



Improve Your Sleep

A Self-Guided Approach for Veterans with Insomnia

SELF-HELP WORKBOOK



VA | Defining
HEALTH CARE | **EXCELLENCE**
in the 21st Century

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Introduction

The purpose of this workbook is to help Veterans who have insomnia.

You may have insomnia if:

- you have difficulty falling and/or staying asleep
- that has lasted for at least three months
- and causes you problems during the day.



The VA is committed to helping Veterans with insomnia. We offer Veterans a range of treatment options for addressing insomnia. Cognitive Behavioral Therapy for Insomnia (CBT-i) is recommended as the best approach to treat insomnia. CBT-i is offered via in-person individual sessions at most VA facilities. Some VA facilities also offer group-based CBT-i. In locations where in-person services are not available, group and individual sessions may be available via telehealth. This workbook provides another treatment option for Veterans who cannot, or do not want to, engage in face-to-face treatment. Researchers have found that self-guided approaches can help people improve their sleep dramatically.

We suggest using this workbook with a **FREE smartphone app called CBT-i Coach (Version 2.0)** to support your efforts. The CBT-i Coach app can be downloaded on either your Android or iPhone smartphone. On page 2, you will find instructions on how to install and use the CBT-i Coach app along with this workbook. This workbook provides a guide or “framework” for how to use CBT-i Coach, much like a face-to-face VA provider would do. We suggest using the workbook and app together. If you do not have access to CBT-i Coach, you can use the workbook on its own. We do not recommend using the CBT-i Coach on its own without either the workbook or face-to-face VA provider.



Yet another self-guided option is to use the **FREE Path to Better Sleep online course**, found here:

<https://www.veterantraining.va.gov/insomnia/>

You can use the course on its own or with this workbook.

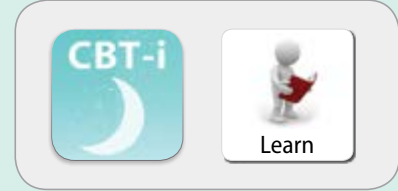




OPTION 1

Use this workbook and CBT-i Coach

Look for the CBT-i Coach buttons in the margins throughout the workbook. This will indicate the workbook text will direct you to **CBT-i Coach** to enter your sleep information or receive tailored sleep recommendations.



How to Install CBT-i Coach on Your Mobile Phone

- **iPhone:** Go to the App Store icon and search for “CBT-i Coach.” Tap “Install” and enter your iTunes password. CBT-i Coach will appear as an icon on your home screen.
- **Android:** Go to the Google Play Store icon and search for “CBT-i Coach.” Tap on the picture of the icon. Tap the “Install” button. Tap on “Accept” permissions. Tap on “Open” to use the app. The CBT-i Coach app will then appear in your list of active applications.

Once you have installed CBT-i Coach on your mobile phone, go to “Settings” in the upper right-hand corner and select whether or not you are working with a CBT-i Provider.



OPTION 2

Use this workbook alone

If you do not use the companion CBT-i Coach, look for a picture of a “writing hand” in the margins throughout the workbook. The “writing hand” will direct you to worksheets for completing the referenced calculations or assessments by hand.

Before you continue, please review a few points of caution for your safety.



If you:

feel too sleepy to perform your daily functions safely . . .

-and/or-


have been diagnosed with bipolar disorder
and/or a seizure disorder . . .

-and/or-


have been diagnosed with sleep apnea **and**
your sleep apnea is not treated . . .

-and/or-

have been diagnosed with another sleep disorder
that causes daytime sleepiness . . .

Look for the  to indicate certain tips you should NOT follow because following those tips could worsen your condition and/or make you dangerously sleepy.

You should never drive or operate heavy machinery if you are too sleepy to do it safely.

If you have been diagnosed with sleep apnea **and** are not using your treatment device every night, please contact your VA sleep provider or primary care provider to discuss this because untreated sleep apnea can have dangerous effects on your health. Also, please look for the  throughout this workbook which will indicate certain guidelines you should **NOT** follow because following those guidelines could make you dangerously sleepy and increase your risk of harm.

If you have not been diagnosed with sleep apnea, please take the following quiz to see if you might have it and not yet know it.

1 Snoring

Do you **Snore Loudly** (*loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night*)?

Yes No

2 Tired

Do you often feel **Tired, Fatigued, or Sleepy** during the daytime (*such as falling asleep during driving*)?

Yes No

3 Observed

Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** during your sleep?

Yes No

4 Blood Pressure

Do you have or are you being treated for **High Blood Pressure**?

Yes No

5 Body Mass Index or "BMI"

Is your BMI more than 35 kg/m²? (*see page 74 to find your BMI*)

Yes No

6 Age

Are you more than 50 years old?

Yes No

7 Neck Size

Measure the size of your neck using a measuring tape or string (measure around the Adam's apple). For males, is your shirt collar 17 inches (43 cm) or larger? For females, is your shirt collar 16 inches (41 cm) or larger?


Yes No

8 Gender

Are you a male?

Yes No

If you answered "yes" to 3 or more of the questions:

- You may have sleep apnea. For a description of sleep apnea, see page 81. You should inform your VA primary care provider and ask to be assessed for sleep apnea.
- Look for the  which will indicate certain guidelines you should NOT follow until 1) a doctor tells you that you do not have sleep apnea; or 2) a doctor diagnoses and treats you for sleep apnea. Following those guidelines can make you dangerously sleepy if you have undiagnosed or untreated sleep apnea.



CHAPTER 1

Learning About Your Sleep

Healthy Sleep

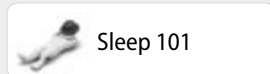
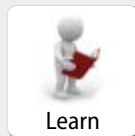
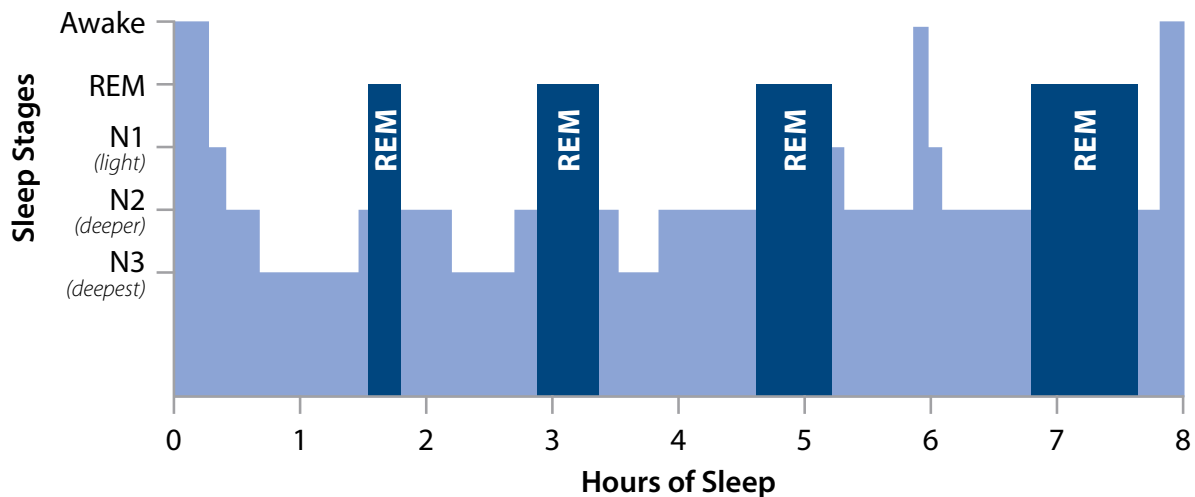
Sleep:

- is a basic need of humans, like food and water.
- is a profound state of rest.
- restores our mind and body and provides us with energy.
- unfolds in a pattern that repeats through the night.

The first stage of sleep is a very light sleep. During light sleep (N1), you could be awakened by even a little noise and may not realize you had been sleeping at all. The following stages of sleep get progressively

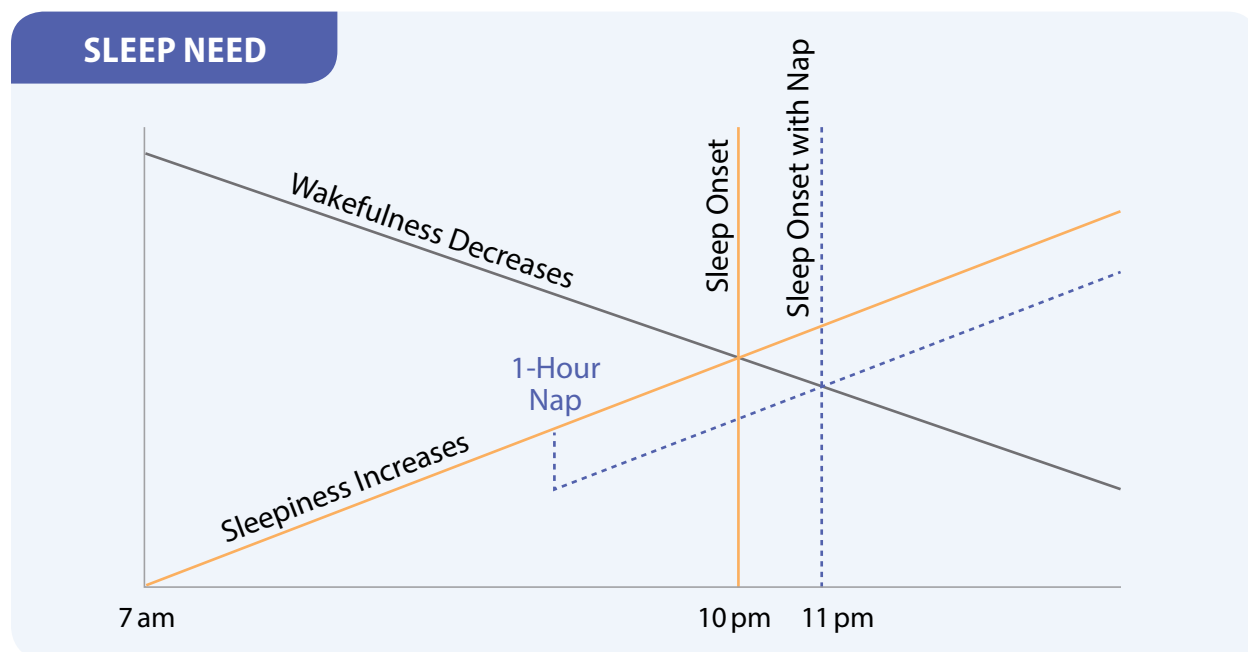
deeper, and brain waves get slower. If someone tried to awaken you from the deepest stage of sleep (N3), it would be much more difficult than waking you from light sleep. After about 90 minutes of sleep, you enter a sleep state called “REM” sleep, or Rapid Eye Movement sleep. This state is called Rapid Eye Movement sleep because during REM sleep your eyes move back and forth rapidly. During REM sleep, your heart rate and brain activity are more similar to being awake than in any other stage of sleep.

SLEEP STAGES OF A “GOOD” SLEEPER



Sleep Regulators—Three Processes Control Sleep

Three processes determine **if** you sleep, **when** you sleep, and **how well** you sleep. The first two processes are the primary processes that work together to create sleep, while the third process has to do with things that might interfere with the other two processes.



IF You Sleep

Sleep Need (Sleep Drive): The first process is your sleep need. Your sleep need is determined primarily by how long you have been awake. If you have been awake for a very long time, it may be fairly easy for you to fall asleep because your body “needs” sleep to restore itself. You may or may not actually feel sleepy. But, if you just woke up from a long and refreshing night of sleep (or nap), it would probably be difficult to fall asleep again right away because your body does not “need” sleep. In this way, sleep is similar to appetite. The longer you have gone without eating, the hungrier you are. When you eat something your hunger for food decreases.

In the diagram above, you see that your need for sleep (sleepiness) goes up throughout the day. If you take a nap, you reduce your need for

sleep temporarily, until you wake up and begin to build up your need for sleep again. Using our appetite analogy . . . taking a nap is like snacking. You may have been told by a parent that you would ruin your dinner if you eat a snack too close to dinner time. Or, you may have noticed that food tastes better if you are very hungry rather than just a little bit hungry. In the same way, if you take a nap, you may reduce the likelihood of being able to fall asleep at bedtime and may also reduce the quality of your sleep. This is especially true if the nap is taken within a few hours of your bedtime. In the diagram above, you will see that your wakefulness declines throughout the day, and sleep happens when your sleepiness overtakes your wakefulness. If you take a one hour nap, the point at which your sleep need overtakes your wakefulness gets pushed back as well.

WHEN You Sleep

Sleep Clock (Circadian Process): The second process that controls sleep involves an internal “sleep clock” that tells you when it is time to be awake and when it is time to be asleep. Light is what “sets” the sleep clock. When light enters your eyes, a series of reactions take place in your body to tell you what time it is. Most of us are “wired” to be asleep when it is dark outside and to be awake when it is light outside. Brain chemicals,

body temperature and other physiological factors interact with each other to make you sleepy or alert as guided by your internal sleep clock. If you have ever noticed that the quality of your sleep is better at certain times than others, you may be noticing your sleep clock. So, you could say that your sleep clock is all about the **timing** of sleep.



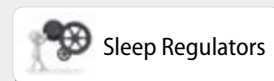
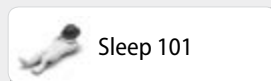
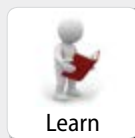
HOW WELL You Sleep

Sleep Disruptors (Sleep Arousal): If your sleep was guided solely by the two processes described above, it would be very consistent and predictable from day to day. However, the stressors of life alone guarantee that all of us, even “good” sleepers, will have a night of bad sleep from time to time. In addition to the normal stressors of life, Veterans can experience a range of other factors that interfere with sleep. We might think of these factors as “sleep disruptors.”

It is important to point out that sleep disruptors are not always negative. For example, you may have trouble getting to sleep if anticipating something exciting that will happen the next day. Often, sleep disruptors are things that make you tense, stressed, or “hyped up” in some way. They keep you from feeling the relaxation necessary to allow sleep to unfold naturally.

Although this workbook will give you concrete tools to help you address many common sleep disruptors, you should discuss the following problems with your VA provider(s):

- chronic pain
- depression, or feeling down or blue
- intrusive/bothersome thoughts or images
- difficulty reducing or stopping drinking
- difficulty stopping recreational drug use
- difficulty using a Positive Airway Pressure machine (e.g. CPAP, APAP, Bi-PAP) if you have been diagnosed with sleep apnea.



Unhealthy Sleep—Insomnia

How did your insomnia begin, and why are you still suffering from it?

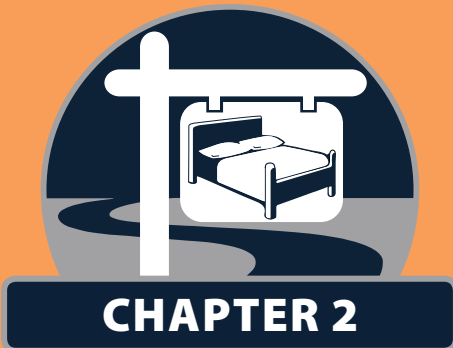


You are probably reading this workbook because you have been struggling with insomnia for many months or even years. For most people, insomnia develops gradually over time. The steps listed below reflect a typical process for the development of insomnia:

- 1 A person has a family history of insomnia and/or certain biological and personality factors that increase the likelihood that they will develop insomnia.
- 2 A stressful event occurs (like military deployment, the birth of a baby, job loss), and the person begins to have trouble falling and/or staying asleep.
- 3 The person makes changes to their schedule in an attempt to cope with sleep difficulties. For example, they linger in bed in the morning and take naps during the day because they didn't sleep well the night before.
- 4 The stressor eventually resolves, but the person has begun to think about sleep differently than they did before the stressful event.
 - They worry during the day that they won't sleep well during the night.
 - They feel upset about the harmful impact of their sleep problems on their health or quality of life.
- 5 After a period of time, their thoughts, emotions and sleep behaviors have become habits. These new sleep-related behaviors, thoughts and emotions have now become the primary reason for the ongoing insomnia, even when the original stressful event has ended.

Does this sound familiar to you?

Notes



Using a Sleep Diary

How to Track Your Sleep with a Diary

To improve your sleep, you will need to know how to use a Sleep Diary to track how much and how well you sleep. You may think this is silly because you are well aware of your sleep patterns, but researchers have found that people see their sleep patterns more clearly when they use Sleep Diaries.

To get started:

- 1 Decide which Sleep Diary option you would like to use (CBT-i Coach vs. by hand).



If you choose to use CBT-i Coach Version 2.0, begin on page 13.



If you choose to track your sleep by hand, skip to page 15.

- 2 Choose a period of time that is fairly typical for you in terms of your sleep. Don't choose your vacation time to track your sleep (*for the first time*) because while you are on vacation, you are likely to sleep in a pattern that is not typical for you.



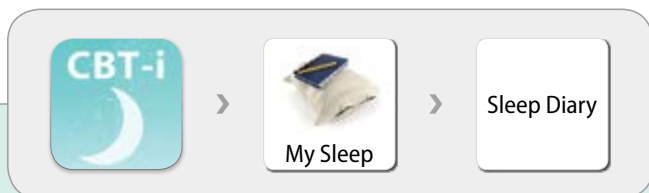
- 3 Begin recording your sleep in the Sleep Diary **each morning** when you awaken. The Sleep Diary is an *estimate* of your sleep over the past 24 hours. *There is no need to record exact times you were awake during the night, or the exact time you fell asleep.*



- 4 Once you've completed one week of sleep diaries, follow the Steps to Improving Your Sleep in Chapter 3.

Using the Sleep Diaries in CBT-i Coach

If you are using the CBT-i Coach, all you need to do is enter the times and information. CBT-i Coach will do all of the “math” for you. CBT-i Coach will also display several graphs that will help you to see your progress over a one-week period. You can find the Sleep Diary by choosing “My Sleep” from the Home screen. Then, click on “Sleep Diary” and then “Add New Entry.”



Cancel Edit Entry Save

April 19, 2015

Did you nap or doze yesterday? Yes

In total, how long did you nap or doze?
0 hours 30 minutes

What time did you get into bed yesterday?
10:10 PM

What time did you try to go to sleep?
10:30 PM

How long did it take you to fall asleep?
0 hours 30 minutes

How many times did you wake up, not counting your final awakening?
3

In total, how long did these awakenings last?
0 hours 50 minutes

← Select the date of the morning you are completing the Sleep Diary.

Select Yes or No to indicate whether you napped or dozed yesterday. If yes, enter the total amount of time you napped or dozed between yesterday’s wake time and bedtime.

← Enter the time that you got into bed. This may not be the time that you began “trying” to fall asleep, but rather when you got into bed.

← Enter the time that you began “trying” to fall asleep.

← How long did it take you to fall asleep?

← How many times did you wake up during the night?

← What was the total time you were awake between the time you first fell asleep and your final awakening? In this example, the individual woke up 3 times; twice for 10 mins and once for 30 mins ($10 + 10 + 30 = 50$ mins awake in the middle of the night).

← Enter the last time you woke up in the morning.

Select Yes or No to indicate whether you woke up earlier than desired. If yes, enter the amount of time you were awake before your desired wake time.

← Enter the time you got out of bed to start your day.

← Rate your sleep quality.

After each sleep diary entry, you will see a summary screen that lists three numbers:

← • Total Time in Bed

← • Total Time Asleep

← • Sleep Efficiency (percentage of time spent sleeping out of the total amount of time you were in bed)

← You can come back to this information at any time by clicking on a particular date.

Once you've completed one week of sleep diaries, follow the Steps to Improving Your Sleep in Chapter 3.



Track your Sleep by Hand

If you choose to use this option, be sure to make copies of the Blank Sleep Diary on page 69.

Using military time will make it easier to do the calculations. Refer to the table below to convert standard time into military time for tracking your sleep on the Sleep Diary.

Converting Standard Time to Military Time

12 AM = 0000	12 PM = 1200
1 AM = 0100	1 PM = 1300
2 AM = 0200	2 PM = 1400
3 AM = 0300	3 PM = 1500
4 AM = 0400	4 PM = 1600
5 AM = 0500	5 PM = 1700
6 AM = 0600	6 PM = 1800
7 AM = 0700	7 PM = 1900
8 AM = 0800	8 PM = 2000
9 AM = 0900	9 PM = 2100
10 AM = 1000	10 PM = 2200
11 AM = 1100	11 PM = 2300

Converting Hours to Minutes

HOURS		MINUTES
1	=	60
2	=	120
3	=	180
4	=	240
5	=	300
6	=	360
7	=	420
8	=	480
9	=	540
10	=	600
11	=	660
12	=	720

When you get up tomorrow morning, use the guidelines below to learn how to complete your Sleep Diary.

TODAY'S DATE	→	4/19/2015
1. What time did you get into bed?	A	2210
2. What time did you try to go to sleep?	B	2230
3. How long did it take you to fall asleep?	C	30
4. How many times did you wake up DURING THE NIGHT?	D	3
5. In total, how long did these awakenings last?	E	50
6. What time was your final awakening?	F	0600
7. What time did you get out of bed for the day?	G	0630
8. How many minutes did you nap yesterday?	N	30

Write the date of the morning you are completing the Sleep Diary.

Write the time you got into bed. This may not be the time that you began "trying" to fall asleep, but rather when you got into bed.

Record the time you began "trying" to fall asleep.

Beginning at the time you recorded for question 2, how long did it take you to fall asleep?

How many times did you wake up between the time you first fell asleep and your final awakening?

What was the total time you were awake between the time you first fell asleep and your final awakening. In this example, Robert woke 3 times; twice for 10 minutes and once for 30 minutes. Robert added them together to get a total of 50 minutes (10 + 10 + 30) awake in the middle of the night.

Record the last time you woke up in the morning.

What time did you get out of bed with no further attempt at sleeping? This may be different from your final awakening time. In our example, Robert woke up at 6:00 a.m. but did not get out of bed until 6:30 a.m.

Record the total number of minutes you either napped or dozed off yesterday.

Example—Robert’s Sleep Diary

Robert used his completed Sleep Diary to calculate values for each of the sleep measures on the bottom left of the table. Here’s how Robert calculated these values:

Step 1: TOTAL TIME IN BED (Row H)

= the time between when Robert tried to go to sleep and when he got out of bed.

On 4/19/15, Robert got out of bed at 0630. He tried to go to sleep at 2230 the night before. To determine how many minutes this is, Robert first determined how many hours passed between 2230 and 0630. He determined that 8 hours passed between his bedtime and his wake time. Then, he looked at the conversion tables on page 15 to determine that 480 minutes are in 8 hours. Robert used this same process to determine the Total Time in Bed for each of the 7 days of the Sleep Diary (Row H).

TOTAL TIME IN BED A to G =	H	480
PRE-SLEEP TIME IN BED A to B =	I	20
SNOOZE TIME F to G =	J	30
TOTAL WAKE TIME C + E + J =	K	110
TOTAL SLEEP TIME H - K =	L	370
SLEEP EFFICIENCY (L ÷ H) x 100 =	M	(370/480) × 100 = 77%
L + N =	Z	400

Step 2: PRE-SLEEP TIME IN BED (Row I)

= the time Robert spent in bed before he attempted to sleep.

On 4/19/15, Robert got into bed at 2210 and tried to go to sleep at 2230. Therefore, he spent 20 minutes in bed before he tried to go to sleep. Robert used this same procedure to complete each of the 7 days recorded on the Sleep Diary (Row I).

Step 3: SNOOZE TIME (Row J)

= the amount of time Robert remained in bed after his final awakening.

On 4/19/15, Robert woke up at 0600 and he got out of bed at 0630. Therefore, his snooze time was 30 minutes. Robert used this same procedure to complete each of the 7 days recorded on the Sleep Diary (Row J).

Step 4: TOTAL WAKE TIME (Row K)

= the total amount of time Robert was awake between the time he tried to go to sleep and the time that he got out of bed.

On 4/19/15, Robert was awake for 30 minutes from the time he tried to go to sleep until he was sleeping (Row C), for 50 minutes in the middle of the night (Row E), and an additional 30 minutes of Snooze Time (Row J). Robert added these 3 values for a total of 110 minutes. Robert used this same procedure to complete each of the 7 days recorded on the Sleep Diary (Row K).

Step 5: TOTAL SLEEP TIME (Row L)

= the total amount of actual sleep between Robert's bedtime and his wake time.

On 4/19/15, Robert was in bed for 480 minutes, but he was awake for 110 minutes. Subtracting 110 from 480, Robert found that his total sleep time was 370 minutes. Robert used this same procedure to complete each of the 7 days recorded on the Sleep Diary (Row L).

Step 6: SLEEP EFFICIENCY (Row M)

= the percentage of time while Robert was in bed that he was actually sleeping.

On 4/19/15, Robert was sleeping for 370 of the 480 minutes he was in bed. Robert divided by 370 by 480 to get 0.77. He multiplied this number by 100 to find a Sleep Efficiency of 77%. Robert used this same procedure to complete each of the 7 days recorded on the Sleep Diary (Row M).

Step 7: AVERAGE VALUES in the Last Column

To determine the average values for the week, Robert calculated the average for each row of data by adding them all up and dividing by 7 (since there are 7 days of data). If Robert had only recorded 6 days of Sleep Diary, he would divide the total by 6 instead of 7. To find the average TOTAL TIME IN BED, Robert added $480 + 430 + 420 + 470 + 460 + 490 + 500$. He divided the total of 3250 by 7, to get an average Total Time in Bed of 464 minutes. Robert used this same procedure to complete each of the cells in the last column of the worksheet.

Step 8: TOTAL SLEEP TIME, INCLUDING NAPS (Row Z)

= the total amount of sleep Robert had over the past 24 hour period.

On 4/19/15, Robert obtained 370 minutes of sleep during the night (Row L). He also napped for 30 minutes yesterday (Row N). To find his total sleep time over the past 24 hours, Robert added the 370 minutes of sleep at night to the 30 minutes of sleep from yesterday, for a total sleep time, including naps, or 400 minutes. Robert used this same procedure to complete each of the 7 days recorded on the Sleep Diary (Row Z).



Steps to Improving Your Sleep

Steps to Improving Your Sleep

After you have completed at least 1 week of sleep diaries, you are ready to start the process of improving your sleep. Begin with Step 1 below to understand how you learned to sleep poorly.



Step 1

Understand How You Learned to Sleep Poorly

CHAPTER 3

Have you ever noticed there are some things you can do automatically, without thinking much about it? For example, do you recall the first time you drove a car? It probably took quite a bit of your concentration. These days you may find you just drive yourself from one place to another but can't remember much about the process of driving there. When you find yourself on "automatic pilot," it is often because you have lots of experience with that particular activity. So much experience, in fact, that you can do the activity without awareness, or "unconsciously." Your body can learn to respond to your sleep environment in a similar way.

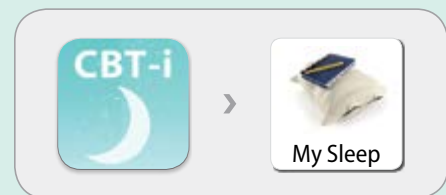
Without realizing it, you trained yourself to "unconsciously" associate your bedroom with whatever activities you typically do there. For example, if you watch TV in bed, you are training yourself to be alert and attentive while in bed. If you typically toss and turn for an hour or two before falling asleep, you are training yourself to be frustrated and sleepless while in bed. So, without intending to, you may have trained yourself to be awake in bed. But, the good news is, you can use this same learning process to train yourself to sleep better.

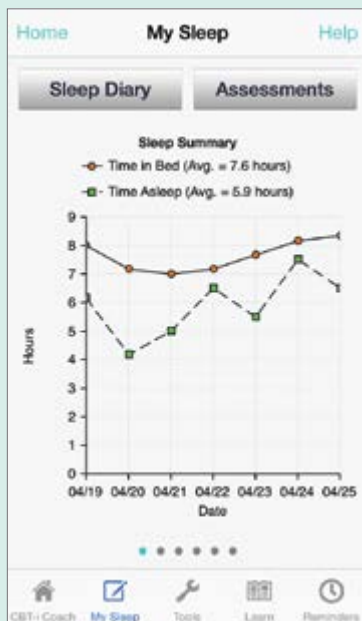
Learning how to sleep well is an important part of overcoming insomnia.

Take a moment to review your sleep for the past week. From the Home screen on CBT-i Coach, go to "My Sleep."

If you have completed at least five sleep diary entries for the previous week, you should see a graph. Swipe to the left to move from one graph to the next.

NOTE: If you are tracking your sleep by hand, skip to page 24 of the workbook and read the section entitled, "Understand How You Learned to Sleep Poorly—Tracking by Hand."

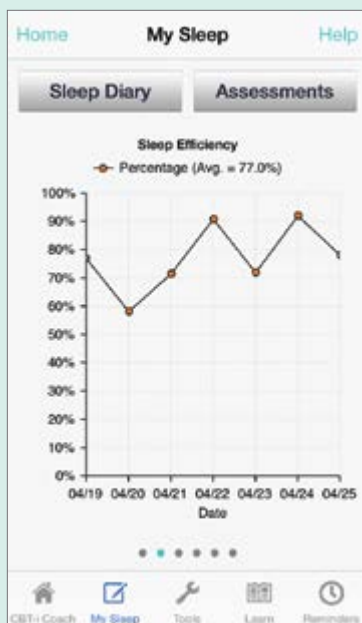




← **Look at the first graph, “Sleep Summary.”**

- Of the total time you were in bed, how much of that time were you asleep?
- Is there a large gap between the “Time in Bed” line (orange circles) and the “Time Asleep” line (green squares)? The gap between the lines is the difference between the total hours you spent in bed and the total number of hours you were sleeping.
- Were you in bed for a lot longer than you were actually asleep? If yes, how much longer were you in bed?

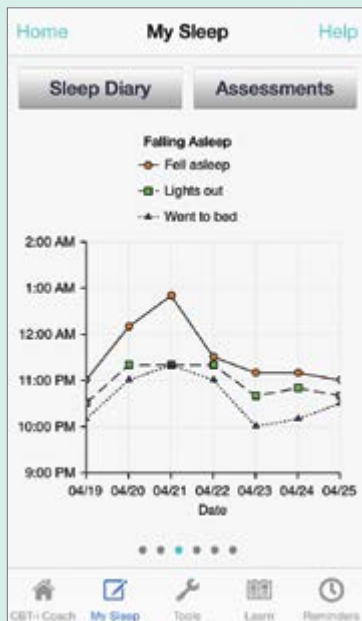
You will need to have a good fit between your actual sleep time and your time in bed to improve your sleep.



← **Look at the second graph, “Sleep Efficiency.”**

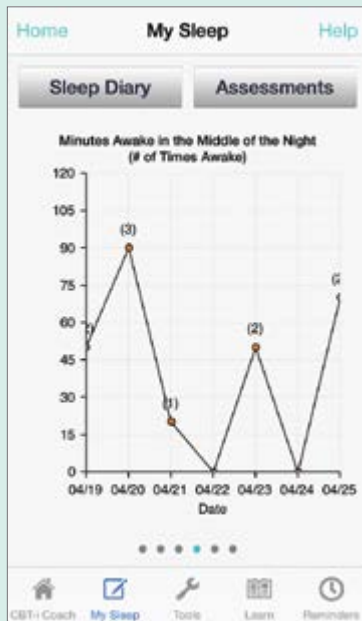
- This graph shows the percentage of time you were asleep while you were in bed at night.
- Was your average “Sleep Efficiency” less than 85%?

To improve your sleep, you’ll want to work towards being asleep for at least 85% of the time you are in bed.



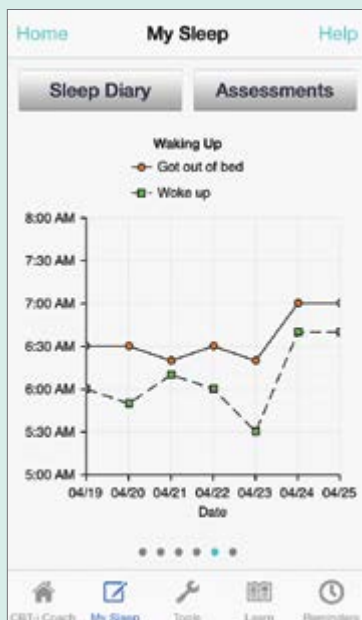
← **Look at the third graph, “Falling Asleep.”**

- Is there a gap between the “Lights Out” line (green squares) and the “Fell Asleep” line (orange circles)?
- Were you often awake for more than 30 minutes before falling asleep?



← **Look at the fourth graph, “Minutes Awake in the Middle of the Night.”**

- How much time did you spend awake in the middle of the night?
- Do you find yourself struggling to return to sleep when you awaken in the middle of the night?



← **Look at the fifth graph, “Waking Up.”**

- Is there a large gap between the “Got Out of Bed” line (orange circles) and the “Woke Up” line (green squares)?
- After your final awakening, did you stay in bed trying to return to sleep? If so, about how long did you stay in bed? Was it more than 15 minutes?

Each of these situations provides you with the opportunity to “learn” how to sleep poorly. In other words, if you have been lying awake in bed struggling to fall back asleep, you have been training yourself to associate your bed with being frustrated and restless. And, frustration and restlessness *do not* set the stage for sleep. **To improve your sleep, you will need to unlearn this association. You will need to limit your time awake in bed.** You will learn some specific strategies for unlearning these associations in the next section. Skip to page 25 to begin the process of learning how to improve your sleep.



Understand How You Learned to Sleep Poorly— Tracking by Hand

- **Compare the numbers in Row H (Total Time in Bed) and Row L (Total Sleep Time).** Is there a difference between these two numbers? Were you in bed for a lot longer than you were actually asleep? If yes, how much longer were you in bed? You will need to have a good fit between your time in bed and your actual sleep time to improve your sleep.
- **Look at Row M, “Sleep Efficiency.”** This number shows the percentage of time you were asleep while you were in bed at night. Was your average “Sleep Efficiency” less than 85%? To improve your sleep, you’ll want to work towards being asleep for about 85% of the time you are in bed.
- **Look at Row C, minutes to fall asleep.** How many nights of the week did it take you 30 minutes or longer to fall asleep?
- **Look at Row E, “Minutes Awake in the Middle of the Night.”** How much time did you spend awake in the middle of the night? How many nights of the week were you awake for 30 minutes or more during the middle of the night? Do you find yourself struggling to return to sleep when you awaken in the middle of the night?
- **Compare the times in Row F (final awakening) and Row G (time you got out of bed for the day).** Is there a difference between these two numbers? After your final awakening, did you stay in bed trying to return to sleep? If so, about how long did you stay in bed? Was it more than 15 minutes?

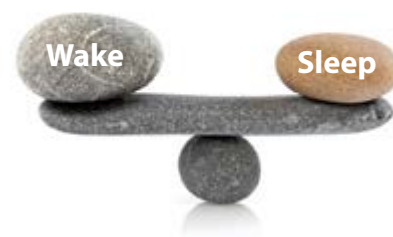
TOTAL TIME IN BED A to G =	H	480
PRE-SLEEP TIME IN BED A to B =	I	20
SNOOZE TIME F to G =	J	30
TOTAL WAKE TIME C + E + J =	K	110
TOTAL SLEEP TIME H - K =	L	370
SLEEP EFFICIENCY (L ÷ H) x 100 =	M	(370/480) X 100 = 77%
L + N =	Z	400

1. What time did you get into bed?	A	2210
2. What time did you try to go to sleep?	B	2230
3. How long did it take you to fall asleep?	C	30
4. How many times did you wake up DURING THE NIGHT?	D	3
5. In total, how long did these awakenings last?	E	50
6. What time was your final awakening?	F	0600
7. What time did you get out of bed for the day?	G	0630

Each of these situations provides you with the opportunity to “learn” how to sleep poorly. In other words, if you have been lying awake in bed struggling to fall back asleep, you have been training yourself to associate your bed with being frustrated and restless. And, frustration and restlessness *do not* set the stage for sleep. **To unlearn this association, you will need to limit your time awake in bed.** You’ll be given some specific guidance on how to do this below.

Balancing Wake and Sleep

Your body and mind are constantly engaged in a balancing act between wake and sleep. People who struggle with insomnia often have the experience of being out of balance with their wake and sleep. They are more likely to wake up at different times from one day to the next, and may also be more likely to nap. In the next section of the workbook, we will use the idea of a sleep-wake scale to help you understand insomnia and improve your sleep.



This balancing act is easy to notice when you have been awake for a very long time. Even if you struggle with insomnia, you would probably have a hard time staying awake for 24 hours. In this situation, the sleep-wake scale would tip down towards sleep. On the other end of the scale is the situation in which you get too much sleep, and the sleep-wake scale tips toward wakefulness. If you are reading this workbook, it's unlikely that you have problems getting too much sleep. But, you can probably recall a time when you had difficulty falling asleep at night because you took a long nap during the day or you “slept in” that morning. If so, then you have had some experience with the other end of your sleep-wake scale as well.

Now, consider these questions.

- Do you tend to wake up and get out of bed at the same time each day?
- Do you take naps?

Improving your sleep will require you to keep a consistent wake time each day (form a habit), and eliminate (stop) napping unless you need a brief nap to remain safe—for example, before driving.

Putting It All Together

If you have come this far in the workbook, you now understand:

- the differences between healthy sleep and insomnia,
- the sleep regulators—3 processes that control sleep,
- the sleep-wake scale, and
- how you learned to sleep poorly.

You have also tracked your sleep on a Sleep Diary for at least 1 week, so you have an understanding of your own sleep patterns. Now, you can use what you have learned to make some changes.

Step 2

Follow the Sleep Guidelines

If you want to improve your sleep, you should follow these general guidelines as closely as possible.

1 Set the alarm clock and get up at the same time every morning.

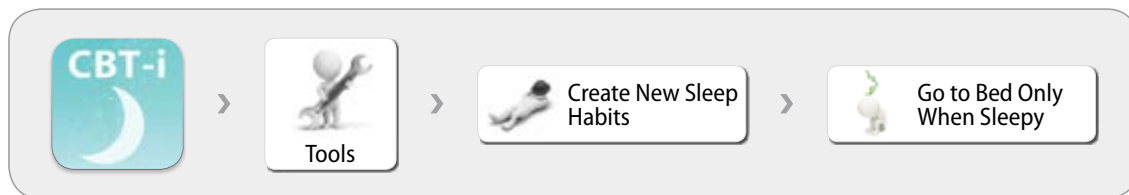
Why? This will help strengthen your Sleep Need and help to “set” your sleep clock.



2 Go to bed only when you are sleepy. Don't get into bed before you feel sleepy. See pages 80–81 to understand the difference between feeling sleepy and feeling tired.

Why? So you will re-learn falling asleep quickly upon getting into bed.

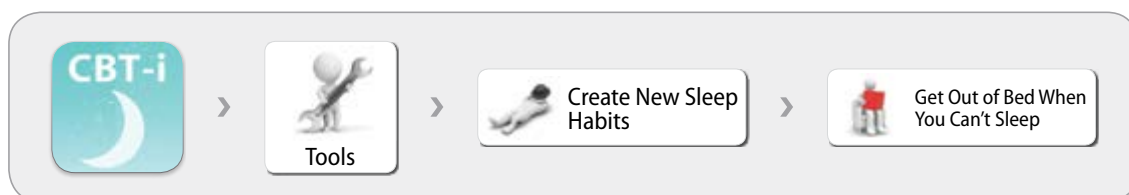
Use CBT-i Coach to find some suggestions for activities for keeping yourself awake until you feel sleepy.



3 Get up when you can't sleep. If you don't fall asleep within 20 minutes of getting into bed, or if you wake in the middle of the night, you should get up and do something relaxing. Do not attempt sleep again until you feel sleepy. If sleep does not come within 20 minutes, repeat the same process.

Why? So you can strengthen your learned connection between the bed and sleep, and “unlearn” that the bed is a place to be awake.

Use CBT-i Coach to find some suggestions for middle of the night activities when you can't sleep.



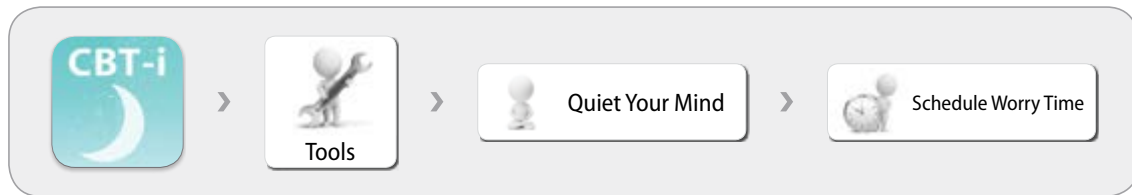
4 Do not nap during the day.

Why? If you nap, you will be “stealing” away good quality sleep that should be reserved for nighttime.

5 Don’t worry or plan in the bed.

Why? So you can strengthen a learned connection between the bed and sleep. If worry or “busy mind” is a frequent problem for you, follow the tips starting on page 41 to move worry and “busy mind” out of the bedroom.

Use CBT-i Coach to remind you of your scheduled Worry Time.



6 Use the bed only for sleeping. Do not read, eat, or watch TV in bed. Physical intimacy or sexual activity is the only exception.

Why? To strengthen your learned connection between the bed and sleep, rather than wakefulness.

Step 3

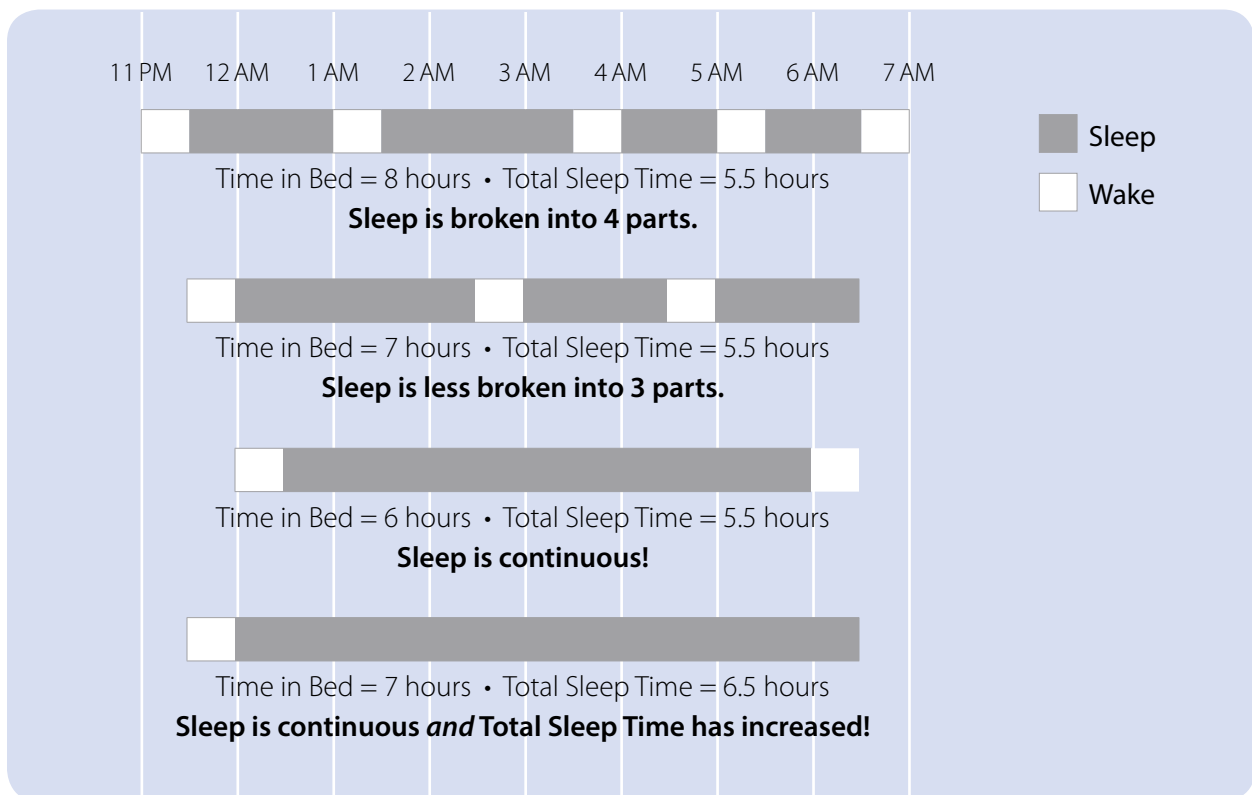
Follow Your Personalized Sleep Prescription

CHAPTER 3

The next step is to fix your “broken” sleep. Many Veterans say that, even if they do not get more sleep, they would be happy to have uninterrupted sleep. If you are someone who gets only about 5 hours of sleep per night, but these 5 hours are interrupted by periods of wakefulness, your first goal for improving your sleep will be to have longer bouts of uninterrupted sleep. In the figure below, you will see a picture showing how to “squeeze” your broken sleep into a single block of sleep. In the picture, the 5 hours of sleep which previously happened over an 8 hour period of time is gradually “squeezed” into a smaller “window” of sleep. Later, as your sleep becomes more consolidated, you will move towards extending your time in bed to increase your total sleep time.



Remember, if you have any of the conditions listed on page 3, you should skip Step 3.

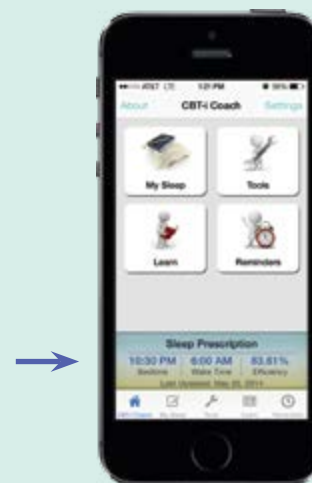


To begin consolidating your sleep, you first need a Personalized Sleep Prescription. This is a prescribed morning wake time and bedtime. CBT-i Coach will help you calculate your Personalized Sleep Prescription based on your sleep diary entries. You will need five complete entries in order to calculate your Personalized Sleep Prescription.

To update your sleep prescription, go to the Home screen and click anywhere in the blue “Sleep Prescription” box at the bottom of the screen.

CBT-i Coach will first ask you to enter your preferred wake time. Pick a time that will work for you on all days of the next week—weekdays *and* weekends. Be sure you do not select a wake time that is **after** the time you would need to rise to attend a frequent appointment or event. Your selected wake time must be **no later than** the earliest time you will need to get up during the week. **IMPORTANT:** Before you select a sleep schedule, please also review the guidelines on page 32 about how to select the **right** bedtime and wake time.

Next, follow the CBT-i Coach through the “Sleep Need Questionnaire.” Once you complete these two steps, the CBT-i Coach will generate a suggested sleep prescription for you that includes a personalized bedtime and a personalized wake time.



Now skip to page 32 for tips on how to select the right sleep schedule.



Determine Your Personalized Sleep Prescription by Hand

Begin this section after completing at least 1 week of sleep diaries.

- Refer to **Row Z** to find your **Average Total Sleep Time**.

L + N =	Z
---------	---

- Write your Average Total Sleep Time in space 1 below.
 - If your Average Total Sleep Time is 300 minutes or less, write 330 minutes in space 2. Do not reduce Time in Bed to less than 330 minutes (5 ½ hours).
 - If your Average Total Sleep Time is more than 330 minutes, add 30 minutes to your Average Total Sleep Time (space 1).

Average Total Sleep Time
(row Z)

 (space 1)

+ 30 minutes =

Allowable Time in Bed
(in minutes)

 (space 2)

Converting Hours to Minutes

- Now, use the table to figure out how many hours and minutes are in your Allowable Time in Bed. For example, if your Allowable Time in Bed is 390 minutes, you can use the table to determine that 360 minutes equals 6 hours. Therefore, 390 minutes equals 6 hours plus 30 minutes. So, your Allowable Time in Bed in hours and minutes equals 6 hours and 30 minutes.
- Now, write in space 3 the number of hours and in space 4, the number of minutes you are allowed to remain in bed each night.

Allowable Time in Bed =

_____ hours and _____ minutes
 (space 3) (space 4)

HOURS	=	MINUTES
1	=	60
2	=	120
3	=	180
4	=	240
5	=	300
6	=	360
7	=	420
8	=	480
9	=	540
10	=	600
11	=	660
12	=	720

Even if you would like to sleep longer, you should limit your time in bed each night to your **Allowable Time in Bed**. Doing this will increase your sleep quality over time.

Now that you have calculated your **Allowable Time in Bed**, you can determine your personal window of time to be in bed at night. This is your **Personalized Sleep Prescription**.

- You should begin by picking a Wake Time that will assure that you will be able to meet all of your obligations throughout the week.
 - Then, count backwards by the number of hours and minutes in your Allowable Time in Bed to find your Earliest Bedtime. For example, if you have to be out of bed by 6:00 am on Wednesday mornings each week, you would select 6:00 am as your Wake Time for all 7 days of the week. Using 6:00 am as the starting point, you can count backwards to determine your Earliest Bedtime. If your **Allowable Time in Bed** recorded above is 6½ hours, your Earliest Bedtime would be 11:30 pm.
-

My Personalized Sleep Prescription:

Earliest Bedtime: _____

Wake Time: _____

My Personalized Sleep Prescription Guideline:

I will not get into bed until my Earliest Bedtime of _____ and

I will not stay in bed past my Wake Time of _____ .

Selecting the “Right” Sleep Schedule

Check to be sure that you are selecting a sleep schedule that fits with your current sleep pattern. Using the process described above, you have determined your Allowable Time in Bed. But, it is important that you select a sleep schedule that makes sense for your current sleep pattern.

For example, if you rarely fall asleep before 1:00 am, you would not want to select 11:00 pm as your Earliest Bedtime. Remember, your first goal is to consolidate the sleep you get now ... making it less broken. Over time, you will “unlearn” your tendency to associate your sleep environment with being awake. You will then have greater success with falling asleep at an earlier time.

Similarly, if you typically wake up at 5:00 am, but select a Wake Time of 7:00 am, you are unlikely to be successful. So, be sure to select a sleep schedule that matches what is happening with your sleep **right now**. In the future, you can make adjustments to your schedule to extend your sleep time.



Watch Out for Roadblocks

Watch out for roadblocks that make it hard to follow your Personalized Sleep Prescription!



What happens if you are not sleepy at your Earliest Bedtime?

If you are not sleepy at your Earliest Bedtime, do not get into bed. Only get into bed when you are sleepy. When you are sleepy, you are more likely to fall asleep soon after you get into your bed.

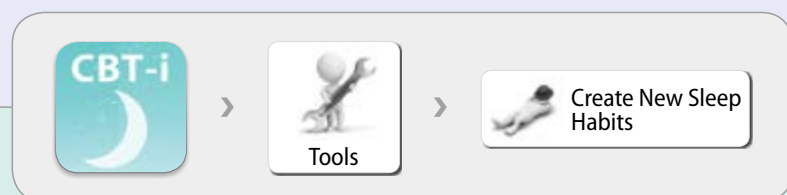
What happens if you are sleepy before your Earliest Bedtime?

If you are sleepy before your Earliest Bedtime, try to stay awake until your Earliest Bedtime (but do not use caffeine to remain awake).

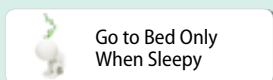
What happens if you didn't sleep well and you want to keep sleeping past your Wake Time?

Even if you think that you can sleep past your Wake Time, **do not** stay in bed. Get up anyway. If you get up at your Wake Time, you will begin to build up your sleep need as soon as you get out of bed. But, if you stay in bed, you will be taking a bite out of your Sleep Need, so it will take you longer to fall asleep that night. So, getting out of bed, even when it is difficult, will make it easier for you to fall asleep and stay asleep on future nights. And after at least 1 week of following these guidelines consistently, you will begin to reap the rewards of your efforts to stick with the schedule. Remember: Your struggle to get out of bed at your scheduled wake time will get a little bit easier each day as your body begins to adapt to this change!

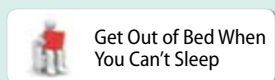
Some of the tools in CBT-i Coach can also help you avoid roadblocks. Use CBT-i Coach to help generate ideas on how to stay awake until your Earliest Bedtime or quiet activities to do when you can't sleep at night. To find these ideas, go to the Tools section from the Home screen.



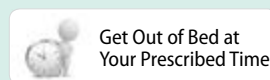
Select one of the options shown below:



Go to Bed Only
When Sleepy



Get Out of Bed When
You Can't Sleep



Get Out of Bed at
Your Prescribed Time

Step 4

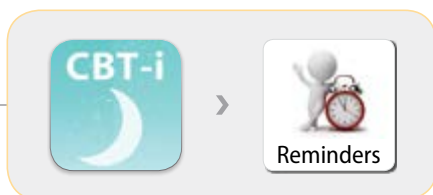
Stick to Your Personalized Sleep Prescription

Here are a few things you can tell yourself to make it easier to stick to your Personalized Sleep Prescription:

- 1 Remember—it gets harder before it gets easier. If I can just stick with the schedule for at least 1 week, my body will begin to adapt to the new schedule and I will begin to feel better.
- 2 It feels good to stay here in bed this morning, but if I get up now, it will get a little easier to get up early again tomorrow.
- 3 If I go to bed before my Earliest Bedtime, I am more likely to wake up in the middle of the night.
- 4 If I don't get out of bed after I have been awake for 20 minutes, I will be training myself to be awake in bed.
- 5 If I take a nap, it will be harder for me to fall asleep or stay asleep tonight. Instead, I will find something active to do to keep me awake.

Write each of the statements above on an index card and keep them by your bed. When you are struggling, you can read over these statements to help you to stick with the guidelines.

You can also use CBT-i Coach to set reminders to help you stick to your schedule (worry time, wind down time, prescribed bedtime) and your goals (for example: limiting caffeine). To set reminders, go to the Reminders section from the Home screen.



Step 5

Adjust Your Personalized Sleep Prescription

Once you have determined your initial Personalized Sleep Prescription, you will want to stick with this schedule for at least 1 week before considering a change to the schedule. It will take some time for you to adjust to the new sleep schedule. After you have maintained the schedule for at least 1 week, you should review the schedule to see if it is a good fit.

The first step in determining if you need to make a change to your sleep schedule is to answer some questions that can be found in the CBT-i Coach. To do this, click on "Sleep Prescription" from the Home screen. After you enter your desired Wake Time, click "Next" to answer the Sleep Need Questionnaire. CBT-i Coach will total your Sleep Need score and make an appropriate recommendation for your Time in Bed if needed.

Continue to track your Sleep Efficiency each week. Using the same process described above, reassess your sleep at the end of each week to determine if additional changes are needed. Your long-term goal is to have Sleep Efficiency that is at least 85% on a regular basis, and a Sleep Need score of 9 or less.

Skip to page 38 to learn how to track your progress.





Adjust Your Personalized Sleep Prescription by Hand

Once you have determined your Personalized Sleep Prescription, you will want to stick with this schedule for at least 1 week before considering a change to the schedule. It will take some time for you to adjust to the new sleep schedule.

After you have maintained the schedule for at least 1 week, you should reassess the schedule to see if it is a good fit. The first step in determining if you need to make a change to your sleep schedule is to answer the following questions:

From the previous week, circle the best answer that describes you:

1 Did you feel tired or fatigued during the day or evening?

Never = 1 Rarely = 2 Sometimes = 3 Frequently = 4 Always = 5

2 Were you sleepy or drowsy during the day or evening?

Never = 1 Rarely = 2 Sometimes = 3 Frequently = 4 Always = 5

3 Did you take any naps or fall asleep briefly during the day or evening?

Never = 1 Rarely = 2 Sometimes = 3 Frequently = 4 Always = 5

4 Did you feel you had been getting an adequate amount of sleep?

Never = 5 Rarely = 4 Sometimes = 3 Frequently = 2 Always = 1

(Permission obtained from Dr. Spielman to reproduce the Sleep Need Questionnaire here.)

Add up the numbers for each answer above and write your total score here: _____.

This is your **Sleep Need Score**.

The next step is to determine your Sleep Efficiency for the past week. You can find your **Average Sleep Efficiency** for the previous week in the last column of **Row M** on your completed Sleep Diary.

Write your **Average Sleep Efficiency** for the week here: _____.

Now, use the chart below to determine what **adjustments** may be needed to your sleep schedule for the upcoming week.

Sleep Efficiency is	and	Sleep Need Score is	Adjustment
≥ 85%		≥ 13	Increase Time in Bed by 30 minutes
≥ 85%		10 – 12	Increase Time in Bed by 15 minutes
≥ 85%		≤ 9	Do not change your Time in Bed
80 – 84%			Do not change your Time in Bed
< 80%		> 9	Do not change your Time in Bed
< 80%		≤ 9	Decrease Time in Bed by 15 minutes*

**Do not reduce your Time in Bed to less than 330 minutes (5½ hours).*

Now check the appropriate statement:

- I need to add 30 minutes to my Time in Bed
- I need to add 15 minutes to my Time in Bed
- I do not need to make a change to my Time in Bed
- I need to decrease my Time in Bed by 15 minutes

My Personal Time in Bed Window for the past week was:

Earliest Bedtime: _____

Wake Time: _____

My New Personal Time in Bed Window for the upcoming week is:

Earliest Bedtime: _____

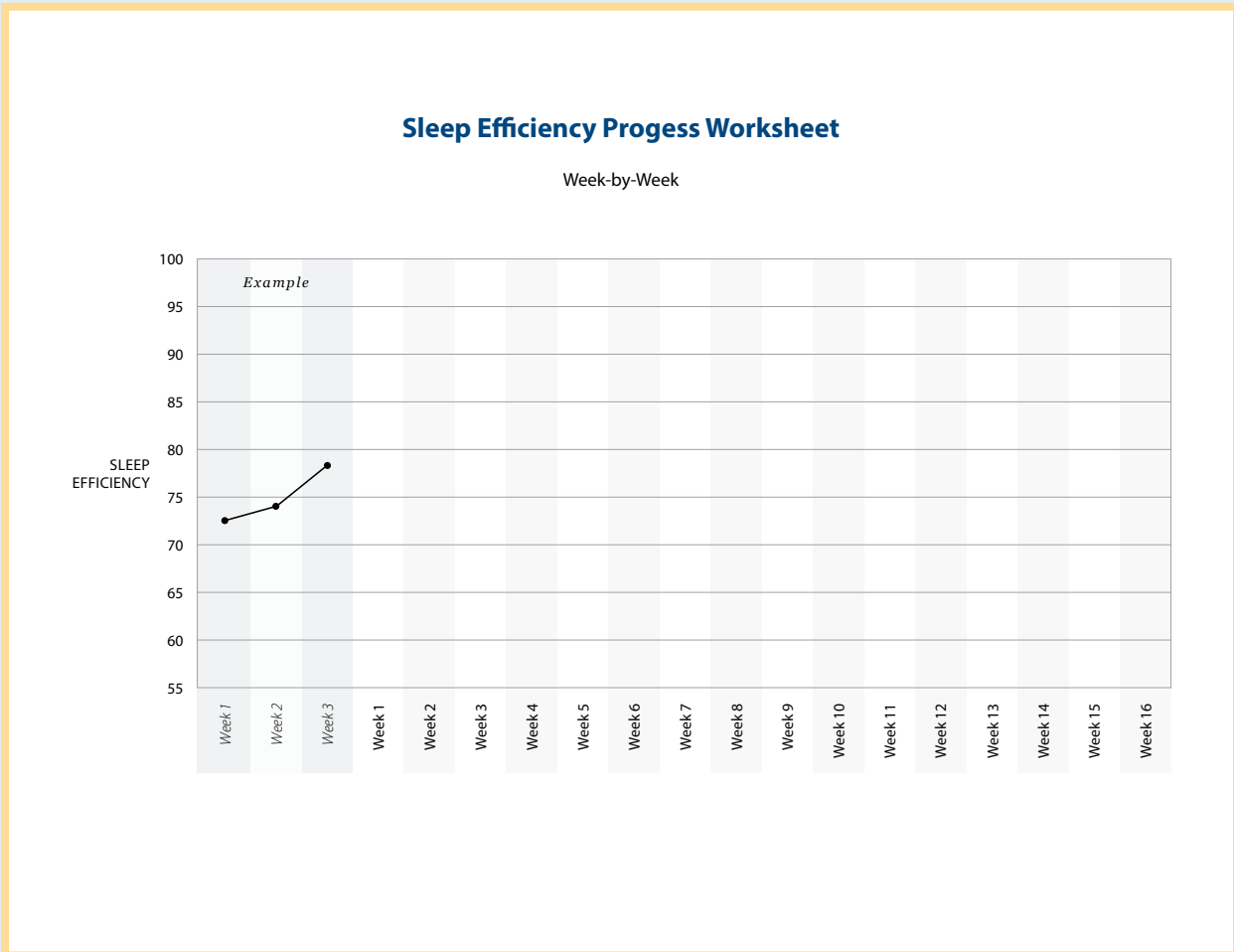
Wake Time: _____

Continue to track your Sleep Efficiency each week. Using the same process described above, reassess your sleep at the end of each week to determine if additional changes are needed. Use the “Track Your Progress” graph on page 38 to assess your sleep each week. Your long-term goal is to have Sleep Efficiency that is at least 85% on a regular basis, and a Sleep Need score of 9 or less.

Track your Progress

By now, you may have been tracking your sleep and making changes to your routines for long enough to see if there are any improvements. Remember that Sleep Efficiency is the proportion of time you spend sleeping out of the total amount of time you spend in your bed. In general, a good goal is to sleep at least 85% of the time you spend in your bed, on average.

On page 70 of your workbook, you will find a worksheet called the **Sleep Efficiency Progress Worksheet**. Please make a copy of this worksheet for your use in tracking your progress as you move through this program. At the end of each week, mark your average Sleep Efficiency on the Sleep Efficiency Progress Worksheet.



Step 6

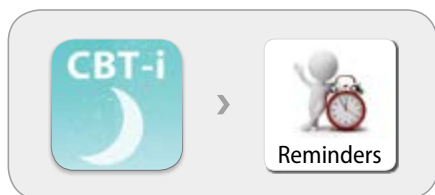
Practice Good Sleep Hygiene

When it comes to sleeping well, there are a few other helpful practices. Some behaviors are things you should avoid doing, while others are things that should be done. This is called “Sleep Hygiene,” and may be familiar to you. Although practicing good Sleep Hygiene is not likely to address your sleep difficulties alone, not practicing it will interfere with your efforts to improve your sleep and will make it more difficult for you to achieve the results you are seeking. So, be sure you are following the General Sleep Guidelines and Personalized Sleep Prescription as well.

1 Allow at least a 1-hour period to unwind before bedtime.

Why? Because sleep comes most easily when you are relaxed. A “wind-down” period before bedtime allows your body and mind to transition from the activities and stresses of your daily life to sleep. It’s helpful to establish a consistent routine each night, so that your body and mind learn that it is time to “turn off” for the day. Your routine should involve activities that are predictable, quiet, and calming. In addition to activities such as brushing teeth and changing into bed clothes, you may find reading, relaxation exercises, or contemplation (prayer or meditation) help you to transition from wake to sleep.

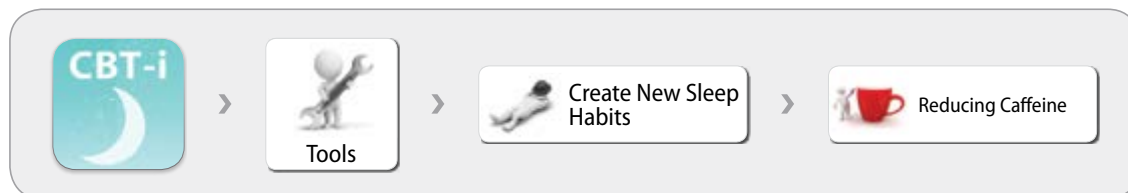
Use CBT-i Coach to remind you of your “Wind Down Time” each evening:



2 Avoid stimulants like caffeine (tea, coffee, and certain sodas) for several hours before bedtime.

Why? Because anything that makes you feel “hyped up” will make it more difficult for you to get to sleep.

Use CBT-i Coach to help you set goals towards reducing your caffeine intake:



3 Avoid alcohol before bedtime.

Why? Because drinking alcohol within a few hours of sleep creates a broken sleep pattern. You might have noticed alcohol makes you fall asleep faster, and research has shown this to be true. But, alcohol will also change your sleep pattern. You will awaken after the alcohol has been digested. This often happens within about 4 hours of falling asleep, and once you are awake, you may have difficulty falling back to sleep. And, the sleep you do get when you have alcohol in your system will be less restful. As a result, you will feel less rested when you awaken. So, in the long run, using alcohol to help you fall asleep only makes the problem worse.



4 Exercise regularly (especially in morning, late afternoon, or early evening).

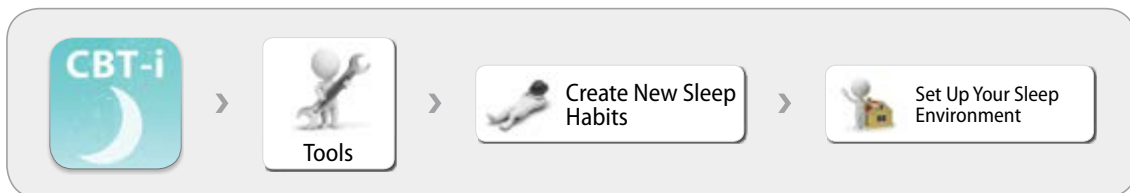
Why? Because research has shown regular exercise makes it easier to fall asleep and improves sleep quality. In general, exercise makes us feel more relaxed. Remember to check with your doctor before beginning a new exercise regimen.



5 Keep your bedroom cool, quiet, dark and comfortable.

Why? Most people sleep best in a room that is a little bit cool (around 65 degrees F). Since light is a cue for being awake, keeping your room dark will promote better sleep too. And finally, a quiet environment and comfortable mattress are important as well.

Use CBT-i Coach to help you evaluate your sleep environment:



Step 7

Learn to Quiet Your Mind and Stop Worrying

Do you find yourself worrying, planning, or have a busy mind while awake in bed? Worry is likely to keep you from sleeping since it will make you more alert. As discussed above, alertness does not set the stage for sleep. The instructions below will help you to “move” worry and busy mind out of sleep time. This technique is a way of addressing thoughts that are likely to keep you awake at night, before they happen.

Instructions

On page 71 of your workbook, you will find a worksheet called the **Constructive Worry Worksheet**. Please make copies of this worksheet for your use in completing the following exercise.

What I am worried about?	Is this something that I can control? (Yes/No)	What can I do to address this concern?

- 1 Find a time during the day when you can devote 15 to 30 minutes to planning and worry. This will be your “Worry Time.” You should pick a time when you can practice this technique. Scheduling the “Worry Time” at the same time each day helps. Do not pick a time that is close to your bedtime. Leave at least 2 hours between your scheduled Worry Time and your bedtime.

-
- 2 During your “Worry Time,” ask yourself,
“What am I likely to be worried about when I get into bed tonight?”

For example: You may realize you are concerned about getting your taxes filed before the April 15th deadline. You know you are likely to be thinking about this when you lie down to sleep. So, in Column 1, you would write something like this: “Concerned about getting my taxes filed by the deadline.”

You can also address worries about sleep using your **Constructive Worry Worksheet**. For example, if you think you will worry about being unable to sleep when you get into bed, you can write that on your **Constructive Worry Worksheet** as well. Continue to think of things that might worry you and write them in Column 1 of the worksheet until you have at least 2 to 3 worries on your **Constructive Worry Worksheet**.

Then, for each worry you wrote in Column 1, ask yourself:

“Is this worry something I can control?”

In Column 2, write Yes or No for your answer to this question for each of the worries you recorded in Column 1. For example, if you are concerned about getting your taxes filed before the deadline, you would write “Yes” in Column 2 because you do have control over when your taxes are filed. If you are concerned about being unable to fall asleep, you would write “No” in Column 2 because you cannot “make” yourself fall asleep. Although you can do things to make it more likely that you will sleep, you cannot really “control” your sleep. So, an attitude of acceptance about sleep is more helpful than trying to control it.

In Column 3, make some notes about how you might address each of the worries you can control. Ask yourself:

“Is there anything I can do to solve this problem, or make it better?”

If there is a clear solution to the problem, write this down in Column 3. For example, if you need the assistance of a tax service, you can list the following steps: 1) Call the tax advisor tomorrow morning; 2) Set up an appointment to meet with the tax advisor before the end of the week; 3) Set aside time on April 12th to finalize my taxes and put them in the mail. Be very clear about each step that must happen for you to eliminate or reduce this concern.

For concerns about things you cannot control, you could ask yourself:

“What actions can I take that will help?”

For example, if you are concerned about being unable to fall asleep, and you are not following the Sleep Guidelines outlined above, you could plan to review the guidelines again to assure you are giving yourself the best chance of improving your sleep. Another possibility is to set aside some time to use the **Challenging Thoughts Worksheet** to try to reduce the emotional “volume” of the worry. Finally, you can come up with things to tell yourself to cope with your worry. For example, you could tell yourself,

“I am taking all of the right steps to improve my sleep. Now I just need to let go and have confidence that it will improve over time, even if I don’t sleep well tonight.”

If you find yourself having the same worry about sleep each night, you could write this statement on an index card and keep it by your bedside. When you find yourself having this common worry, you can pick up the card and read it to remind yourself to let go of your worry about sleep.

-
- 3** Keep your **Constructive Worry Worksheet** by your bedside. If you find yourself worrying about things you have already written down, you can just remind yourself you have a plan to address that worry and to just let it go. It will be there for you to address according to your plan and/or you can revisit it tomorrow during your worry time. If you find yourself worrying about things you have not considered during your Constructive Worry time, write them down on your **Constructive Worry Worksheet** and then just let them go. You can then find solutions to these new problems tomorrow during your “Worry Time.”
-

Again, the idea is to **let go of these worries at night** so they do not interfere with your ability to fall asleep.

Step 8

Change Your Unhelpful Thoughts and Beliefs About Sleep



If you have struggled with insomnia for more than a few months, you have probably started to think about sleep in a different way than you did before. Maybe in the past, sleep was something that just happened. You did not have to think about it much at all. But, after having struggled with sleeplessness for a while, you may find your beliefs about sleep have changed.

The following *unhelpful* beliefs about sleep are common in people who are struggling with insomnia:

- I am powerless over my sleep.
- In order to get to sleep, I must try *really hard*.
- If I do not get 8 hours of sleep, my next day will be ruined!
- If I do not sleep well, I will perform poorly the next day.
- Without an adequate night's sleep, I can hardly function the next day.

These beliefs are a result of frustration and struggle with sleep. And, your struggle with sleep has probably impacted your life in many negative ways. Holding onto these beliefs can actually make insomnia worse. Believing “There is nothing I can do to feel better during the day, because I am powerless over my sleep,” is unhelpful because it can make you feel that important parts of your life are at the mercy of insomnia.

As you are struggling with sleep without success, you may come to believe that you just are not trying hard enough . . . or, “In order to get to sleep, I must try harder!” The problem with this belief is that sleep cannot be controlled. In fact, check your own experience to see if this is true . . . **The harder you try to sleep, the less likely it is to happen.** Sleep is a natural process, you cannot force it. You can, however, create a physical and mental environment that is welcoming to sleep.

The first step in creating a mental environment that welcomes sleep is to recognize that your thoughts can sometimes get in the way. If you have come to believe insomnia is making your life miserable, you are likely to believe sleeping well is **really** important. There's no question that good sleep is important but, if it feels as if everything is riding on how well you sleep, you are cranking up the pressure to sleep to the point that sleep is almost impossible. So, changing your beliefs about sleep can be a very powerful way to improve your sleep.

When you are in a stressful situation, certain negative thoughts just show up in your mind. You may not be aware these thoughts make your problem worse.

For example, if you are having trouble sleeping at night, you might have the thought . . . “My day will be ruined tomorrow if I do not get some sleep tonight.” This type of thought can cause you to feel frustrated, irritated, and restless. You can probably see how this thought creates more pressure and tension than the thought, “I may feel tired tomorrow, but it is not the end of the world.”

If you have concerns about the impact of insomnia on your health, you may think . . . “Well, what is wrong with being concerned about the impact of insomnia on my health, or what’s wrong with thinking I need 8 hours of sleep each night to be healthy?” It is certainly reasonable to be concerned about the impact of poor sleep on your health and your life. It is a question of just *how* concerned you are.

If you become so concerned about the impact of insomnia on your health, your concern can become the very reason you are unable to sleep! So, if you hold this belief *very strongly*, you may be putting lots of pressure on yourself about sleeping. That pressure can, in turn, keep you from sleeping well. So, you end up with the very problem you fear.

The approach described below to change your thoughts about insomnia is intended to help you to make the shift from an extreme thought to a less extreme thought. These less extreme thoughts will “turn down the volume” on your thoughts about sleeplessness . . . making it more likely that you will sleep by “lightening up” about sleep more generally.

One way to shift thoughts and beliefs is to examine the evidence FOR and AGAINST a negative thought or a strongly held belief. Since you will be examining the accuracy of your thoughts and beliefs, you could say that you are “Challenging” your thoughts, or “Taking them to Court.” On page 73 of this workbook, you will find a worksheet entitled **Challenging Thoughts Worksheet**. Read over the examples at the top of the worksheet so that you will have a sense of the process before beginning this exercise. Then, pull out the blank version of the **Challenging Thoughts Worksheet** for your use in this exercise. Please make copies of this worksheet for your use in completing the following exercise.

Situation	Feelings (% intensity)	Automatic Thought (% belief)	Evidence FOR	Evidence AGAINST	Balanced Thought	Outcome
Describe the situation.	What emotions were you feeling?	Exactly what were you thinking when you felt these strong emotions? (How much do you believe this thought?)	What is the evidence that this thought is true?	What is the evidence that this thought is NOT true?	Re-write your original thought to consider ALL of the evidence (both for and against?)	Did your emotions change? How much do you believe the original thought now?

Instructions

- 1 Think of a recent stressful situation or moment when you were having lots of negative thoughts about your difficulties with sleep. Write down the situation in the first column of the chart (“Situation” column).

 - 2 What emotions did you feel at that time? Write that down in the “Emotions” column of the chart. In parentheses next to each emotion, rate the intensity of the emotion on a scale from 0–100%, with higher numbers representing more intense emotions.

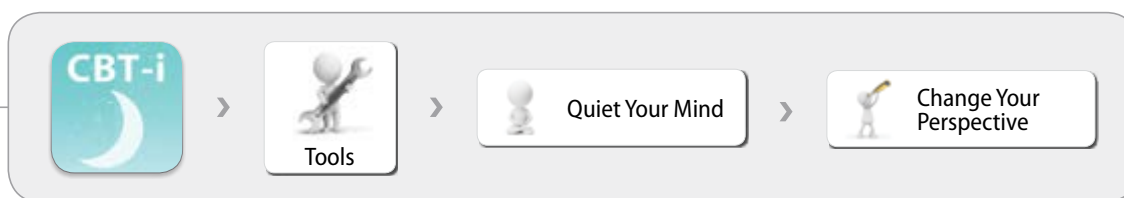
 - 3 Exactly what were you thinking while you were feeling that emotion? These are called “automatic thoughts.” Which thought creates the most distress in you . . . the one that has the most “emotional charge” to it? When you find that specific thought, write it down in the “Automatic Thought” column. Then, in parentheses next to the thought, write how strongly you believe this thought is accurate or realistic, with 100 meaning that you believe it 100%, and 0 meaning that you don’t believe it at all.

 - 4 In this step, you will be “taking your thought to court.” The attorney in this case (you) is tasked with presenting the evidence both **for** and **against** the thought (Step 3). So, you are the attorney **for both sides** of this argument. As a good attorney, your job is to be effective at presenting **all** of the evidence **for** and **against** the thought to the judge, regardless of how you feel about the thought.
 - A. In the “Evidence FOR” column, think of all of your personal experience which tells you this is an accurate thought.
 - B: Now, switch to the other side of the courtroom. Your job here is to argue **against** the belief. This is likely to be much harder for you than your previous role as the attorney arguing FOR the statement. But remember, as a good attorney, your job is to come up with any evidence that will convince the judge that the thought recorded in the “Automatic Thought” column is not accurate. If you don’t do this, your side will lose the case. In the “Evidence AGAINST” column, list all of the evidence AGAINST the statement.
-

- 5 Having argued both sides of the case, now see if you can come up with a more balanced thought than what you wrote in the “Automatic Thought” column, just as a fair judge would do. This new thought should accurately reflect **all** of the evidence, both for and against the original thought you recorded in the “Automatic Thought” column. Write the new more balanced thought in the “Balanced Thought” column.
- 6 Now, in the “Outcome” column, re-rate the intensity of the emotions you wrote in the “Emotions” column. Then, re-rate how much you believe the original thought you wrote in the “Automatic Thought” column.

You can use this same process to work with strongly held beliefs. Again, it is important to focus on moving thoughts and beliefs from the extremes to the middle . . . more balanced and fair, rather than trying to completely disprove them. Even some movement from the extremes towards the middle can result in lesser pressure about sleep.

You can also use CBT-i Coach to help you identify some *helpful thoughts* about sleep.





We have discussed how certain thoughts can ramp up the pressure to sleep, making it more difficult to sleep. We will now focus on your body's reaction to your struggle with sleep. If you have been struggling with sleep for a long while, you may notice that you feel tension and stress when trying to fall asleep. And if you pay attention, you might also notice physical tension across the day, even when you aren't trying to sleep.

Relaxation is an important tool in improving your sleep. Since our bodies and minds work together, it is not enough to focus only on what you think about sleep. The natural state for sleep onset is a relaxed body and mind. So, you also have to address physical tension that might stand in the way of sleep. Relaxation is a skill that must be developed over time. Although it takes time, with regular practice, you will notice much less tension and more relaxation.

When, Where and How to Practice Relaxation Skills

There is a two-fold approach to relaxation to improve your sleep. Your first goal is to maintain a low level of tension throughout the day. Once you have become skilled with your relaxation practice, you can use these same skills at night when you are having difficulties sleeping. The approach we suggest here is similar to the approach that athletes take to their sport. Athletes practice regularly so that they can perform well when they compete. They do not use the competition itself as the place to learn the skill. In the same way, you will want to build up your relaxation practice over time. This will result in lower levels of stress overall, and you will be able to use the skill in stressful situations when needed.

When to Practice: As noted above, relaxation skills should be practiced regularly, not only when you feel tension. If you keep your tension low throughout the day, you will be at a better starting point in the evening when you get into bed. Do not practice only in the evening. If you do, you not only have to overcome the tension from your struggle with sleep, but will also have to overcome tension that built up across the day. So, it is best to practice relaxation skills at a regular time each day. Practice at a time when you know that you won't be interrupted.

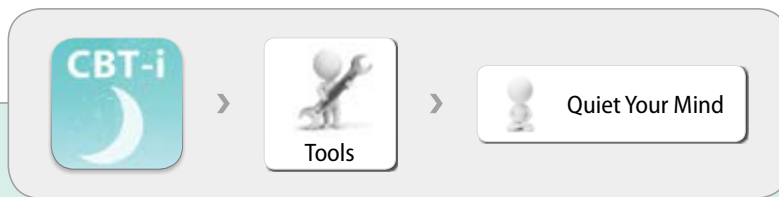
Where to Practice: Relaxation skills should be practiced in a place that is quiet and peaceful. Practicing in places that are associated with stress, like your place of work, will make it difficult to learn the skill. However, once you have become skilled with relaxation practice, you can use the skill anytime you notice a high level of body tension or stress.

Although there are many relaxation techniques available, they share some primary goals:

- 1 to decrease muscle tension
- 2 to produce a relaxed state of mind
- 3 to bring about a sense of well-being

Not everyone responds to the same exercise in the same way. So, you should try out different approaches to relaxation to find the one(s) that work best for you.

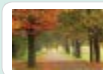
Refer to CBT-i Coach for a selection of relaxation exercises.



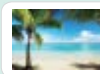
Select one of the options shown below:



Guided Imagery:
Forest



Guided Imagery:
Country Road



Guided Imagery:
Beach

You may also use the VA “Breathe to Relax” app to promote relaxation. Just download the app onto your smartphone. This application will teach you how to use relaxation exercises to reduce tension and stress.

You may also find relaxation exercises available for listening and download at the following VA websites:

- http://www.columbiamo.va.gov/services/Relaxation_Recordings.asp
- <http://www.erie.va.gov/bh/relax.asp>

Mindfulness practice is a strategy for quieting the mind. With all of the gadgets and technology available to you nowadays, you may feel you need to always be available to others. You may feel as if you are never “off.” Although technology should make your life easier, it can make you feel that your world has become speedier and more complicated. Mindfulness practice can help you to simply “show up” for THIS moment. The present moment is really the only time that is guaranteed to you. Yet, you may often miss it completely because your mind is scattered and busy... always thinking about what will happen next or looking back on the past. If this is true for you, you are not alone. The nature of mind is to attach to whatever thought shows up, and shift with each change in thought content. Without practice, you can feel pushed around by your thoughts. Mindfulness practice can help you to place your attention where YOU want it to be. If you pay attention, there are many uplifting and pleasurable observations you can make each day, even under difficult circumstances. Just noticing can make your life fuller.



So, how will mindfulness help your insomnia?

Mindfulness can help to lower your overall level of stress by increasing your ability to just let thoughts come and go. Mindfulness keeps you from getting “hooked” on thought content and pulled away from the present moment. If you are constantly focused on the past or have anxiety about the future, you cannot relax into the serenity that may be present in this very moment. Being relaxed helps to promote sleep onset. Beyond just promoting relaxation, mindfulness can help you pay attention to signs of sleepiness. In the past, you probably had little difficulty knowing if you were sleepy. But, if you have been struggling with insomnia for a long while, you may have forgotten how to notice the normal signs of sleepiness. Instead you may rely on the clock to tell you when you will attempt sleep and when you will get out of bed. Mindfulness can help you to tune into your body’s natural cycles of wakefulness and sleepiness again, as you might have done when you were a child. You can then use these cues to determine when your body is in need of sleep and when it is not. So, mindfulness can help to stabilize the mind throughout the day, and can also help when you are trying to fall asleep.



When you first begin, the practice of mindfulness is like taming a wild horse. The mind wants to shift from one thought to the next, without landing in one particular place for very long. As you develop the practice over time, you learn to keep your attention on the focus of your practice for longer periods of time. Then, mindfulness moves from being a practice to simply calm the mind towards a practice to help develop greater awareness.

How do you begin mindfulness practice?

The practice outlined below is only an introduction to mindfulness practice. Additional resources for learning mindfulness practices are given on page 79 of this workbook.

To begin, find a quiet place to practice mindfulness at a time when you will not be disturbed. You can practice mindfulness sitting in a chair or on a cushion on the floor. Begin by making sure that you are sitting upright without slumping, so that your breath moves easily through your body while you practice. Sit with your legs uncrossed and your hands resting on your thighs. You may practice with your eyes open or closed, whichever is most comfortable for you. If you practice with your eyes open, you should place your gaze toward the floor so that you will not be distracted by what you see.

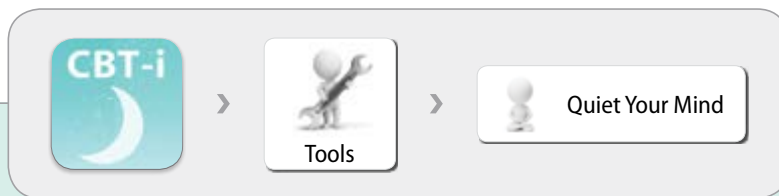
Now that you are positioned in a way that will support your practice, begin by placing all of your attention on your breath. Pick out an aspect of breath that you want to observe. It could be the sensation of air moving into your nostrils, or noticing the rise and fall of your chest as you practice. Whatever you choose to focus on, keep your attention on that aspect of breathing. As you practice, you will notice that thoughts will pull your attention away from the breath. This is normal. That is what minds are made to do. So, without giving yourself a hard time about it, gently bring your attention back to the breath. If you find it helpful, when you notice that you are thinking rather than focusing on the breath, you can say to yourself *thinking*. This is simply a way to halt the “busyness” of mind and promote a quick shift from mind content back to your breath. Your mind will wander off over and over. That is OK. Each time it goes away, simply bring the attention back to the breath. You should practice for at least 10 minutes each day to see the benefits of mindfulness practice.

The practice described on the previous page is a Mindfulness of Breath practice. You might think of this as a training exercise. It is like an athlete lifting weights to make them better at playing a sport. With a well-developed mindfulness of breath practice in place, you can also extend to other less formal mindfulness practices. For example, you could set an alarm on your mobile phone to go off every 4 hours. When the alarm goes off, just stop what you are doing for a period of 1 minute and notice:

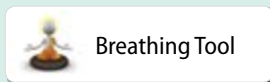
- Notice what your body feels like.
- Notice what color the sky is, see if you can detect movement of air on your skin.
- Notice the sounds around you.
- Also notice that your mind may not be tuned in to the “here and now.”

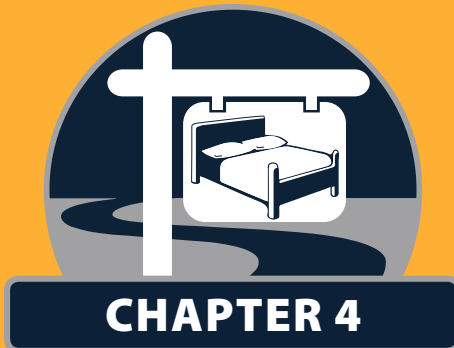
Mindfulness is available to us at any time, and if we pay attention . . . our lives will have greater texture and depth.

CBT-i Coach includes several guided mindfulness exercises:



Select one of the options shown below:





How To Maintain Your Progress

By now, you should have learned many strategies for overcoming insomnia. The following information is provided to help you to:

- 1 Maintain the gains you have already made,
- 2 Keep yourself from falling back into old patterns that resulted in chronic insomnia, and
- 3 Know what to do if the insomnia returns.

Even if you have improved a great deal from following the recommendations in this workbook, you will need to keep an eye on some basic guidelines to be sure you do not slip back into old habits. Watch for these common pitfalls that could cause you to have an “insomnia relapse.”

Common Pitfalls Leading to Insomnia “Relapse”

1 Your wake time begins to vary from one day to the next.

Establishing a consistent Wake Time every day will assure that your “sleep clock” remains set, and will help to keep you from falling back into some of the old patterns of behavior that created your insomnia problem in the first place. *So, to avoid this pitfall...*

Wake-up and get out of bed at the same time every day.

2 You get into bed before your Earliest Bedtime or before you are sleepy.

If you get into bed before you are sleepy, you will not fall asleep quickly and you run the risk of re-training yourself to be awake in bed by associating the bed with wakefulness. To be sure that your bed is strongly associated with being asleep rather than being awake, you should limit the amount of time you are awake in bed. You should not get into bed until you feel sleepy. *So, to avoid this pitfall...*

Go to bed when you are sleepy, but not before your Earliest Bedtime.

3 You remain in bed when you can't sleep.

For the same reasons as discussed in #2, if you remain awake in bed in the middle of the night when you are unable to sleep, you are training yourself to be awake. Being awake and in the bed changes how your unconscious mind “thinks” about the bed. Rather than being a place of sleep, you will train your mind and body to be awake. *So, to avoid this pitfall...*

Get up when you cannot sleep.

4 You use the bed for watching TV, reading, working, eating or other activities.

When you use your bed for a range of activities that are unrelated to sleep, you are weakening your mind's association between bed and sleep. Instead, you are telling your mind and body the bed is a place to do LOTS of different things, and some of them require you to be VERY alert and awake. With the exception of physically intimate or sexual activity, you should avoid all other activities while in bed. *So, to avoid this pitfall...*

Use the bed only for sleeping.

5 You begin to take long naps again. Recall that Sleep Need is one of the 3 primary processes which determine if, when, and how well we sleep.

When you take a nap, you will reduce your Sleep Need; this will make it harder to sleep that night. Even if you had a night of poor sleep last night, avoid the urge to take a nap if you can. If you must take a nap, you should set an alarm clock and limit the time you sleep (e.g., ½ hour) and take the nap early in the day to be sure you will still be able to get to sleep later that night. Avoid napping and dozing in the evening. The closer your nap is to your bedtime, the more difficulty you will have getting to sleep that night. *So, to avoid this pitfall...*

Avoid daytime and evening napping or dozing.

6 You keep yourself busy right up to your bedtime.

To promote sleep, you will need to create the right conditions for sleep. So you will need to assure that your body and mind have the opportunity to “unwind” a little before you attempt to sleep. Having a consistent bedtime routine that involves relaxation is a great way to do this. But, if you get into bed when your mind is still very active and your body has not had a chance to relax, you will have a difficulty getting to sleep. *So, to avoid this pitfall...*

Use wind down time to create a buffer zone between daytime activities and nighttime sleep.

7 You find yourself worrying or planning when you get into bed.

Creating the right conditions for sleep includes creating the right “mental” conditions for sleep. If you are someone who often worries or plans in bed, you should set aside time earlier in the day for this mental activity. You can ask yourself, “What kinds of things am I likely to be thinking when I lay down tonight? Will I be worried about something? Will I want to plan for something that is going to be happening in my life?” Then, write down anything that you are likely to be thinking about and come up with some possible solutions for these concerns. If you allow yourself to worry or plan in bed, you will train your mind to identify the bed as a place where you work through your concerns, and this kind of thought process does not set the stage for sleep. *So, to avoid this pitfall...*

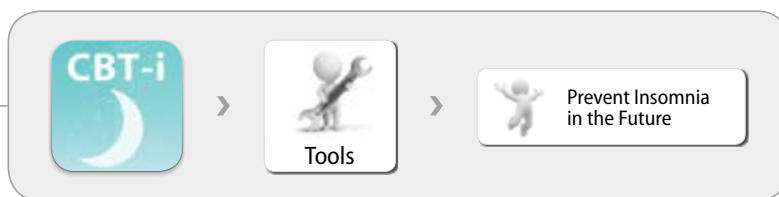
Don't worry or plan in bed.

8 When you are having a hard time going to sleep, you try even harder.

In general, sleep is one of the few things in life in which . . . the harder you try; the less likely it is to happen. Putting lots of effort into sleep will only increase tension in your mind and body and reduce your chances of falling asleep quickly. It is also helpful to realize everyone has a bad night of sleep from time to time, even those who have never struggled with insomnia. The paradox is . . . the more you can “lighten up” about sleep, the more likely you are to sleep well. “Lightening up” means being willing to have periods of sleeplessness. *So, to avoid this pitfall...*

Do not try too hard to sleep. Just let sleep unfold naturally.

Use CBT-i Coach to help identify some of your top concerns or pitfalls. CBT-i Coach will give you feedback on areas you have trouble with and will suggest which tools in the CBT-i Coach might be helpful to review and when to seek help, if necessary.



High-Risk Situations for Disturbed Sleep

Some situations are more likely than others to promote sleep disturbance. You might think of them as “High-Risk Situations” for relapsing back into insomnia. The following are some of the most common High-Risk Situations for the onset of insomnia:

- **Negative emotional states**—such as during times of high stress, anxiety, and depression
- **Positive emotional states**—such as anticipation of a trip, grandchild, and other excitements
- **Illness**, that involves a great deal of sleeping in the daytime and/or hospitalization
- **Certain medical conditions** (thyroid dysfunction, sleep apnea, etc.)



What situations prompted the onset of your insomnia in the past?
What situations do you, personally, need to watch out for?

If you are aware of your personal High-Risk Situations for the onset of insomnia, you will be able to recognize the times when it is particularly important to follow the guidelines outlined in this workbook. If you know what tends to start your short-term bouts of insomnia, you are better equipped to keep it from turning into a long-term problem.

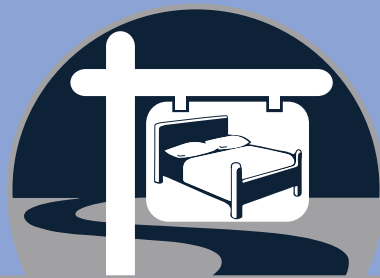
What to Do If Your Insomnia Returns

If your insomnia does return, despite adhering to the guidelines in this workbook, there are things you can do to help:

- Do the same things that helped you improve your sleep before. Keep a Sleep Diary and establish a consistent Wake Time. Be sure to use the **General Guidelines** and **follow your Personalized Sleep Prescription** outlined in this workbook (unless you skipped this section due to having a condition listed on page 3).
- Focus on enacting the strategies that worked best for you.
- Recognize the difference between a few bad nights of sleep and chronic insomnia. If you become upset over poor sleep (e.g., catastrophize or overgeneralize) you may promote thought patterns that will only make the problem worse.
- Use the CBT-i Coach to keep a Sleep Diary and identify tools and strategies to help you stay on track.

When to Seek Help from a Sleep Professional

Since it has likely taken you a long time to develop chronic sleep problems, improvement will take time as well. However, if you have not seen improvement in your sleep after closely following the guidelines outlined in this workbook for a period at least 1 month, you may seek additional assistance for your sleep difficulties with your VA provider. At least one provider at your VA should be trained in Cognitive Behavioral Therapy for Insomnia (CBT-i). These professionals can help if you have difficulty following the guidelines or if you experience considerable sleepiness during the day. The CBT-i provider may suggest either group-based or individual CBT-i to support you in improving your sleep.



CHAPTER 5

Special Considerations
and Safety

Special Considerations for Mental Health Emergencies

In any mental health emergency, please do at least one of the following:

- 1 **Go to the Emergency Department of your local VA hospital, if available.** If you are unsure if your local VA facility has mental health providers on staff, call the facility in advance to be sure. There is often a psychiatrist on call to help you at many VA facilities.
- 2 **Call the VA Crisis Line at 1-800-273-8255.** A trained mental health provider can speak with you and help connect you with the help that you need. This may be especially helpful if you are travelling in a different part of the country and experience a mental health emergency.
- 3 **Call 911 or go to your nearest hospital Emergency Department.**

Special Considerations for Veterans with Depression

Many Veterans struggle with depression. Research suggests the relationship between depression and sleep goes both ways. That is, depression can cause sleep problems, and sleep problems can cause depression. So, Veterans with depression will need to consider some additional factors when trying to improve their sleep.

If you are depressed, you may be using your bed as a place to escape from the world or avoid interacting with others. But, recall from page 26 that remaining in bed when you are unable to sleep will train you to associate your bed with being awake. So, if you are depressed:

- Use the bed **ONLY** for sleeping.
- Get out of bed when you can't sleep.
- Follow your **Personalized Sleep Prescription** (unless you skipped this section due to having one of the conditions listed on page 3).



If you are depressed, your mind may be even busier than others with insomnia. If you tend to replay the same thoughts over and over when you get into bed or when you awaken, you should use the techniques described in steps 7 and 8 on page 56 to change unhelpful thoughts and quiet your mind.

If you are depressed, you may not be interested in doing the things you liked to do in the past. But, in order to feel better and improve your sleep, you will have to push against this feeling. You will need to increase your activity level. This will not only help your sleep, but will also help to improve your mood.

If you have already been diagnosed with depression and are seeing a mental health provider at the VA, it is very important for you to keep all of your VA appointments and follow your treatment plan. If you are not in treatment for depression, ask your primary care provider for a referral for mental health treatment. There are many options for treating depression including, Cognitive Behavioral Therapy for depression, Acceptance and Commitment Therapy, and antidepressant medications.

You may not have been diagnosed with Depression, so how do you know if you are depressed?

Since there is such a close relationship between depression and sleep, it is important to determine if depression is playing a role in your sleep difficulties. A diagnosis of depression can only be made by a mental health provider. However, the following questions will help you determine if you should follow up with your VA providers about how you are feeling.

1 During the past month, have you often been bothered by feeling down, depressed, or hopeless? Yes No

2 During the past month, have you often been bothered by little interest or pleasure in doing things? Yes No

If you answered YES to either of these questions, please call your VA provider to schedule an appointment to discuss these symptoms of depression. If you are experiencing any mental health emergency (any concerns for your own safety, for the safety of others, or any other emergency situation), there are several ways to get help. Please look back to page 60 and choose one of these options for talking with a mental health provider.

Special Considerations for Veterans with Combat Experience, Trauma Exposure or Posttraumatic Stress Disorder

Many Veterans have served in a combat zone, have been exposed to trauma, or have been diagnosed with Posttraumatic Stress Disorder (PTSD). If you are one of these Veterans, there are a few other factors to consider when trying to improve your sleep.

If your military history includes combat experience, you may have been trained:

- to only sleep when someone else is standing watch.
- to sleep for no more than about 4 hours at a time.

While this training likely helped you while you were in combat situations, it may be hindering your ability to get good sleep now. To change unhelpful beliefs about sleep learned during your military service, you can use the technique described on page 44 to challenge unhelpful thoughts about what could happen while you are asleep. For example, consider the thought:

“If I am asleep, something bad will happen to my family.”

As described on page 46, you can outline the evidence for this belief and the evidence against this belief. If you can “turn down the volume” on this belief, your sleep will improve. You should also use relaxation strategies (see page 48) and increase physical activity levels (with your doctor’s approval) to release tension and set the stage for sleep.

Do you check the safety of your house in the middle of the night? For some of the same reasons outlined above, you may get up in the middle of the night to check the safety of your home. For example, you may check the doors or windows to be certain that they are securely locked. This habit can be disruptive to your sleep, not only in the short term, but over the long run as well. When you first start this checking routine, you will experience relief from knowing things are safe. Because you feel relief from knowing this, you are likely to want to get up each night to check again. By repeating this activity over and over, you are training yourself to awaken each night to check the safety of your home. Over time, your body will be “primed” to awaken each night. This may result in poor sleep quality.



Here is a strategy you can try that will help. Pick one night each week to refrain from checking. You may have difficulty getting back to sleep that night, so do not pick a night when you have important things to do in the morning. On all other nights of the week, allow yourself to get up to check the safety of your home. Later, pick two nights each week to refrain from checking. You could also practice the relaxation exercises (page 48) to help with any distress you feel about not checking. Continue to gradually increase the number of nights that you **do not** check.

You should also use the *Challenging Thoughts Worksheet* in the back of this workbook to challenge your beliefs about what will happen while you are sleeping. Keep track of how many nights you did not check, but nothing bad happened.

If you are in treatment for PTSD, continue to attend all of your mental health appointments. If you have not seen a mental health provider about these symptoms, please talk with your doctor about seeing a mental health provider. Although it takes courage to talk about your difficulties, you have already shown yourself to be a brave person through your service to our country. The VA has many providers who are here to help you and have been working with Veterans like yourself for many years. Please call on them as needed.

What About Nightmares?

Some Veterans have nightmares or bad dreams. While we are not sure exactly why nightmare and bad dreams happen, researchers believe they may be especially likely to happen when Veterans are under stress related to past traumatic experiences. In fact, nightmares and bad dreams can be considered ways of “re-experiencing” past traumatic experiences. If you find that nightmares or bad dreams significantly interfere with you falling and/or staying asleep, we suggest you tell your VA providers. Many VA psychologists are trained in Imagery Rehearsal Therapy, which is a mental health intervention for the treatment of nightmares. Also, many psychiatrists have expertise in treating nightmares using medications. Discuss these options with your provider to see if they may be available to you.

Special Consideration for Veterans Who Are Prescribed Sleep Medications

Many Veterans who have difficulty falling and/or staying asleep are prescribed sleep medications called “hypnotics.” If you are prescribed medications to help you sleep, we suggest you not make any changes without discussing this with your VA provider(s).

To reduce your sense of “needing” sleep medications to have success with sleep, you should decide in advance when you are going to take your sleep medications. For example, if you are going to take your sleep medications every night, you should take it at the same time each night. If you are going to take it only a few nights per week, you should decide in advance which nights you are going to take it and what time you will take it. What you should not do is to wait to see if you are going to be able to sleep without the medication, and after having been awake for a while, take the sleep medication then. Approaching your sleep medication in this way will increase your psychological dependence on the medication, because you may come to believe that you cannot sleep without it. As the night progresses, your need for sleep could increase also. So, if you wait to take sleep medication later in the night, you are taking the medication at a time when your need for sleep has increased from earlier in the night. Although you may think that you are successful in falling asleep because of medication, you may in fact be falling asleep because your need for sleep is higher.



Special Considerations for Veterans Who Feel Very Sleepy During the Day

It is common to feel sleepy during the day. Most of the time, we slog through our activities just fine. However, some Veterans feel *very* sleepy during the day at least sometimes. It can be difficult during these times to stay awake and/or stay engaged in activities. Fortunately, there are some things Veterans can do to reduce or eliminate this sleepiness when it happens. We describe those below.

First, what “NOT TO DO”...

Steer clear of coffee, tea, soda, or energy drinks.

Although you may be tempted to reach for a caffeinated beverage like coffee, tea, soda, or an energy drink, we recommend you do not. Drinking 1 or 2 caffeinated beverages may be ok in the morning but for most people, consuming caffeine in the afternoon or evening can lead to poor sleep that night. This is because caffeine sends alerting signals to the brain for hours after consumption.

Avoid sugary snacks.

Another thing that many people reach for while sleepy is sugar. While sugar provides a quick boost of energy, the boost is very quickly followed by a crash. This can lead a person to feel even more sluggish and sleepy than before they ate the sugar!

Eat well and avoid heavy meals during the day.

Eating a well-balanced diet and avoiding heavy meals during the day can help prevent sleepiness from setting in.

What “TO DO”...

Be active.

Physical activity, such as a short walk or even stretch, can be invigorating.

Go outdoors.

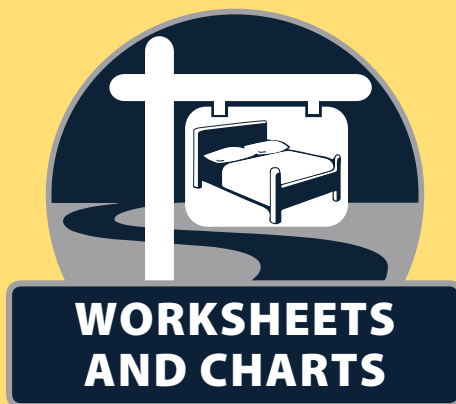
Fresh air can feel refreshing. Natural light can be alerting.

Take a well-timed nap.

Although we generally suggest that you avoid napping, the exception to this rule is for Veterans who feel very sleepy during the day. Those Veterans may benefit from a 15–30 minute nap taken 7–9 hours after their morning wake time. It is a good idea to set an alarm to make sure the nap doesn't extend beyond 15–30 minutes. We recommend that, when feasible, Veterans nap in their bed because this will strengthen their bed as a cue for sleep; it is ok to nap elsewhere if the bed is not available or if not at home.

**Very important SAFETY TIP:
Do not drive or operate heavy
machinery if you are too sleepy
to do it safely.**

Notes



Robert's Sleep Diary

**Average: Add up the numbers in each row, divide by the number of days of data recorded, and write that number below. For a full week, divide by 7.

TODAY'S DATE	→	4/19/2015	4/20/2015	4/21/2015	4/22/2015	4/23/2015	4/24/2015	4/25/2015	AVG**
1. What time did you get into bed?	A	2210	2300	2320	2300	2200	2210	2230	
2. What time did you try to go to sleep?	B	2230	2320	2320	2320	2240	2250	2240	
3. How long did it take you to fall asleep?	C	30	50	90	10	30	20	20	36
4. How many times did you wake up DURING THE NIGHT?	D	3	3	1	0	2	0	2	1.6
5. In total, how long did these awakenings last?	E	50	90	20	0	50	0	70	40
6. What time was your final awakening?	F	0600	0550	0610	0600	0530	0640	0640	
7. What time did you get out of bed for the day?	G	0630	0630	0620	0630	0620	0700	0700	
8. How many minutes did you nap yesterday?	N	30	60	40	30	0	0	20	26
9. How would you rate the quality of your sleep?*	Q								
WORKSHEET									
TOTAL TIME IN BED A to G =	H	500	450	420	450	500	530	510	480
PRE-SLEEP TIME IN BED A to B =	I	20	20	0	20	40	40	10	23
SNOOZE TIME F to G =	J	30	40	10	30	50	20	20	29
TOTAL WAKE TIME C + E + J =	K	110	180	120	40	130	40	110	104
TOTAL SLEEP TIME H - K =	L	390	270	300	410	370	490	400	376
SLEEP EFFICIENCY (L ÷ H) x 100 =	M	(390/500) X 100 = 78%	(270/450) X 100 = 60%	(300/420) X 100 = 71%	(410/450) X 100 = 91%	(370/500) X 100 = 74%	(490/530) X 100 = 93%	(400/510) X 100 = 78%	78%
L + N =	Z	420	430	340	440	370	490	420	416

*9. Choose one: 1 = Very poor, 2 = poor, 3 = fair, 4 = good, 5 = very good

Sleep Diary

Average: Add up the numbers in each **row, divide by the number of days of data recorded, and write that number below. For a full week, divide by 7.

TODAY'S DATE →	A	B	C	D	E	F	G	N	Q	→	AVG**
1. What time did you get into bed?											
2. What time did you try to go to sleep?											
3. How long did it take you to fall asleep?											
4. How many times did you wake up DURING THE NIGHT?											
5. In total, how long did these awakenings last?											
6. What time was your final awakening?											
7. What time did you get out of bed for the day?											
8. How many minutes did you nap yesterday?											
9. How would you rate the quality of your sleep?*											
WORKSHEET											
TOTAL TIME IN BED: A to G =											
PRE-SLEEP TIME IN BED A to B =											
SNOOZE TIME F to G =											
TOTAL WAKE TIME C + E + J =											
TOTAL SLEEP TIME H - K =											
SLEEP EFFICIENCY (L ÷ H) x 100 =											
L + N =											

*9. Choose one: 1 = Very poor, 2 = poor, 3 = fair, 4 = good, 5 = very good

Sleep Efficiency Progress Worksheet

Week-by-Week



Constructive Worry Worksheet

What I am worried about?	Is this something that I can control? (Yes/No)	What can I do to address this concern?

Robert's Challenging Thoughts Worksheet

Situation	Feelings (% intensity)	Automatic Thought (% belief)	Evidence FOR	Evidence AGAINST	Balanced Thought	Outcome
Describe the situation.	What emotions were you feeling?	Exactly what were you thinking when you felt these strong emotions? (How much do you believe this thought?)	What is the evidence that this thought is true?	What is the evidence that this thought is NOT true?	Re-write your original thought to consider ALL of the evidence (both for and against)?	Did your emotions change? How much do you believe the original thought now?
I made a mistake at work today.	Frustration (80%) Anxiety (60%)	I'm going to lose my job because I can't sleep at night! (85%)	When I feel better, I can concentrate better and am less likely to make mistakes.	I got an award for my work last year, and my boss is pleased with my work.	Even though my sleep difficulties may be affecting my work, I seem to be able to do a good-enough job to keep it.	Frustration (50%) Anxiety (30%) I'm going to lose my job because I can't sleep at night! (20%)

Challenging Thoughts Worksheet

Situation Describe the situation.	Feelings (% intensity) What emotions were you feeling?	Automatic Thought (% belief) Exactly what were you thinking when you felt these strong emotions? (How much do you believe this thought?)	Evidence FOR What is the evidence that this thought is true?	Evidence AGAINST What is the evidence that this thought is NOT true?	Balanced Thought Re-write your original thought to consider ALL of the evidence (both for and against)?	Outcome Did your emotions change? How much do you believe the original thought now?

Things to Do If You Are Awake



In the evening:

- Choose clothes that you can wear for work or school the next day
- Make your lunch
- Marinate or start to prepare food for dinner the following day and store it in the refrigerator
- Take a bath or long shower
- Write thank you notes or short emails to friends
- Surf the internet (non-stressful topics only), do research for major purchases (cars, appliances, vacations)
- Watch movies or episodes of television shows that you haven't seen in a long time (no action films)
- Take the dog for a long walk
- Groom your pets
- Listen to slow, relaxing or instrumental music
- Gather old bills and statements and shred them
- Organize collections—photos, old letters, wine, books, or other items
- Catch up on laundry or folding clothes
- Polish your shoes
- Iron or mend clothing
- Write in your journal
- Do some stretches to relax your muscles
- Give yourself a pedicure, manicure or facial
- Sweep or mop the kitchen floor while no one else is there to walk on it
- Floss!
- Knit
- Quilt



During the night:

- Look through catalogs
- Update your address books or start one online or on paper
- Sort out junk mail and bills (but don't pay bills)
- Play solitaire online or with cards at home
- Catch up on your reading
- Call friends who live in other time zones
- Clean out the refrigerator
- Make a grocery shopping list for the week
- Create a detailed menu for dinners
- De-clutter your coffee table, dining room table, kitchen countertops or desk
- Create a list of activities that you'd enjoy doing on weekends and vacations
- Work on photo albums or scrapbooks
- Fold clothes, put away clothes
- Shop for holiday, wedding or birthday gifts online
- Read magazines or other light material
- Make a materials list for a project around the house
- Choose one or two drawers to clean out (in your desk, kitchen, bathroom)



- Watch infomercials, C-SPAN, The Weather Channel, or other repetitive television shows
- Organize collections of CDs or DVDs and choose some to donate or sell if you no longer enjoy them
- Jot down thoughts on a notepad for an assigned period of time, if you are using this exercise to help decrease nighttime

- and bedtime thinking and worrying
- Knit or do other crafts that you can stop working on when you feel sleepy
- Read your kids' books—these are often very comforting and positive in their messages

Early in the morning:

- Meditate or pray
- Watch the sunrise
- Take the dog for a walk
- Read the newspaper or read the news online
- Go to your gym or workout at home
- Go to the grocery store or other stores that open early
- Make lunch for yourself and for everyone else in the house
- Enjoy being able to get ready for work and kids ready for school without having to rush
- Sort out some kids' toys and choose things for Goodwill or a yard sale
- Sort and start your laundry, iron shirts or other clothes for work
- Start a budget for your family on a spreadsheet or in a notebook

- Send emails to friends or check your work email
- Shred or erase old computer disks, DVDs, etc.
- Organize all of your bills, receipts, coupons and warranty information in a filing cabinet or folders
- Get some of the preparation started for dinner dishes (marinating, chopping vegetables, and so on)
- Make the bed and tidy up your bedroom
Open the curtains and blinds in the house
- Sweep your sidewalk or steps, or shovel snow
- Do some light gardening or water houseplants or those around your porch
- Review your to-do list for the day or the week



Adapted from an unpublished work from Anne Germaine, PhD, University of Pittsburgh and reprinted with her permission.

Body Mass Index

Weight (lbs.)

		120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330
Height	4'5"	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83
	4'6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60	63	65	68	70	72	75	77	80
	4'7"	28	30	33	35	37	40	42	44	47	49	51	54	56	58	61	63	65	68	70	72	75	77
	4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	70	72	74
	4'9"	26	28	30	33	35	37	39	41	43	46	48	50	53	54	56	59	61	63	65	67	69	72
	4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52	54	57	59	61	63	65	67	69
	4'11"	24	26	28	30	32	34	36	38	40	43	45	47	49	51	53	55	57	59	61	63	65	67
	5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65
	5'1"	23	25	27	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	57	59	61	62
	5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
	5'3"	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59
	5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57
	5'5"	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55
	5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	50	52	53
	5'7"	19	20	22	23	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52
	5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50
	5'9"	18	19	21	22	24	25	27	28	30	31	33	34	36	37	38	40	41	43	44	46	47	49
	5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47
	5'11"	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	46
	6'0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	42	43	45
6'1"	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44	
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42	
6'3"	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40	41	
6'4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39	40	
6'5"	14	15	17	18	19	20	21	23	24	25	26	27	29	30	31	32	33	34	36	37	38	39	
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29	30	31	32	34	35	36	37	38	
6'7"	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33	34	35	36	37	
6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28	29	30	31	32	33	34	35	36	
6'9"	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	32	33	34	35	
6'10"	13	14	15	16	17	18	18	20	21	22	23	24	25	26	27	28	29	30	31	32	34	35	

WORKSHEETS



Underweight
BMI = Less than 18.5



Normal weight
BMI = 18.5 to 24.9



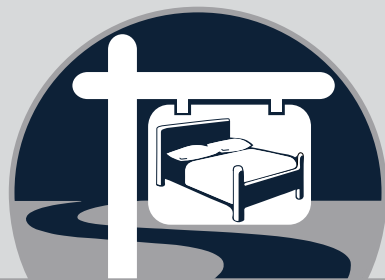
Overweight
BMI = 25 to 29.9



Obesity
BMI = 30 to 39.9



Extreme obesity
BMI = 40 and above



**RESOURCES AND
REFERENCES**

Additional Assistance

If you have found the guidance provided in this workbook to be unhelpful or are still dissatisfied with your sleep, and/or you experience excessive daytime sleepiness, you may seek additional assistance from your VA providers. Your VA provider will review your particular case and may refer you to an insomnia specialist at your VA or suggest other ways to improve your sleep.

It might be good to know that most VA facilities have at least one provider who has been trained in Cognitive-Behavioral Therapy for Insomnia or “CBT-i,” which is the basis for the approach used in this workbook. The CBT-i provider at your facility is most likely to be a mental health provider working in the Mental Health Clinic or other specialty clinics. However, some CBT-i providers work in primary care as well. Ask your primary care provider or mental health provider if you can be evaluated and treated by someone trained in CBT-i.

Some Veterans may need to be evaluated by a sleep specialist to determine if they have another sleep disorder, in addition to insomnia. Your primary care provider can refer you to the sleep lab in your facility, as available.

Recommended Readings on Sleep

Quiet Your Mind and Get to Sleep: Solutions to Insomnia for Those with Depression, Anxiety or Chronic Pain by Colleen Carney & Rachel Manber

Goodnight Mind: Turn Off Your Noisy Thoughts and Get a Good Night's Sleep by Colleen E. Carney & Rachel Manber

The Insomnia Answer Book: A Personalized Program for Identifying and Overcoming the Three Types of Insomnia by Paul Glovinsky & Art Spielman

The Insomnia Workbook: A Comprehensive Guide to Getting the Sleep You Need by Stephanie Silberman & Charles Morin

No More Sleepless Nights by Peter Hauri

Say Goodnight to Insomnia by Gregg Jacobs

Recommended Readings on Mindfulness

Mindfulness for Beginners: Reclaiming the Present Moment—and Your Life by Jon Kabat-Zinn

Guided Mindfulness Meditation by Jon Kabat-Zinn

Wherever You Go There You Are by Jon Kabat-Zinn

Glossary

Bed—“Bed” is any place designated for sleep.

CBT-i Coach—CBT-i Coach is a mobile phone app for Veterans, Service Members, and others who are participating in Cognitive Behavioral Therapy for Insomnia (CBT-i) with a face-to-face provider. It is intended to augment face-to-face care with a healthcare professional. It can also be used on its own, but it is not intended to replace therapy for those who need it. It guides users through the process of learning about sleep, developing good sleep habits, and getting rid of habits that interfere with sleep. It also provides a structured program to get users’ biological clocks reset to make it easier to go to sleep and to sleep through the night.

Cognitive Behavioral Therapy for Insomnia (CBT-i)—CBT-i is recommended as a first line treatment of insomnia. It works by helping people learn how their thoughts, feelings, and actions can perpetuate insomnia and then by helping them change sleep habits and misconceptions about sleep and insomnia to improve their sleep.

Insomnia—Insomnia is a sleep disorder characterized by difficulty falling and or staying asleep that has lasted for at least 3 months and causes a person significant daytime distress.

Personalized Sleep Prescription—Going to bed and waking up at the same times each day can help strengthen the natural cues from your internal biological sleep clock. This is part of the reason sleep therapists recommend a sleep prescription, a set bedtime and set wake time for people who are having sleep difficulties.

Sleep—Sleep is a basic need of humans, just like food and water. It is a profound state of rest that restores our mind and body and provides us with the energy needed to face another day. Sleep unfolds in several stages which are repeated several times each night.

Sleepy—When one feels sleep is imminent, one is sleepy. When sleepy, one often feels as if it is a struggle to keep one’s eyes open. Contrast this to the definition of “tired.”

Sleep Apnea—Sleep apnea is a common sleep disorder characterized by brief interruptions of breathing while sleeping. The interruptions typically last 10 seconds or longer and repeat throughout the night. In the morning, people with sleep apnea will not be aware of the disturbances in their sleep, even though they awaken partially throughout the night as they attempt to breathe. Most people with sleep apnea have excessive daytime sleepiness and they may also have restless sleep, loud snoring (with periods of silence followed by gasps), concentration difficulties, irritability, forgetfulness, mood or behavior changes, anxiety, depression, and morning headaches. People who have even a few of these symptoms should visit their doctor for evaluation. Sleep apnea is more likely to occur in men and in people who are obese or overweight.

Sleep Diary—A sleep diary is designed to gather information about your daily sleep pattern. It should be filled out every day and is designed to be completed within two hours of getting out of bed in the morning. If you forget to fill in the diary or are unable to finish it, leave the diary blank for that day.

Sleep Efficiency—Your sleep efficiency is the proportion of the time you spend asleep relative to the time you spend in bed. For example, if you sleep for 4 hours out of the 6 hours you are in bed, your sleep efficiency is $4/6$ or 66.6%. The formula for sleep efficiency = average total sleep time/average time in bed.

Time in Bed—Time in bed is the amount of time spent in bed, whether sleeping or not.

Tired—Feeling an overall lack of energy or fatigue.

Total Sleep Time—Total sleep time is the actual amount of time slept during a sleep period.

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CHRISTI S. ULMER, PHD, CBSM

Durham Veterans Affairs Medical Center
Health Services Research and Development
Duke University Medical Center
Department of Psychiatry and Behavioral Sciences

LEAH FARRELL-CARNAHAN, PHD

Hunter Holmes McGuire Veterans Affairs Medical Center
Virginia Commonwealth University Medical Center
Department of Physical Medicine and Rehabilitation

JAIME M. HUGHES, PHD, MPH, MSW

Durham Veterans Affairs Medical Center
Health Services Research and Development

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**MID-ATLANTIC (VISN 6) MENTAL ILLNESS RESEARCH,
EDUCATION AND CLINICAL CENTER (MIRECC)**

Department of Veterans Affairs

Consultants

RACHEL MANBER, PHD

Stanford University Medical Center
Department of Psychiatry and Behavioral Sciences

MELANIE K. LEGGETT, PHD, CBSM

Durham Veterans Affairs Medical Center
Mental Health Service Line
Duke University Medical Center
Department of Psychiatry and Behavioral Sciences

Edited by

JACQUELINE TATUM, RN, MSN

Durham Veterans Affairs Medical Center
Education and Learning Resource Services



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