Improving Your Sleep: Participant Handout

KAISER PERMANENTE®

Contents

Session 1: Insomnia Basics and Sleep Hygiene

Insomnia History Questionnaire

1. About how long have you had insomnia?

_____

_____

2. What is your main sleep problem?

__ Trouble falling asleep
__ Trouble staying asleep
__ Sleepy during the day
__ Other:

3. What have you tried already to help yourself sleep better?

_____

_____

4. List any health problems that affect your sleep (allergies, heartburn, indigestion, emphysema,depression, anxiety, back pain, other chronic pain):

_____

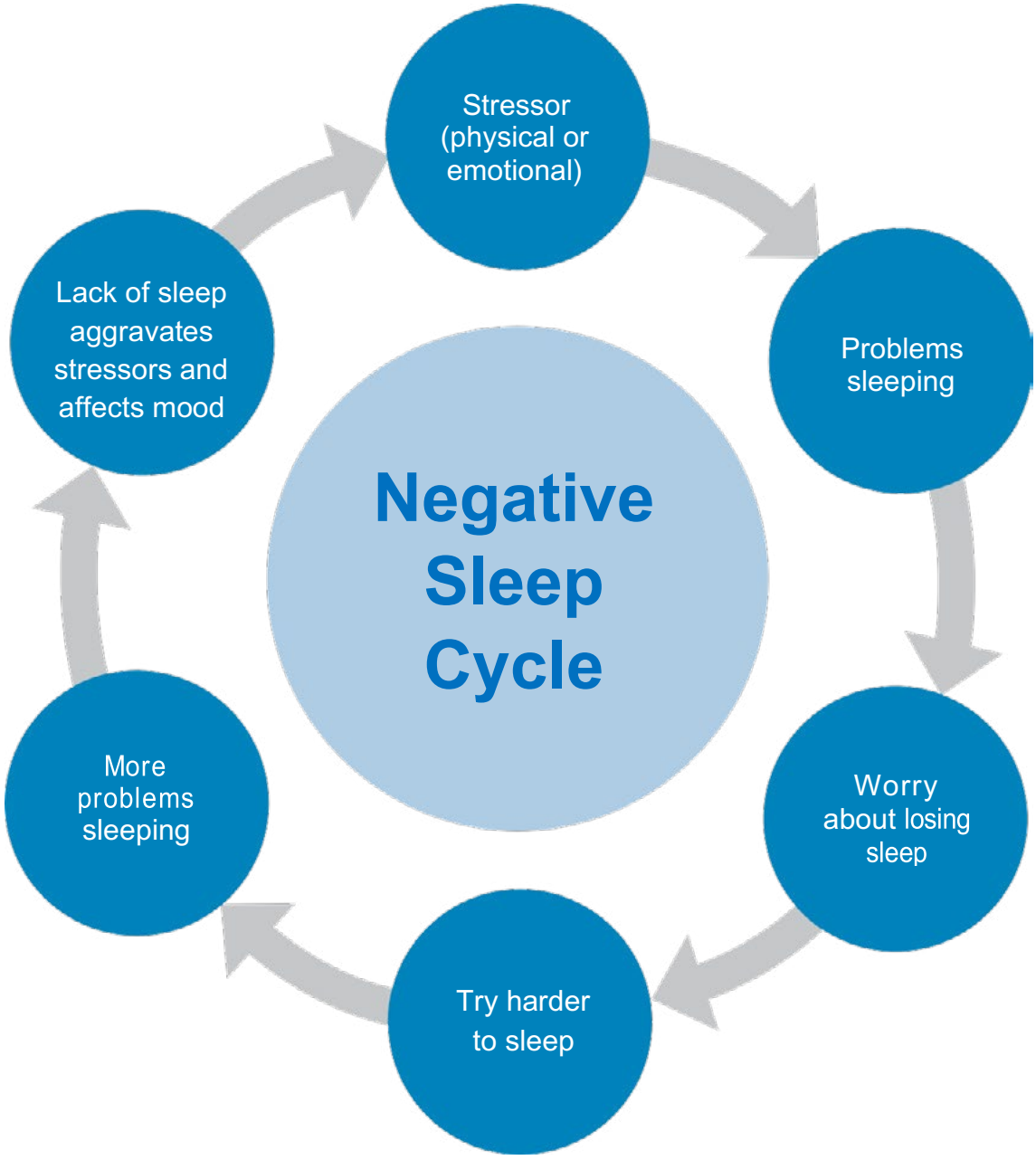
_____

5. List all the prescription and nonprescription medications that you use, including sleeping pills and herbal remedies. List the doses and reason you take them.

Medication	Dose	Reason you take this medication

Negative Sleep Cycle

How temporary insomnia can become chronic:



Basic Sleep Facts

Insomnia is defined as:

- Difficulty falling asleep, staying asleep, or waking up too early, that continues for 3 months or more.
- Having enough time available to sleep but being unable to get the sleep you need.
- Daytime functioning is impacted by sleep problems.

Recommended sleep hours, by age:

Age	Recommended	May be appropriate	Not recommended
Teenagers 14 to 17 years	8 to 10 hours	7 hours to 11 hours	Less than 7 hours More than 11 hours
Young Adults 18 to 25 years	7 to 9 hours	6 hours to 10 or 11 hours	Less than 6 hours More than 11 hours
Adults 26 to 64 years	7 to 9 hours	6 hours to 10 hours	Less than 6 hours More than 10 hours
Older Adults ≥ 65 years	7 to 8 hours	5 or 6 hours to 9 hours	Less than 5 hours More than 9 hours

Sleep Hygiene Self-Evaluation

1. Do you drink alcohol?

   __ Yes. How much?_____When?_____
   __ No

2. Do you drink caffeinated beverages?

   __ Yes. How much?_____When?_____
   __ No

3. Do you use tobacco (nicotine)?

   __ Yes. How much?_____When?_____
   __ No

4. Do you engage in physical activity/exercise?

   __ Yes. How much?_____When?_____
   __ No

5. Do you take a bath before bed?

   __ Yes. What time?_____
   __ No

6. What temperature is your bedroom at night (approximately)?_____°F

7. Do you follow the recommendations for light exposure?

   __ Yes. What time?_____
   __ No

8. What time is your last meal of the day?_____

9. Does noise keep you from falling asleep?

   __ Yes. How much?_____When?_____
   __ No

Sleep Hygiene: Choices You Can Make to Sleep Better

Sleep hygiene guidelines are based on daytime and evening behaviors that affect sleep. You can make healthier choices that can improve your sleep.

Regularly use the guidelines that fit your needs. They'll become natural parts of your day and bedtime routines.

Alcohol

While alcohol makes us feel sleepy, it actually suppresses slow-wave sleep and REM sleep. This means we don't get the refreshing sleep we need.

- Alcohol can also disrupt sleep when its effects wear off. Though it may help you fall asleep, you may wake up in the middle of the night or very early in the morning. It's harder to get back to sleep after such wakeups.

Do: Limit your alcohol use in the evening.

Caffeine

- Caffeine is a stimulant with effects that last up to 8 hours. This can disrupt sleep.
- Too much caffeine consumption in the morning and afternoon can be addictive. Withdrawal from caffeine can impact sleep, also.
- Many items contain caffeine: coffee, tea, cola and other soft drinks, chocolate, and some pain relievers, like Anacin and Excedrin.

Do: Skip caffeine in the late afternoon. Have no more than 2 cups (8 oz. each) of caffeinate drinks in a day.

Energy drinks: Help or hype?

- Based on advertising, you'd think energy drinks can turn us into superheroes. Actually, these drinks are made of basic ingredients such as caffeine, essential amino acids (protein "building blocks), and lots of sugar.
- Instead of giving you wings, these drinks can end up making you extra-tired. Though many people get an energy burst at first, it soon wears off. They end up feeling drowsy and drained.
- No energy drink can help you skip sleep safely. Getting enough sleep is the only sure and lasting way to boost your energy.

Nicotine

- Nicotine is a stimulant. Withdrawal from nicotine causes effects that last several hours. This can disrupt sleep.

Do: Avoid smoking before bed and during night-time wakeups. Reduce or stop smoking to improve your sleep.

If you quit:

- Quitting is one of the best things you can do for your health, and we strongly recommend it. Contact your local Health Education Department about coaching, classes, and other resources that can help you quit.
- Sleep may be disturbed for about 10 days during the quitting process. After this, your sleep will improve significantly.

Physical activity and exercise

Too little exercise disrupts sleep by changing your body's natural temperature rhythms. Insomnia can make you tired and unmotivated to exercise. This flattens your body's temperature pattern.

Even when you feel tired, it helps to do moderate physical activity (lawn work, taking stairs instead of elevators, walking) or aerobic exercise. This makes your body temperature rise and fall, which will improve your sleep.

It's important to plan exercise time based on your usual bedtime. You can use these tips.

- To get the most benefit, finish exercising 3 to 6 hours before bedtime. Your body temperature drops about 3 hours after exercise. This drop makes it easier to fall asleep and sleep more deeply.
- It may be harder to fall asleep if you exercise 3 hours or less before bedtime. Your body temperature and alertness are higher for several hours after exercise.

Exercise and physical activity are good for your health in many other ways. For example, exercise improves mood, which often improves sleep.

Regular daily activity can also increase your body temperature. If you're usually less active on weekends, holidays, or other specific days, it's important to add activity. Even without having insomnia, people can find it hard to sleep on Sunday night if that's their "couch potato" day.

Room temperature and baths

- Keep your bedroom cool at night to lower body temperature and help you sleep. If it's too cold for your bed partner, ask them to use an extra blanket.
- Take a hot bath for about 25 minutes, 2 hours before bedtime. Your body temperature will rise and then fall, which helps you fall asleep.

Light and sleep

- Time spent outdoors in natural light (sunlight) improves sleep by affecting the hormone melatonin. Light exposure stops melatonin production, while darkness stimulates the body to secrete melatonin.
- People who have trouble falling asleep can benefit from getting more early morning light. This can stimulate body temperature to rise earlier in the day and fall earlier at night. Increase early morning sunlight exposure by:
    - Avoiding dark sunglasses during that time.
    - Opening window coverings.
    - Sitting near eastern-exposed windows.
- People who wake up too early in the morning can benefit from exposure to natural light (sunlight) in the evening. This can cause body temperature to rise later in the morning. Increase exposure to evening natural light by:
    - Avoiding sunglasses late in the day.
    - Sitting near western-exposed windows.
    - Leaving window coverings open in the evening.

To affect sleep, light must be at least 2,500 lux (room light = 700 lux, sunrise = 10,000 lux, midday in summer = 100,000 lux). The body registers normal room light the same as darkness. You can buy bright-light boxes and lamps for about $200.

Food and sleep

Specific foods contain the amino acid tryptophan. The brain converts it to serotonin and then to melatonin, which regulates sleepiness.

- Carbohydrates (rice, pasta, bread, popcorn, crackers, fruit, granola bars) make tryptophan more available to the brain. Carbohydrate-heavy meals can make you drowsy.
- Protein in foods are the building blocks of tryptophan. The best bedtime snack contains carbohydrate and protein, such as fruit with cottage cheese, toast with peanut butter, or crackers with cheese.
- Sugars (candy, juice drinks, desserts) cause blood sugar spikes and drops. This can disturb sleep.
- Eating late meals may disrupt sleep because digestion slows during sleep, causing discomfort that can wake you up. Avoid food and drinks (except small sips of water) 2 to 3 hours before bed. Heartburn or a full bladder can cause wakeups.

- Some research suggests that sleep problems are related to too little of these nutrients: B vitamins, vitamin C, calcium, magnesium, and iron (possibly).

Noise and beds

- Music or television at bedtime sometimes distract and relax people, but noise during the night disturbs sleep.
- White noise—the sound of a fan, air conditioner, or commercial white noise machine—masks other noises and may be relaxing and support asleep. (Note: Some people find white noise irritating.)
- Earplugs can help reduce noise you can't control, such as loud traffic or neighbors.
- Your bed partner's body movements can disturb your sleep. To improve sleep, try a larger bed, different mattress, or separate beds.

The post-lunch energy dip

- Some people feel less alertness in the afternoon. This is known as the post-lunch dip.
- A large meal can make you feel sleepy, especially if it's carbohydrate-heavy. But the post-lunch dip happens because of our circadian rhythms ("body clocks"). We naturally feel tired at about 2 a.m. and 2 p.m.

Body Temperature and Sleep

Our body temperature rhythms and behaviors interact in ways that affect our ability to sleep**.**

Our body temperature follows a 24-hour circadian (daily) rhythm that:

- Rises in the morning.
- Peaks early to midevening.
- Begins dropping about 2 hours before you go to sleep. Ability to sleep is directly related to this evening drop in body temperature.
- Drops further after you fall asleep. This helps you sleep deeply.
- Is lowest around 4 a.m.
- Slowly rises again 1 to 2 hours before you wake up.

The difference between our minimum and maximum body temperature over 24-hours is about 1½ to 2 degrees Fahrenheit (ranges from 97°F to 99°F).

Recent insomnia research suggests:

- Poor sleepers have flattened body temperature rhythms. Their temperatures don't rise and fall as much as normal sleepers'.
- People with sleep-onset insomnia may have delayed temperature rhythms (their body temperature falls later in the evening than those of normal sleepers). This can affect their ability to fall asleep.
- People with trouble staying asleep may not have the normal temperature after sleep onset. They may have problems entering slow-wave sleep, which makes wakeups more likely.

Body temperature affects our alertness, activity levels, and desire for sleep. Rising temperatures are linked to increased alertness and activity. Falling temperatures are linked to difficulty concentrating and drowsiness.

Our tendency to fall asleep increases through the night as body temperature declines. The maximum tendency to fall asleep occurs at about 4 a.m. Even after a sleep-deprived night, our alertness will follow a circadian pattern during the day.

Sleep Better Action Plan—Week 1

Sleep better goal:

Why I want to make this change:

What will help me succeed (tools, motivations, reminders, support from others)?

What barriers might get in my way? How can I overcome them?

Weekly Sleep Log

For each night, list any factors that may have affected your sleep, such as medications, daytime naps, caffeine, alcohol, exercise, stress, tobacco use, meals, pre-sleep habits, illness, or chronic pain.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
What time did you go to bed?							
What time did you turn out the lights to sleep?							
About how long did it take you to fall asleep (within 30 minutes, 1 hour, 2 hours)?							
How many times did you wake up last night?							
About how long were you awake during the night (total time you laid awake)?							
What time did you last wake up this morning?							
About how many hours did you sleep last night in total?							
How many hours did you give yourself to sleep (from lights out to getting out of bed)?							
Overall, how well did you sleep (1 = terrible night, 5 = great night)?							

Progress Summary—Week 1

1. How many nights of restful sleep did you have?

   1 2 3 4 5 6 7

2. How many nights did you have restless sleep?

   1 2 3 4 5 6 7

3. How many days did you record in your sleep log?

   1 2 3 4 5 6 7

Notes:

Session 2. Sleep Scheduling, Reframing Thoughts, and the Relaxation Response

Sleep Scheduling Guidelines

Sleep scheduling is a behavior method that helps you fall asleep, stay asleep, and sleep more deeply. It helps reduce:

- Frustration due to being in bed but unable to sleep.
- Anxiety about getting enough sleep.

Cutting down time in bed is key to improving sleep. Too much time in bed is the most common cause of insomnia, including lying in bed before you're truly drowsy and after you wake up in the morning. Your nervous system needs regular cycles of sleep-wake and rest-activity to enable you to sleep well.

Sleep scheduling includes:

- When you go to bed
- How much time you spend in bed
- When you get up in the morning
- Naps (if any)

At first, using sleep scheduling may not give you a "great night's sleep." However, you'll get as much or more sleep than you've been used to. You'll fall asleep faster and wake less often during the night. Once sleep begins to improve, most people can slowly increase their time in bed.

Allow yourself 2 weeks (or longer) to adjust to sleep scheduling. By then, sleep scheduling and other sleep hygiene methods will feel like part of your routine.

How to set up your sleep schedule

1. Use your weekly sleep log to calculate your average time asleep (at night). Add your hours slept each night together and divide by 7. This is your average time asleep per night.

2. Use these guidelines to set your sleep schedule.
   If your current average sleep time is:

- Less than 5½ hours, start your new sleep schedule with 5½ hours in bed.
- More than 5½ hours, start your new sleep schedule with your average sleep time in bed.

You can reduce your sleep time by going to bed later or getting up earlier, or both. The closer your sleep schedule matches your actual hours of sleep, the better.

3. Calculate your earliest allowable bedtime. First, decide what time you want to get up. Then subtract the number of hours you've scheduled for sleep.

Find Your Sleep Schedule Worksheet

Use data from your sleep log to find your average sleep hours?	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Average
About how many hours did you sleep last night in total?								

Next, calculate your earliest allowable bedtime. First decide what time you want to get up.

What time do you want to get up? _____

On average, do you sleep 5½ hours or more? Yes No

If yes: Subtract the average number of hours you currently sleep from the time you want to get up.	**If no:** Subtract 5½ of hours from the time you want to get up.
Time you want to get up: _____ Minus average hours you sleep New Bedtime: _____	
EXAMPLE using 6 hours of average sleep Time you want to get up: ___6 a.m._____ Minus average hours you sleep New Bedtime: _____12 a.m._____	EXAMPLE using 5 hours of average sleep Time you want to get up: ___6 a.m._____ Minus 5 ½ hours New Bedtime: ____12:30 a.m._____

Here are the steps for using your sleep schedule successfully.

Step 1: Go to Bed Later

Delay your bedtime. Your goal is to spend 6 to 7 hours in bed (maximum), or no more than ½ hour over your average sleep time (based on your Weekly Sleep Log). Most people need to delay their bedtime by ½ to 1 hour.

If you get sleepy earlier in the evening, don't go to bed. Instead do a light activity such as socializing or light cleaning.

Though it's easier for most people to reduce time in bed by going to bed later, it can also work to regularly get up earlier. People who sleep well find that reducing time in bed gives them more time to do things they must do and enjoy doing.

Step 2: Get Up at the Same Time Every Day

This is probably the most powerful way to maintain healthy sleep rhythms. Other ways to affect your circadian rhythms ("body clock") include exposure to natural light (sunlight) and social activity.

Focus on keeping your wake-up time regular. Varying it by even 15 minutes can make insomnia worse. Get up at your regular time even if you haven't slept well. This will make it easier to fall asleep and sleep deeply that night.

Soon you'll feel sleepy at a regular time at night, too. And you'll get more deep, restful sleep.

If you sleep later than usual on some days, it'll probably be harder to fall asleep at your regular time the following night. Also, you'll get less deep sleep and may wake up during the night. Sleeping later in the morning gives you extra dream sleep, but not deep sleep.

"Sunday night insomnia" can affect even good sleepers. This occurs when people have later bedtimes and wake-up times on Saturday and Sunday. When they try to go to sleep earlier on Sunday night, it may be difficult. This can also be affected by spending Sunday as a "couch potato" (being less active than usual).

Step 3: Get Up Earlier

The ability to fall asleep and sleep deeply depend on how long you've been awake. So the earlier you get up in the morning and longer you stay awake during the day, the quicker you'll fall asleep at night.

Example: Perhaps you have an important meeting early Monday morning and need a good night's sleep Sunday night. The key is to get up earlier on Sunday morning (instead of going to bed earlier Sunday night). This helps you fall asleep when you want to on Sunday night.

Step 4: Keep Naps Short

If you nap, do so for only 20 to 30 minutes, before 3 p.m. Longer naps can make it harder to fall asleep at bedtime and reduce your deep sleep that night.

A short nap usually doesn't affect nighttime sleep and napping on a bed can lead to deeper sleep than napping in a comfortable chair.

Benefits of napping may be due to rest and relaxation rather than sleep, studies show. Lying down for an afternoon rest may improve your mood as much as napping.

Reframing Negative Thoughts About Sleep

Insomnia often includes having negative thoughts about sleep. These negative sleep thoughts (NSTs) trigger the body's stress responses, affect your emotions and mood, stimulate your wakefulness system, and disturb sleep.

Recognizing and actively replacing NSTs with more accurate, positive sleep thoughts (PSTs) are important for improving your sleep.

Here's information from recent sleep research that can help you replace NSTs with PSTs.

How much sleep do we really need?

Most people can maintain usual daily activities when they get about 70 percent of their normal sleep, at least temporarily. Sleep research has shown that most people need to sleep a minimum of 5½ hours (called "core sleep") to function normally.

Do I need to be afraid of sleep loss?

Your expectations and beliefs about sleep loss can be as important as the amount of sleep you get. So don't be afraid of insomnia! The less anxious you are about it and the less you consider sleep loss to be stressful, the better you'll sleep and feel the next day.

Exercise: Challenging Negative Sleep Thoughts

Other steps in reframing negative sleep thoughts are challenging your negative self-talk and choosing more useful thoughts (replacement thoughts) and behaviors.

- Select one NST
- Use these questions to come up with useful replacement thoughts:
    - What facts do I have that this thought is true?
    - What facts do I have that this thought is *not* true?
    - What would I say to a friend who had this thought?
    - How probable is it that what I'm afraid of will actually happen?

Then, rate your replacement thought for believability on a scale of 0 to 10 (with 10 is "most believable").

See the Positive Sleep Thoughts list (below) for suggestions on replacement thoughts.

You can use reframing NSTs to PSTs along with sleep scheduling. PSTs can help you manage fear or anxiety about getting enough sleep. This can be especially helpful in the first few days of using sleep scheduling.

Positive Sleep Thoughts

- My daily functioning won't suffer significantly when I get core sleep.
- I'm probably getting more sleep than I think.
- I've survived nights of insomnia before, so I can do it again.
- If I didn't sleep well last night, I'm more likely to sleep well tonight. My body naturally wants to recover my core sleep.
- My daytime functioning can be affected by negative sleep thoughts.
- Usually, the worst thing that will happen when I don't sleep well is that my mood will be affected.
- If I wake up after about 5½ hours of sleep, I've gotten the core sleep I need.
- I'm more likely to fall asleep as my body temperature drops during the night.
- My ability to function will improve as my body temperature rises during the day.
- It's normal to feel alert when I wake up at the beginning or end of a dream. I'll soon feel sleepy again.
- My sleep will improve as I learn and use methods to get better sleep.
- These methods have worked for others, and they will work for me.
- Sleep needs vary for each person.

How to Reframe Negative Thoughts About Sleep

- Use the Negative and Positive Sleep Thoughts Log (next page) to note your NSTs at bedtime, during the night, or when you wake up. This can help you see NSTs as unrealistic or exaggerated.
- Write down at least 1 PST every day. Use the PST list or create your own PSTs. This can help you have PSTs more often. PSTs are important even when you're sleeping well.
- Track your PSTs in your Progress Summary. This helps you see how consistently you're having PSTs.

Negative and Positive Sleep Thoughts Log

Note down a few negative sleep thoughts (NSTs), and then add positive replacement thoughts (PSTs) for each NST.

	Negative Sleep Thoughts	Positive Sleep Thoughts
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Relaxation Response Home Practice

Activate your relaxation response

You'll need 4 things:

- A quiet place.
- A comfortable sitting or lying position (if you think you might fall asleep, sitting will work better).
- A focus to help you let go of thoughts and worries. You can choose to focus on:
    - Your breath (use the simple breathing practice below, for example).
    - Repeating a calming word, phrase, prayer, or sound.
- A calm, noncritical attitude. When your mind wanders, gently bring your awareness back to your focus. You'll need to do this often when you're learning.

Then, follow these steps:

1. In your comfortable position, close your eyes (or let your gaze be softly downward).
2. Relax your muscles, from your toes, through your body to your face and finally the crown of your head.
3. Bring your awareness to your chosen focus.
4. Remain calm and noncritical. Be gentle and patient with yourself, as you'd be with a young child. Allow relaxation to happen at its own pace.
5. Continue for 10 to 20 minutes. When you're ready, slowly open your eyes and let yourself return to everyday life.

Basic breathing practice for relaxation response

This practice can help you let go of tension and encourage a sense of calm and balance. Sit comfortably, with your feet on the floor, hands resting on your legs or lap, and eyes gently closed (or gazing softly downward).

- Take 3 to 4 slow, easeful breaths. Each time you breath out, let tension or concerns flow out and away.

- With your next breath, begin counting as you breathe in and breathe out. Let your breath out be a few counts longer than your breath in. For example, as you inhale, silently count to 6. As you exhale, count to 7 or 8. Repeat this for a few breaths, at your own pace.
- Allow your breath to return to its natural rhythm. No need to do anything special.
- Simply be aware of your breath, moving in and out. Rest on the rhythm of the breath.

- Allow your awareness to open, gradually becoming aware of your body as a whole. Just experience each physical sensation, sound, thought, or feeling, as each one occurs.

- Be with each experience, just as it is. As it naturally fades away, let it go.

- Bring your awareness back to your breath, coming in and out.

Continue this cycle of breathing and awareness for 10 to 20 minutes. When you're finished, slowly bring your attention back to being here, in this room, sitting in your chair. Open your eyes.

When to practice

Practice the relaxation response during the day for a few weeks before using it at bedtime or during the night to fall sleep. Learning involves “trying,” which can make falling asleep difficult. So wait for your relaxation response to become natural before using it for sleep.

Midafternoon is a good time to practice since our mood and work performance naturally drop at that time. A relaxation session can be as satisfying as a nap, and also improve your mood and overall functioning.

Mini-Relaxation Exercises

Here are several simple, brief relaxation practices. You can use them to encourage your relaxation response and stop stress reactions. You can do them anywhere, even sitting in traffic or at your desk.

By doing mini-relaxations regularly, you'll soon be able to relax more easily. You may want to remind yourself to do mini-relaxations by putting a small piece of colored tape on your watch, clock, or phone.

Mini-relaxation can be useful for dealing with daily hassles. Do one after (or during) annoying situations such as:

- Rush hour traffic, rude drivers, or other delays that frustrate your need to get somewhere on time
- Stressful phone calls
- Entering a crowded room or giving a presentation
- Waiting in line
- Trying to communicate with someone who's not paying attention

Get ready for mini-relaxation practice by finding a comfortable sitting position. If you wish, close your eyes or let your gaze be softly downward.

Neck and Shoulder Release

- Take a deep breath in and bring your attention to your head, neck, and shoulders.
- Hold, then exhale gently.
- Breathe in again, and gently raise your shoulders toward your ears.
- As you breathe out, imagine all the tension in your neck, shoulders, and back leaving through this breath. Allow your shoulders to drop slightly as you exhale.
- Repeat.

Breathing to a Count of 6

- Breathe in and out through your nose for this exercise.
- Inhale slowly and deeply as you (silently) count to 6.
- Hold the breath for a few seconds (only as long as feels comfortable). Then, slowly exhale the breath as you count to 6.
- Repeat.

Cleansing Breath

- Inhale slowly through your nose as you (silently) count to 6.
- Exhale through your mouth, blowing out gently. Do this as if blowing on a candle flame, so that it flickers but doesn't go out.
- Repeat twice.
- Now, again inhale slowly through your nose as you count to 6.
- Exhale through your mouth, this time imagining strongly blowing out a candle. As you blow, allow yourself to release tension from your face and body.

Relaxing Sigh

- Sit or stand up straight.
- Breathe in and hold the breath (only as long as feels comfortable).
- As you breathe out, sigh deeply. You can exaggerate this "sigh of relief." As the air rushes out of your body, make a sound – "Ahhhhh..."
- Repeat.

Body Scan

- Move your awareness slowly through your entire body. Start at your head and end with your feet.
- If you find an area that feels tight or tense, take a breath in, imaging sending the breath into the tense area.
- As you exhale, allow the tension or pain to soften and release.
- If you find an area that feels good, take a moment to feel the qualities present there. Perhaps you feel warmth, or a sense of openness. Inhale and exhale once or twice while experiencing this place of ease.
- Inhale and continue moving through the body.
- Once you've moved awareness through your entire body, bring your awareness again to your head. Then take a big breath in and as you exhale imagine the breath sweeping down through your entire body.
- Rest and let your breathing return to normal. Slowly open your eyes

Tense, Hold, Release

*Note: This exercise is **not recommended if** you have fibromyalgia or other chronic musculoskeletal pain.*

- Breathe in, then tense as many of your muscles you can, all at once.
- Hold the breath, then slowly breathe out, letting go of all the tension.
- Repeat several times.

Sleep Better Action Plan—Week 2

Sleep better goal:

Why I want to make this change:

What will help me succeed (tools, motivations, reminders, support from others)?

What barriers might get in my way? How can I overcome them?

Weekly Sleep Log

For each night, list any factors that may have affected your sleep, such as medications, daytime naps, caffeine, alcohol, exercise, stress, tobacco use, meals, pre-sleep habits, illness, or chronic pain.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
What time did you go to bed?							
What time did you turn out the lights to sleep?							
About how long did it take you to fall asleep (within 30 minutes, 1 hour, 2 hours)?							
How many times did you wake up last night?							
About how long were you awake during the night (total time you laid awake)?							
What time did you last wake up this morning?							
About how many hours did you sleep last night in total?							
How many hours did you give yourself to sleep (from lights out to getting out of bed)?							
Overall, how well did you sleep (1 = terrible night, 5 = great night)?							

Progress Summary—Week 2

1. How many nights of restful sleep did you have?

   1 2 3 4 5 6 7

2. How many nights did you have restless sleep?

   1 2 3 4 5 6 7

3. How many days did you record in your sleep log?

   1 2 3 4 5 6 7

4. How often are you practicing improving your sleep thoughts?

   Not at all 1

   Sometimes 2

   Most of the time 3

Notes:

Session 3. Associating Bed with Sleep, and Sleep Medications

Sleep Efficiency

Sleep efficiency is a way to measure how efficient your time in bed is. The goal of sleep scheduling is to make time in bed efficient ("healthy, quality sleep"). Sleep efficiency calculations help you see how sleep scheduling is working for you.

Using your Weekly Sleep Log, calculate your average hours asleep.

Use the **sleep efficiency formula:** Average hours asleep divided by (÷) hours allotted for sleep, times (x) 100.

If your number is above 85 percent:

- You can **add 30 minutes** to your sleep time.
- You are getting efficient sleep. You may feel like you want to sleep more hours, but your sleep schedule is creating a healthy association between your go-to-bed/wake-up times (time in bed) and quality sleep.

If your number is below 85 percent:

- Participant choice. You can decide to do one of these.
    - Sleep medicine research recommends **reduce time in bed by 30 minutes**. Be sure you do not go below 5.5 hours
    - You can keep your same sleep schedule, but improvements in your sleep may be slower.
- You're spending time in bed that is *not* sleep. So, you're associating that time with being in bed but awake. You aren't forming as strong an association between bed and sleep as you could be.

Use your sleep log to fill out the chart and find your sleep efficiency percentage.

	EXAMPLE	**YOUR HOURS**
Average Hours Asleep	6	
Average Hours in Bed	8	
Average hours asleep ÷ hours allotted for sleep x 100	.75	
Sleep Efficiency Percentage	75 percent (%)	

Associating Bed with Sleep

We can relearn associations with the bed and bedroom to improve our sleep. Much of our behavior is linked to elements in our daily life, including people, events, places, and objects. When a behavior becomes paired with a specific stimulus, it's called behavior association (or stimulus control).

People who sleep well associate their bed and bedroom with relaxation, feeling sleepy, and sleeping.

People who have trouble sleeping usually have negative associations with their bed and bedroom. For them, bed is a place for worrying or other nonstop thinking, waking in the night, and feeling frustrated about sleeplessness.

Many people with insomnia make sleep problems worse by "trying" to sleep. The pressure to "make it happen" stimulates their nervous system and falling asleep becomes even more difficult. Research links "trying" to sleep to higher heart rate and blood pressure, muscle tension, and faster brain waves. Stress hormones are also triggered.

Guidelines for associating your bed with sleep
You can use these guidelines to improve your associations with bed and the bedroom. Most people need to use these methods for at least 2 weeks for them to work effectively. Be sure to use these guidelines every night for 2 weeks (or more as needed).

You'll soon find it easier to feel drowsy and allow sleep to come. Eventually, you'll naturally associate your bed and bedroom with relaxation and sleep.

Rule 1: Bedroom = Relaxation

- Use your bedroom *only* for relaxing activities and sleep.
- Don't use your bedroom for stimulating activities. Use another place in your home for work, phone calls, TV, and worrying or planning.
- Don't get into bed (in the evening) until you're ready to sleep.

Rule 2: Don't "Try" to Sleep

- Go to bed only when you feel drowsy. The goal is to associate bedtime and your bed with drowsiness.
- Use sleep scheduling to delay your bedtime by ½ to 1 hour to help you feel drowsy. Wait until you feel drowsy to go to bed (even if you stay up past your scheduled bedtime).
- When you feel very drowsy, get into bed and turn out the lights.
- Remember, don't "try" to sleep. And don't watch the clock.

Rule 3: Can't Sleep? Change It Up

- If you're still awake after being in bed for 15 to 20 minutes, get out of bed. Go to another room, and do a quiet, relaxing activity (read, do a puzzle, meditate) until you're drowsy again.
- Then return to bed, relax, and let sleep come.
- Avoid TV, computer screens, and a mobile phone screen for an hour or more before bedtime. They emit a type of light that stimulates our brains like daylight does. This signals us to stay awake.
- Repeat these steps as often as needed until you fall asleep. (If you find yourself repeating the steps 3 or more times most nights, it means you need to be drowsier before going to bed.)

Rule 4: Don't Fight to Get Back to Sleep

- If you wake up during the night and don't fall back to sleep within 15 to 20 minutes, notice how you feel. If you are:
    - Drowsy, keep your eyes closed and let sleep come. Probably you're in sleep stage 1 or stage 2, and not actually awake.
    - Awake and fully alert, don't try to sleep. Get out of bed, go to another room and read or do another relaxing activity. When you feel drowsy, go back to bed and sleep. Repeat this as often as needed until you fall asleep. It should take only a few times.

        →**This is the most important step.** Doing something relaxing in another room calms the mind and nervous system. This helps you feel drowsy so you can return to bed and sleep.

Tips for relaxing activities

- Plan ahead. Have relaxing reading materials, music or podcasts, or a calming hobby ready to use. (Avoid stimulating items like suspense novels or work materials.)
- Use just enough light to read by. Sit or lie down in a comfortable place.
- Turn clocks away from you and take off your watch. Pay no attention to time.
- Remember, relaxing will help you feel more rested in the coming day, even if you miss some sleep.

Sleep Medications and Tapering Off

Sleeping pills only help temporarily. They stop being effective after 2 to 4 weeks of continued use. Studies show no sleeping pill is actually effective beyond 6 to 7 nights. Many people continue to use sleeping pills for months to fall asleep easily. But this is due to the placebo effect (this means a patient believes a medication helps them, and so it does, even though there's no physical reason for effectiveness).

Some sleeping pills can contribute to sleep problems. They reduce the intensity and length of slow-wave (delta) sleep and dream (REM) sleep. So even when sleeping pills help people fall asleep faster, their sleep is likely to be less restful and restorative.

If you use sleeping pills, we recommend gradually stopping (tapering off). **ONLY do this with your doctor's supervision and support.** Slowly tapering off can reduce any withdrawal effects. Also, it gives you time to learn and use behavioral methods to improve your sleep.

Sleep Better Action Plan—Week 3

Sleep better goal:

Why I want to make this change:

What will help me succeed (tools, motivations, reminders, support from others)?

What barriers might get in my way? How can I overcome them?

Weekly Sleep Log

For each night, list any factors that may have affected your sleep, such as medications, daytime naps, caffeine, alcohol, exercise, stress, tobacco use, meals, presleep habits, illness, or chronic pain.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
What time did you go to bed?							
What time did you turn out the lights to sleep?							
About how long did it take you to fall asleep (within 30 minutes, 1 hour, 2 hours)?							
How many times did you wake up last night?							
About how long were you awake during the night (total time you laid awake)?							
What time did you last wake up this morning?							
About how many hours did you sleep last night in total?							
How many hours did you give yourself to sleep (from lights out to getting out of bed)?							
Overall, how well did you sleep (1 = terrible night, 5 = great night)?							

Negative and Positive Sleep Thoughts Log

Jot down any negative sleep thoughts you notice and then a positive counter for these thoughts.

	Negative Sleep Thoughts	Positive Sleep Thoughts
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Progress Summary—Week 3

1. How many nights of restful sleep did you have?

   1 2 3 4 5 6 7

2. How many nights did you have restless sleep?

   1 2 3 4 5 6 7

3. How many days did you record in your sleep log?

   1 2 3 4 5 6 7

4. How often are you practicing to improve your sleep thoughts?

   Not at all 1

   Sometimes 2

   Most of the time 3

5. What is your sleep efficiency for the week?

Example	**Your Sleep Efficiency**
6 hours slept / **7** hours in bed x **100**	_____ hours slept / _____ hours in bed x 100
86% = Sleep efficiency percent (%)	_____ = Sleep efficiency percent (%)

Notes: _____

Session 4. Balancing Stress Reactions with the Relaxation Response

Fight-or-Flight and the Relaxation Response

Our body automatically reacts when we sense threats to our safety. These reactions are controlled by one of the oldest parts of our brain (the primitive brain). This part of the brain:

- Activates fight-or-flight (stress) reactions. These complex physical reactions help us fight, run (take flight) or hide.
- Turns on other physical processes to help us survive serious injury.
- Helped keep our ancestors alive by stimulating quick responses to immediate dangers (such as a wild animal attack).

But in today's world, fight-or-flight reactions can cause problems. Daily stressors can be mistaken for "real" threats to our safety.

Our busy lives can feel overwhelming or out-of-control. Our fight-or-flight system can stay on "high alert" or "full alarm," even when daily stressors aren't life-threatening.

Being stressed also includes negative beliefs. Most commonly, we believe we lack what we need to deal with the threat.

You can tell you're having a stress reaction if you suddenly have cold hands, neck or shoulder muscle tension, rapid or shallow breathing, rapid heart rate, or sweaty palms.

Stress reaction, relaxation response, and insomnia

An overactive fight-or-flight system can affect our health. Over time, changes in the nervous system can lead to insomnia, headache, anxiety, heart disorders, and immune system problems.

Our bodies have a system for balancing stress reactions. The relaxation response causes physiological changes that are the opposite of stress reactions. For example, a stress reaction increases your breathing rate, while a relaxation response reduces it.

Though stopping stress reactions completely may not be possible (since they're "built-in" to our body), we *can learn* to stimulate our relaxation response. Regularly using the relaxation response can help relieve headaches, high blood pressure, chronic pain, insomnia, panic attacks, anxiety, specific skin and digestive problems, and many other conditions impacted by stress.

Relaxation response and sleep

You can use the relaxation response to release physical and mental tension that builds up during the day. This can improve your sleep as well as reducing anxiety about your ability to sleep.

Also, practicing the relaxation response before bedtime or after nighttime waking can help you fall asleep or return to sleep. This has been proven in dozens of studies.

Relaxation and Breathing Practices at Bedtime

After you've practiced the relaxation response during the day for about 2 weeks, you're ready to begin using it to help you fall asleep.

You can use these steps to weave together several practices we've learned in class and use them at bedtime.

1. Start with full-body relaxation. Spend 5 to 10 minutes relaxing your body from toes to head.

2. Turn off the lights and close your eyes, then use your favorite breathing practice. Some people also like to imagine (visualize) a relaxing scene, such as a favorite vacation spot, a beautiful place in nature, etc.

Continue as you begin to drift into stage 1 sleep. This will vary. Some nights, you may be asleep soon after beginning full-body relaxation. Other nights, you may use body relaxation for 10 minutes or more. The key is allowing relaxation and sleep to come, rather than "trying."

Coordinating bedtime relaxation with sleep hygiene/scheduling

1. Continue to go to bed only when you feel drowsy. Delay bedtime as needed.

2. Turn the lights off, close your eyes, and use relaxation response methods.

3. If you don't fall asleep within 15 to 20 minutes, stop using the relaxation response.

4. Get out of bed and do something relaxing until you're drowsy, and then return to bed to go to sleep.

5. Repeat steps 1 to 4 until you fall asleep,

If you wake up in the middle of the night and aren't asleep within 15 to 20 minutes:

1. Use relaxation response methods. Let relaxation happen.

3. If you're not asleep after 10 to 20 minutes, open your eyes, get out of bed, and go to another room to read or do another simple, relaxing activity until you're drowsy. Go back to bed and use relaxation response methods.

4. Repeat until you fall asleep.

Continue to use the relaxation response several times a day. Over time, your nervous system will become less responsive to stress and anxiety (your stress hormone levels will be reduced).

Key Behavior Methods for Improving Your Sleep

Remember to continue using the key behavior methods we learned in class. Continued practice will help you maintain or enhance the improvement in your sleep and prevent relapse of insomnia.

Practice these methods regularly. A good night's sleep is worth it!

- Practice sleep hygiene.
- Exercise regularly and minimize use of alcohol, caffeine, energy drinks, and nicotine near bedtime.
- Create a bedtime ritual, such as a warm bath or shower and meditation or other quiet time before bed.
- Allow yourself an hour or so to relax before bedtime.
- Keep your sleep times regular. Go to bed and wake up at the same times (plus or minus 20 minutes), 7 days a week.
- Go to bed only when you're drowsy. Never "try" to sleep.
- Don't lie awake in bed for more than 15 minutes. Get up and do something calming like reading a book, but no Internet or TV. When you feel drowsy, go back to bed.
- If you worry and watch the clock during the night, turn the clock to face the wall.
- Avoid naps.
- Use relaxation practices—including relaxation response exercises, mini-relaxations, and reframing negative sleep thoughts to positive sleep thoughts—during the day to manage daytime stressors and reduce physical and mental tensions.
- Give yourself a break. If you have insomnia or restless sleep, find ways to be gentle and compassionate with yourself.

Personal Relapse Prevention Plan

1. How do you know when old sleep patterns come up for you again? What's happening in your life and what symptoms do you have?

2. Identify "high-risk" situations that can interfere with healthy sleep (these may be ongoing). Describe your plan for how to manage your sleep needs before, during, and after.

3. What daily and weekly skills will you use to help manage your sleep? *Examples:* breathing and self-care practices.

Sleep Better Action Plan—Week 4

Sleep better goal:

Why I want to make this change:

What will help me succeed (tools, motivations, reminders, support from others)?

What barriers might get in my way? How can I overcome them?

Weekly Sleep Log

For each night, list any factors that may have affected your sleep, such as medications, daytime naps, caffeine, alcohol, exercise, stress, tobacco use, meals, presleep habits, illness, or chronic pain.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
What time did you go to bed?							
What time did you turn out the lights to sleep?							
About how long did it take you to fall asleep (within 30 minutes, 1 hour, 2 hours)?							
How many times did you wake up last night?							
About how long were you awake during the night (total time you laid awake)?							
What time did you last wake up this morning?							
About how many hours did you sleep last night in total?							
How many hours did you give yourself to sleep (from lights out to getting out of bed)?							
Overall, how well did you sleep (1 = terrible night, 5 = great night)?							

Negative and Positive Sleep Thoughts Log

Jot down any negative sleep thoughts you notice and then a positive counter for these thoughts.

	Negative Sleep Thoughts	Positive Sleep Thoughts
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Progress Summary—Week 4

1. How many nights of restful sleep did you have?

   1 2 3 4 5 6 7

2. How many nights did you have restless sleep?

   1 2 3 4 5 6 7

3. How many days did you record in your sleep log?

   1 2 3 4 5 6 7

4. How often are you practicing improving your sleep thoughts?

   Not at all 1

   Sometimes 2

   Most of the time 3

5. What is your sleep efficiency for the week?

Example	**Your Sleep Efficiency**
6 hours slept / **7** hours in bed x **100**	_____ hours slept / _____ hours in bed x 100
86% = Sleep efficiency percent (%)	_____ = Sleep efficiency percent (%)

Notes: _____

Resources

My Doctor Online

- Insomnia article ▶ (kpdoc.org/insomnia)
- Wellness resources ▶ (kp.org/wellnessresources)
- Get the app:

My Doctor Online ▶ Apple iOS | Google Play

Self-Care Apps (kp.org/selfcareapps)

- **Calm:** For meditation, mental resilience, and sleep.
- **Ginger:** 1-on-1 emotional support coaching and self-care activities for many common challenges like anxiety, stress, and relationship issues.
- **myStrength:** Tailored programs for managing depression, stress, anxiety, coping with COVID, and more.

ClassPass (kp.org/exercise): Kaiser members get unlimited on-demand video workouts at no cost and reduced rates on livestream and in-person fitness classes.

ClassPass

Classes

Classes on stress, sleep, anxiety, and depression are available to you.

Contact your local Health Education Department to learn more. (kpdoc.org/healtheducation)

Health Education Center, Northern California

Wellness Coaching

1:1 Wellness Coaches (kpdoc.org/wellnesscoaching) are available to help you with stress, sleep, smoking cessation, healthy eating, and increasing activity.

Wellness Coaching

Other Resources

- **CBT-I Coach** available at the App Store and Google Play
- **Books:** *Say Good Night to Insomnia,* by Greg Jacobs, PhD