

CBT-Insomnia

Your Path to Better Sleep

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Registered Occupational Therapist



Group Details

6 Sessions:

Tuesdays 1:30 p.m. - 3:00 p.m.

October 4, 11, 18, 25,

November 1, 15

No session November 8

Session 1 Agenda

Welcome

Group Function and Guidelines

Overview of the Sleep Better Program

Introduction to CBT and Insomnia

Review of Sleep Diary

At Home Practice : Sleep Diary; Set a Rise Time; Deep Breathing

Group Function



Group discussion is very much encouraged, please respect confidentiality and those sharing



We welcome questions at any time during sessions



Bathrooms are beside the front entrance



For some there are some difficult experiences connected to sleep struggles, consider your support plan if you need one



Masking and food policy

Introductions

Your name

One word to describe your sleep right now

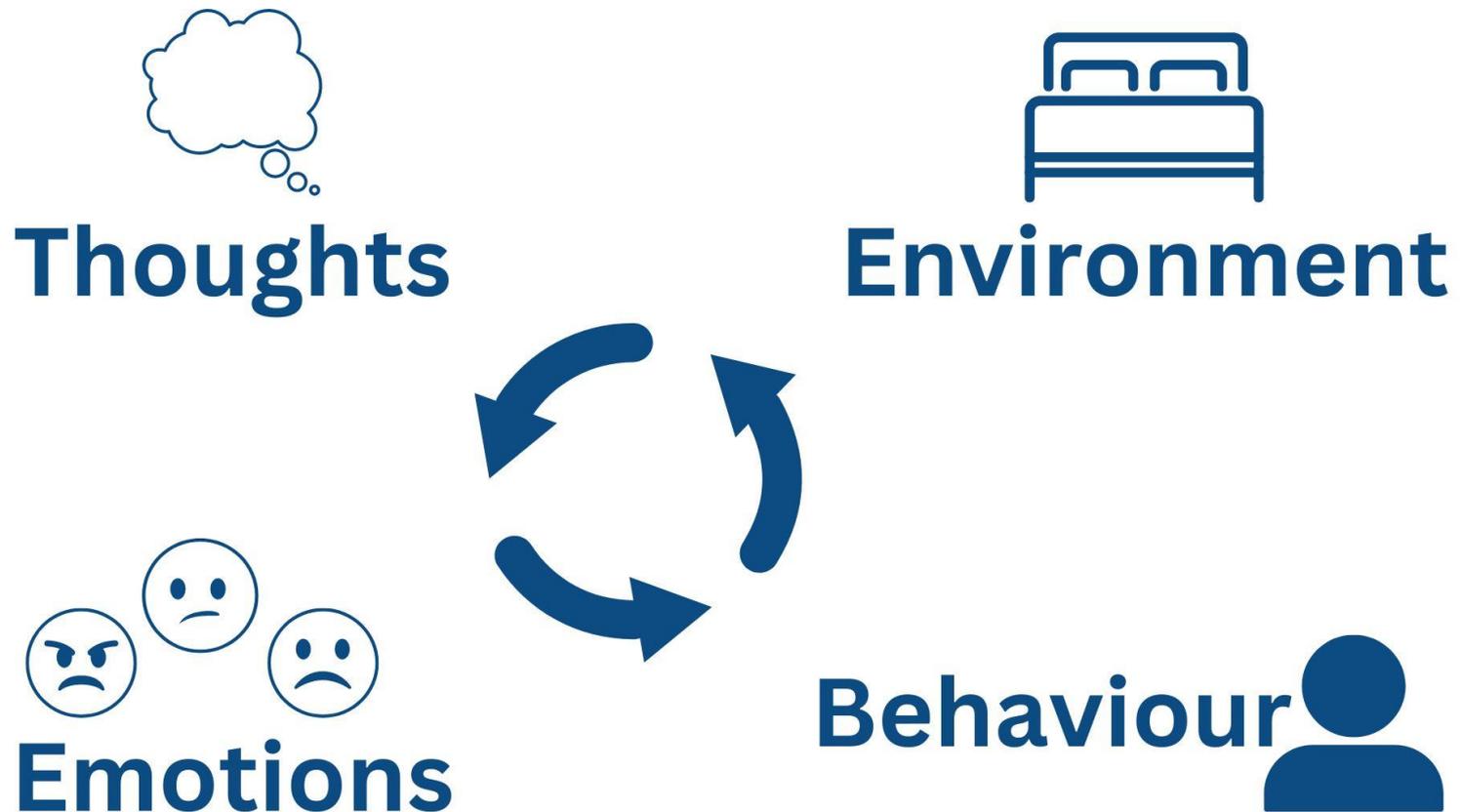
Where do you feel you fall on the sleep scale?



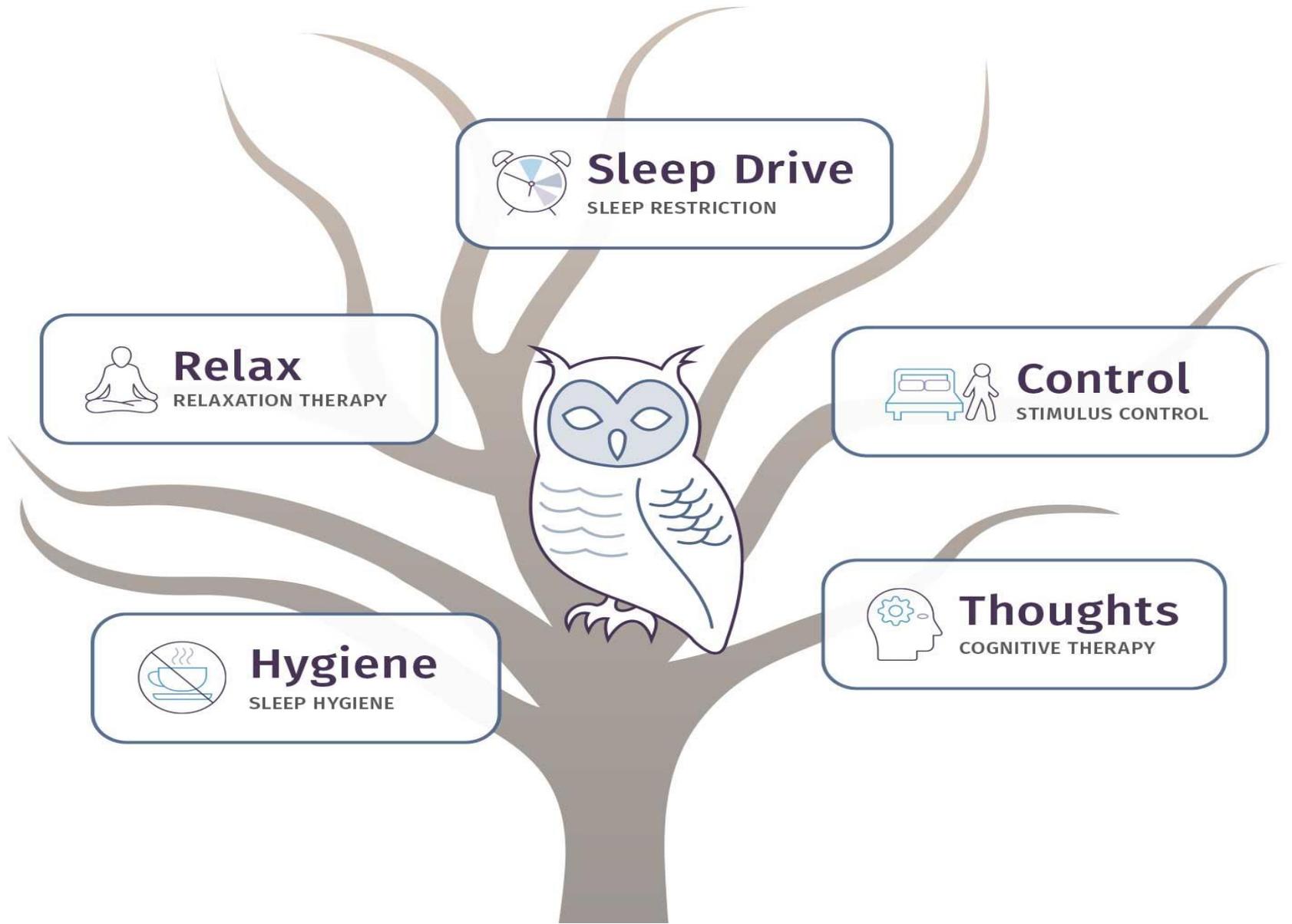
Worst it could be

Best it could be

Cognitive Behavioural Therapy for Insomnia (CBTi)



Overview of the CBT-I Program





**Practice
Is Key**

Session 1 Learning Objectives

Deep Breathing

Sleep Science

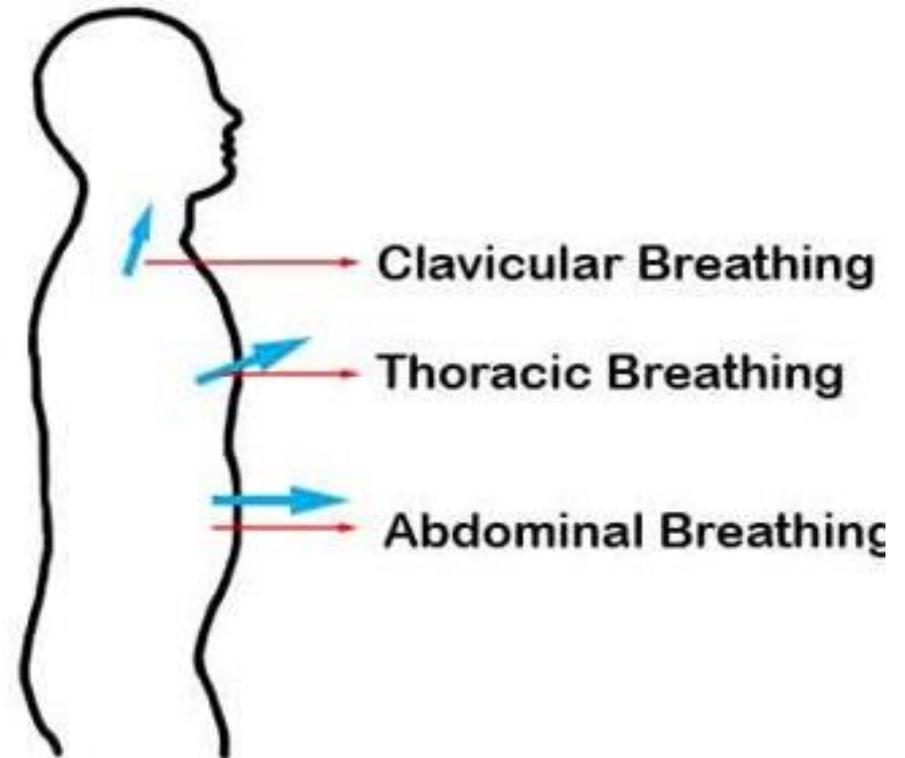
Insomnia

Sleep Diary

Sleep and Wake Times

Improving Sleep: Deep Breathing

DIRGHA PRANAYAMA THREE-PART BREATH



yogicwayoflife.com

The 4 Stages of Sleep



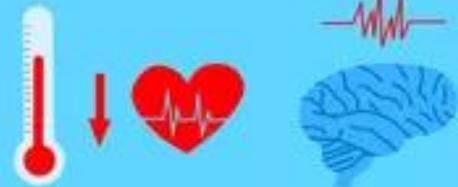
NREM Stage 1

- transition period between wakefulness and sleep
- lasts around 5 to 10 minutes



NREM Stage 3

- muscles relax
- blood pressure and breathing rate drop
- deepest sleep occurs



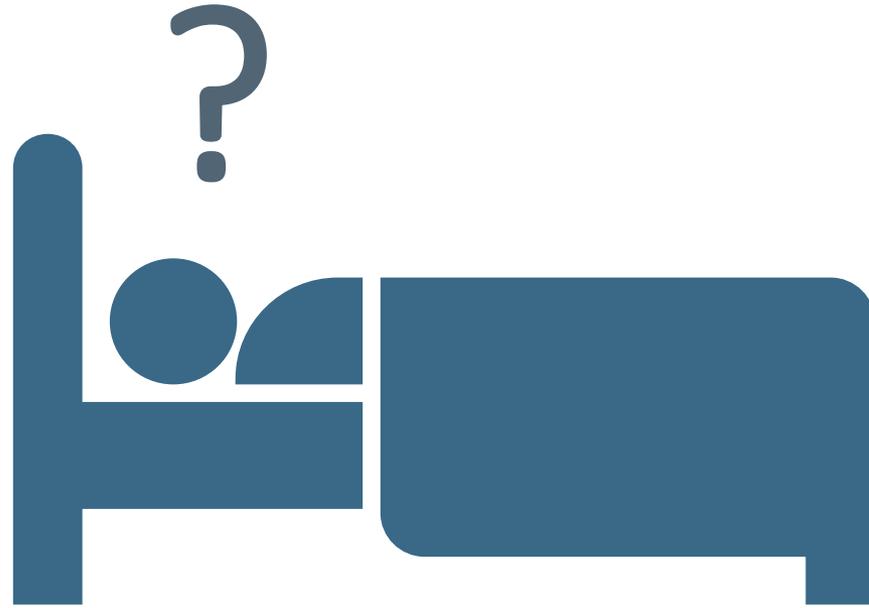
NREM Stage 2

- body temperature drops and heart rate begins to slow
- brain begins to produce sleep spindles
- lasts approximately 20 minutes



REM Sleep

- brain becomes more active
- body becomes relaxed and immobilized
- dreams occur
- eyes move rapidly



How much Sleep is Enough?

How much Sleep is Enough?

- **Sleep needs vary by person and are influenced by traits such as age**
- **With age we spend less time in the restorative (NREM 3) stage**
- **Hours aren't the whole story, we need to also think about:**
 - Quality
 - Consistency
 - Wake time within the cycle

What is Insomnia?

Acute insomnia: A brief episode of difficulty sleeping

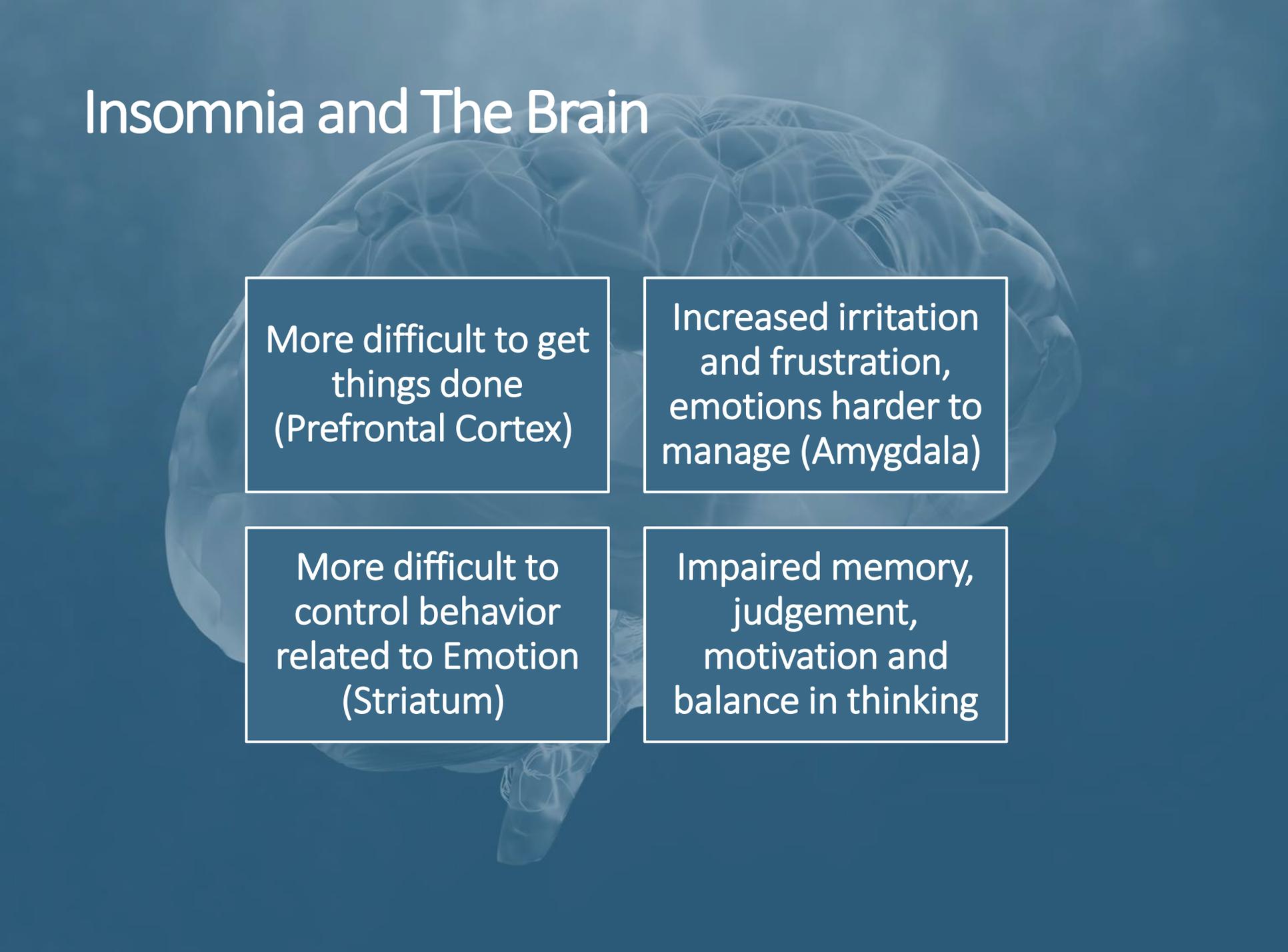
Chronic insomnia: A long-term pattern of difficulty sleeping

Comorbid insomnia: Insomnia that occurs with another condition

Onset insomnia: Difficulty falling asleep at the beginning of the night

Maintenance insomnia: The inability to stay asleep

Insomnia and The Brain



More difficult to get things done
(Prefrontal Cortex)

Increased irritation and frustration, emotions harder to manage (Amygdala)

More difficult to control behavior related to Emotion (Striatum)

Impaired memory, judgement, motivation and balance in thinking

Why do you have insomnia?

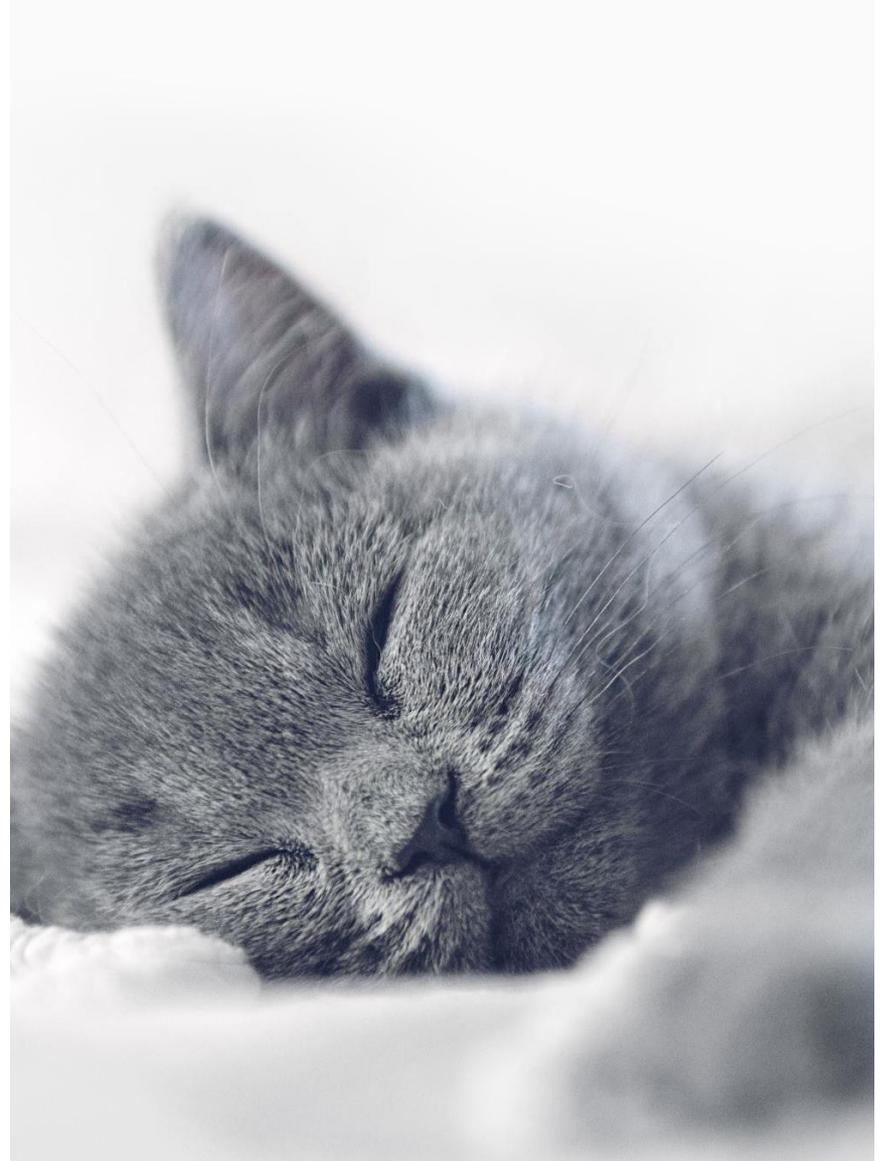
The "Ps" of Insomnia:

Predisposing - genetics, life experiences that disrupted the circadian rhythm or ideal hormone level

Precipitating - an event that caused the insomnia to start (a positive or negative event)

Perpetuating - chronic insomnia can be due to daytime napping, spending too much time in bed while awake, waking up at irregular times or starting to depend on sleeping pills or substances

Improving Sleep: Using a Sleep Diary





MY SLEEP PRESCRIPTION

Bed Time: _____

Rise Time: _____

DAY OF THE WEEK							
DATE							
Q1 What time did you go to bed?							
Q2 What time did you try to go to sleep?							
Q3 What time did you fall asleep?							
Q4 How many times did you wake up during the night?							
Q5 In total, how long did these awakenings last (minutes)?							
Q6 What time was your final awakening?							
Q7 What time did you get out of bed to start your day?							
Q8 Note anything that interfered with your sleep							



End of week calculations

Easy calculations at mysleepwell.ca/calculator

My sleep duration (typical night): _____ My sleep efficiency (typical night): _____



A Word on Wearables

Many wearables (Fitbit, Apple Watch etc.) have sleep tracking built in

The accuracy of the sleep tracking depends on the device and how you wear it

Our suggestion is to use the diary with your own estimations for a week or two then compare it to your wearable data – if they are similar it would be reasonable to use your wearable data to help with completing the sleep diary



Improving Sleep: Consistent Bed & Wake Times

Home Practice



DEEP BREATHING



MAINTAINING A CONSTANT RISE
TIME



KEEPING A SLEEP DIARY AND
HAVING IT AVAILABLE FOR GROUP

Session 2 Agenda

Deep Relaxing Breathing : Square Breathing

Home Practice Review:

- Sleep Efficiency Calculations
- Barriers to Practice and problem solving

Mechanics of Sleep and Wakefulness:

- Sleep Drive / Circadian Rhythm

Improving sleep:

- Sleep Restriction
- Adjusting Sleep Prescription
- Stimulus Control
- Six Solid Steps to Sleep (handout)

At Home Practice:

- Establish a threshold bedtime and a threshold rise time;
- Complete a sleep diary each morning and bring in for next week
- Do deep breathing (1-2 minutes twice per day)

Check Out

Review of Home Practice



DEEP BREATHING



MAINTAINING A
CONSTANT RISE TIME



KEEPING A SLEEP DIARY
AND HAVING IT AVAILABLE
FOR GROUP

Sleep Diary Calculations

<https://mysleepwell.ca/cbti/sleep-efficiency-calculator/>

We'll start today with trying out the calculator using data from your sleep diary for this past week

This will estimate your average sleep duration and sleep efficacy / efficiency

Later in session we will see how this efficiency number can be used to enhance your sleep drive.

The Mechanics of Sleep & Wake

Sleep Drive
&
Circadian
Rhythm

Sleep Drive

- Regulated by Adenosine levels "the sleep chemical" in certain parts of the brain
- The higher the adenosine the higher your sleep drive
- Increases starting when we wake and diminishes with sleep

What affects adenosine levels?

- Time awake and asleep
- Activity levels through the day
- Caffeine intake

Tired/Fatigued vs. Sleepy



Fatigue

- Exhaustion during the day
- Physical and/or mental lack of energy
- Feeling unable to fall asleep despite being tired



Sleepiness

- Drowsiness during the day
- Hard to stay awake
- May fall asleep throughout the day

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep during the following situations?

0-10 Normal
11-14 Mild Sleepiness
15-17 Moderate Sleepiness
18+ Severe sleepiness

0 = would never doze 2 = moderate chance of dozing
1 = slight chance of dozing 3 = high chance of dozing

	Score
1. Sitting and reading	0 1 2 3
2. Watching TV	0 1 2 3
3. Sitting, inactive in a public place	0 1 2 3
4. As a passenger in a car for an hour without a break	0 1 2 3
5. Lying down to rest in the afternoon when circumstances permit	0 1 2 3
6. Sitting and talking to someone	0 1 2 3
7. Sitting quietly after a lunch without alcohol	0 1 2 3
8. In a car, while stopped for a few minutes in the traffic	0 1 2 3

Circadian Rhythm: Alerting Signals

What is Circadian Rhythm?

A natural 24 hr. body clock regulating the timing of our wake and sleep.

How It changes:

Daylight, age and natural daily drift

How to Reset Your Clock:

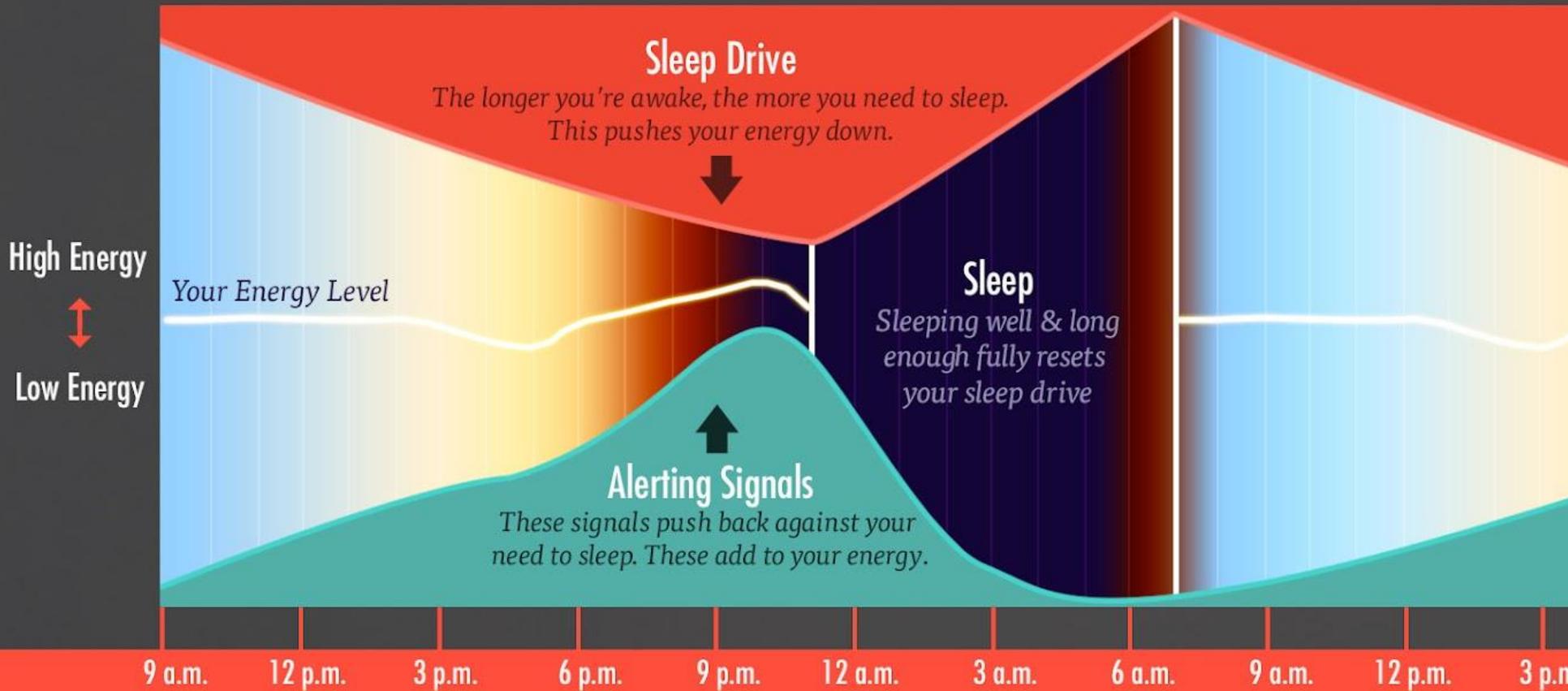
Exposure to daylight in first hours of sunlight

Consistent rise time

Keeping other daily activity regular to keep cueing your body clock

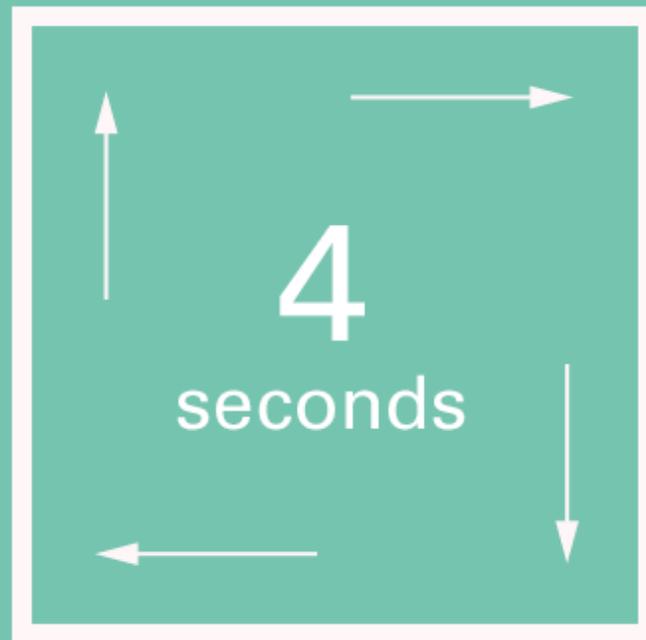


Your Energy Levels Throughout The Day With A Good Sleep



Breathe In

Hold



Hold

Breathe Out

Improving Sleep Through Sleep Restriction & Stimulus Control

Sleep Restriction Therapy



For many mild sleep restriction is one of the most powerful tools in Improving insomnia

Given that sleep drive is what gets us to fall – and stay – asleep, sleep restriction increases sleep drive to help break the insomnia cycle

The Sleep Diary and calculator will guide the process

Sleep Restriction

So how does it work?

- ✓ Fill out the sleep diary each week
- ✓ Enter data into the calculator
- ✓ Sleep efficiency score: quality of your sleep
- ✓ Based on the score you may start by reducing your time in bed at night
- ✓ Start adding back sleep time gradually

Adjusting Your Sleep Prescription

Dr. Judith Davidson, Sink into Sleep, suggests following adjustments based on sleep efficiency calculation

If last week's Sleep Efficiency was ...	Your sleep prescription for this week should be...
Less than 85%	15 minutes later
85% - 89%	unchanged
90% -94%	15 minutes earlier
95% or greater	30 minutes earlier

Stimulus Control

“Bed is for sleep and sleep is for bed”

Our brains are very good at making associations

Often with insomnia there can be underlying associations that are not helpful for sleep

Goal is to reassociate bed with sleep

Intimacy is an exception



6 Steps to Solid Sleep

1. Go to bed only when you are sleepy and not before your threshold bedtime
2. Maintain a regular threshold rise time in the morning. Get some sunlight to regulate your Body clock
3. Bed is for sleep and sex
4. Leave the bed if you can't fall asleep or go back to sleep within 10-15 minutes. Return when sleepy. Repeat, as needed
5. If sleepiness is overwhelming, you may take a short nap (no longer than one hour) in the afternoon, starting before 3 p.m
6. Keep a sleep diary to adjust the plan each week



Go In With A Game Plan

- How will you stay up until your threshold bedtime?
- How might you incorporate getting sunlight in the morning?
- Will it be difficult to avoid screens in bed? If so, how might you set yourself up for success?
- If you aren't falling asleep and need to get out of bed how will you pass the time until you're sleepy?



Session 3

Consolidating your Sleep

Jessica Cockbain *(she/her)*
Registered Occupational Therapist

Bina Moore *(she/her)*
Registered Social Worker

Session 3 Consolidating Your Sleep

Welcome

Home Practice Review with the large group

Review Sleep Diary and Adjust Sleep Prescription

Progressive Muscle Relaxation

Changing how we think about Sleep

Home Practice

1

Follow Stimulus Control Therapy (Bed is for Sleep and Sleep is for Bed) by using your threshold bedtime and threshold rise time / Sleep Prescription

2

Complete Sleep Diary Each Morning and bring back for next group

3

Do Deep Breathing (1-2 minutes twice per day)

Adjusting Your Sleep Prescription

If last week's Sleep Efficiency was ...	Your sleep prescription for this week should be...
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85% - 89%	unchanged
90% -94%	15 minutes earlier
95% or greater	30 minutes earlier



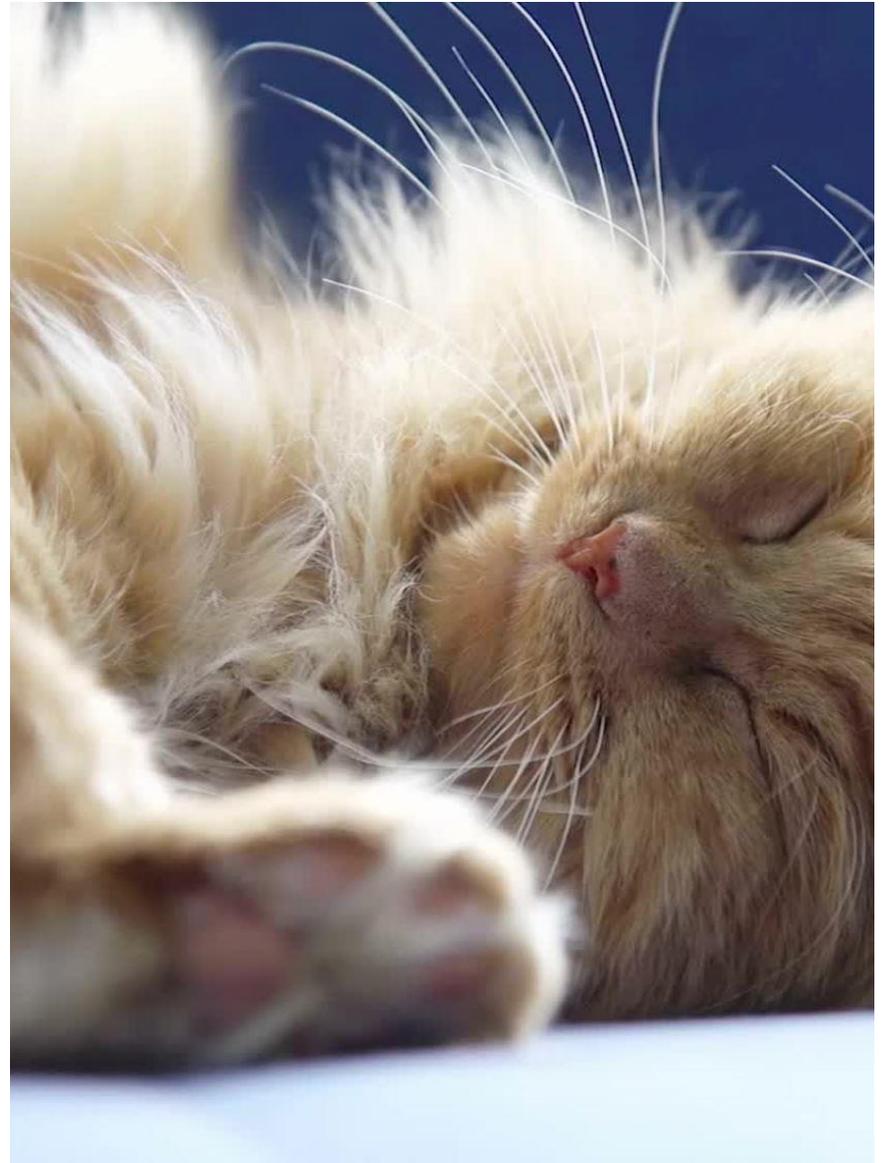
How Did Your Practice Go?

- Deep breathing
- How did the sleep restriction go?
- How did you do with the "6 Steps" from last week?
 - Bed only for sleep – were you successful? How?
 - What was it like getting out of bed if you couldn't sleep?

6 Steps to Solid Sleep

1. Go to bed only when you are sleepy and not before your threshold bedtime
2. Maintain a regular threshold rise time in the morning. Get some sunlight to regulate your Body clock
3. Bed is for sleep and sex
4. Leave the bed if you can't fall asleep or go back to sleep within 10-15 minutes. Return when sleepy. Repeat, as needed
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6. Keep a sleep diary to adjust the plan each week

This Week's Sleep Prescription

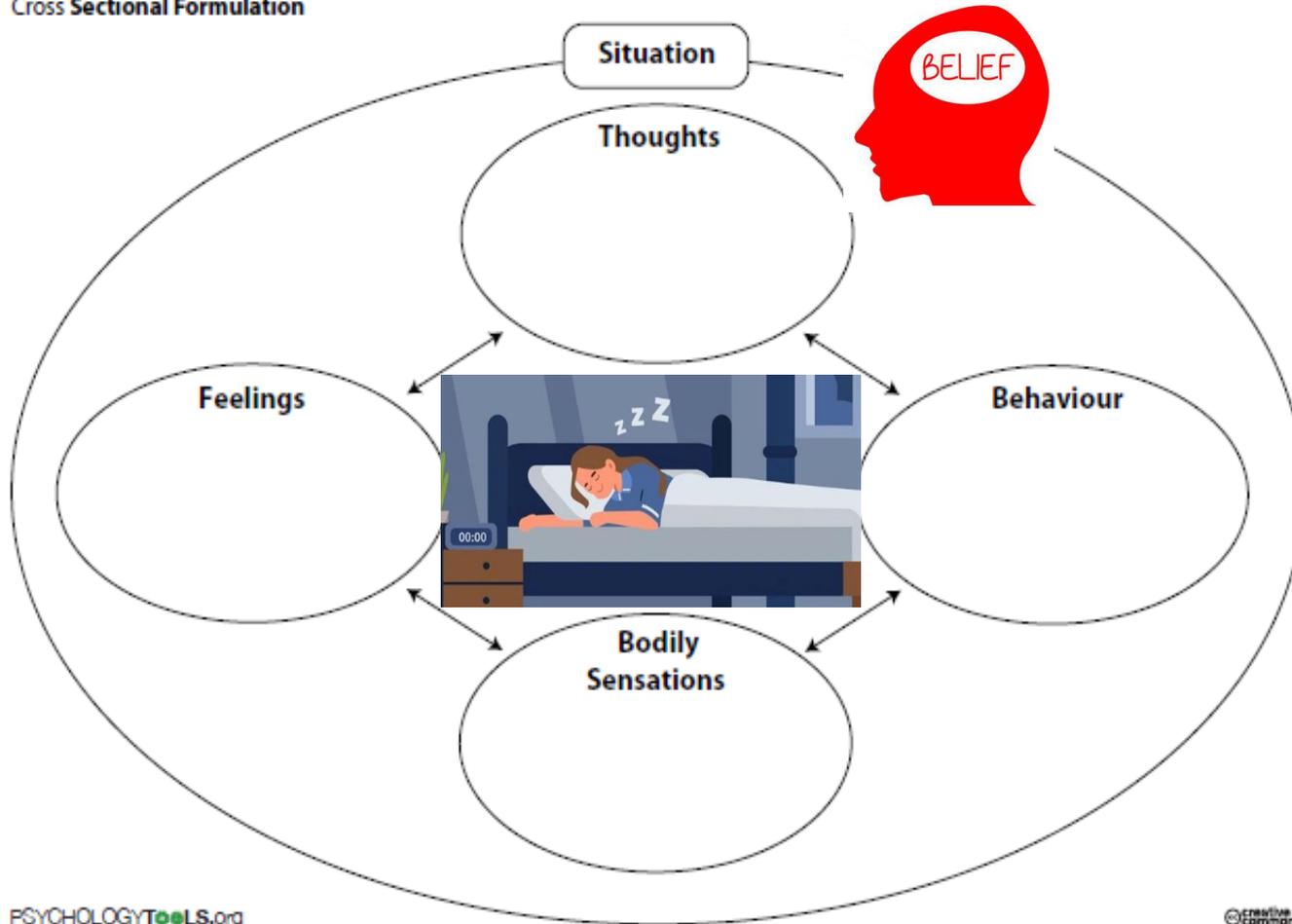




Create a
new path

CBT and Insomnia

Cross Sectional Formulation





Sleep Beliefs: What Do You Believe?

Going to Bed



Thoughts

I'm in for another terrible night without enough sleep

I am not a good sleeper

I have to get 8 hours of sleep to feel rested

Behaviours

Watching the clock, calculating amount of sleep

Physical Sensations

Muscle tightness, feeling unwell

Emotions

Frustration, worry, dread



The Next Day

Thoughts

Interpret all that goes wrong as a result of not enough sleep



I didn't get 8 hours so I won't be able to function

Behaviours

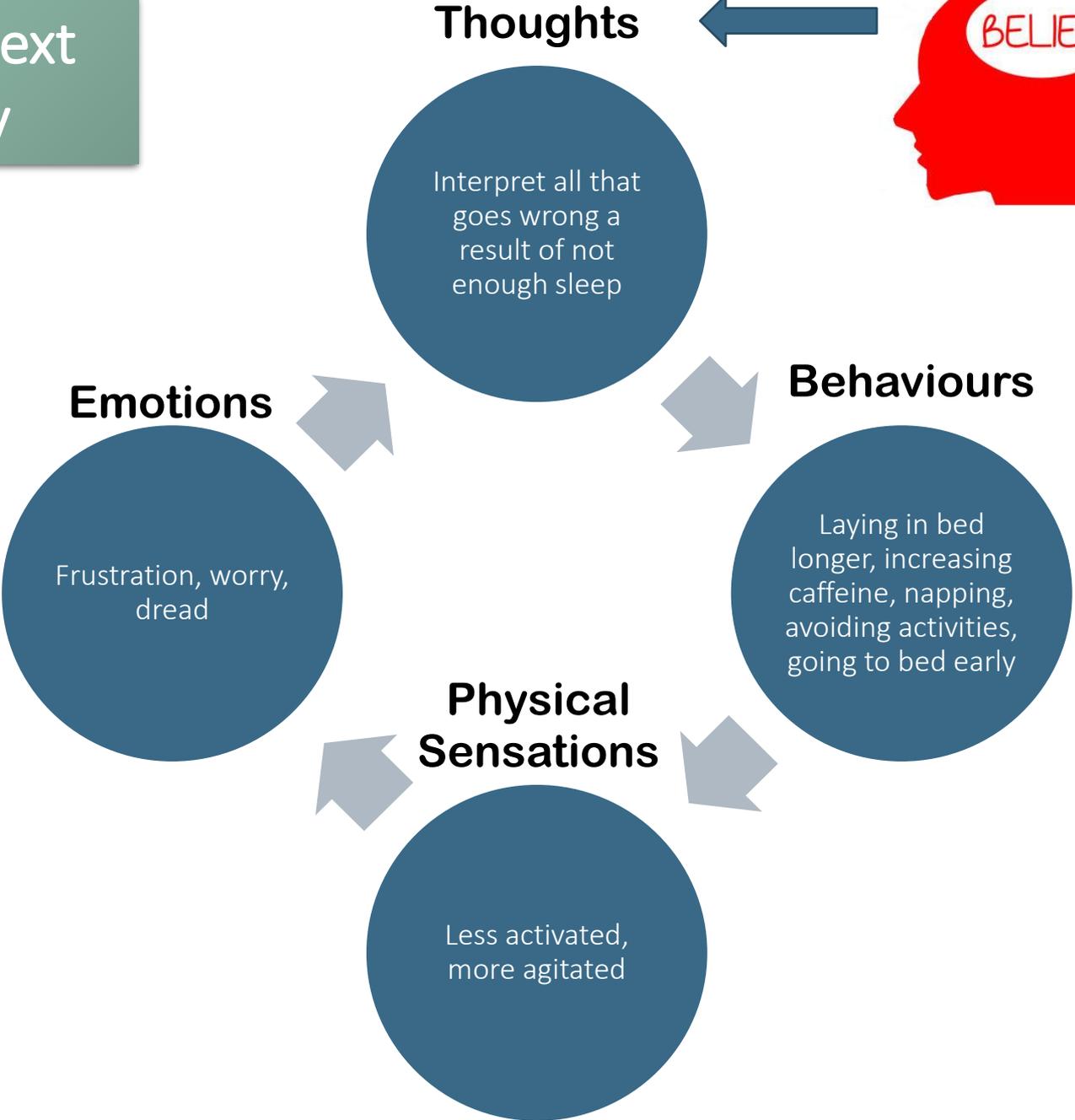
Laying in bed longer, increasing caffeine, napping, avoiding activities, going to bed early

Physical Sensations

Less activated, more agitated

Emotions

Frustration, worry, dread



The Cycle of Unhelpful Patterns

- The more these cycles of thoughts, behaviours, physical sensations and emotions happen the more likely they are to continue to occur
- This becomes a "self-fulfilling prophecy" for sleep problems
- As this happens more the thoughts that were occasional start to become **automatic** – they happen frequently and without us realizing
- The thoughts may not be facts but they start to feel that way

A cartoon character wearing a blue hoodie and a yellow mask with two black dots for eyes stands in a stylized forest. The character is looking upwards and to the right, with a thought bubble above their head. The forest features green trees and a light blue sky with white clouds. The character has small yellow hands and feet.

**What if I embarrass
myself by getting
the wrong answer?**

Brainstorm: Thought Traps

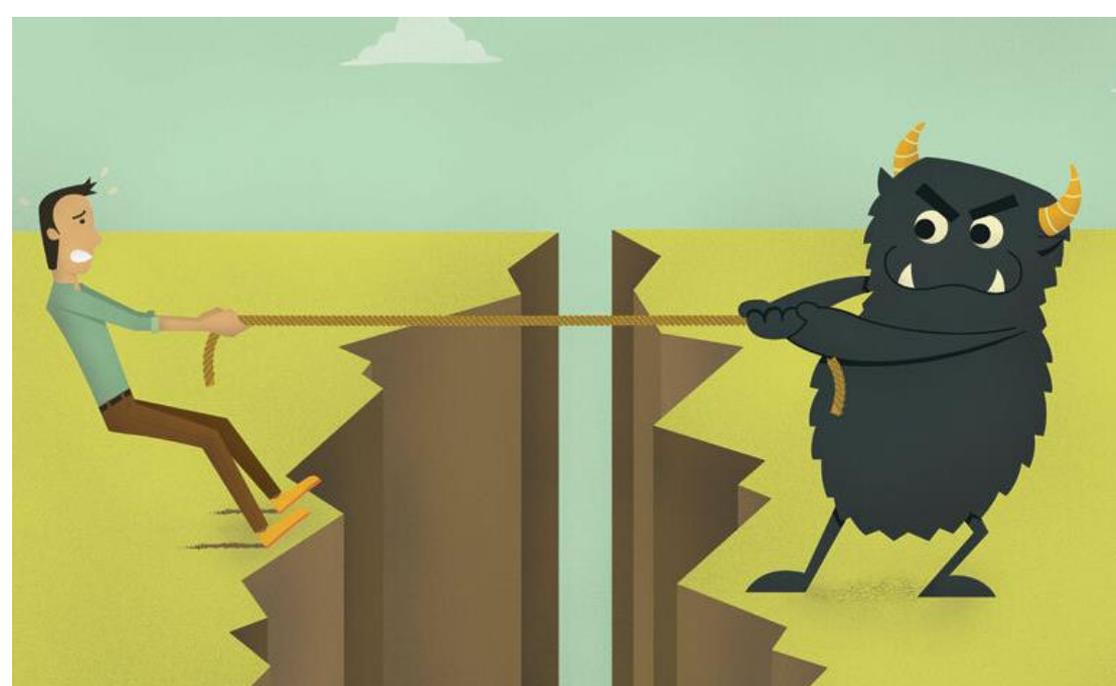
What types of thought traps about sleep do you have?

How Do We Change Thoughts?

Be aware of them

- Look for the facts
- Check for judgments
- Shift focus to the things you are working on
- Look for small wins
- Radical Acceptance

Radical Acceptance



When Thinking about Sleep Gets in the Way of Sleep:

Unhelpful Sleep Thought

Balanced Thought



Positive or Balanced Coping Statements

I don't like my insomnia, and I can deal with it

I won't let my sleep problems interfere with my relationships

I can overcome my sleepiness and manage at work

This is tough, and I can handle it

I can be in a good mood, even if I didn't sleep well

I'm getting enough sleep to function



Balanced Statements

- I'm going to have good and bad days
- Having a bad night's sleep doesn't mean I can't have a good day today
- People need different amounts of sleep. Many people don't sleep well sometimes
- I've been able to do my job most days over the last year
- Just because I didn't sleep well last night doesn't mean I won't sleep well tonight

Final words regarding Sleep Related Thoughts

Working on sleep thoughts is unique for each person; it's important to identify what *your* thoughts tend to be.

Conquering sleep related thoughts is important for success.

Insomnia is difficult to deal with. It makes sense that sleep challenges will lead to negative thoughts

The goal this week is to start working on challenging these thoughts but other strategies to deal with thoughts (breathing, relaxation)

Relaxation
Exercise

Progressive Muscle
Relaxation (PMR)

Session 4: Relaxing your Mind and Body

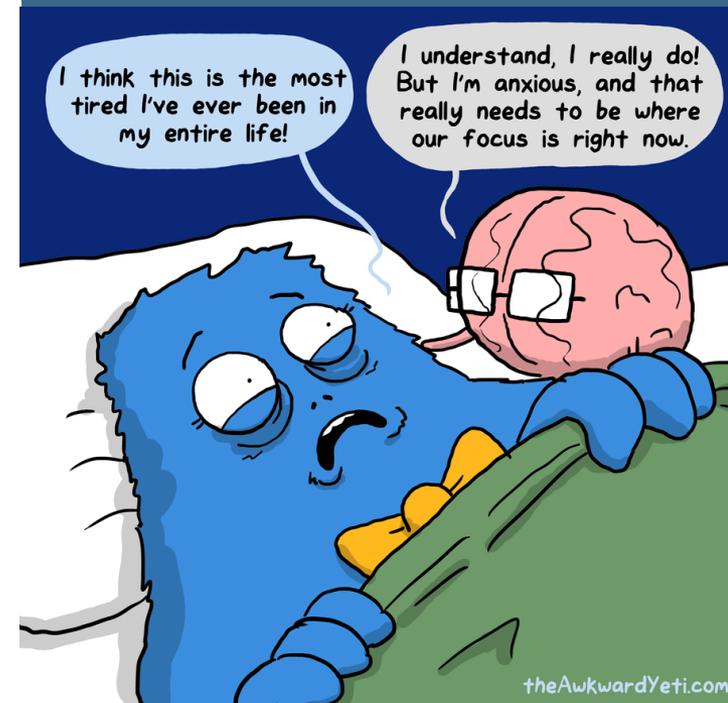
Home Practice Review – Sleep Diaries;
Sleep Beliefs and Thoughts

Thought Traps

Unwinding at Bedtime

Relaxing your Mind

Home Practice



Practice Review

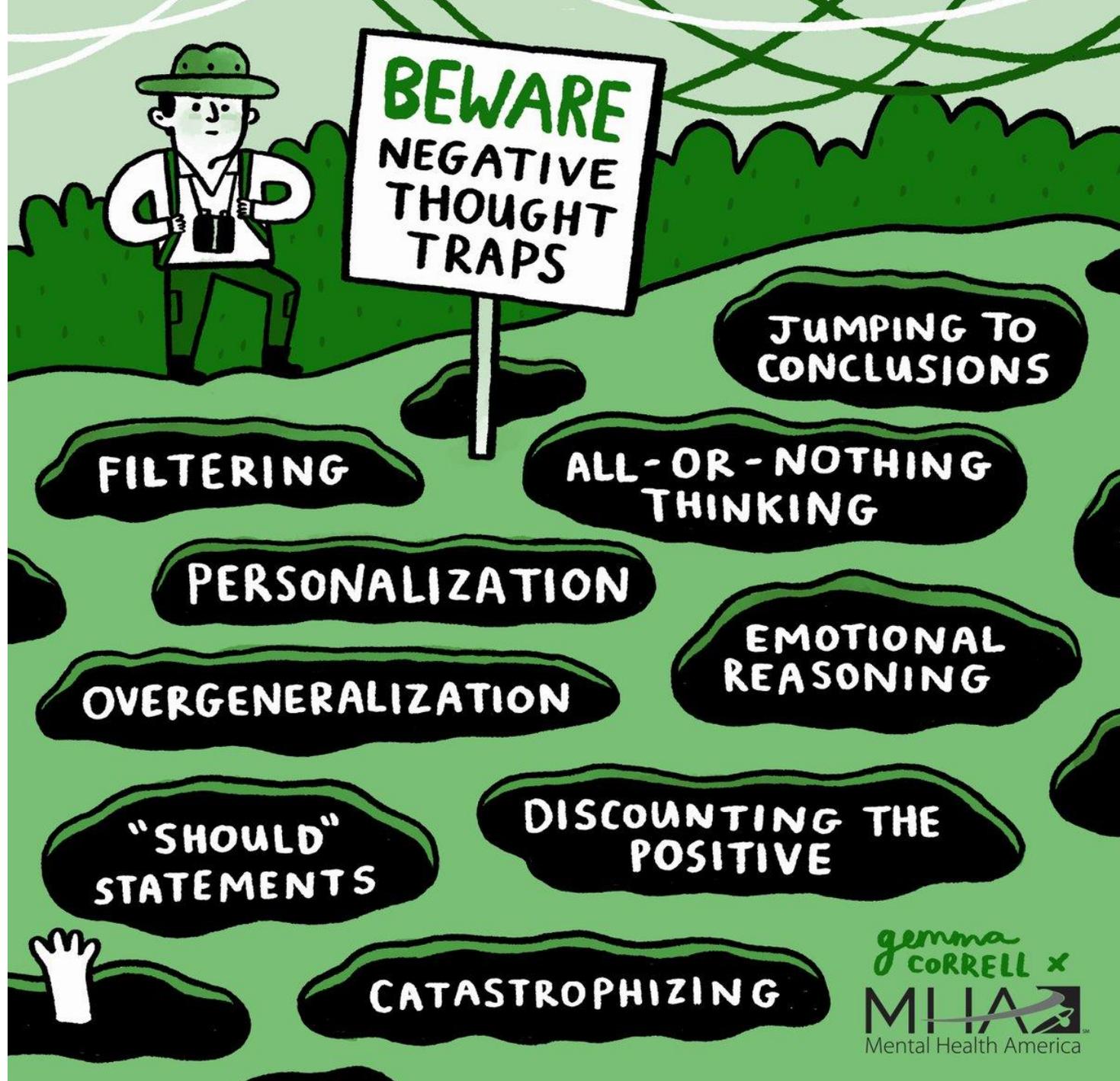
Sleep Diaries

- How did this week go?
- Have you been able to continue with consistent sleep and wake times?
- Have you been able to get out of bed if not sleeping?
- What is your new efficiency score and prescription?

Did you try PMR this week? Other breathing exercise?

What sleep thoughts and beliefs did you notice? How were you able to challenge them? Any acceptance statements?

What
are your
thought
traps?

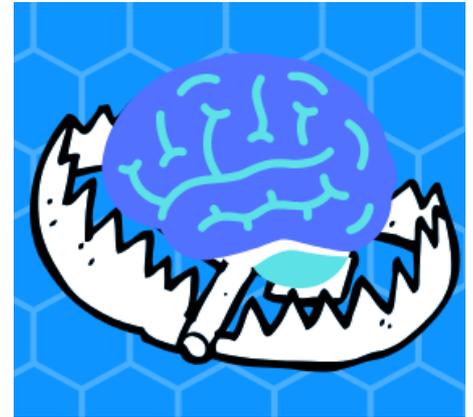


Challenging Thought Traps

First recognize – *am I in a thinking trap? Which one?*

Then:

- Check for evidence for the thought
- Consider the facts – is it 100% true?
- What impact will this have in the future (tomorrow, next year...)
- What would a close friend say about this?
- Is it possible that my thoughts are more amplified right now than they would be tomorrow?
- What is the worst that could happen? How would I handle that?
- **Is there anything you can do about this *right now*?**
- *See anxietycanada.com*



Unwinding at Bedtime

*A ruffled mind
makes a restless
pillow*



Deactivate Your Mind Before Bed

	Worry	Plan of action	To do list	Out of my control
Today				
Past				
Future				
Other				

Intentional Relaxation & Why We Need It

- Not all relaxing is equal – goal is to calm your nervous system
- Benefits sleep by practicing at bedtime *and* during the day
- Relaxation is effective when it results in:
 - Reduced muscle tension
 - Lower heart rate/breathing
 - Calms mental overactivity
- Sometimes we need to create the opportunity for our body and mind to wind down to feel sleepiness

What is your current routine?

Relaxation Strategies

✓ Progressive muscle
relaxation/Autogenics

✓ Breathing

Imagery

Guided Thoughts

Mindfulness

What have you tried?

Relaxation
Strategies:

Mental
Imagery













gettyimages®

C.J. Burton

Other Imagery
Ideas?



Relaxation
Strategies:

Guided
Thoughts



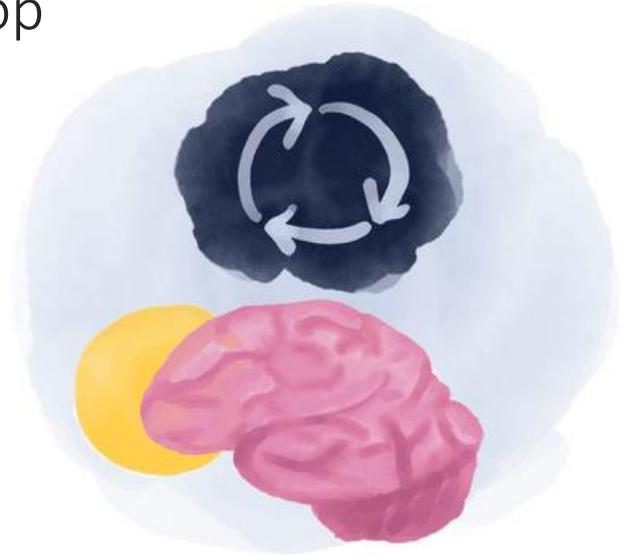
Why Guide Our Thoughts?

Sometimes our thoughts get "stuck" in a loop

Naturally, the response is to try to just suppress the thought, but this has the opposite effect

One strategy would be to get out of bed

You can also try replacing the thoughts with an alternative that encourages sleep



Guided Thoughts



Build your passion

Create your perfect day

Alphabet themes

Finishing the chapter or Create a story

Paradoxical Intention: try not to sleep

Other ideas?

Relaxation
Strategies:

Mindfulness



Mindfulness

About being present in the moment non-judgmentally

A practice of letting thoughts pass rather than getting tangled in them

Is a skill – with practice you can get better at it

Has many benefits beyond sleep

Creating A Better Bedtime

Sleep Hygiene

Screen time before bed

Caffeine

Alcohol

Setting school/work/social boundaries

Temperature and environment

Activity choices

Planning wind-down time

Bedtime Wind-Down

Bedtime Wind-Down Plan (Sample)

Time	Activity
8:30 p.m.	Deactivate your mind for bed
9 p.m.	Lock up the house
9:15 p.m.	Take a warm bath
9:45 p.m.	Read
10:00 p.m.	Practice relaxation exercise
10:30 p.m.	Go to bed and practice calm breathing

Homework

Practice a relaxation exercise

Work on managing non-sleep thoughts that keep you up

Create and follow a bedtime routine plan

Continue to track your sleep with your sleep diary with new bedtime if you have one

Next week:

Guest speaker Laura, Pharmacist

Any questions you'd like answered?

Session 5 Agenda

Welcome

Home Practice Review

- Sleep Diary and Sleep prescriptions
- Sustaining new and improved patterns?
- Unwind mind and body
- Tweaks in sleep hygiene

Some additional points and check in ...

Role of exercise in sleep drive.

Reminder of role of thoughts and beliefs.

Medicine discussion - Laura , Pharmacist



Practice Review

Diary/ Sleep Prescription

Deactivate your mind worksheet

Sleep beliefs / thoughts

Guided Imagery

Unwind routine

Sleep hygiene

Adjusting Your Sleep Prescription

Dr. Judith Davidson, Sink into Sleep, suggests following adjustments based on sleep efficiency calculation

If last week's Sleep Efficiency was ...	Your sleep prescription for this week should be...
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85% - 89%	unchanged
90% -94%	15 minutes earlier
95% or greater	30 minutes earlier

Increase time in bed when ...

1. Your sleep efficiency has improved and is consistent (7 days)
2. You are sleepy at bedtime
3. You sleep through with less than ~30 minutes of awake time in bed (falling asleep time plus awakenings)
4. You wake refreshed

Start to extend time by going to bed 15 minutes earlier and reassess each week.





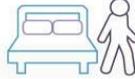
Sleep Drive

SLEEP RESTRICTION



Relax

RELAXATION THERAPY



Control

STIMULUS CONTROL



Hygiene

SLEEP HYGIENE



Thoughts

COGNITIVE THERAPY

Deactivate:
problem solve
before bedtime

Mindfulness and
replace to calm
overactive mind

Acceptance stance
- soften unhelpful
sleep beliefs

Challenge
negative/unrealistic
thoughts



Exercise Guidelines

*Over 65

PHYSICAL ACTIVITY

Performing a variety of types and intensities of physical activity, which includes:



- **Moderate to vigorous aerobic physical activities** such that there is an accumulation of at least 150 minutes per week
- Muscle strengthening activities using major muscle groups at least twice a week

***Physical activities that challenge balance**

- Several hours of **light physical activities**, including standing



SLEEP

*8



Getting 7 to 9 hours of good-quality sleep on a regular basis, with consistent bed and wake-up times

SEDENTARY BEHAVIOUR



Limiting sedentary time to 8 hours or less, which includes:

- No more than 3 hours of recreational screen time
- Breaking up long periods of sitting as often as possible





Impact of Exercise on Sleep

More robust impact for adults and older adults

Can improve sleep onset, duration and quality

Mixed research on timing – some indication best 2 hours or more before bed

Both "acute" and "chronic" exercise help

Also a strategy for helping manage stress and worry, improves mood, for some a good time for problem solving and reflection

Increasing Activity

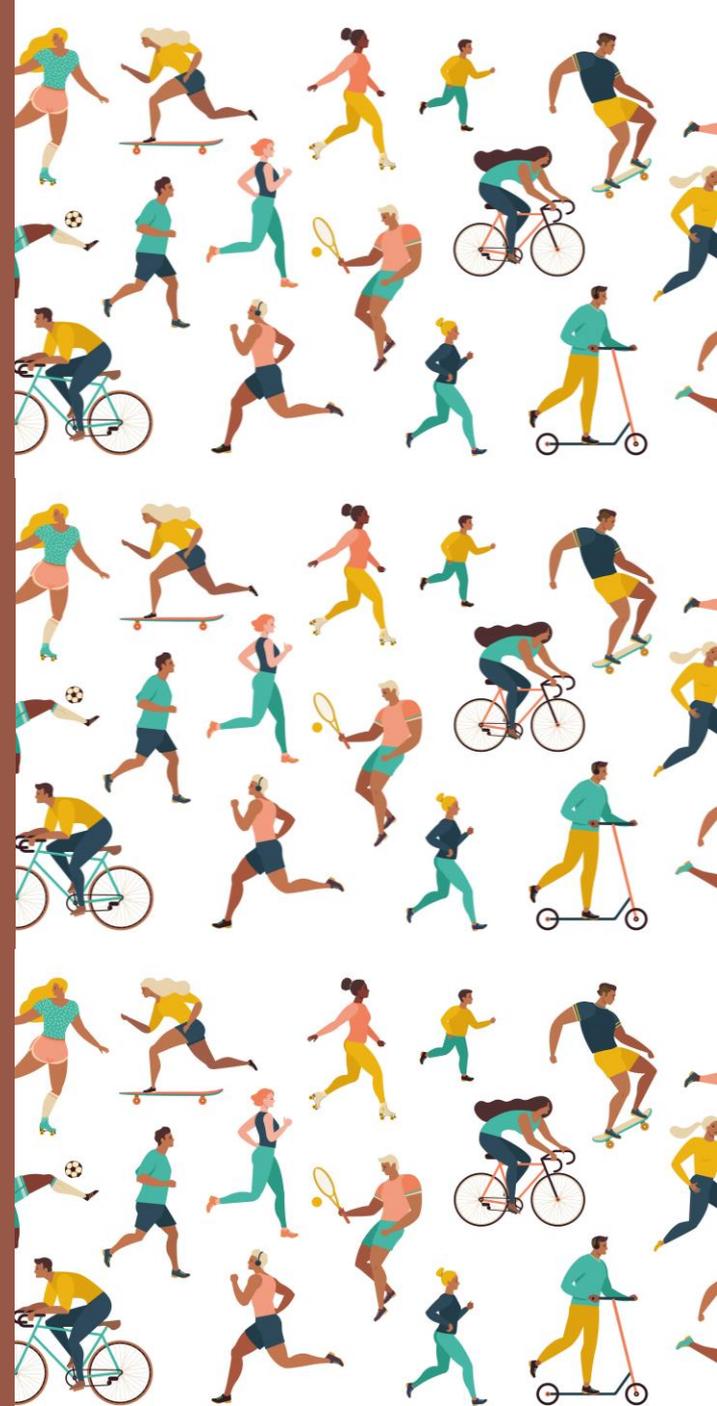
Decreasing sedentary time

- Commit to moving each commercial/episode/intermission
- Stand instead of sit, walk when there's an opportunity
- Timer/smart watch reminder

Increasing Exercise

- Do what you enjoy
- Exercise snacks
- Create new habits e.g. park further away
- Challenge a friend

Other ideas?





The Great Big Move: Nov. 1 – 15

Want to win a trip to the Yukon, courtesy of Travel Yukon? Start moving with the ParticipACTION app for a chance at great prizes.

Over 40,000 prizes awarded to date!

Track your physical activity on the app or sync to your fitness tracker to be entered to win **weekly, monthly** and **quarterly** prizes! The more you move, the better your chances of winning.



The active app for everyone

The easy and free way to get rewarded for physical activity.



4.6 stars
★★★★★



4.2 stars
★★★★★

PARTICIPACTION



Celebrate your accomplishments

Earn badges for getting physically active, reading articles, participating in challenges and reaching your goals.



City of Cambridge Recreation



Ballroom Dancing

Skating/Shinny

Aquatics

Barre

Cycling (spin)

HIIT

Pickleball (including learn to play)

Small Group Personal Training

Step

Strength Training

Tai Chi

TRX

Yoga (various)

Zumba



Check in on Changes: Self Assessment

	1	2	3	4	5
I get out of bed if I haven't fallen asleep within 15-20 minutes					
I follow my recommended bedtime					
I keep a consistent wake time					
I only go to bed if I am feeling sleepy					
I get out of bed right away in the morning when I wake					
I only use my bed for sleep and sex					
I avoid screens 30-60 minutes before bed					
I limit caffeine at least 6 hours before bedtime					
I practice breathing or mindfulness during the day					
I try strategies (breathing, guided imagery/thoughts) to fall asleep when needed					
I exercise most days of the week					
Sleep is on my mind during the day					
Sleep is on my mind in the evening leading up to bedtime					
I challenge unhelpful sleep thoughts and beliefs					
I successfully use strategies for non-sleep thoughts or worries when they arise					
I have a good bedtime routine that winds me down for sleep					
I meet the Canadian Activity Guidelines					

The background of the image is a dark blue-grey color, densely populated with various types of pills and capsules. The pills are rendered in a stylized, illustrative manner. There are several red and blue capsules, some with white dots on one end. There are also yellow and orange capsules, some with white dots. There are green and pink pills, some with white dots. There are also white pills with a score line. The pills are scattered across the background, creating a textured, medical-themed pattern.

Guest Speaker:

Laura Morrison
Pharmacist



Pharmacologic Approaches to Sleep

Laura Morrison, BScPharm

Clinical Pharmacist, Two Rivers Family Health Team

November 1, 2022

Outline

- Goals of therapy
- General approach to insomnia
- Comorbidities and medications contributing
- Pharmacologic approach
 - Sedative classes
- Questions

Goals of Therapy for Insomnia ^{1,2}

- Improve daytime function (primary goal of any sleep intervention)
 - Reduce daytime impairments such as daytime drowsiness & psychomotor impairment (caution when driving if affected)
- Promote subjectively sound and restorative sleep when external or internal factors disrupt natural sleep (i.e., making sleep more resilient)
- Improve sleep quality without dependence on medication(s)
 - ↓ time it takes to fall asleep, ↓ frequency of nighttime awakenings & ↑ duration of sleep)

General Approach to Insomnia ¹

- Address any underlying medical, psychiatric or environmental causes
- Consider drug causes including withdrawal
 - Includes avoiding caffeine, nicotine, alcohol especially within 4- 6hrs of bedtime as causes fragmented sleep especially in 2nd half of the night

Common Comorbidities and Medications Contributing to Insomnia ²

Psychiatric disorders	Mood disorders Attention-deficit hyperactivity disorder (ADHD) Post-traumatic stress disorder (PTSD) Anxiety disorders Alcohol/substance use disorders
Other medical disorders	Neurologic (stroke, migraine) Pulmonary (chronic obstructive pulmonary disease [COPD], asthma) Digestive (gastroesophageal reflux disease [GERD], colitis) Chronic pain Musculoskeletal (arthritis, fibromyalgia) Endocrine (hypothyroidism, hyperthyroidism) Cardiovascular (congestive heart failure)
Medications	Antidepressants, Stimulants, Antihypertensives, Sedatives, Decongestants and Antihistamines, Analgesics, Herbal supplements, Substances of abuse

Drug Causes ¹

Table 1: Drug Causes of Insomnia

<p>Acetaminophen, codeine & caffeine alcohol ⇨ fragmented sleep amantadine amphetamines, dextroamphetamine aripiprazole* β-blockers atenolol, pindolol, propranolol bupropion* caffeine coffee, tea, colas, energy drinks, lasts 8-14hr in elderly cannabis chronic use may cause tolerance to sedative effects, may experience sleep disturbances upon withdrawal clonidine cocaine</p>	<p>corticosteroids daunorubicin decongestants phenylephrine, pseudoephedrine diuretics* if late in the day donepezil* flutamide H₂ blockers e.g. cimetidine interferon ipratropium lamotrigine leuprolide levodopa medroxyprogesterone methyl dopa methylphenidate crystal meth modafinil nicotine</p>	<p>oral contraceptives phenytoin progesterone quinidine salbutamol salmeterol selegiline senna stimulant laxatives sibutramine SSRIs* fluoxetine, paroxetine, sertraline terbutaline theophylline* thyroid hormones tranylcypromine venlafaxine ziprasidone</p>
<p>*consider dosing in AM</p>		

Pharmacologic Approach ^{1,2}

- Use sedatives with non-pharmacologic approaches
- Generally, begin with mild agents, and gradually move to more potent medications as necessary
- Ideally, sedatives should be taken only for short periods depending on the medication (1 to 4 weeks)
 - Can be exceptions
- Use the lowest dose possible & only when required
- Intermittent use (e.g. up to 4 nights/week) sometimes recommended to minimize tolerance & dependence

Pharmacologic Approach ^{1,2}

- Prescription sedatives are all equally effective
 - ↑ sleep time ½ hr
 - ↓ wakings per night night by 0.6
- Cause varying degrees of daytime drowsiness & confusion
- Reasonable to use sedating medications off-label to promote sleep for comorbid insomnia
 - If the medication is an effective choice for that particular comorbidity
- Many medications with an approved indication have significant side effects and are potentially problematic when used long-term
- Agents were studied in populations without major comorbidities and may not be representative of up to 75% of insomnia patients who have a major comorbid condition

Pharmacologic Approach ¹

- Sedatives can be "habit forming"
- Expect 2-3 nights or more of poor sleep when stopped
- One suggestion is to decrease total sleep time by 20mins 2 nights before stopping the medication
- Consider slow taper or stopping at a low stress time



Pharmacologic Approach Sedative Classes

Pharmacologic Approach – Sedative Classes ¹

- Z-Sedatives with benzodiazepine-like mechanism of action
- Benzodiazepines
- Antidepressants (non tricyclic)
- Antidepressants (tricyclic)
- Antipsychotics
- Miscellaneous

Pharmacologic Approach – Sedative Classes ¹

- Z-Sedatives with benzodiazepine-like mechanism of action
- Benzodiazepines
- Antidepressants (non tricyclic)
- Antidepressants (tricyclic)
- Antipsychotics
- Miscellaneous

Pharmacologic Approach – Z-Sedatives ¹

	Peak levels	Onset of action	Increase in sleep latency	Increase in sleep length	
Zopiclone (Imovane)	1-1.5 hours	Rapid <30 minutes	~ 19 minutes	~ 45 minutes	Dependence, next day performance impairment, complex sleep behaviors Zopiclone ?little effect on sleep structure
Eszopiclone (Lunesta)	1 hour	<30 minutes	~ 20 minutes	~ 50 minutes	
Zolpidem (Sublinox)	~ 1.4 hours (0.6-1.6hours varies with formulation)	Rapid <30 minutes	5-22 minutes	11-29 minutes	

Pharmacologic Approach – Sedative Classes ¹

- Z-Sedatives with benzodiazepine-like mechanism of action
- **Benzodiazepines**
- Antidepressants (non tricyclic)
- Antidepressants (tricyclic)
- Antipsychotics
- Miscellaneous

Pharmacologic Approach – Benzodiazepine ^{1,2}

	Peak levels	Onset of action	Increase in sleep latency	Increase in sleep length	
Clonazepam (Rivotril)	1-4 hours	Intermediate 1-3 hours	-	-	Option for transient, short-term insomnia
Lorazepam (Ativan)	1-4 hours Sublingual 1 hour	Intermediate 30-60 minutes	-	-	<p>Differ in potency and pharmacokinetics.</p> <p>Tolerance, addiction, dependence, misuse/abuse, withdrawal, decrease cognition and coordination, next day performance impairment</p> <p>Sleep structure changes</p>
Oxazepam (Serax)	1-4 hours	Slow >3 hours	-	-	
Temazepam (Restoril)	1-3 hours	Intermediate 30-60 minutes	15-37 minutes	33-99 minutes	

Pharmacologic Approach – Sedative Classes ¹

- Z-Sedatives with benzodiazepine-like mechanism of action
- Benzodiazepines
- Antidepressants (non tricyclic)
- Antidepressants (tricyclic)
- Antipsychotics
- Miscellaneous

Pharmacologic Approach – Antidepressants ¹

	Peak levels	Onset of action	Increase in sleep latency	Increase in sleep length	
Trazodone (Desyrel)	0.5-2.5 hours	Intermediate 30-60 minutes	10 minutes	80 minutes	Not recommended for insomnia only, small effect on short-term sleep quality, 0.3 less awakenings per night
Mirtazapine (Remeron) (at doses ≤15mg)	<4 hours	Intermediate 30-60 minutes	10 minutes	80 minutes	Trazodone can have orthostatic hypotension, little effect on sleep structure Mirtazapine may improve sleep latency, efficiency, wake after sleep onset

Pharmacologic Approach – Sedative Classes ¹

- Z-Sedatives with benzodiazepine-like mechanism of action
- Benzodiazepines
- Antidepressants (non tricyclic)
- **Antidepressants (tricyclic)**
- Antipsychotics
- Miscellaneous

Pharmacologic Approach – Antidepressants ¹

	Peak levels	Onset of action	Increase in sleep latency	Increase in sleep length	
Amitriptyline (Elavil)	<4 hours	Slow	-	-	Some effect on sleep structure, concomitant chronic neuropathic pain, depression, anxiety, etc., Avoid in older adults especially higher doses
Doxepin (Silenor)	2-6 hours	30 minutes	10-14.7 minutes	11.9-80 minutes	
* Nortriptyline another option with less adverse effects associated					

Pharmacologic Approach – Sedative Classes ¹

- Z-Sedatives with benzodiazepine-like mechanism of action
- Benzodiazepines
- Antidepressants (non tricyclic)
- Antidepressants (tricyclic)
- **Antipsychotics**
- Miscellaneous

Pharmacologic Approach – Antipsychotics ¹

	Peak levels	Onset of action	Increase in sleep latency	Increase in sleep length	
Methotrimeprazine (Nozinan)	1-3 hours	Intermediate	-	-	Not recommended for insomnia only, can be highly sedating, off label use
Quetiapine (Seroquel)	2 hours	Intermediate	-	-	Atypical antipsychotics e.g. low-dose quetiapine 12.5-100mg lack evidence for insomnia & used off label

Pharmacologic Approach – Sedative Classes ¹

- Z-Sedatives with benzodiazepine-like mechanism of action
- Benzodiazepines
- Antidepressants (non tricyclic)
- Antidepressants (tricyclic)
- Antipsychotics
- **Miscellaneous**

Pharmacologic Approach – Miscellaneous (Prescription) ^{1,2,3}

	Peak levels	Onset of action	Increase in sleep latency	Increase in sleep length	
Lemborexant (Dayvigo)	1-3 hours (delayed by 2 hours with high fat / calorie meal)	Rapid < 30 minutes	4-8 minutes	13-74 minutes	<p>Blocks neurotransmitters that promote wakefulness</p> <p>Normalize sleep-wake function by reducing wakefulness and unwanted transitions between wake and sleep</p> <p>Nightmares, nasopharyngitis, sleep paralysis, complex sleep behaviors</p>

Pharmacologic Approach – Miscellaneous (Over-the-Counter) ^{1,4}

	Peak levels	Onset of action	Increase in sleep latency	Increase in sleep length	
Diphenhydramine (Benadryl, Unisom, ZzzQuil, certain PM products) * Other similar such as doxylamine	1-4 hours	Intermediate 60-80 minutes	0-8 minutes	11-12 minutes	Dry mouth, urinary retention, cognitive impairment, residual daytime sedation & tolerance in ~3 days
Melatonin	0.5-2 hours	Intermediate 60-120 minutes	7-9 minutes	8 minutes	Reasonably safe; minimal effect (small decrease in sleep latency; ↑sleep after night shift, delayed sleep phase disorder, jet lag), mixed evidence
<ul style="list-style-type: none"> • Others include valerian root, l-tryptophan • Canadian study found over 14% of patients reported use of natural supplements and/or over-the-counter agents 					

Pharmacologic Approach – Melatonin ^{1,4,5}

- Hormone made in the pineal gland
 - Production is influenced by day/night cycles
 - Levels decline with age
- Use a product with a Natural Product Number (NPN) to ensure it has labelled ingredients and doesn't have harmful levels of contaminants
- Usually well tolerated and doesn't seem to cause next-day sedation
- Significant interactions aren't likely but are some theoretical
- Tapering isn't needed when stopping as doesn't seem to affect body's natural production or lead to dependence

Pharmacologic Approach – Melatonin ^{1,4,5}

- Starting dose up to 3 mg of an immediate-release product in adults at least 30 to 60 minutes before bed
- Not much evidence to support using delayed- or timed-release melatonin products for insomnia
- Advise against high-dose products (10 mg/pill or more) or combinations with other supplements (L-tryptophan, valerian, etc)
 - No evidence they're more effective



What about
cannabis?

Pharmacologic Approach – Cannabis ^{2,6}

- Insufficient evidence to support routine clinical use of cannabis for the treatment of insomnia
- Effects of the many components of cannabis on sleep remains unclear
- Considered only in resistant cases of insomnia with a comorbidity that has some evidence for its efficacy (e.g., pain syndromes, resistant anxiety) and after failure of treatments with better evidence
- Cannabis products consist of mainly 2 ingredients—cannabidiol (CBD) and tetrahydrocannabinol (THC)
 - Although THC is more sedating, it is psychoactive in nature; therefore, CBD-dominant products are usually preferred initially



Questions?

References

1. Sedatives. In: Rx Files. Updated Sept 2022.
2. Insomnia. In: Therapeutic Choices. Updated Feb 2022.
3. Be Ready for Questions About Dayvigo or Lunesta for Insomnia. In: Pharmacist's Letter. Jan 2021
4. Be Prepared With Answers About Melatonin for Sleep. In: Pharmacist's Letter . Mar 2022.
5. Considerations for Use of Melatonin. In: Pharmacist's Letter. Mar 2022.
6. Suraev AS, Marshall NS, Vandrey R, et al. Cannabinoid therapies in the management of sleep disorders: A systematic review of preclinical and clinical studies. *Sleep Med Rev.* 2020;53:101339

Session 6 Agenda

Check in

Where are you now?

Home Practice

- Sleep diary
- Increasing time in bed
- Self-Assessment

Review Building Blocks for Better Sleep

- Sleep-drive
- Circadian Rhythm
- Quiet Mind Calm Body
- Wind Down
- Sleep Hygiene

Learning Summary and Next steps

Breathing / Relaxation Moment

<https://www.anxietycanada.com/articles/quick-mental-vacation/>

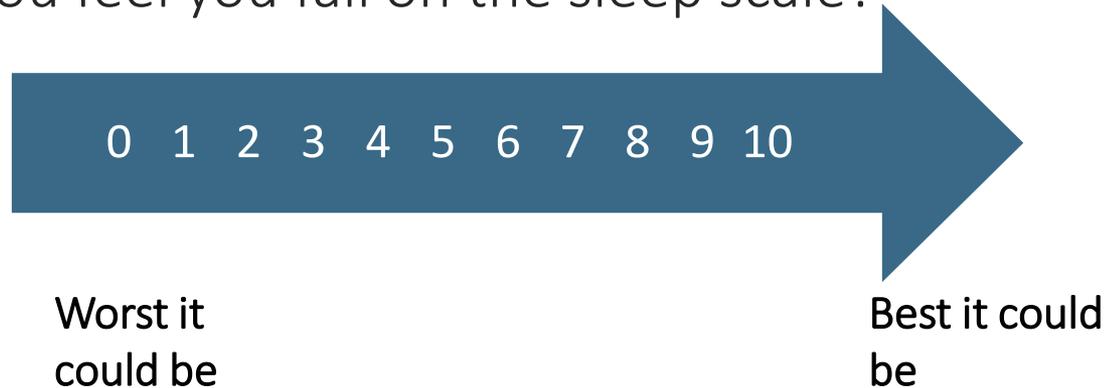
A lot
can
change
over 7
weeks...



Where are you at now?

One word to describe your sleep right now

Where do you feel you fall on the sleep scale?



Insomnia Severity Scale

Handout



Home Practice Review



Sleep Diary

Adjusting Your Sleep Prescription

Dr. Judith Davidson, Sink into Sleep, suggests following adjustments based on sleep efficiency calculation

If last week's Sleep Efficiency was ...	Your sleep prescription for this week should be...
Less than 85%	15 minutes later
85% - 89%	unchanged
90% -94%	15 minutes earlier
95% or greater	30 minutes earlier

Increase time in bed when ...

1. Your sleep efficiency has improved and is consistent (7 days)
2. You are sleepy at bedtime
3. You sleep through with less than ~30 minutes of awake time in bed (falling asleep time plus awakenings)
4. You wake refreshed

Start to extend time by going to bed 15 minutes earlier and reassess each week.



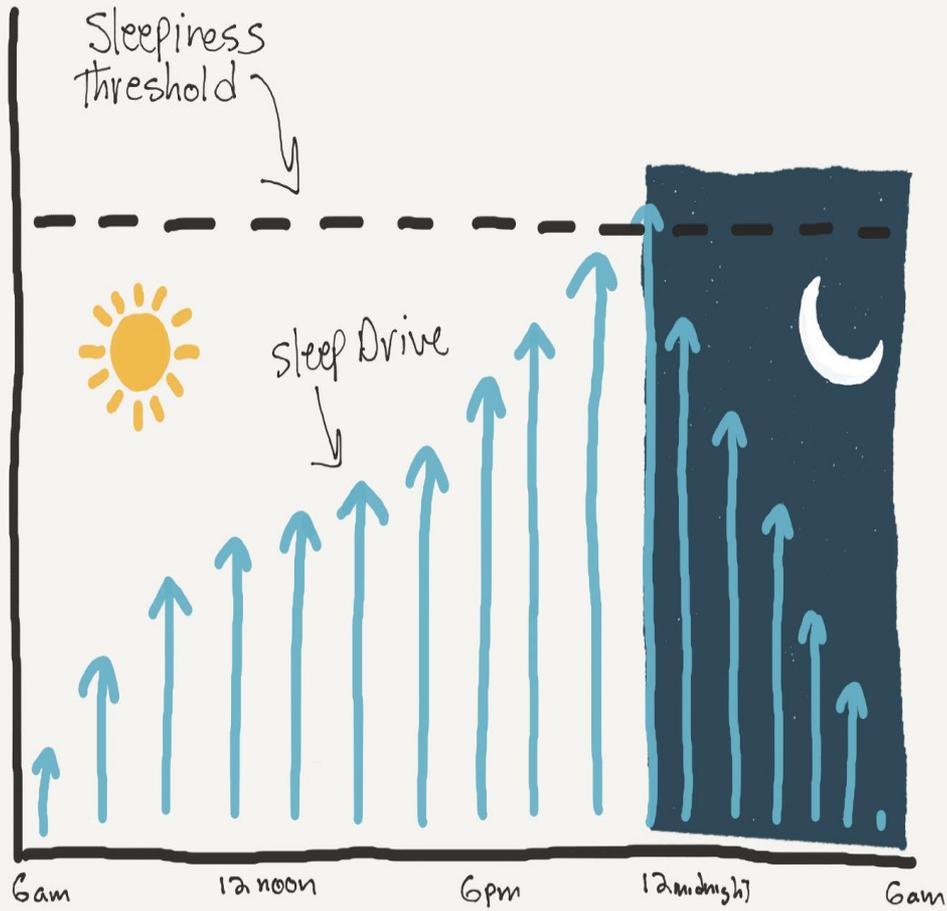


Check in on Changes: Self- Assessment

	1	2	3	4	5
I get out of bed if I haven't fallen asleep within 15-20 minutes					
I follow my recommended bedtime					
I keep a consistent wake time					
I only go to bed if I am feeling sleepy					
I get out of bed right away in the morning when I wake					
I only use my bed for sleep and sex					
I avoid screens 30-60 minutes before bed					
I limit caffeine at least 6 hours before bedtime					
I practice breathing or mindfulness during the day					
I try strategies (breathing, guided imagery/thoughts) to fall asleep when needed					
I exercise most days of the week					
Sleep is on my mind during the day					
Sleep is on my mind in the evening leading up to bedtime					
I challenge unhelpful sleep thoughts and beliefs					
I successfully use strategies for non-sleep thoughts or worries when they arise					
I have a good bedtime routine that winds me down for sleep					
I meet the Canadian Activity Guidelines					



Building blocks for better sleep



Build your Sleep Drive



Exercise

Relieve stress

Can improve sleep onset duration and quality

Builds Adenosine



Reset your Circadian Rhythm



Quiet
your
Mind
and Calm
your
Body

Mind

- Challenge sleep beliefs with acceptance
- Challenge Negative Automatic Thoughts
- Guided Thoughts
- Guided Imagery
- Mindfulness
- Deactivate your mind

Body

- Progressive Muscle Relaxation
- Breathing
- Guided thoughts
- Guided Imagery
- Wind down time

Creating A Better Bedtime



Deactivate your
mind



Cue your body and
mind for sleep



Build rituals

Bedtime wind-down

Sleep Hygiene



CBT-I Learning Summary 2022

1. The most helpful thing I learned from this group was...

2. The idea that I need to focus on most to keep growing is...

3. The change I am most proud of is...

4. The next step in my journey will be...

Relaxation and CBT Resources

Anxiety Canada Website

https://www.anxietycanada.com/site-search/?fwp_keywords=audio

UCLA Mindfulness Resource

<http://www.uclahealth.org/marc/mindful-meditations>

Smartphone Applications: (Apps)

CBT-I Coach

Mindshift CBT

Insight Timer

Headspace

Mylife Meditation

Calm

Ten Percent Happier Meditation

Woebot

CBT-I Resources

Mysleepwell.ca

<https://sinkintosleep.com>

Smartphone Applications / Apps:

CBT-I Coach

Go! To Sleep

Haleo: Sleep Clinic

Any others

Spare Slides



Create a
new path



**Practice
Is Key**

<https://www.youtube.com/watch?v=j5Sl8LyI7k8&t=290s>

Challenging Thought Traps

First recognize – *am I in a thinking trap? Which one?*

Then:

- Check for evidence for the thought
- Consider the facts – is it 100% true?
- What impact will this have in the future (tomorrow, next year...)
- What would a close friend say about this?
- Is it possible that my thoughts are more amplified right now than they would be tomorrow?
- What is the worst that could happen? How would I handle that?
- **Is there anything you can do about this *right now*?**
- *See anxietycanada.com*



Review and Maintenance

Group Details

6 Sessions:

Tuesdays 1:30 p.m. - 3:00 p.m.

October 4, 11, 18, 25,

November 1, 15

No session November 8

Review and Maintenance



Have you established your threshold bedtime and risetime?

Can you maintain it for 7 days / week - Maintaining this retrains your circadian rhythm

How are you going to stay up so late?

What have you always wanted to do but felt you never had time to do?

How will you make getting out of bed in the night more comfortable?

How are you going to get up at the same time everyday?

How?

Staying up late: Watch TV but avoid 60 minutes before bedtime, read, jigsaw puzzles, crosswords, crafts, household tasks or projects

Getting out of bed in the night: Have warm clothing and materials easily accessible, read, puzzles, relaxation exercises, audiobooks

Getting out of bed at rise time: Turn on lights, get outside, do something enjoyable, prep breakfast ahead

Adjust bedtime week by week until duration of continuous sleep is as long as possible and there is no excessive daytime sleepiness – take usually 3-4 weeks

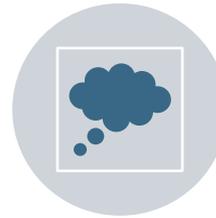
6 Steps to Solid Sleep

1. Go to bed only when you are sleepy and not before your threshold bedtime
2. Maintain a regular threshold rise time in the morning. Get some sunlight to regulate your Body clock
3. Bed is for sleep and sex
4. Leave the bed if you can't fall asleep or go back to sleep within 10-15 minutes. Return when sleepy. Repeat, as needed
5. If sleepiness is overwhelming, you may take a short nap (no longer than one hour) in the afternoon, starting before 3 p.m
6. Keep a sleep diary to adjust the plan each week

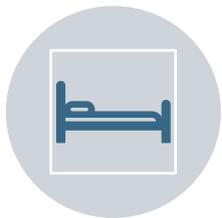
Review and Maintenance



1. Remember to Relax Your Body and Mind during the day



How: Breathing, Relaxation Strategies, Putting Your Day to Rest, Examine Your Thoughts and Adjust your Thoughts to be More Realistic, Helpful and Balanced



2. Relaxing your Body and Mind at Bedtime and Later



How: Breathing, Relaxation and Visualizing Strategies, Cognitive Shuffle, Get out of Bed

How to Challenge Thinking Traps

1. Am I falling into a thinking trap (e.g., catastrophizing or overestimating danger)?
2. What is the evidence that this thought is true? What is the evidence that this thought is not true?
3. Have I confused a thought with a fact?
4. What would I tell a friend if he/she had the same thought?
5. What would a friend say about my thought?
6. Am I 100% sure that _____ will happen?
7. How many times has _____ happened before?
8. Is _____ so important that my future depends on it?
9. What is the worst that could happen?
10. If it did happen, what can I do to cope with or handle it?
11. Is my judgment based on the way I feel instead of facts?
12. Am I confusing “possibility” with “certainty”? It may be possible, but is it likely?
13. Is this a hassle or a horror?

Source: Anxiety Canada <https://www.anxietycanada.com/sites/default/files/RealisticThinking.pdf>

Sleep Psychoeducation		Sleep Hygiene	
Why We Sleep & Sleep Stages		Stop Caffeine between 12-2PM	No heavy meals 2 hrs before bedtime (but don't go to bed hungry)
What Controls Sleep: <ul style="list-style-type: none"> Circadian Rhythms Sleep Drive/Pressure 		Stop nicotine 2 hrs before bedtime	No electronics in the bedroom (TV, phone)
Spielman 3-P Model of Insomnia <ul style="list-style-type: none"> Predisposing, Precipitating, Perpetuating Factors 		No exercise 2 hrs before bedtime	Keep bedroom cool, dark, quiet
		Sleep Hygiene recommendations are necessary but insufficient to treat insomnia	
Stimulus Control		Sleep Restriction	
Addresses conditioning between bed & wakefulness Bed becomes strong trigger for sleep		Restricting TIME IN BED based on total sleep time	
Wake up and get out of bed the same time every day, even on weekends or non-work days	Avoid napping during the day	Based on Patient's Sleep Diary Data	Increases sleep pressure & eliminates time in bed awake (reduces conditioning)
Go to bed when you are sleepy, but not before your goal bedtime.	Create a buffer zone.	<ul style="list-style-type: none"> Allow pt to choose bed and wake times Anchor wake time & count backwards 	<ul style="list-style-type: none"> Example: TIB: 8 hrs TST: 6 hrs Sleep Restriction = 6 hrs
Use the bed for sleep and intimacy only.	Don't worry or plan in bed	<p>Important:</p> <ul style="list-style-type: none"> Cannot compensate for sleep loss Have to consistently stick to wake up time 	
Get up when you can't sleep.	Do not try too hard to sleep! Just allow sleep to unfold.		
Relaxation		Cognitive Therapy	
Reduces physical arousal at bedtime Reinforcing bed as relaxing and place for sleep		Identify & address myths/maladaptive thoughts about sleep and cognitive hyperarousal at bedtime	
Diaphragmatic Breathing	Guided Imagery	Identify maladaptive beliefs about sleep	<ul style="list-style-type: none"> "I read that everyone needs at least 8 hours of sleep" "I won't sleep at all without my Ambien" "I can't function on the sleep I get now"
Mindfulness	Autogenic Training	Challenge maladaptive thoughts & myths to improve emotional experience of insomnia	<ul style="list-style-type: none"> "8 hours is the average, but everyone's sleep need is different" "I may have trouble sleeping without Ambien, but now I have the tools to naturally sleep" "I might not sleep well tonight, but I will still be able to work tomorrow and take care of my kids"
Progressive Muscle Relaxation	Don't worry or plan in bed		
Encourage to practice during the day to decrease overall physical hyperarousal			



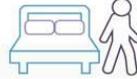
Sleep Drive

SLEEP RESTRICTION



Relax

RELAXATION THERAPY



Control

STIMULUS CONTROL



Hygiene

SLEEP HYGIENE



Thoughts

COGNITIVE THERAPY

Deactivate:
problem solve
before bedtime

Mindfulness and
replace to calm
overactive mind

Acceptance stance
- soften unhelpful
sleep beliefs

Challenge
negative/unrealistic
thoughts



Thought Record

Situation	Feeling (0-100%)	Thought	Helpful Thought (Use the Challenging Thinking Traps or Positive Coping Statements from last week)	Feeling after Helpful Thought (0-100%)

Sleep Drive



How to increase your Sleep Drive:



Be awake for longer – build up more Adenosine



Adenosine builds up over the day and especially with exercise



As our Adenosine levels increase, our sleepiness or Sleep Drive also increases

Thinking Traps

Fortune-telling

Predicting that something bad will happen, without any evidence.

I've been doing what I can to stay home and reduce the risks, but I just know that I'm going to get sick.

Mental filter

Focusing only on the negative parts of a situation and ignoring anything good or positive.

I know there's a lot I can do at home, but I'm just so sick of this. Everything is terrible.

Emotional reasoning

Believing that bad feelings or emotions reflect the situation.

I feel scared and overwhelmed right now, so that must mean everything is very bad and will never get better.

'Should' statements

Telling yourself how you "should" or "must" act.

I should be able to handle this without getting upset and crying!

Thinking Traps

THINKING TRAP

EXAMPLE

Overgeneralizing

Thinking that a negative situation is part of a constant cycle of bad things that happen. People who overgeneralize often use words like “always” or “never.”

I was really looking forward to that concert, and now it’s cancelled. This always happens to me! I never get to do fun things!

Black and white thinking

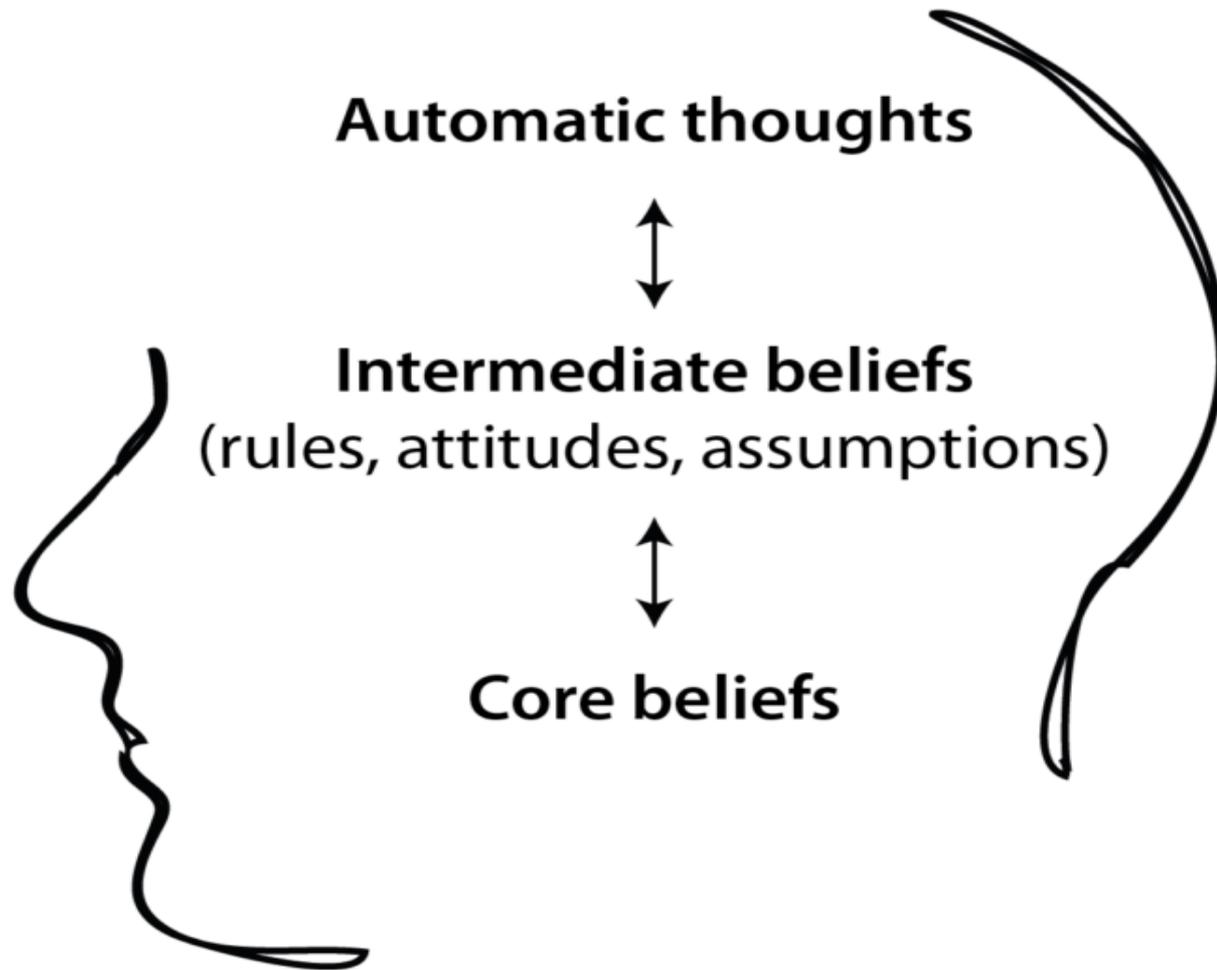
Seeing things as only right or wrong, good or bad, perfect or terrible. People who think in black and white terms see a small mistake as a total failure.

I wanted to eat healthier, but I ate too many snacks today. This plan is a total failure!

Labelling

Saying only negative things about yourself or other people.

I made a mistake. I’m stupid! My boss told me that I made a mistake. My boss is a total jerk!



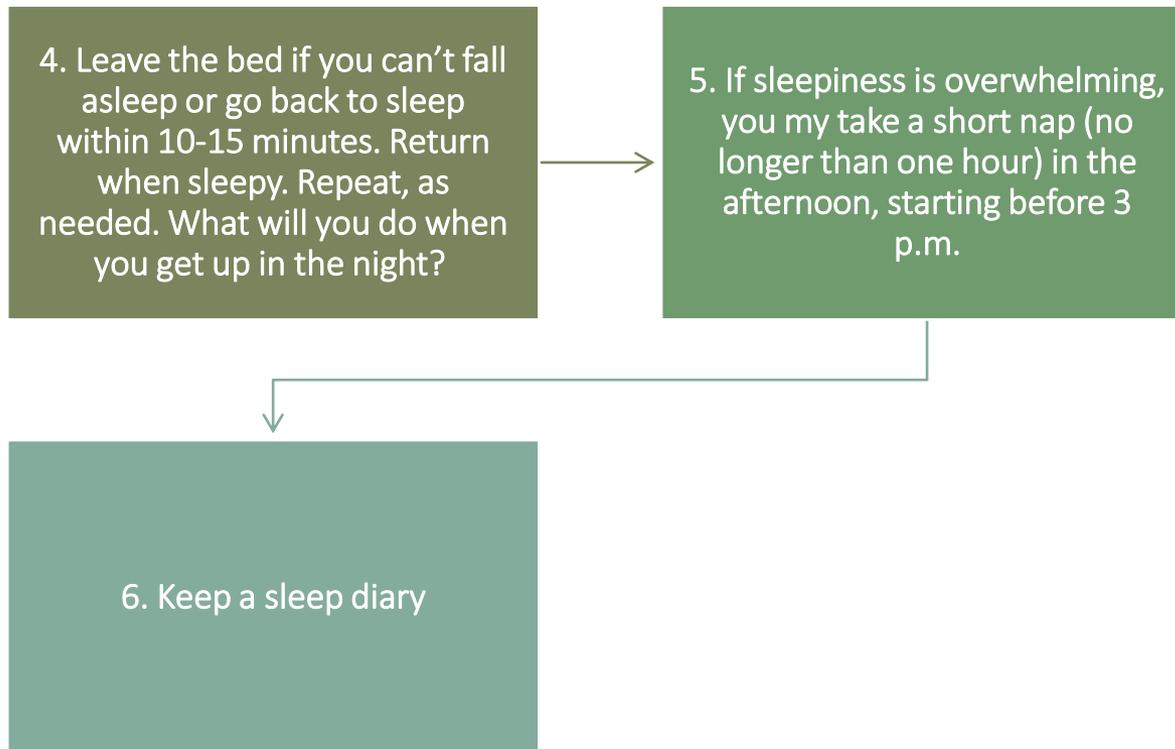
Two Processes that Control Sleep and Wakefulness – Sleep Drive

Increase your Sleep Drive by Engaging in Sleep Restriction

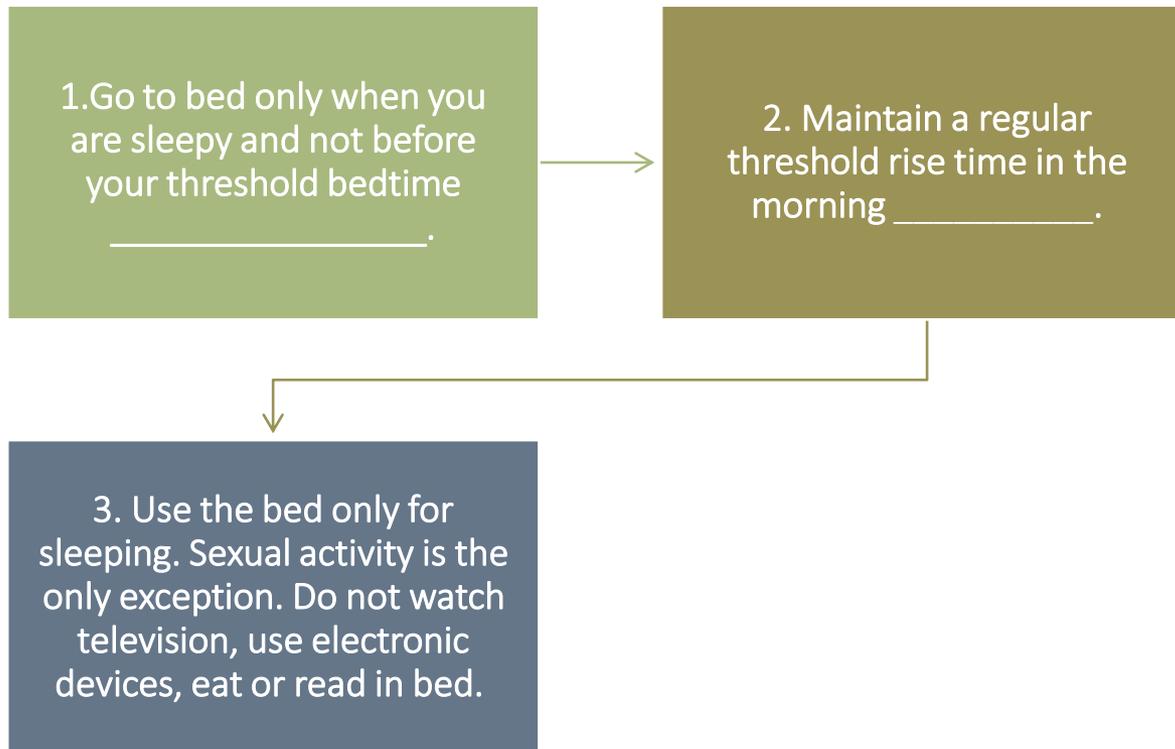
How: increase the time you are awake and restrict your time in bed

Example

Six Steps to Solid Sleep



Six Steps to Solid Sleep



Sleep Beliefs: What do you Believe?

Everyone needs at least eight hours of sleep at night

When people can't sleep that means something is really wrong

Normal People Sleep well every night.

If someone does not sleep well they will be irritable the next day.

Sleep problems lead to depression and anxiety

Sleep Beliefs - Continued

Insomnia makes it hard for people to get things done the next day

I just have to try harder to sleep.

After a poor night's sleep, people are less productive

There is nothing I can do to sleep better

I will never get a good night's sleep

“Regardless of age, your brain has the ability to make new neurons and construct new neural pathways throughout your life.

When you engage in new experiences or think in novel ways, new pathways are forged.

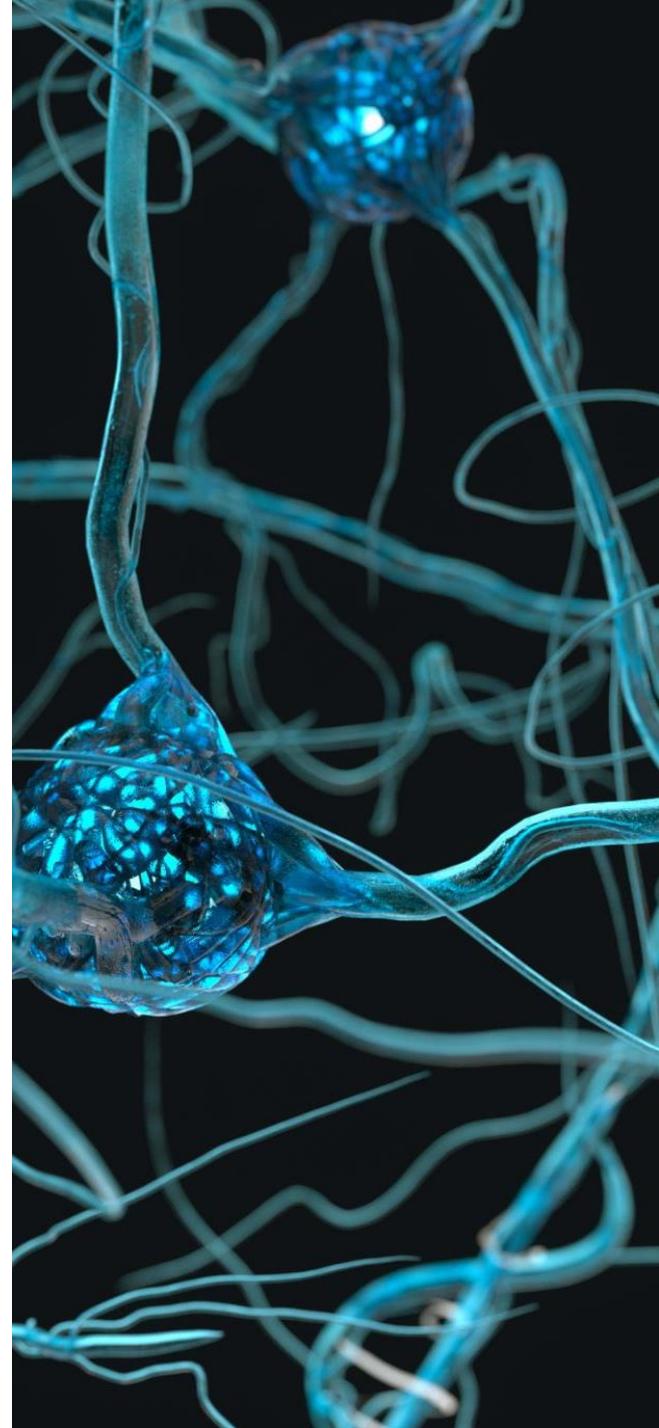
Every time you think a specific thought, a specific pathway of neurons fires up, neurotransmitters are released and synapses are subtly altered.

With repetition this pathway is strengthened.

Even as you read this very sentence, your brain is changing.

In this way, your brain's structure is a culmination of all the thoughts and experiences you have had up to this very moment.”

Marie Pasinski, Neurologist /Huffington Post commenting on Jill Bolte's work.



Thinking Traps

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Radical Acceptance

- When you stop fighting reality
- Stop responding with impulsive behaviors when things aren't going the way you want them to
- Let go of bitterness that may be keeping you trapped in a cycle of suffering
- Acceptance is a choice to "let go" that you repeatedly turn your mind to
- It



I'm going to have good and bad days



Having a bad night's sleep doesn't mean I can't have a good day today



People need different amounts of sleep. Many people don't sleep well sometimes



I've been able to do my job most days over the last year



Just because I didn't sleep well last night doesn't mean I won't sleep well tonight

Positive or Balanced Coping Statements (cont'd)

Breathing

Considerations – benefits to overall physical health

Practice

<https://www.drweil.com/videos-features/videos/breathing-exercises-4-7-8-breath/>

Thinking Traps

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I feel scared and overwhelmed right now, so that must mean everything is very bad and will never get better.

'Should' statements

Telling yourself how you "should" or "must" act.

I should be able to handle this without getting upset and crying!

Autogenic Training

Considerations – great if you have injuries or chronic pain or find PMR a bit too complicated

Practice

Autogenic Training

Autogenic Relaxation Script

My right arm is heavy and warm x3

I am calm and relaxed x3

My left arm is heavy and warm x3

I am calm and relaxed x3

Both of my arms are heavy and warm x3

I am calm and relaxed x3

My left leg is ...x3

I am calm and relaxed x3

My right leg is...x3

Both of my legs are...x3

When I open my eyes, I will feel refreshed and alert

The Relaxation and Stress Reduction Workbook (Davis,
Eshelman and McKay 2008)

Progressive Muscle Relaxation

Progressive Muscle Relaxation

Considerations:

If you have injuries or chronic pain:

Consider using another relaxation technique or skip over the affected area until you have consulted your medical provider

Practice:

Unwinding Your Mind and Body before Bed



Relaxation - helps you prepare to sleep at night both mentally and physically



Use before bed and at multiple times during the day



Helps “unwind” your nervous system

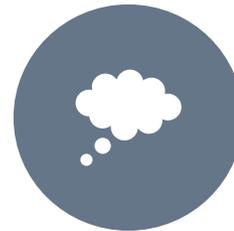
Home Practice



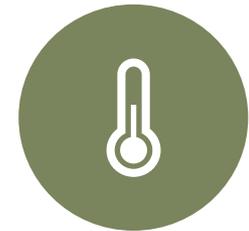
KEEP USING THE SIX SOLID STEPS TO SLEEP USING MOST RECENT BEDTIME AND RISE TIME THRESHOLD TIMES.



CONTINUE WITH SLEEP DIARIES AND BRING BACK TO GROUP



CATCH YOUR NEGATIVE SLEEP THOUGHTS AND CHALLENGE



CONTINUE TO FIND AT LEAST 2 TIMES PER DAY TO TAKE DEEP, RELAXING BREATHS



What is Sleep Hygiene?

Healthy sleep habits which can improve your ability to fall asleep and stay asleep

Sleep Hygiene Daytime Checklist

Exercise wisely

Daytime exercise (with elevated heart rate and perspiration)

Nap wisely

Avoid napping, or short naps only before 3 pm

Use Stimulants cautiously

Only early, daytime use of caffeine, nicotine, other stimulants

Observe the effects of medications

Take during day if they disrupt sleep^{*}

<https://mysleepwell.ca/cbti/hygiene-of-sleep/>

Sleep

Sleep disruptors: Caffeine, nicotine, alcohol, some medications, screen time, hunger or fullness, at vigorous exercise

Smart

Smart phone: Turn to night mode / Keep out of bedroom

Start

Relaxation: Start with your home environment

Follow

Follow a relaxation routine nightly: A pre-sleep routine

Worry

Worry time: Work through your concerns well before bedtime

Sleep Hygiene Before Bed

The room

- Quiet, dark (ear plugs & mask if needed)

The bed

- A comfortable temperature (not cold, not hot)

You

- Calm. Avoid thoughts that keep you awake by using: Imagery, mindful breathing, guided meditation,
- Listen to something soothing or boring, cognitive shuffle

Asleep

- Leave after 15-20 minutes if not asleep, return when sleepy

Rise time

- Out of bed and active

Sleep Hygiene in Bed