the threat of not coping with the demands of the day ahead, for example.

EXERCISE

Bedtime thoughts

Using the list below to prompt you, write down any of the kinds of thoughts that show up for you at bedtime.

**Worries about sleep:** Thinking about not being able to get to sleep or not getting enough sleep can keep you awake. On top of that, worrying about the consequences of sleep problems on your health or on your ability to cope with the demands of the day ahead might also prevent you from sleeping.

**Problem-solving thoughts:** Sometimes, the mind decides that bedtime is just the right time to get stuck into a particular problem or issue. You may find yourself replaying the day's events when you're in bed, which may lead to thinking and planning the day ahead. You may even actively try to scope out the problem as well as all the possible solutions – this works you quite hard and can ward off any chance of sleep.

**Memories:** You may become aware and lost in memories when you're in bed. This is not a bad thing in itself if the memories are positive but it can be disruptive if the memories are unpleasant and you're trying to get to sleep.

**Imaginal:** Some people report they can't sleep because their minds become quite active at night, creating stories and pictures that might be pleasant and helpful but leave their bodies and minds too excited to sleep.

**Body sensations:** Poor sleepers tend to be more tuned into physical changes in their bodies compared to good sleepers. Noticing and attending to your internal body sensations and scanning your body for signs of changes can keep you awake and unrelaxed.

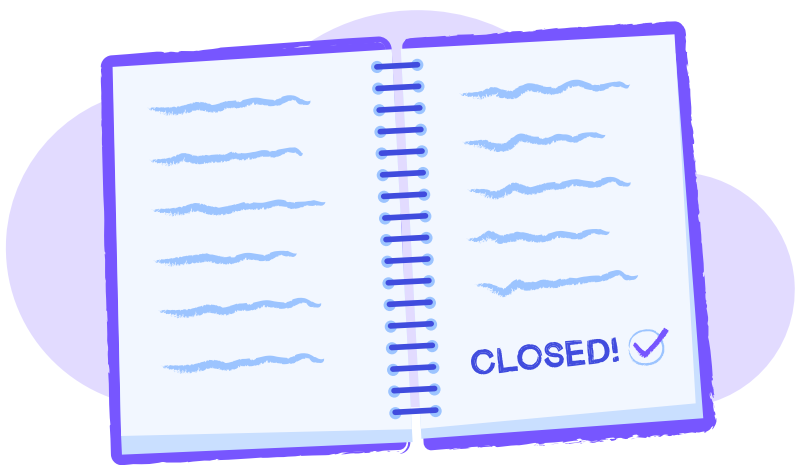
**Random and bizarre thoughts:** Everyone experiences unwanted and strange thoughts from time to time. Whilst this is not a problem in itself, chasing down these kinds of thoughts and evaluating and judging them can stop sleep in its tracks. You can also get caught up in a cycle of worrying about having these kinds of thoughts – again keeping sleep away.

Closing the day

To prevent thoughts (e.g. about work) catching hold and disrupting your sleep, it's helpful to arrest them earlier on in the evening. That way, when they do show up and try to intrude at bedtime, you'll be able to kick them to the kerb and stop them stealing your sleep. The steps below are useful for closing the day.

Closing the day

- Allocate 20-30 minutes each evening but not too near bedtime.
- Choose a quiet place and use your notebook.
- Debrief your day (What went well? What didn't go well? How do you feel about it?).
- Transfer any actions to a 'To Do' list and think about some of the things you'll need to do.
- Prepare for tomorrow (What do you need to think about? What do you feel anxious or OK about?).
- Schedule any actions in your diary and assign a time to these actions.
- Check in on how you feel now about today and tomorrow.
- Remind yourself you have done all you need to do for now and close off your day.
- If certain thoughts return to your mind, tell yourself you have already covered them.
- Capture any new thoughts on a piece of paper by your bed (only make a brief note).





## Distraction techniques and managing triggers

In Module 3, we explored how using Progressive Muscle Relaxation (PMR) can help relax both your body and mind to aid sleep. Another useful addition to this approach is the use of imagery as a distraction technique.

When you focus on immersing yourself in imagery or a visual story, you're no longer paying attention to worries and unhelpful thoughts. Imagery can be used as an add-on to your PMR sequence (page 27) and is best done after PMR.

Used together, imagery and relaxation can help to tune out worries and trivial thoughts. You'll need to prepare in advance, rehearse it in your mind and devote some time to practising it during the day (a little like an actor going into a scene).

### EXERCISE

#### Imagery

- Choose a story or memory of something or somewhere pleasant (e.g. when you were on holiday) that makes you feel safe and relaxed – the story should be about 10 minutes long.
- Using all your senses, immerse yourself in the sights, sounds, smells, feel and taste (if relevant) of the story/memory – imagine you're watching a film unfold and take time to choose the particular elements you wish to experience.



## Thought stopping

This distraction technique is useful for dealing with intrusive and trivial thoughts that might show up at bedtime or during the night. The idea is to repeat a certain word frequently so that it blocks the intrusive thought. It's important to choose a neutral word that does not upset you or evoke an emotional response (e.g. 'and' or 'the').

- Repeat the word every three or four seconds.
- Mouth the word rather than saying it out loud.
- You can add a shape to this if it helps, such as a triangle or square.
- Do this for about five minutes.

## Working hard at staying awake

Right now, you'd be forgiven for thinking something isn't right here! After all, this programme is all about getting to sleep. One of the main reasons poor sleepers are poor sleepers is because they put so much effort into trying to sleep that it keeps them awake. Sleep is a natural process that does not lend itself to being forced unnaturally.

This technique asks you to calmly accept the fact you are awake, to give up the struggle to sleep, to take the pressure off yourself about sleep and allow sleep to happen naturally. Make sure you are comfortable and calm and let go of any concern or effort to sleep allowing it to come in its own time.

## Managing triggers

Over the last few weeks, you've been working hard to change the relationship between your thoughts, behaviours and sleep through techniques such as sleep scheduling, using distractions and modifying your routine before bed. However, one of the most potent triggers to insomnia is clock watching! Clocks work as an external trigger and our response to seeing the brightly illuminated figures in the dead of night is usually strongly emotional too.

Monitoring the time triggers negative and often catastrophic thinking where you might predict the worst and feel worse too. It sets off an internal cascade of anxious thinking leading to feelings of frustration and physical arousal. Who would have thought a clock could have such an effect?

We recommend either turning the clock or your phone away from view, putting it out of reach (e.g. under the bed) or removing it altogether. It's also useful to challenge some of the unhelpful thinking that is triggered by seeing the time – our information on sleep and expectations and the Sleep Thought Diary can help with this.

**Spend all of week 5 applying the information and guidance in this module before moving on. Hopefully, you're now beginning to see some progress and may even have started to adjust your Sleep Window but don't worry if you are still working on this. Keep filling in your Sleep Diary too.**



## Module 6

# Maintaining progress

## Congratulations on making it to the final week of the programme! We're delighted you kept going with it.

We hope you have begun to feel some of the benefits of your efforts as the weeks have gone by and that you've noticed some positive changes in your quantity and quality of sleep. It can take a good number of weeks for your body clock to reset itself and to regulate your sleeping so don't give up even if you feel you still have some way to go.

This is *not* the time to ease off on the key elements in the programme, such as Sleep Restriction, Sleep Hygiene and Stimulus Control. But it is the optimum time to take a step back and evaluate your progress, recognise areas for further work and set goals for those aspects of the programme that need fine-tuning.

This final module brings together all of the guidance from the previous modules with a view to identifying areas for improvement and making sure you retain the gains you've worked hard to achieve. We're also going to support you in working with slip-ups to help you get back on track with minimum impact.

## Guidelines for good sleep

The table on pages 46 and 47 contains a summary of the topics covered by this programme and good sleep habits you should follow. Now is a good time to revisit those parts of the programme that need further attention. You may wish to re-read and familiarise yourself with different parts of the modules before applying the suggestions. We recommend that you complete the My Good Sleep Plan at the end of this module to keep track of any changes you wish to make to your sleep habits.

### Mindset

- Demonstrate a willingness to tolerate discomfort whilst you embed your sleep schedule and change your sleep habits.
- Remember, it's short-term pain for long-term gain when it comes to making changes to your sleep pattern.
- Adopt a curious and open mindset when making changes to your sleep habits and see what happens.
- Check your expectations of sleep – are they realistic and based on facts rather than opinion or feeling?
- Look at sleep as a problem to be solved rather than a catastrophe (turn the emotional volume down).
- View your sleep problem accurately and in a balanced way and be confident in your approach to tackling it.
- Don't become preoccupied with sleep through worrying and engaging in unhelpful behaviours to compensate.
- Disengage from unhelpful thinking using distraction techniques and relaxation.
- Consider other non-sleep factors that might explain your fatigue or mood following a bad night's sleep.
- Use the Sleep Thought Diary to evaluate negative thinking on sleep and to consider alternate ways of responding.

### Sleep hygiene and relaxation

- Cut down on caffeine, alcohol and avoid smoking.
- Look after your body – eat well and exercise to relax and tire the body.
- Ensure you get out for at least 15 minutes during the day to help regulate your body clock through daylight.
- Make sure your bedroom environment is dark, your bed is comfortable and your room is the right temperature.
- Remember bed is for sleep and sexual activity only – avoid work and other forms of activity in bed and the bedroom.
- Avoid daytime or evening napping in bed, on sofas and armchairs.
- Plan and adopt a good bedtime routine.
- Plan and prepare where you will go and what you will do if you wake up in the night.
- Practice relaxation and imagery/visual storytelling in the day for use when needed at bedtime.

### Stimulus control and sleep scheduling

- Strengthen your bed-sleep connection by making sure you use your bed only for sleeping and sexual activity.
- Ensure your bed is not associated with negative feelings, such as frustration or anxiety or with work or other activity.
- Avoid clock watching and remove unhelpful triggers that lead to negative thinking and judgement of your sleep.
- Persist with your new sleep schedule for at least seven days, including the weekend.
- Only go to bed at or after your Going to Bed Time and when you actually feel sleepy.
- If you're unable to sleep, get up after 15 to 30 minutes.
- Go to a dimly lit room, engage in non-arousing activity such as listening to calm music and/or have a warm milky drink.
- Repeat the steps above should you wake several times in the night.
- Set an alarm to ensure you rise at your Getting Up Time regardless of how much sleep you've had.
- Once you've established a consistent sleep pattern, adjust your sleep window by 15 minutes each night for a week.

### Your thinking and sleep

- Reduce attention and focus on sleep in general.
- Use the Closing The Day technique to empty your mind before bedtime.
- Prepare and practice imagery and visual storytelling during the day for use at bedtime.
- Practice Thought Stopping during the day and use this technique at bedtime.
- Practice acceptance of being awake and resist efforts to force sleep.
- Use the Sleep Thought Diary to counter negative and catastrophic thinking and generate helpful ways of responding.

## Assessing progress

Progress is rarely a smooth process. If it was, you probably wouldn't need to be reading this right now! However, to make progress, it's helpful to get a picture of your current position with regards to your sleep. You can then use this information to go forward and make improvements.

### EXERCISE

#### My Sleep Diary

Use your Sleep Diary and notebook to make a note of what's gone well over the last few weeks, what you need to do to maintain this progress and any areas that need improvement. You may find that you're sleeping consistently most nights and want to keep this going or you may find your sleep quality is lower when you have had a drink.

Decide what you need to do to preserve the gains you've made and any decisions you need to make to get an improvement in a specific area. You'll find that some areas are trickier than others and you might actively dislike some parts of the programme. This is normal but we would urge you to tolerate this discomfort so you can give yourself the opportunity of becoming a good sleeper.

We're hoping you'll see a relationship between the changes you've been making and the progress you have made. It's important to take the opportunity to credit yourself for your hard work and persistence as well as pinpoint areas that need more work.

## Responding to setbacks

Everyone experiences setbacks and slip-ups in different areas of life – it's not a matter of if things will go awry but when. Expecting some obstacles on your road to good sleep is realistic. After all, you live in the real world with real world challenges just like everyone else.

You can be reassured, however, that if you do suffer a setback or have a number of bad nights, you're not coming from the same place as before. You now have some things you can control, such as your environment and mindset, as well as new knowledge you can apply.

As the saying goes – it's not the falling down but how you pick yourself up that counts. This is also true of your efforts to gain good sleeping skills. Talk to yourself as you would someone you wished the best for, where you too delight in their progress and encourage rather than bully them to take the next best step they can.

In CBT treatment, there is always a session on Relapse Prevention. Essentially, this is where you take control by working out where your risk of setbacks might occur and what pre-emptive action you can take to minimise any damage to your progress.

### EXERCISE

#### My Relapse Prevention Plan

Write your Relapse Prevention Plan in your notebook, using the following points as a guide. This way you are already ahead of the game in terms of having a specific plan you can action if a slip-up occurs.

- Adopt a proactive approach to your sleep and wellbeing – check in weekly to monitor progress and ensure you are on track and set goals in areas that need improvement.
- Revisit and re-read this programme using it as a form of 'booster' if you suffer a setback.
- Expect lapses (slip-ups) as they are part of the path to progress.
- A slip-up (one bad night) does not mean a return to full insomnia – be mindful of the impact of your thinking.
- Setbacks are a necessary part of learning (you slip up then take corrective action).
- Brainstorm and write in your notebook high-risk situations (those that might disrupt or impair your sleep, such as travel or illness).
- Problem solve and write down what you will do to manage these high-risk situations should they occur.
- Think about and write down any signs and symptoms of deterioration in your sleep.
- Think about and write down what you can do (strategies) to get back on track with sleep.

# A final word

We've come to the end of the programme and, for most of you, the path to becoming a good sleeper will continue. It's likely that you found some modules more difficult than others and some aspects of what we have covered not relevant to your situation.

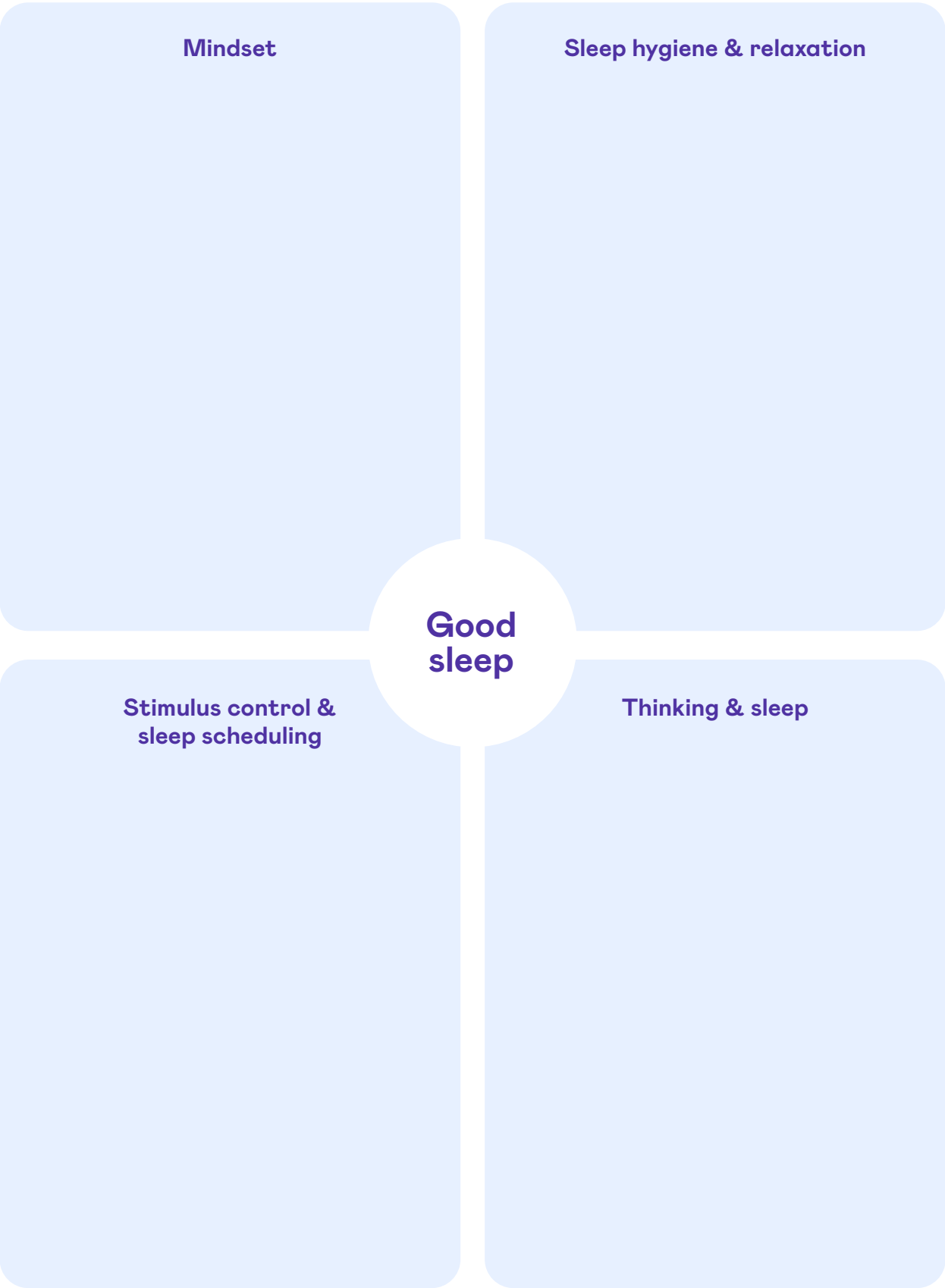
Improving sleep will take time and persistence so don't be disheartened if you're still struggling. Hopefully, you'll begin to notice improvements to your general wellbeing as well as your sleep. Continue to monitor your sleep quality and quantity weekly, making adjustments to your sleep window until such time as your new sleep pattern is consistent and reliable.

If your sleep problems persist despite your best efforts, it may be time to speak to a medical professional who can offer further support. [Good Thinking](#) also provides apps, articles, podcasts and other content to help you get better sleep. There is help available so please don't struggle alone.

**Finally, a very big 'well done' from us! We wish you continued success in improving your sleep.**



# My Good Sleep Plan



Sleep Diary

- Complete your diary first thing in the morning, ideally within an hour of getting up.
- Write to the nearest 10 minutes if possible.
- Count alcohol in units (small glass of wine = 1.6 units, regular bottle of beer = 1.3 units, one measure of spirits = 1 unit).

Week beginning:							
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Time I woke up							
Time I got up							
Time I went to bed							
Time I put the light out							
Time I took to fall asleep							
How many times I woke in the night							
How long I was awake during the night							
How long I slept in total							
How many units of alcohol I had last night							
How many sleeping pills I took last night							
Sleep quality							
The quality of my sleep last night (rated 1 to 5) where: 1 = very poor 5 = very good							
How rested I feel this morning (rated 1 to 5) where: 1 = very poor 5 = very good							

Sleep Thought Diary

- Use this form to identify how you think and feel about your sleep problem.
  - Make some time to do this when you feel well but as near to the event as possible.
  - Try to be objective and accurate – as if you're looking at this from someone else's perspective.
- Use the facts and information about sleep to come up with a helpful alternative way of viewing the situation.
  - Make some copies of this form to use as you progress through the programme.

How I feel when I think this way				
A more helpful, accurate and balanced way of looking at this				
How I feel when I have this thought/worry				
Negative thoughts/worries about sleep and sleep problems				

## Notes

