

# SELF-HELP WORKBOOK for SLEEP 

## TABLEf CONTENTS

Sleep Basics

CBT-i
Sleep Hygiene

Sleep Rules
Reduce Anxiety
My Plan for Better Sleep
Sleep Log

## INTRQDUCTION sleep basics

Quality sleep is pivotal to optimal functioning, health, and wellness. When we don't get enough of the deep, restorative sleep our minds and bodies need, we can struggle psychologically and physiologically. Among other problems, inadequate sleep can lead to trouble with memory \& focus, mood \& energy, and recovery from illness \& injuries. Although temporary sleep disruptions are a normal part of life, when these disruptions persist beyond a few weeks, the consequences can snowball. Taking steps to reverse this cycle before too long is important and can be highly effective.

The "3P" model - which stands for "predisposing, precipitating, and perpetuating" factors - illustrates how insomnia starts and progresses over time. First, some people are more predisposed to developing insomnia than others due to hereditary factors, just like some people are more predisposed to heart disease or depression. Second, an acute stressor - perhaps a wedding, new puppy, death of a loved one, or difficult work project - tends to trigger a bout of insomnia. Good and bad stressors alike can contribute. Lastly, a variety of perpetuating factors - behaviors in which a person engages - can prolong and exacerbate an episode of insomnia. Although some of these behaviors (e.g., naps, extra caffeine consumption, sleep medications) are natural responses that can even help in the short-term, over the long-term they worsen one's sleep pattern. It is this third " $P$ " on which most recommended sleep strategies are based.

## CBT-IT <br> that <br> ump

## Did you know?



Cognitive Behavioral strategies for insomnia (CBT-i) are considered the first-line, gold standard treatment for insomnia.

- CBT-i helps about 80\% of people
- It is more effective and longer-lasting than sleep medications
- There is no risk of dependency/addiction, and the side effects are minimal
- For most people, it starts to work within weeks

Three categories of CBT-i strategies for improved sleep are reviewed next. Many of the tips included in this workbook (e.g., "Sleep Hygiene") are recommended for everyone. Other sections are especially geared toward those struggling with insomnia. If you believe you fall into the latter category, you should consult with a medical professional to rule out other potential causes of your sleep-related symptoms (e.g., obstructive sleep apnea, narcolepsy), as these conditions may require other interventions, such as medical devices or prescription medications. Consider completing a week's worth of sleep logs to show your provider at your appointment. A blank sleep log is included at the end of this workbook. A modifiable worksheet ("My Plan for Better Sleep") is also included to help you get on the path to more restful nights and vibrant days.

## SLEEP HYGIENE ow hanging



Although this "ingredient" is less potent than other sleep-enhancing interventions for the average person, it is typically easier to implement and thus comes at very low "cost." For those who have poor sleep hygiene practices, making a few easy changes can lead to a world of difference when it comes to sleep quality.

- Minimize screen time (e.g., phone, computer, tablet, television) the last hour before bed; use a blue light blocker or "night mode" setting on electronic devices.
- Avoid caffeine at least 6-8 hours before bed; beware of sneaky culprits like chocolate, tea, and medications (e.g., Excedrin).
- Avoid nicotine (a sleep-disrupting stimulant), especially before bedtime.
- Do not use sleep medicines for longer than two weeks; they carry significant risks and side effects and can lead to rebound insomnia when discontinued.
- Exercise routinely, but not too close (<3 hours) to bedtime.
- Mind your sleep environment: keep it adequately cool, quiet, dark, and comfortable; get rid of nuisance bedpartners (e.g., cats) when possible.
- Bathe or shower within 2 hours of bedtime to promote sleepiness.
- Do not nap, or keep it short and early in the day.
- Stay regular with your sleep schedule, at least until your sleep normalizes.
- Food for thought: light bedtime snacks are fine, but heavy or spicy foods - or too much liquid late in the evening - can sabotage your sleep.
- Don't watch the clock!


## 02.

## SLEEPRULES

"Stimulus control" is used to promote relaxation in the sleep environment. By training your brain to associate the bedroom with sleep, rather than frustration and wakefulness, performance anxiety related to sleep typically improves, followed by more restful nights.

1. Go to bed only when sleepy.
2. Get out of bed at the same time every morning; don't try to "catch up" on weekends!
3. Get out of bed anytime you have been awake more than about 20-30 minutes (estimate without looking at a clock). Go to a different room and engage in a low-key activity such as folding laundry, knitting, or reading. Return to bed again once you notice sleepy signs (e.g., heavy eyelids) or if about 20 minutes have passed, whichever comes first.
4. Use the bedroom for sleep and sex only (i.e., no screen time, work, reading in bed).

## 03.

Reduce sleep-related anxiety by practicing relaxation techniques to calm the mind and body. Try out a few options to see what works best for you.


## REDUCE ANXIETY <br> hind-body techniques

## Wind Down Routine

Spend the last hour before bed engaging in restful and relaxing activities. This might include preparing tomorrow's lunch, stretching, brushing teeth, and reading a book.

## Deep Breathing



Take a slow, deep inhale through your nose, allowing your belly to rise as your lungs fill with air. Pause for a moment, then slowly exhale through your mouth, noticing your belly fall as the air leaves your body. Repeat for a few minutes.

## REDUCEANXIETY <br> Mind-bolly techniques

## Helpful Mantras

Overly catastrophic sleep-related thoughts are common during restless nights. These thoughts are counterproductive, however, making it even harder to fall asleep. Combat unhelpful narratives with healthier, balanced thoughts, like, "Even if I have a rough night, I'll get through the day tomorrow," "I've functioned after a bad night of sleep before and I can do it again," or "The more active I am tomorrow, the more easily I'll fall asleep tomorrow night."

## Guided Imagery

Find a quiet, comfortable position and connect with your breath. With eyes closed, picture yourself in a soothing, peaceful location - perhaps a place you've visited or seen in a postcard or movie. Harness each of your five senses to imagine what you would see, hear, smell, taste, and touch.

To promote healthy sleep habits, I will do the following now:

- Avoid caffeine after lunch
- Minimize alcohol intake
- Avoid nicotine, especially 1-2 hours before bed
- Schedule exercise 3+ hours before bedtime
- Make improvements to ensure my bedroom is adequately cool, dark, quiet, \& comfortable. I will make the following changes:
- Avoid excess fluids before bedtime: I will stop drinking fluids after $\qquad$ PM.

If I start struggling with quantity/quality of sleep, I will do the following:

- I will use my bed for sleep and sex only (no TV, phone scrolling, etc.)
- I will unwind for the last hour before bedtime by doing the following:
- I will set a consistent, reasonable bedtime and wake time and stick to within 30 minutes of each.
- Bedtime will be no earlier than: $\qquad$ (or later if I'm not yet sleepy)
- Wake time will be: $\qquad$ (even if I stayed up late last night)
- I will get out of bed if I can't fall asleep (or fall back to sleep) within about 20 minutes (though I won't watch the clock!). I'll return to bed only when another 20 minutes has passed or I feel sleepy - whichever comes first.
- When I get out of bed in the middle of the night, l'll do the following low-key activities:
- I will make a "to do" or "worry" list well before bedtime, at $\qquad$ o'clock, and will use that time to problem-solve any concerns.

Complete one column each morning summarizing sleep from the night before. Use a sleep log to collect data for your provider or to track your sleep progress over time as you implement CBT-i strategies.

| Date | Sample |  |  |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Bedtime <br> (lights out) | 11:00p |  |  |  |  |  |  |  |
| Fell asleep @ | $12: 15 \mathrm{a}$ |  |  |  |  |  |  |  |
| Final morning <br> wake time | $7: 15 \mathrm{a}$ |  |  |  |  |  |  |  |
| \# times <br> awake in <br> night | 3 |  |  |  |  |  |  |  |
| Total hours <br> awake in <br> night | 2.5 |  |  |  |  |  |  |  |
| Total hours <br> slept last <br> night | 4.5 |  |  |  |  |  |  |  |
| Caffeine <br> yesterday? | 1 cola @ noon |  |  |  |  |  |  |  |
| Alcohol <br> yesterday? | N |  |  |  |  |  |  |  |
| Medications <br> yesterday? | N |  |  |  |  |  |  |  |
| Exercise <br> yesterday? | Jog @ 5 pm |  |  |  |  |  |  |  |
| Other notes | Phone rang <br> @ 2 am |  |  |  |  |  |  |  |

This self-help workbook is for educational purposes only. For more information regarding use of information from this website, please refer to full disclaimer available at hswellnessconsultants.com

