Sleep 101

Psychoeducational Course

DEPARTMENT OF PSYCHIATRY
OCHSNER HEALTH

Psychoeducational Course Structure

Psychoeducational course

- Not psychotherapy group, crisis management, case management, etc.

4 sessions via Zoom

- Each session will have an agenda, topic, skill, and practice assignment

Participation

- Patients will participate via polls and chat
- Course leader will do their best to address questions in the chat

Goals & Expectations

GOALS

- Understand sleep structure and processes
- Learn strategies to improve quality of sleep, including healthy and helpful behaviors and attitudes

EXPECTATIONS

- Attend sessions
- Engage in respectful behavior towards course leader and other patients
- Practice skills outside of course

Informed Consent

Psychoeducation. The courses are educational in design and purpose, and do not provide individual therapy or group therapy. In these psychoeducational group courses, the facilitator will present scientific and theoretical material that may be applicable to a variety of life circumstances and problems. Psychotherapy services are entirely distinct and separate from the psychoeducational group experience.

Confidentiality. All information about participants in the course will be kept confidential within Ochsner Health. There are exceptions to confidentiality that are required by law. We have a duty to report if you are a danger to yourself or someone else, or that a dependent child or adult is being abused or neglected. You can view Ochsner's privacy policies online: https://www.ochsner.org/patients-visitors/privacy- policies/ochsner-privacy-policy.

Confidentiality of Other Attendees. With full understanding of the need for confidentiality for all attendees, you accept the following: (1) You will not disclose personal information about other attendees to anyone outside of the course; (2) any activity between attendees outside of the course is solely based on the choice of these attendees and is not the responsibility of the facilitator.

Respect for Dignity and Safety. You are expected to treat other attendees and the facilitator with respect for their dignity and safety. Intimidation and threats to any attendees or the facilitator will not be tolerated. The course facilitator reserves the right to terminate any attendee's participation in the course for violating these rules.

Limitations. These psychoeducation courses are not built to manage high-risk conditions or crises (i.e., substance abuse, psychosis, severe cognitive issues, suicidal or homicidal ideation, non-suicidal self-injury, etc.). Please do not contact your course facilitator for help in a high-risk or crisis situation. If you have an immediate and severe crisis, please call 911 or go to an emergency department or urgent care.

Sleep 101 Curriculum

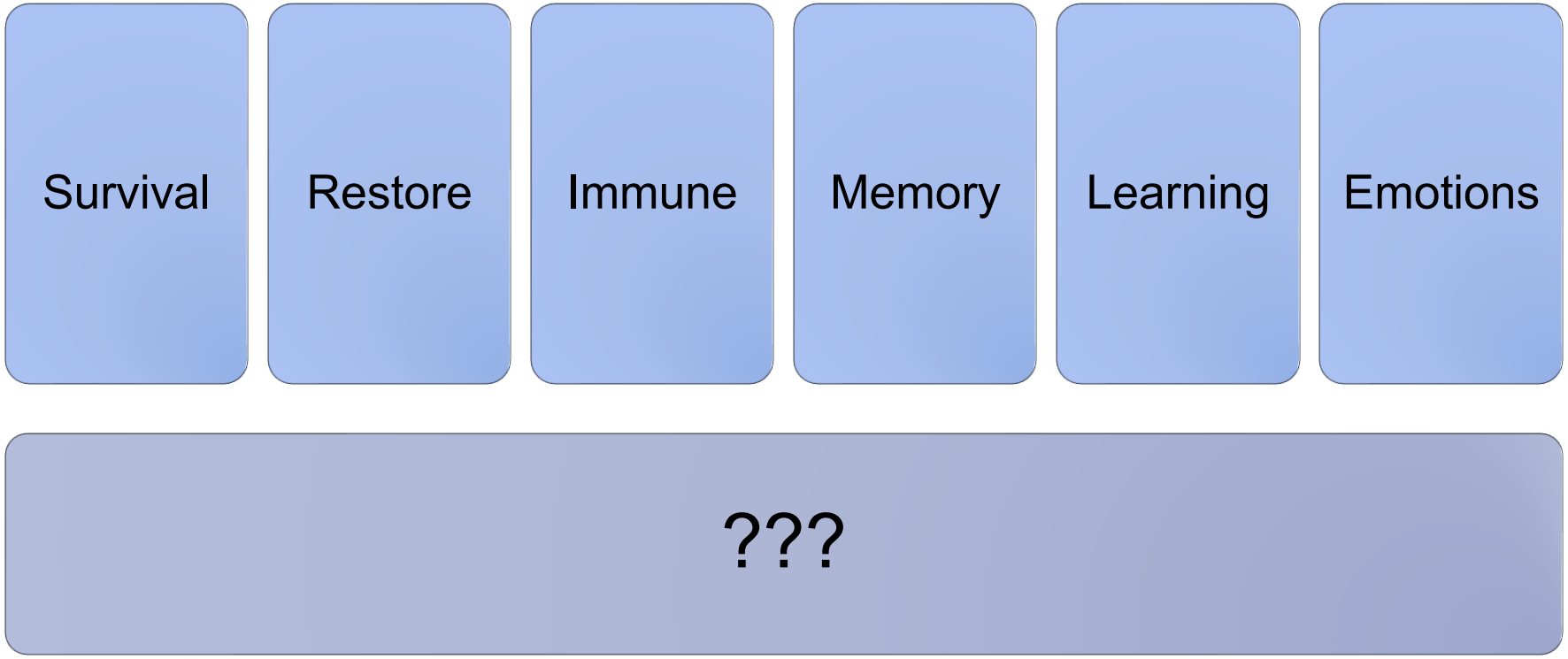
Session	Content
Session 1	Sleep Basics Sleep Diary
Session 2	Stimulus Control, Sleep Compression, Sleep Hygiene
Session 3	Relaxation
Session 4	Helpful Thinking, Treatment Summary, Maintenance Plan, & Graduation!

Session 1

Session 1 Agenda

1. Basic Concepts about Sleep
2. Sleep Medications
3. Sleep Diary

WHY DO WE SLEEP?



Sleep is implicated in our...

PHYSICAL HEALTH	MENTAL HEALTH
Weight Management (Beccuti & Pannain, 2011)	Depression (Ford & Cooper-Patrick, 2001)
Insulin Regulation (Bopparaju & Surani, 2010)	Bipolar Disorder
Increased Cortisol Levels	Seasonal Affective Disorder
Cardiovascular Disease (Nayyab, Razia & Chaudhry, 2017)	Anxiety (Mellman, 2008)
Inflammation	

Sleep is implicated in our...

COGNITION	SAFETY & FUNCTIONING
Alertness, Focus, & Attention	Driving Accidents
Memory Consolidation	Reduced Productivity
Cognitive Maintenance	Decreased Athletic Performance
Emotion Regulation	

Stages of Sleep

N1 Light transitional sleep (5%)

- “Drifting off” and relaxed

N2 Light sleep (50%)

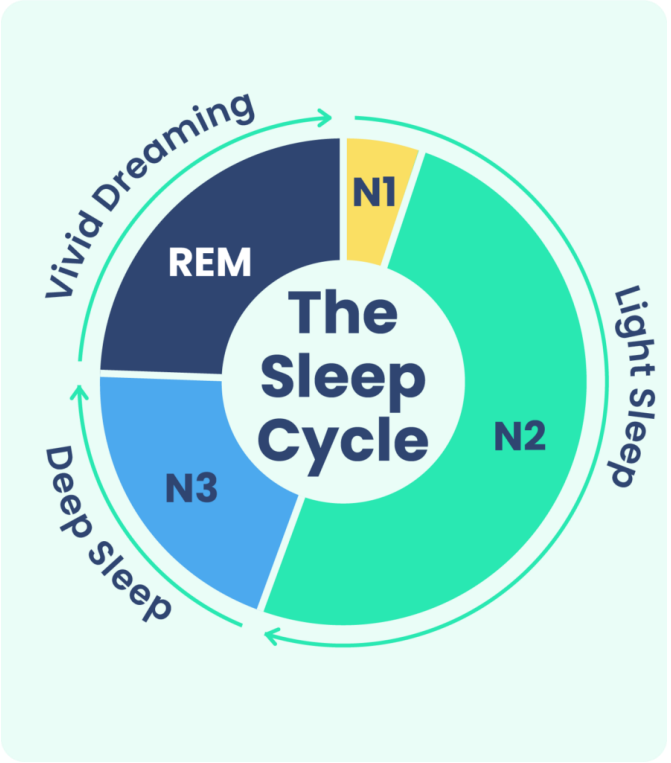
- Body is calmer and cooler

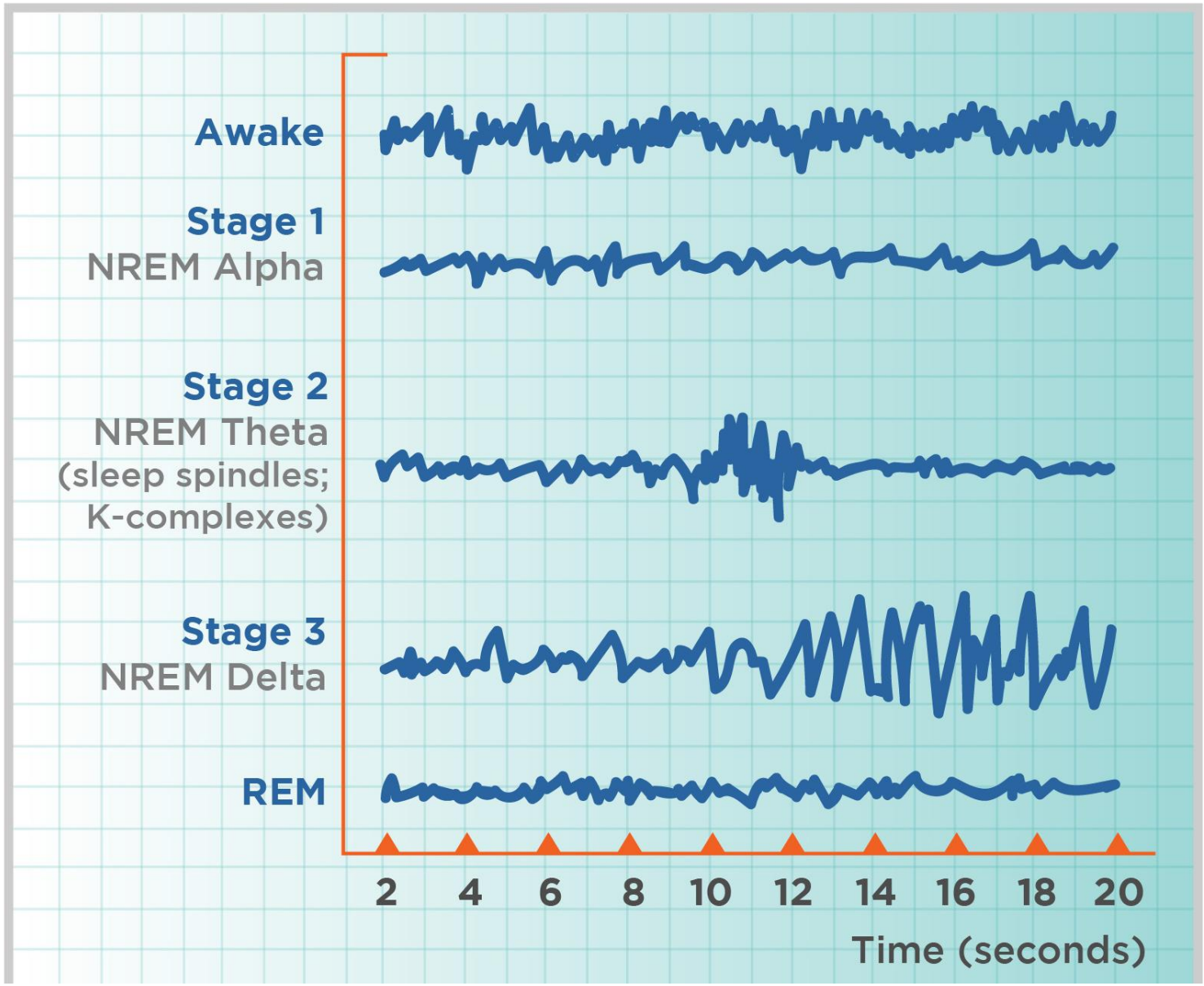
N3 Deep sleep (20%)

- Heart and brain wave activity are lowest; hardest to wake people from this stage

REM Dream sleep (25%)

- Heart and brain wave activity increases; muscles are quiet and unable to move





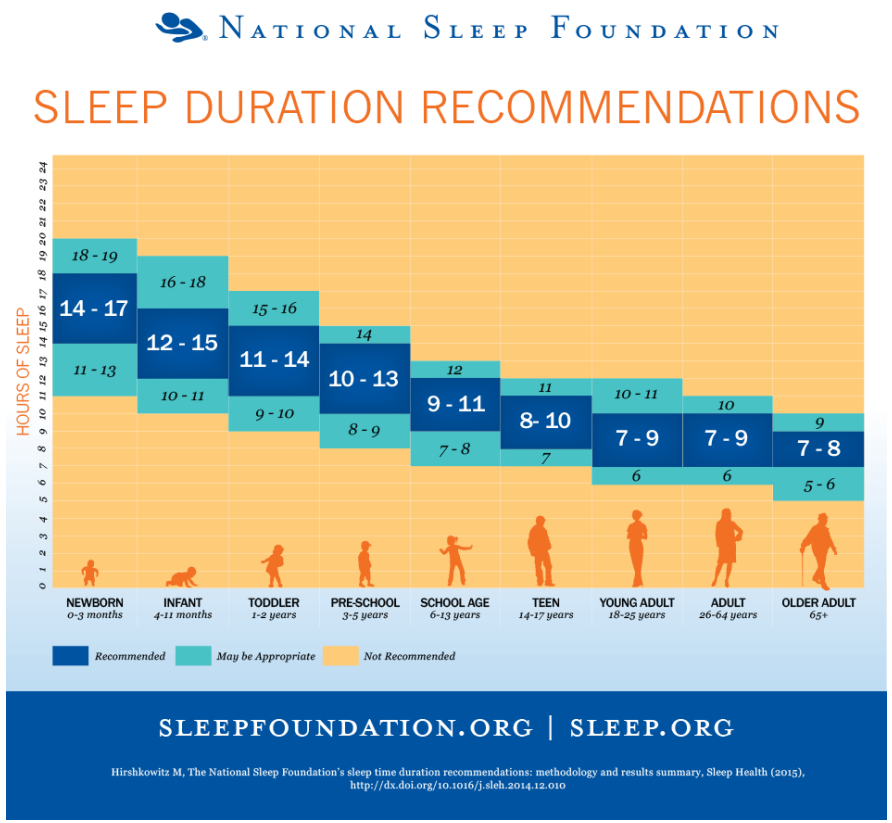
Sleep Stages & Cycles

Sleep Cycles



Photo Credit: NeuroAthletics

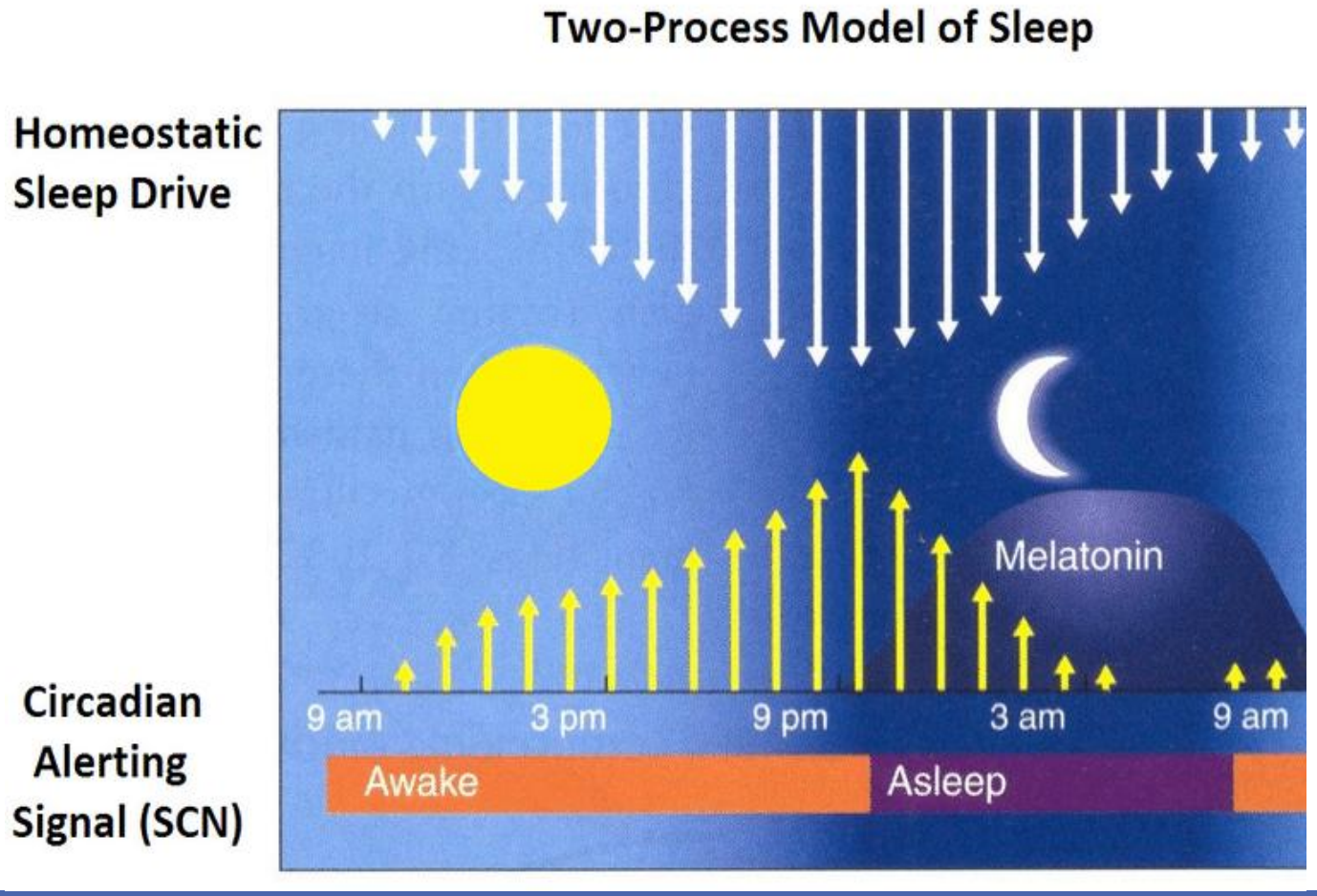
Changes in Sleep as We Age



Our sleep naturally declines and becomes lighter as we get older. Most American adults sleep less than 7-8 hours each night.

Even if we cannot sleep like we did when we were younger, it does not necessarily mean there is a problem!

Sleep Drive



Sleep Drive = Need for Sleep

Our sleep debt gets higher as we are awake during the day

We need to increase our sleep drive to facilitate sleep

If our sleep is poor one night, it will increase our sleep drive for the next night!

Which is worse for you...

Sleeping too little
Or
Sleeping too much?

Effects of Oversleeping

- Type 2 diabetes
- Heart disease
- Obesity
- Depression
- Headaches
- Greater risk of dying from a medical condition

Sleep deprivation

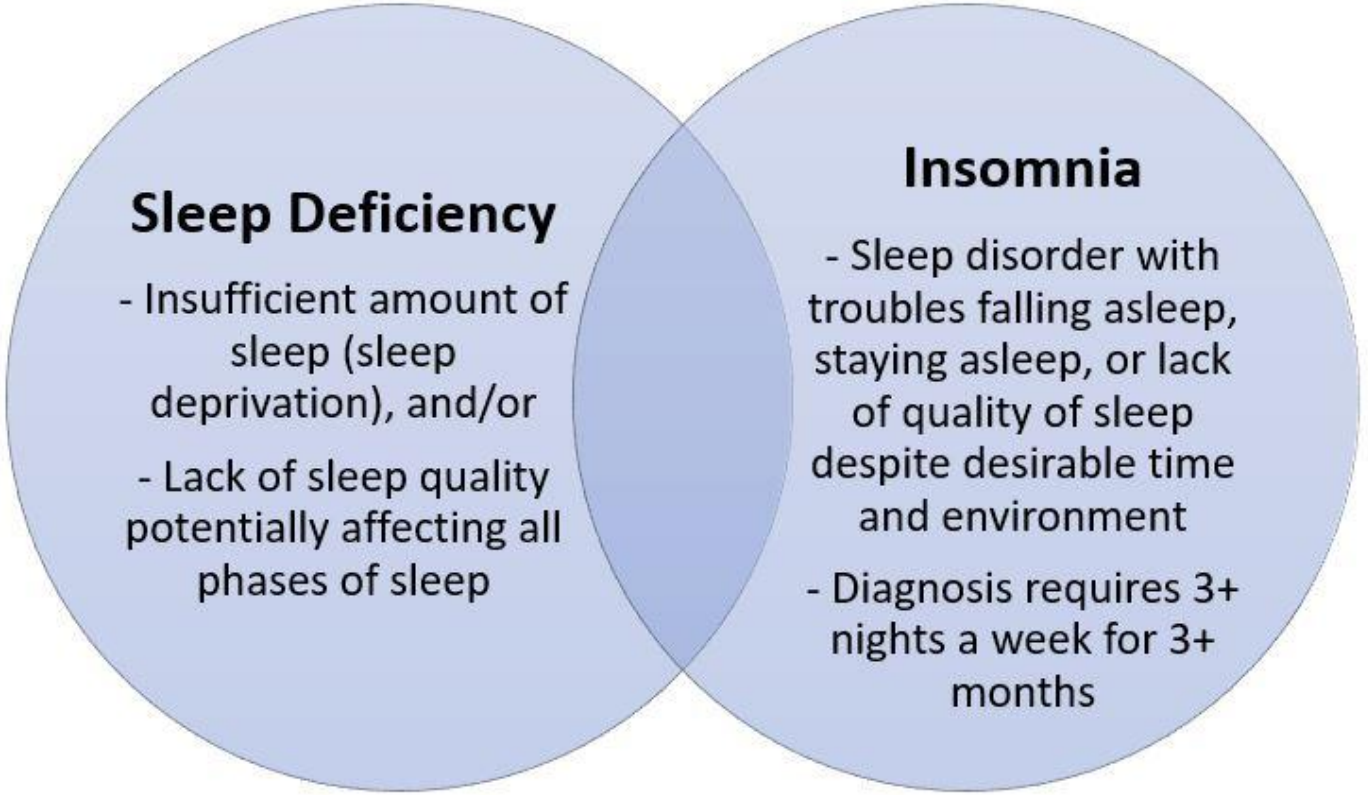
Acute effects

- Difficulty concentrating
- Low Mood
- Impaired learning and memory
- fatigue

Chronic effects

- Poor performance (work/athletic/etc)
- cognitive impairment
- Increased risk of neurodegenerative disease

Insomnia

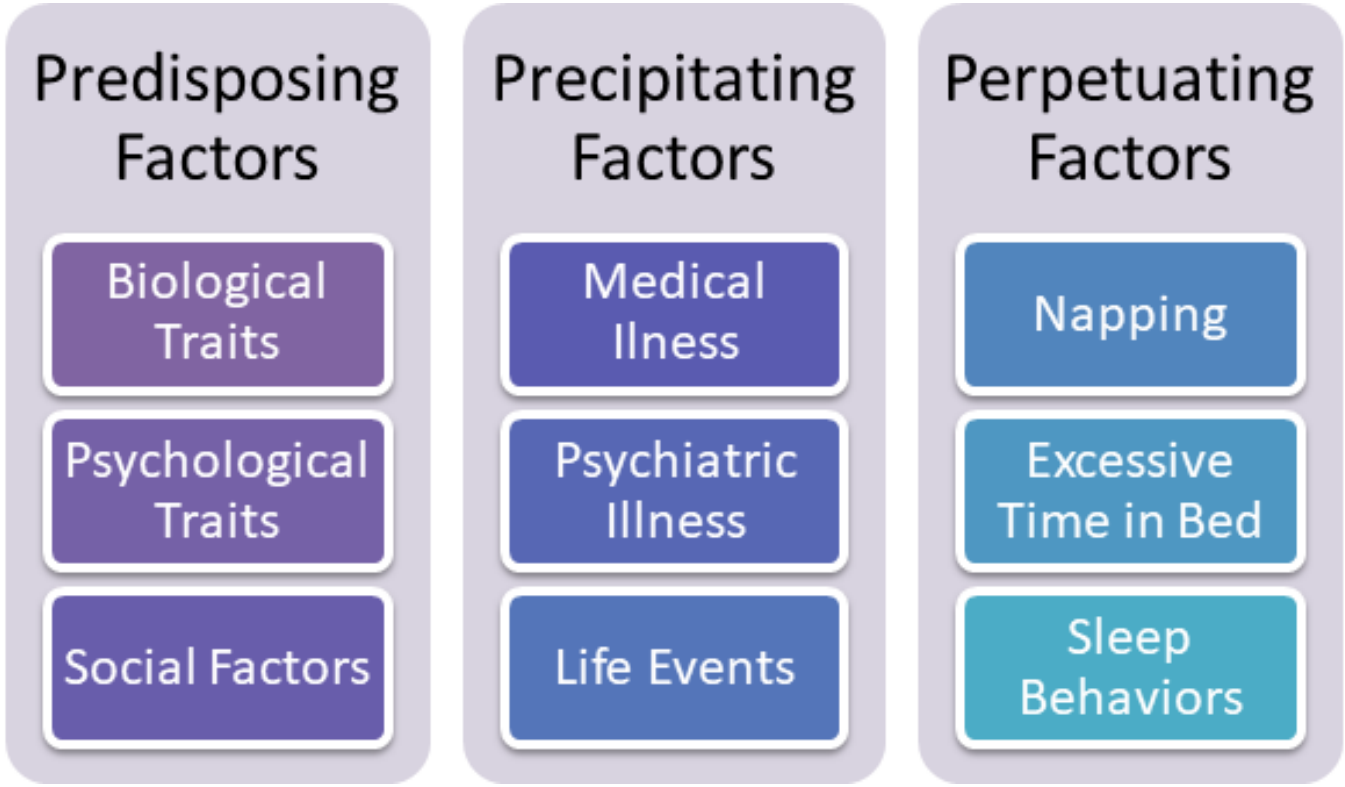


This course is designed to help any patient improve sleep, regardless of whether you meet full criteria for Insomnia!

Insomnia

3"P" Model of Insomnia

- The 3P Model of Insomnia, three sets of factors:
  - **P**redisposing (risks)
  - **P**recipitating (events)
  - **P**erpetuating (reinforcers)



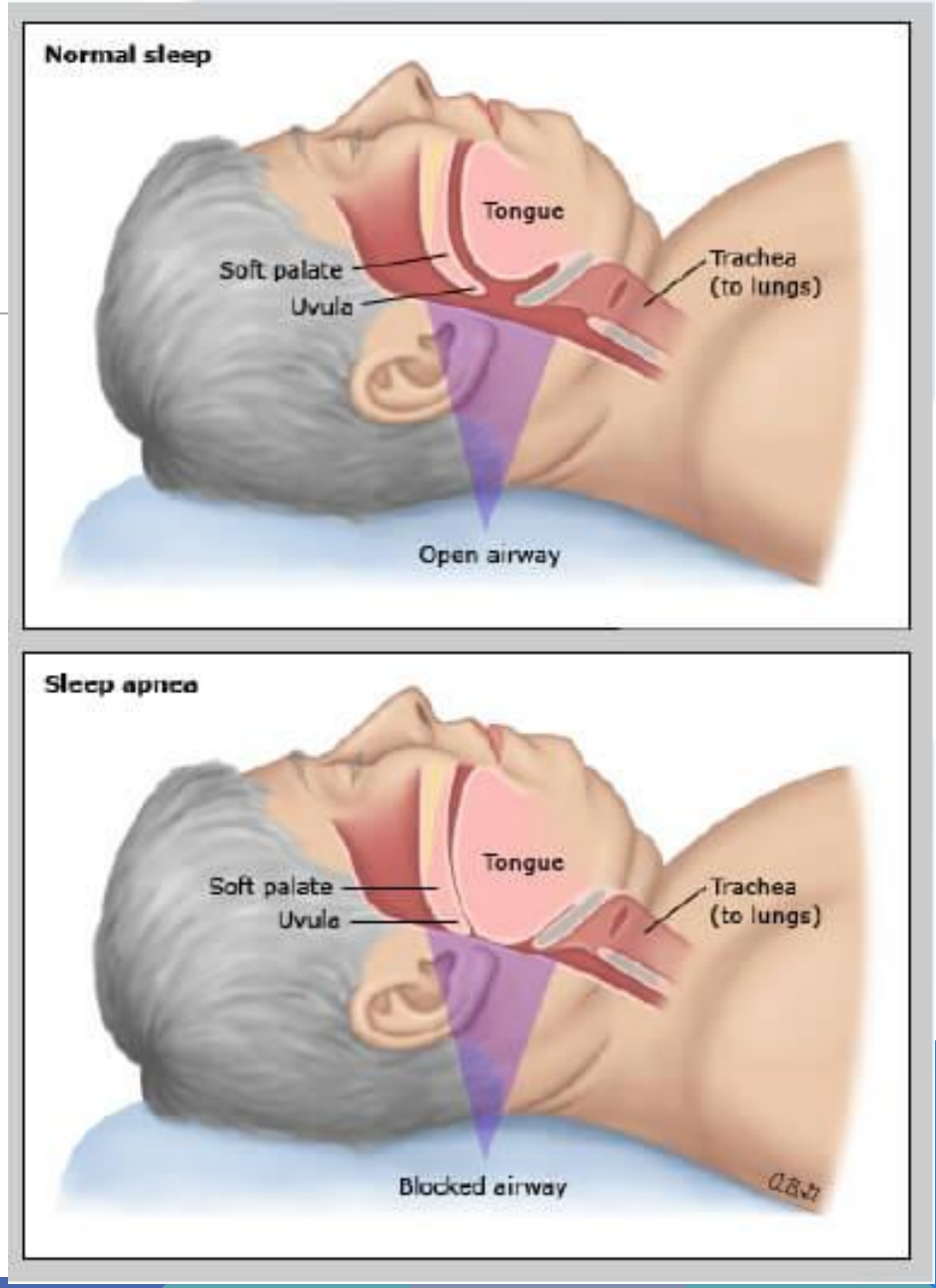
Sleep Apnea

Definition

- Sleep Apnea = a sleep-related breathing condition where your breathing stops and starts many times while you are asleep.

Causes of Sleep Apnea (SA)

- **Obstructive SA** is related to blockage of the upper airways by soft tissues (such as the tongue and soft palate)
- **Central SA** is when the part of the brain the controls breathing is not working properly



Sleep Medications



Potential Risks of Sleep Aids:

- Lingering next-day effects
- Confusion or loss of coordination
- Abnormal behavior
- Allergic reaction
- Drug interaction
- Worsening of other conditions (depression, sleep apnea)
- Many can be habit-forming

Sleep aids are recommended for **short-term use** as directed by a prescribing provider.

CBTi is the Gold Standard!

CBTi is Cognitive Behavioral Therapy for Insomnia

This course is not the same as a CBTi treatment program, but uses strategies from CBTi to help patients improve sleep

The American College of Physicians recommends that all adult patients receive CBTi as a first-line approach. In some patients, CBTi is more effective than medications.

CBTi has helped 70-80% of patients recover from insomnia

Some patients will improve after this course, but others may wish to pursue CBTi. We will discuss resources in Session 4!

Practice Assignment for Session 1

Purpose of the Sleep Diary:

- Determine your current sleep pattern
- Gather data for future strategies
- Track progress throughout this course

Please fill out the Sleep Diary **every day within two hours** of getting out of bed. Please do not attend to times or numbers while you are sleeping. You can make your best guess when you complete it in the morning.

Daily Sleep Diary

	04/05/18							
Did you nap or doze yesterday? In total how long did you nap or doze?	30 minutes							
What time did you get into bed yesterday?	10:15 pm							
What time did you try to go to sleep?	11:30 pm							
How long did it take you to fall asleep?	55 min.							
How many times did you wake up, not counting your final awakening?	3 times for 1 hour							
What time was your final awakening?	6:30 am							
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What time did you get out of bed for the day?	7:20 am							
How would you rate the quality of your sleep?	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good
Comments	I have a cold							

What are your sleep goals?

Session 2

Session 2 Agenda

1. Review Sleep Diary
2. Stimulus Control
3. Sleep Compression
4. Sleep Hygiene

Daily Sleep Diary

	04/05/18							
Did you nap or doze yesterday? In total how long did you nap or doze?	30 minutes							
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Comments	I have a cold							

We will discuss this later! Ideally we avoid naps unless needed

Ideally these times are as similar as possible

We want to reduce this time to under 30 min

We want to reduce this time

Ideally these times are as similar as possible

Ideally this is fair to very good; however, it is natural to have poor and very poor sleep occasionally!

What is Stimulus Control?



The kitchen is a positive stimulus for eating and drinking

Our minds automatically think of food and drinks when we enter the kitchen

Therefore, the kitchen automatically stimulates hunger and thirst

You do not tend to get hungry and thirsty when entering the bathroom – because it is not a cue for food and drinks like the kitchen!

What Do You Do in Bed?

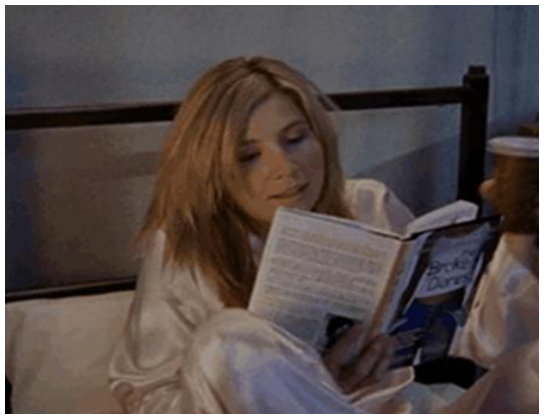
Do you ever work, watch TV, eat, read, or play on your phone/laptop/tablet in the bed or bedroom?

- A) Yes… is that bad?
- B) No, the bedroom is a sanctuary!









Has your bed become a cue for wakefulness?

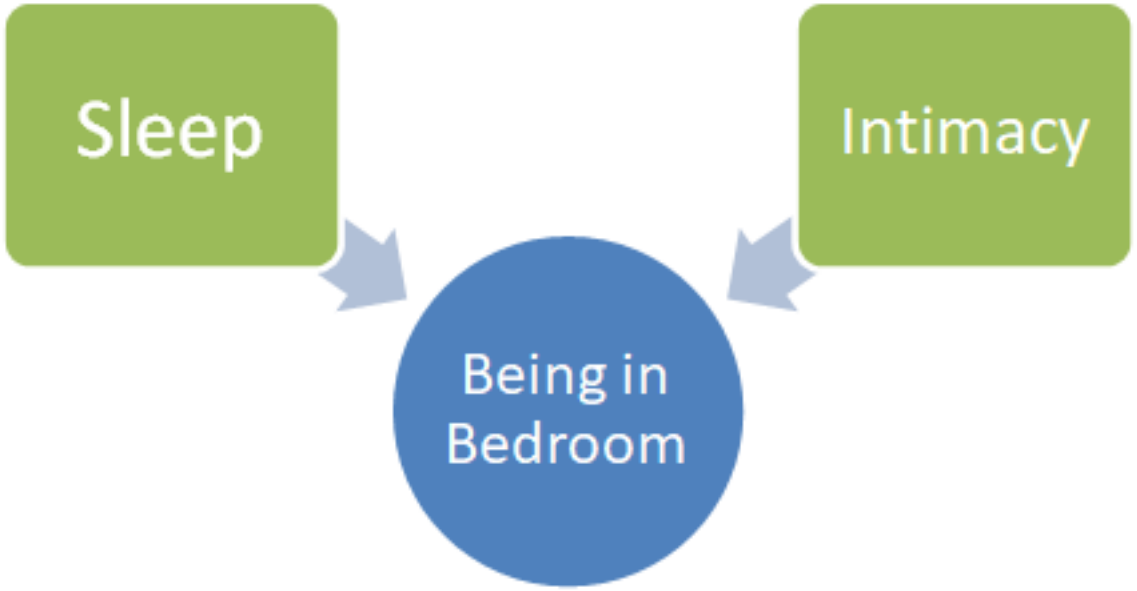


If you answered “Yes” to the following question, your bed may be a **negative stimulus** for sleep

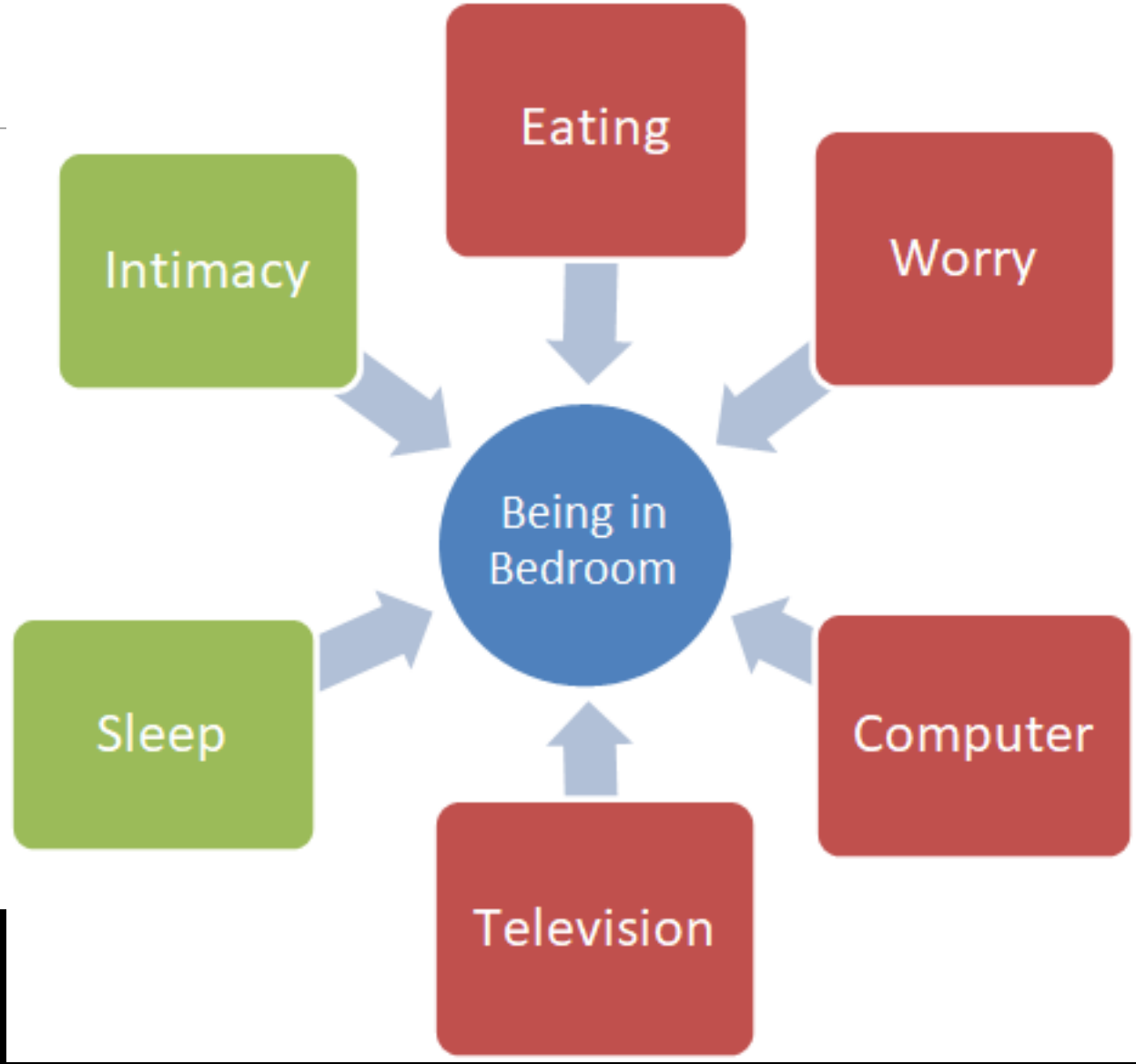
When this happens, it is much more likely for you to be alert and awake in bed

It will be important to re-train your mind to see your bed as a positive stimulus for sleep!

Stimulus Control

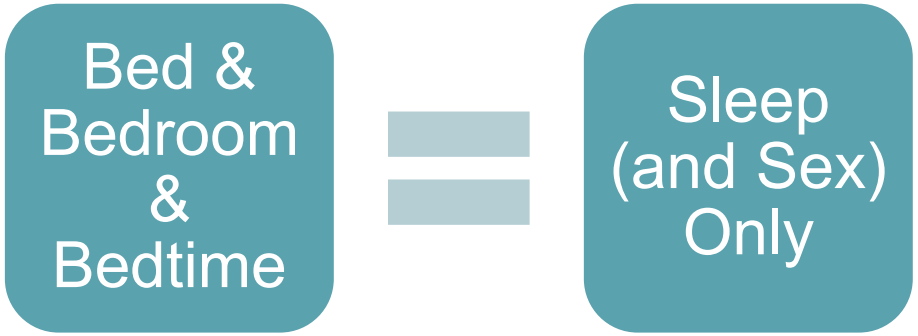


Stimulus Dyscontrol



Stimulus Control Theory

Stimulus Control for Sleep



- Only go to bed when sleepy. Do not try to fall asleep
- Avoid any behavior in the bed or bedroom other than sleep or sexual activity
- Leave the bedroom if awake for more than 15 minutes
- Return to bed only when sleepy

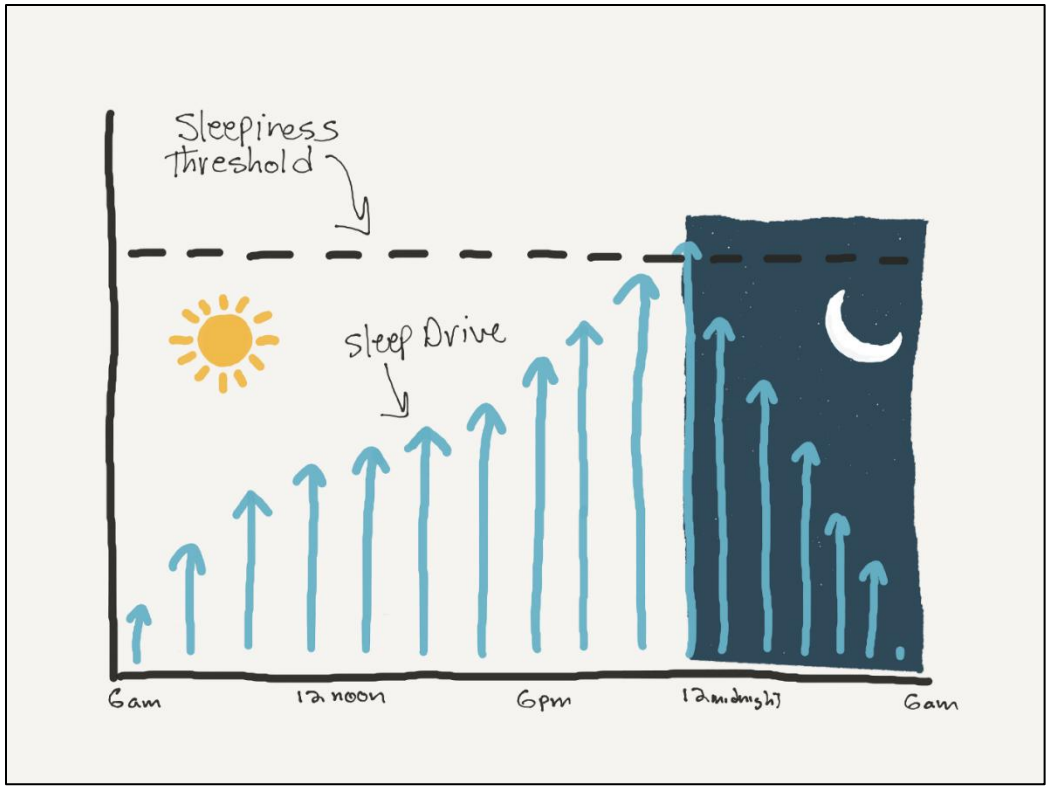
Sleep Compression

Delay your bedtime by 30 minutes for one week at a time

The goal is to increase the sleep drive by staying awake longer

Continue doing this until your sleep has improved

Build your new bedtime based on when you want to wake up and get out of bed



Sleep Compression

Example of baseline sleep:

- Bedtime: 10:00 PM
- Wake time: 6:00 AM
- 6.5 hours of sleep
- 8 hours in bed

Example of sleep compression, week 1:

- New bedtime: 10:30 PM
- Wake time: 6:00 AM

Your bedtime would not return to 10:00 PM until you are sleeping well from 10:30 PM to 6:00 AM

If you continue to have disrupted sleep that week, delay your bedtime 30 more minutes

Example of sleep compression, week 2:

- New Bedtime: 11:00 PM
- Wake time: 6:00 AM

Sleep Compression

When should my new bedtime and wake time be?

Bedtime

- What time do I typically go to bed? _____
- Add 30 minutes to create your new bedtime: _____

Wake time

- What time do I want to get out of bed? _____
- Make sure your alarm is set for this time!

Sleep Hygiene

Sleep hygiene strategies help to promote better sleep

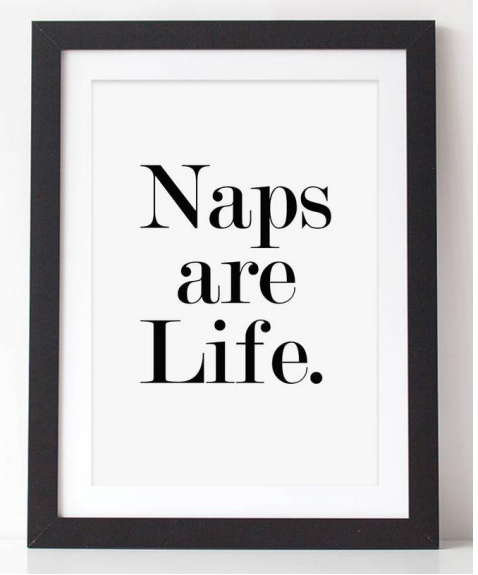
We'll address the following areas:

- Naps
- Clocks
- Sleep Environment
- Exercise
- Baths/showers
- Eating and drinking
- Alcohol, caffeine, and nicotine
- Wind-down routine
- Bedtime thinking

Naps

Do you take naps?

- A) Yes
- B) No





Napping weakens your sleep drive!

If you must nap due to sleepiness, limit it to 15 minutes. That is all that is needed to reduce drowsiness.

If you can power through to your bedtime, that is the best strategy.

Clocks

Do you look at your clock during the night?

- A) Yes, I am a clock-watcher!
- B) No, I don't look at the time during the night.



Looking at the clock can stimulate wakefulness and thought production in the night

The arousal strengthens the wake drive and weakens the sleep drive

Sleep Environment

Make sure your bedroom is comfortable with very little light and noise.

Make sure your bedroom is at a comfortable temperature during the night. We sleep better when our body temperature is low!







Exercise

What is better to do?

- A) Get an extra hour of sleep.
- B) Wake up to exercise instead of sleeping extra!



Exercise may be more valuable than sleep. You can make up sleep, but you cannot make up exercise.

Exercise increases the sleep drive!

Avoid vigorous exercise four hours prior to bedtime because it can be activating and increase body temperature.

Baths and Showers

A warm bath or shower can improve sleep by causing body temperature to rise and fall. It can also reduce muscle tension and promote relaxation! It should be taken one to two hours before bedtime.



Eating and Drinking



Do not eat a heavy meal four hours before bedtime, as it can lead to reflux and indigestion.

Cut off liquids a few hours before bed to avoid frequent awakenings for bathroom trips.

Do not eat in the middle of the night!

If you are very hungry prior to bedtime, the best snack to choose is a healthy carbohydrate.

Alcohol, Caffeine, and Nicotine



Alcohol can help you fall asleep, but it prevents you from staying asleep. When alcohol is eliminated from your body, it causes more awakenings in the night. This can prevent us from reaching the deep, refreshing stages of sleep.

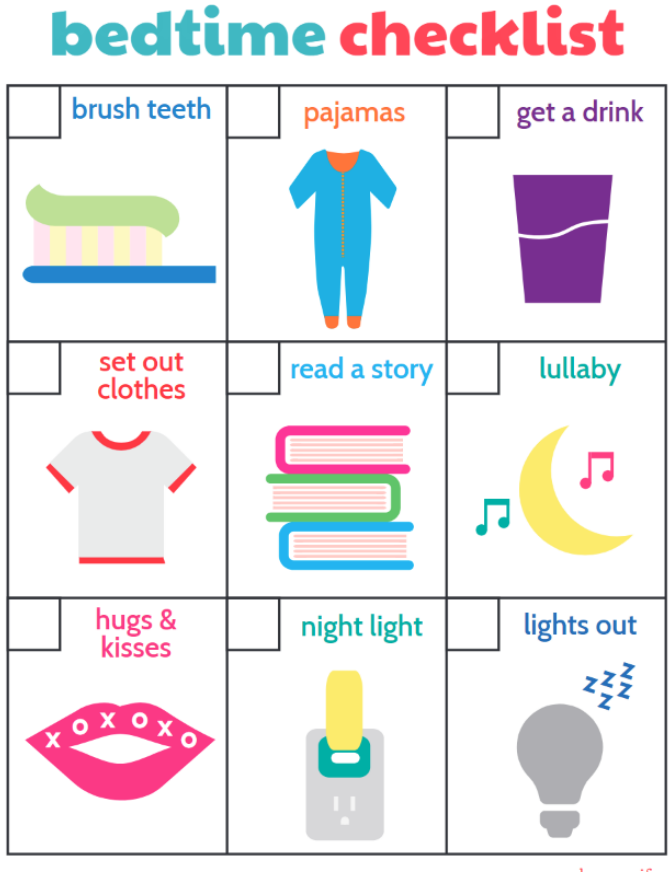


Caffeine can stay in your system for up to 12 hours! We suggest for people to limit caffeine 12 hours before bedtime to avoid weakening the sleep drive.



Nicotine is a stimulant! It is only relaxing to smoke cigarettes because it reduces tension of withdrawal. It should be avoided at least two hours before bedtime.

Wind-down routine



Do the same routine every night. Use the same relaxing routine every night in the hour before bedtime. This will get your brain into the habit of expecting sleep to follow. Be sure to choose activities that are calming and relaxing.

Examples: Calm breathing, Relaxation, Relaxing music, Light reading, Meditation, Prayer, Journal, Prepare clothes or meals for the next day

Thinking/Worry Hour



Set a time in the evening to think about your day.

- Write what you did that day.
- Write down any concerns or worries from the day.
- Anticipate what might come to mind in bed and write it down.
- Write a to-do list for tomorrow.

At bedtime remind yourself you have already dealt with thoughts, worries, and concerns.

If new thoughts arise, leave the bedroom and write them down.

Constructive Worry Log

CONCERNS	SOLUTIONS
Electric Bill is due	1) Will send in my payment tomorrow
I have a presentation next week	1) Worry about it tomorrow
Air Conditioner in the car is broken	1) Ask my partner to take the car in 2) Make a weekend appointment

Practice Assignment for Session 2

Fill out the Sleep Diary every day within 2 hours of awakening
- Next page

Practice Stimulus Control

Implement Sleep Compression
- New bedtime: _____
- Wake time: _____

Attend to Sleep Hygiene

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Comments	I have a cold							

Session 3

Session 3 Agenda

1. Review Sleep Diary
2. Review Stimulus Control, Sleep Compression, and Sleep Hygiene
3. Relaxation

Daily Sleep Diary

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Comments	I have a cold							

Did you avoid naps over the last week?

Did you stick to your bedtime?

Did you notice any changes?

Did you feel less concerned with awakenings?

Did you set an alarm and get up at your wake time?

What was the quality of your sleep this past week?

Arousal and Sleep

- Arousal is a wake-promoting factor
- Arousal is a survival mechanism
- Arousal can mask sleepiness

Stress and Relaxation

Stress Response

The stress response makes us feel more alert and triggers arousal and physiological changes (such as quicker breathing, increased heart rate)

Relaxation Response

The relaxation response can help us turn down the stress response

We can calm the mind, relax the body, and help ourselves reduce arousal and stress

Diaphragmatic Breathing

Diaphragmatic breathing (also called belly breathing) engages the large muscle at the base of the lungs. Not only can this exercise reduce stress and increase relaxation, it can also strengthen the diaphragm and increase the efficiency of our breathing. Here's how to try diaphragmatic breathing:

1. While lying down, place one hand on your upper chest and the other hand at the top of your belly, right below your rib cage. Your hands will help to make sure that you're only breathing through your belly during this exercise.
2. Breathe in through the nose so your belly pushes against your hand. Your other hand and your chest should remain as still as possible.
3. While continuing to keep your chest still, tighten your stomach muscles and exhale through pursed lips (the way you might hold your lips when you whistle).
4. Repeat this process.

Because many of us aren't used to engaging our diaphragm when we breathe, this exercise may take some practice. Try starting with just a few minutes of diaphragmatic breathing when you get into bed, then gradually increase the time to maximize benefits.

4-7-8 Breathing

This slightly more advanced breathing technique helps control the speed of your breath. This may not be the best option if you're uncomfortable holding your breath, but it's generally considered safe and easy. Here's how it works:

1. Place the tip of your tongue on the roof of your mouth, right behind your front teeth (you'll keep it here for the entire exercise).
2. Inhale through your nose for 4 seconds.
3. Hold your breath for a count of 7 seconds.
4. Exhale through your mouth for 8 seconds, allowing your exhale to make a natural sound like you're blowing out a candle.

Just like other breathing exercises, start with practicing this technique for a few minutes before bed. As you get used to the pace, feel free to increase the time you spend practicing 4-7-8 breathing.

Visualization and Imagery

Another way to engage the body's natural relaxation response is to use visualization exercises. These techniques rely on using mental images to create a sense of well-being in the body, which can reduce stress and help you fall asleep.

Identify positive, calming scenes that you can visualize in your mind. Use all of your senses to vividly write about your calm scene.

Or use guided imagery exercises that walk you through a peaceful scene!

Body Scan Meditation

Body scans are a type of meditation that feature a slow, focused attention to different parts of the body. Once you're lying comfortably in bed, try these steps for a relaxing body scan:

1. Start by taking a few deep breaths, perhaps trying diaphragmatic or 4-7-8 breathing, to get your body into a relaxed state.
2. Bring your attention to your feet, noticing any sensations in your toes and if you're holding any tension in this part of the body.
3. If you notice discomfort here, acknowledge it and try to let go of any thoughts of stories you have. Visualize the tension leaving the body through the breath.
4. When you're ready, move your focus to your calf muscles, repeating the process of noticing sensations, letting go of thoughts or stories, and visualizing the tension leaving through your breath.
5. Methodically move your attention to each part of your body, one-by one, moving from your feet to your forehead until you've scanned your entire body.

Progressive Muscle Relaxation

Progressive muscle relaxation is based on the idea that it's hard to be tense when your muscles are relaxed. This exercise is performed by methodically tensing and relaxing 16 different muscle groups, one by one.

First, write down all of the muscle groups or make an audio recording of yourself saying each one, giving about 45 seconds in between each group to allow yourself enough time to get through the process. The muscle groups are: hands, wrists and forearms, biceps, shoulders, forehead, around the eyes and nose, cheeks and jaw, around the mouth, back of the neck, front of the neck, chest, back, stomach, hips and buttocks, thighs, and lower legs.

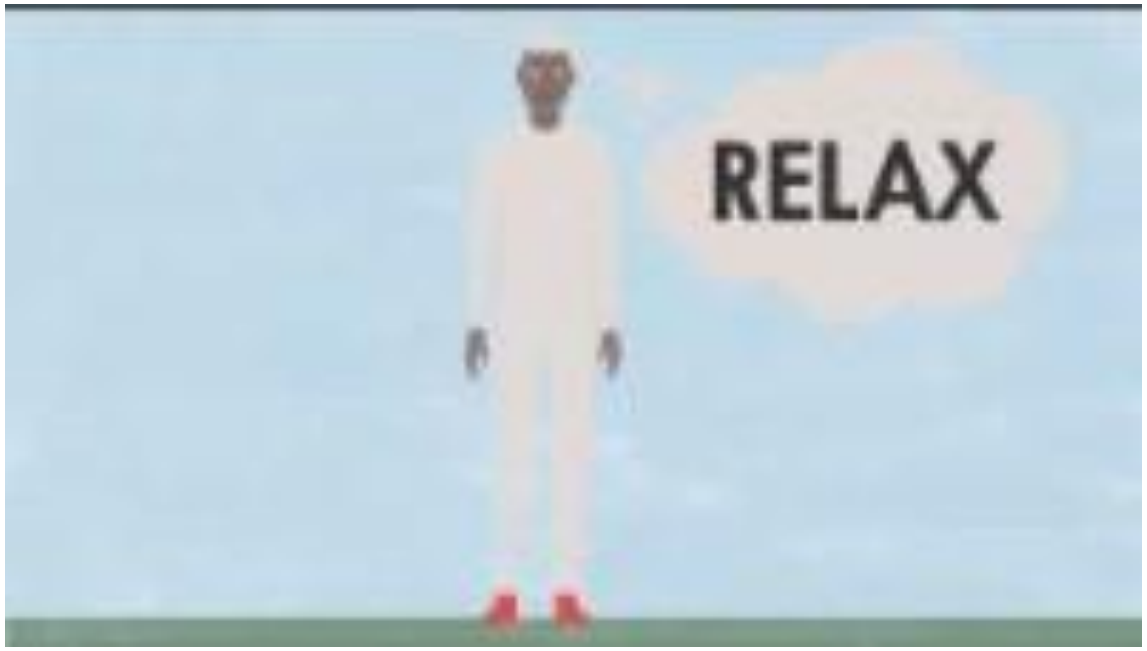
Once you're ready, lie down in bed and try the technique:

1. Breathe in and tense the first group of muscles for 5-10 seconds.
2. Breathe out and quickly relax the muscles in that group.
3. Stay relaxed for 10-20 seconds before moving to the next muscle group.

Repeat this process until you've gone through all 16 muscle groups. Once you've finished, focus on keeping all of the muscle groups relaxed as you drift off to sleep.

Paired Muscle Relaxation

- Practice in a quiet place
- Breathe in for 5-10 seconds while tensing muscles
- Breathe out for 7 seconds while slowly relaxing muscle tension. Think of “relax” or “calm”
- Observe sensations for 10-15 seconds before moving to the next muscle group



Daily Sleep Diary

	04/05/18							
Did you nap or doze yesterday? In total how long did you nap or doze?	30 minutes							
What time did you get into bed yesterday?	10:15 pm							
What time did you try to go to sleep?	11:30 pm							
How long did it take you to fall asleep?	55 min.							
How many times did you wake up, not counting your final awakening?	3 times for 1 hour							
What time was your final awakening?	6:30 am							
Did you wake up earlier than you desired? How much earlier?	30 min. (my alarm is set for 7:00 am)							
What time did you get out of bed for the day?	7:20 am							
How would you rate the quality of your sleep?	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good
Comments	I have a cold							

Practice Assignment for Session 3

Fill out the Sleep Diary every day within 2 hours of awakening
- Next page

Practice Stimulus Control

Implement Sleep Compression
- New bedtime: _____
- Wake time: _____

Attend to Sleep Hygiene

Practice Relaxation 2 times each day for 10 minutes each

Session 4 (Last Session)

Session 4 Agenda

1. Review Sleep Diary
2. Review Stimulus Control, Sleep Compression, and Sleep Hygiene
3. Review Relaxation
4. Helpful Thinking
5. End Sleep 101!

Daily Sleep Diary

	04/05/18							
Did you nap or doze yesterday? In total how long did you nap or doze?	30 minutes							
What time did you get into bed yesterday?	10:15 pm							
What time did you try to go to sleep?	11:30 pm							
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What time was your final awakening?	6:30 am							
Did you wake up earlier than you desired? How much earlier?	30 min. (my alarm is set for 7:00 am)							
What time did you get out of bed for the day?	7:20 am							
How would you rate the quality of your sleep?	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good	◻ Very poor ◻ Poor ◻ Fair ◻ Good ◻ Very Good
Comments	I have a cold							

Did you avoid naps over the last week?

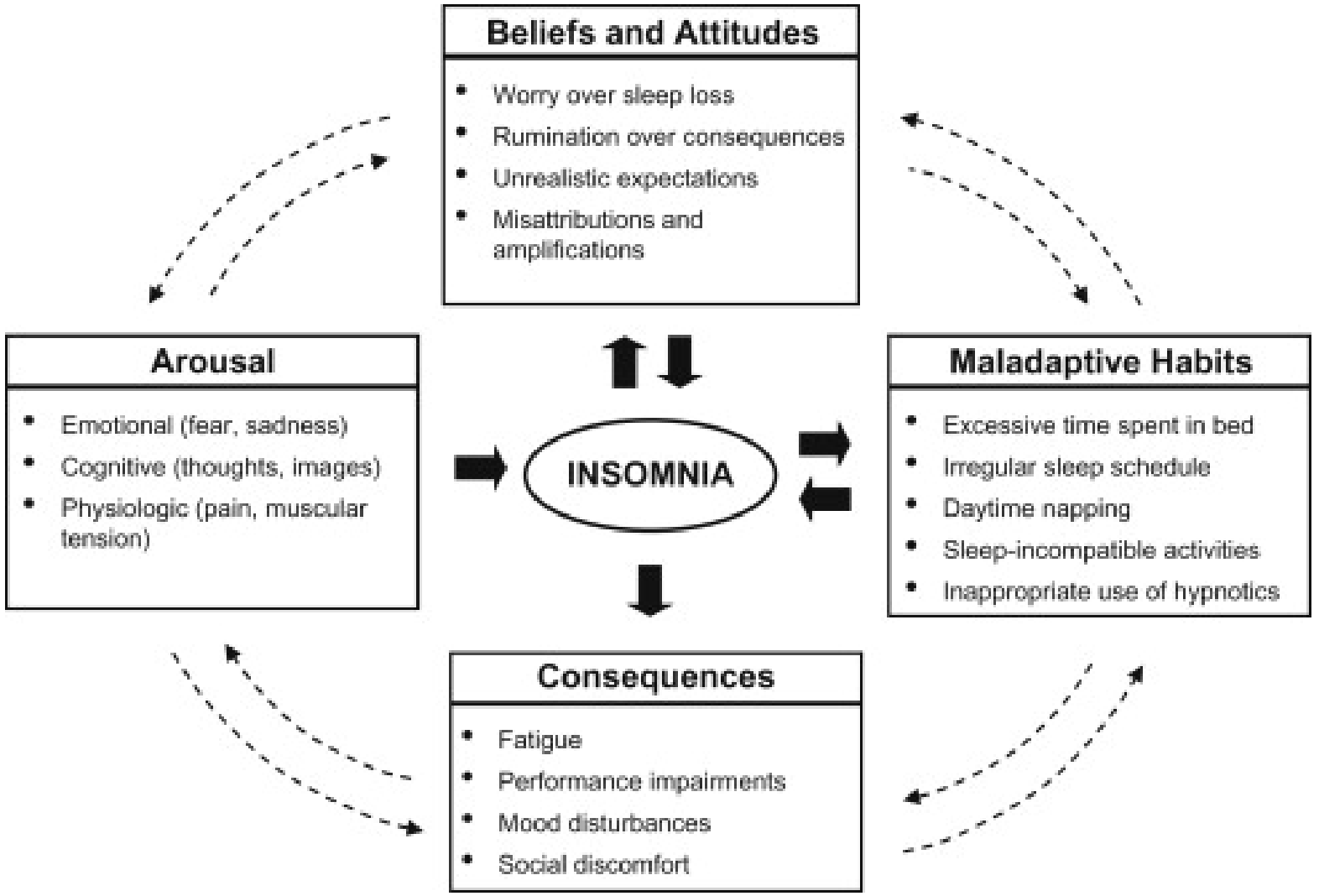
Did you stick to your bedtime?

Did you notice any changes?

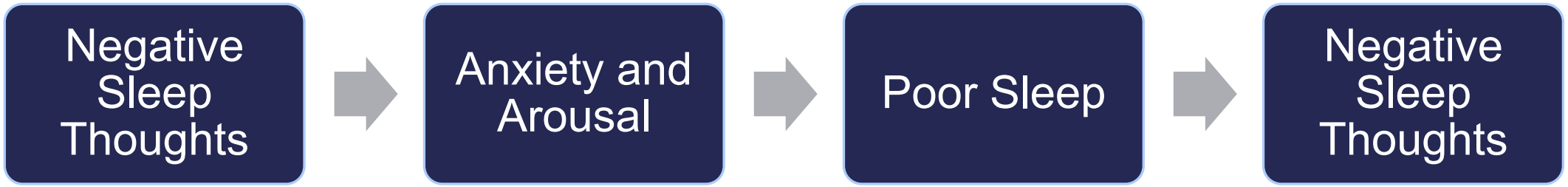
Did you feel less concerned with awakenings?

Did you set an alarm and get up at your wake time?

What was the quality of your sleep this past week?


Beliefs and Attitudes
Worry over sleep loss
Rumination over consequences
Unrealistic expectations
Misattributions and amplifications
Arousal
Emotional (fear, sadness)
Cognitive (thoughts, images)
Physiologic (pain, muscular tension)
INSOMNIA
Maladaptive Habits
Excessive time spent in bed
Irregular sleep schedule
Daytime napping
Sleep-incompatible activities
Inappropriate use of hypnotics
Consequences
Fatigue
Performance impairments
Mood disturbances
Social discomfort

Negative Sleep Thoughts



Negative Sleep Thoughts

Common Unhelpful Thinking Patterns	Examples of NSTs
All or nothing thinking	“Either I have a good night with 8 hours or I’m shot.”
Over-generalizing	“I will always have sleep problems.” “I never get good sleep.”
Fortune-telling	“I’m not going to sleep well tonight.” “Tomorrow is going to be terrible if I don’t sleep well.”
Emotional reasoning	“I can’t get good sleep.” “If I don’t sleep well, I’ll have to skip the party.”
Magnification	“When I have poor sleep, the whole day is ruined.”
Minimization	“5 or 6 hours of sleep isn’t worth anything.”
Critical words	“I should be getting more sleep.”

Challenge NSTs!

Here are questions you can use to challenge NSTs:

1. What facts show this thought is true? Is there any real evidence?
2. What facts show this thought is not actually true 100% of the time?
3. Is this thought extreme or exaggerated?
4. Is this thought POSSIBLE or LIKELY?
5. What would I tell a loved one or best friend if they had this thought?

Facts About Sleep

Most Adults Sleep Less Than 7-8 Hours

Quality Over Quantity

Core Sleep

We Underestimate Our Sleep

Positive Effects of Helpful Sleep Thoughts

Replace NSTs with Helpful Thinking!

- I am learning strategies that have been scientifically proven to improve sleep
- If I do sleep poorly, it will help me sleep better by increasing my sleep drive
- If I feel tired, I can help myself feel more energetic by doing a stimulating activity
- If I feel sleepy, I can take a short 15-minute nap
- If I feel cranky, I can take a quick time out and relax
- I cannot actually predict how the day will turn out. I can do my best to find moments of happiness even though I'm tired right now
- This is another challenge that I will figure out and face
- If not tonight, then tomorrow night



Let's Review…

SLEEP 101

Sleep 101 Review

Information about Sleep: Enhancing the sleep drive and adhering to the circadian clock helps me sleep more effectively

Stimulus Control: Ensuring my bed is cued for sleep will help me sleep better

Sleep Compression: Delaying my bedtime will help me increase my sleep drive and sleep better

Sleep Hygiene: Sticking to healthy sleep routines and environment will optimize sleep

Relaxation: Relaxation strategies help me activate the relaxation response and counter the stress response

Helpful Thinking: Identifying and challenging NSTs decreases stress and negative stimulus control. I can challenge NSTs and promote helpful thoughts

Future Plans

	Review Materials	Sleep Diary	Stimulus Control	Sleep Compression	Sleep Hygiene	Relaxation	Helpful & Positive Thinking
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8							

Other Resources

Path to Better Sleep: https://www.veterantraining.va.gov/sleep/index.asp

Cleveland Clinic CBTi: https://shop.clevelandclinicwellness.com/products/go-to-sleep-online

CBT-i: https://www.cbtforinsomnia.com/

Books:

- Say Goodnight to Insomnia (2009, Gregg Jacobs, PhD)
- Hello Sleep: The Science and Art of Overcoming Insomnia Without Medications (2023, Jade Wu, PhD)

Congratulations!