

COGNITIVE BEHAVIORAL THERAPY FOR NIGHTMARES

SESSION CONTENT

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Instructions for Use:

Please use the following templates *in addition* to your site’s approved templates, which include standard encounter information (e.g., risk assessment, mental status exam, diagnosis) not included in these templates. These templates are meant to be copied and pasted into the Content section of your existing templates, and they are **not** sufficient to use as a standalone note. Please revise the content in these templates to fit the specifics of the session (e.g., tailored between session work, decision points made in session 5). There are highlights where deletion or revision will be required, but additional deletions or revisions can be made as needed.

Screening Assessment

Patient and Provider met today to assess Veteran's complaints of nightmares/disturbing dreams and related sleep problems as well as to offer Cognitive Behavioral Therapy (CBT) for Nightmares or other recommendations as appropriate.

The following self-report measures were completed and discussed during this encounter:

Insomnia Severity Index (ISI):

Sleep Habit Survey:

Sleep and Nightmare Log:

Trauma-Related Nightmare Survey:

Disturbing Dream and Nightmare Severity Index:

Nightmare Disorder Index:

Life Events Checklist:

PTSD Checklist for DSM-5 (PCL-5):

Patient Health Questionnaire – 9 (PHQ-9):

AUDIT-C:

Nightmare Assessment:

Does Patient endorse:

1. Disturbing dreams which occur at least once per week:
2. Disturbing dreams which cause awakenings at least once per week:
3. Disturbing dreams which are generally remembered:
4. Disturbing dreams which are significantly impairing to life or sleep:
5. Nightmares have been occurring greater than one month:
6. Disturbing dreams began only after starting a new medication:

CBT for Nightmares **IS/IS NOT** indicated as a treatment option based on Veteran's answers to the nightmare assessment questions above. If CBT-N is not indicated at this time, please specify why:

Nightmares are trauma-related:

If yes, nightmares relate to the traumatic event such that they are:

Almost exactly the same

Similar, but not exact

Unrelated/dissimilar

Patient was **ABLE/UNABLE** to identify a target nightmare(s) that is recurrent and most distressing.

Insomnia Assessment:

Does Patient endorse:

- 10. Difficulty falling asleep, staying asleep, or waking too early:
- 11. Insomnia symptoms occur on 3 or more nights per week:
- 12. Insomnia symptoms, not due to nightmares, have been present at least 3 months:
- 13. Insomnia symptoms interfere with Veteran's life:

Patient **DOES/DOES NOT** have probable insomnia disorder based on Veteran's answers to the insomnia assessment questions above.

Obstructive Sleep Apnea

Assessment: Does Patient endorse:

- 15. Snoring loudly:
- 16. Feeling tired, fatigued, or sleeping during the day:
- 17. Anyone observed Patient stop breathing, choking, or gasping while asleep:
- 18. Has or is being treated for high blood pressure:

Patient **HAS/DOES NOT HAVE** possible obstructive sleep apnea based on Veteran's answers to the obstructive sleep apnea assessment questions above.

- 20. Has Patient ever been diagnosed with sleep apnea:
- 21. Is Patient currently being treated for sleep apnea:
- 22. Is Patient treating sleep apnea for at least 4 hours per night on most nights:

Based on Veteran's above responses, a referral will be placed for:

- Further evaluation of sleep apnea (e.g., sleep study)
- Evaluation/discussion of treatment options
- Treatment non-adherence (e.g., PAP desensitization)

Provider engaged Patient in a shared decision making discussion. This discussion included a review of Veteran's identified symptoms and possible treatment options. Treatment options that were discussed included:

- Cognitive Behavioral Therapy for Nightmares
- Cognitive Behavioral Therapy for Insomnia
- Positive Airway Pressure (PAP) Desensitization
- Substance Use Treatment

Trauma-Focused Treatment
No treatment/watchful waiting
Digital Therapeutic
Other:

Patient chose to engage in:

Cognitive Behavioral Therapy for Nightmares
Cognitive Behavioral Therapy for Insomnia
Positive Airway Pressure (PAP) Desensitization
Substance Use Treatment
Trauma-Focused Treatment
No treatment/watchful waiting
Digital Therapeutic
Other:

Session 1

ASSESSMENT

MEASUREMENT-BASED CARE

PCL-5:

ISI:

PHQ-9:

SLEEP AND NIGHTMARE LOG

Patient **DID/DID NOT** complete a sleep and nightmare log since last session. The log included **XX** nights and showed Patient had **XX** nights with nightmares, for a total of **XX** nightmares. Veteran's average nightmare severity was **XX**

The following metrics were also derived from Veteran's sleep and nightmare log:

Average Sleep Onset Latency (SOL):

Average Wake After Sleep Onset (WASO):

Average Total Sleep Time (TST):

Average Time in Bed (TIB):

Average Sleep Efficiency (SE):

Average Sleep Quality:

SESSION CONTENT

Patient completed the first session of cognitive-behavioral therapy for nightmares (CBT-N) focused on providing an overview of treatment and healthy sleep habits.

Provider presented an overview of CBT-N along with psychoeducation regarding nightmares, insomnia, and factors influencing sleep (i.e., homeostatic sleep drive, circadian rhythm, hyperactivation).

Patient and Provider reviewed Veteran's responses to the Sleep Habit Survey and/or sleep log. Patient and Provider then discussed the helpful sleep habits that were relevant to Veteran's current sleep habits. Patient identified the following helpful sleep habits to change during the course of treatment:

1. Get Out of Bed at the Same Time Each Day
2. Use Your Bed and Bedroom Only for Sleep and Sex Only
3. Unwind before Bed
4. Go to Bed Only When You Are Sleepy (and Not Just Tired)
5. Get Out of Bed If Awake More Than About Fifteen Minutes

6. Avoid Naps
7. Make your Sleep Environment Comfortable
8. Cut Down or Stop Nicotine, Alcohol, and Cannabis at Bedtime and at Night
9. Stop Having Caffeine About 10 Hours Before Your Desired Bedtime
10. Use Grounding Strategies when Waking from a Nightmare

Motivational interviewing techniques were used to examine and increase Veteran's commitment to engage in CBT-N. This included Patient identifying XXXX as a support person as well as Patient agreeing to attend each session, participate fully, and complete all practice work in between sessions. Veteran's reservations about treatment and potential barriers to treatment were discussed, normalized, and problem-solved.

Provider explained the weekly assessment process, which includes completion and review of the sleep log and measurement-based care forms (i.e., PCL-5, PHQ-9, ISI).

Use the optional content below as needed/indicated. Delete this and following text that is not relevant to this session.

Psychoeducation on trauma was provided to Patient. This included education on the definition of traumatic events as well as common reactions that follow traumatic events.

Patient was provided with additional information about sleep and the rationale for changing sleep habits. This included psychoeducation on why sleep is vital to life, sleep stages, the 3P model of insomnia and nightmares, sleep rhythms, and common sleep disorders that occur with nightmares (i.e., sleep apnea, night terrors, nocturnal panic).

Because Patient is spending excessive time in bed, Provider presented an overview of sleep efficiency training. This included discussion of the rationale for sleep efficiency training, establishment of a sleep window based on the total sleep time from Veteran's sleep and nightmare log, and ways to stay up until bedtime/wake up at rise time.

PLAN

Patient was assigned the following between session work:

Follow the "New Sleep Plan":

1. Get Out of Bed at the Same Time Each Day
2. Use Your Bed and Bedroom Only for Sleep and Sex Only
3. Unwind before Bed
4. Go to Bed Only When You Are Sleepy (and Not Just Tired)
5. Get Out of Bed If Awake More Than About Fifteen Minutes
6. Avoid Naps
7. Make your Sleep Environment Comfortable

8. Cut Down or Stop Nicotine, Alcohol, and Cannabis at Bedtime and at Night
9. Stop Having Caffeine About 10 Hours Before Your Desired Bedtime
10. Use Grounding Strategies when Waking from a Nightmare

Complete the Sleep Diary and Nightmare Log.

Review session information in the Patient packet and bring any questions to the next session.

Consider speaking with a support person about the changes you are working on.

Session 2

ASSESSMENT

MEASUREMENT-BASED CARE

PCL-5:

ISI:

PHQ-9:

SLEEP AND NIGHTMARE LOG

Patient **DID/DID NOT** complete a sleep and nightmare log since last session. The log included **XX** nights and showed Patient had **XX** nights with nightmares, for a total of **XX** nightmares. Veteran's average nightmare severity was **XX**

The following metrics were also derived from Veteran's sleep and nightmare log:

Average Sleep Onset Latency (SOL):

Average Wake After Sleep Onset (WASO):

Average Total Sleep Time (TST):

Average Time in Bed (TIB):

Average Sleep Efficiency (SE):

Average Sleep Quality:

SESSION CONTENT

Patient completed the second session of cognitive-behavioral therapy for nightmares (CBT-N) focused on psychoeducation on nightmares and stress and relaxation practice. Veteran's sleep and nightmare log was reviewed as well as progress in making changes to Veteran's sleep habits.

Patient and Provider collaboratively updated Veteran's sleep plan. See the PLAN section below for changes.

Patient and Provider then discussed additional helpful sleep habits that were relevant to Veteran's current sleep habits. In addition to the habits selected at the previous session, Patient identified the following helpful sleep habits to change during the course of treatment:

11. Reduce Safety Behaviors at Night
12. Schedule Worry Time of Planning Time Well Before Bedtime

Provider provided psychoeducation on the impact of nightmares on the body, thoughts, and actions. Provider reviewed theories of nightmares.

Provider then provided an overview of relaxation techniques, including describing subjective units of distress. Provider engaged Patient in a progressive muscle relaxation (PMR) exercise. Self-rating of tension was XX/100 prior and XX/100 post in-session relaxation practice. Provider instructed Patient to track relaxation practice on the sleep and nightmare log and discussed a plan for practice.

Use the optional content below as needed/indicated. Delete this and following text that is not relevant to this session.

Psychoeducation on trauma was provided to Patient. This included education on the definition of traumatic events as well as common reactions that follow traumatic events.

Patient was provided with additional information about sleep and the rationale for changing sleep habits. This included psychoeducation on why sleep is vital to life, sleep stages, the 3P model of insomnia and nightmares, sleep rhythms, and common sleep disorders that occur with nightmares (i.e., sleep apnea, night terrors, nocturnal panic).

Because Patient is spending excessive time in bed, Provider presented an overview of sleep efficiency training. This included discussion of the rationale for sleep efficiency training, establishment of a sleep window based on the total sleep time from Veteran's sleep and nightmare log, and ways to stay up until bedtime/wake up at rise time.

PLAN

Patient was assigned the following between session work:

Follow the "New Sleep Plan":

1. Get Out of Bed at the Same Time Each Day
2. Use Your Bed and Bedroom Only for Sleep and Sex Only
3. Unwind before Bed
4. Go to Bed Only When You Are Sleepy (and Not Just Tired)
5. Get Out of Bed If Awake More Than About Fifteen Minutes
6. Avoid Naps
7. Make your Sleep Environment Comfortable
8. Cut Down or Stop Nicotine, Alcohol, and Cannabis at Bedtime and at Night
9. Stop Having Caffeine About 10 Hours Before Your Desired Bedtime
10. Use Grounding Strategies when Waking from a Nightmare
11. Reduce Safety Behaviors at Night
12. Schedule Worry Time of Planning Time Well Before Bedtime

Maintain bedtime no earlier than XX:XX and wake time no later than XX:XX

Complete the Sleep Diary and Nightmare Log.

Review session information in the Patient packet and bring any questions to the next session.

Practice the progressive muscle relaxation exercise at least two times per day, with one of these times near bedtime, and record your practice on the Sleep Diary and Nightmare Log.

Session 3

ASSESSMENT

MEASUREMENT-BASED CARE

PCL-5:

ISI:

PHQ-9:

SLEEP AND NIGHTMARE LOG

Patient DID/DID NOT complete a sleep and nightmare log since last session. The log included XX nights and showed Patient had XX nights with nightmares, for a total of XX nightmares. Veteran's average nightmare severity was XX

The following metrics were also derived from Veteran's sleep and nightmare log:

Average Sleep Onset Latency (SOL):

Average Wake After Sleep Onset (WASO):

Average Total Sleep Time (TST):

Average Time in Bed (TIB):

Average Sleep Efficiency (SE):

Average Sleep Quality:

SESSION CONTENT

Patient completed the third session of cognitive-behavioral therapy for nightmares (CBT-N) focused on targeting nightmares through use of exposure and deep breathing. Provider and Patient reviewed the sleep and nightmare log and PMR practice. Provider and Patient collaboratively updated the New Sleep Plan.

Provider provided the rationale for nightmare exposure and instructed Patient on the nightmare exposure task. Patient engaged in in-session nightmare exposure. Veteran's reported subjective units of distress were as follows:

XX/100 before writing nightmare

XX/100 after writing nightmare

XX/100 after reading aloud nightmare

Patient and Provider processed the nightmare exposure task and identified trauma-related nightmare themes:

safety

trust

power/control
esteem
intimacy

Provider provided the rationale for nightmare rescription and discussed possible changes Patient may make in the rescription.

Provider introduced deep breathing and demonstrated in session. Veteran's reported subjective units of distress were as follows:

XX/100 before deep breathing

XX/100 after deep breathing

PLAN

Patient was assigned the following between session work:

Follow the "New Sleep Plan":

1. Get Out of Bed at the Same Time Each Day
 2. Use Your Bed and Bedroom Only for Sleep and Sex Only
 3. Unwind before Bed
 4. Go to Bed Only When You Are Sleepy (and Not Just Tired)
 5. Get Out of Bed If Awake More Than About Fifteen Minutes
 6. Avoid Naps
 7. Make your Sleep Environment Comfortable
 8. Cut Down or Stop Nicotine, Alcohol, and Cannabis at Bedtime and at Night
 9. Stop Having Caffeine About 10 Hours Before Your Desired Bedtime
 10. Use Grounding Strategies when Waking from a Nightmare
 11. Reduce Safety Behaviors at Night
 12. Schedule Worry Time or Planning Time Well Before Bedtime
- Maintain bedtime no earlier than XX:XX and wake time no later than XX:XX

Complete the Sleep Diary and Nightmare Log.

Review session information in the Patient packet and bring any questions to the next session.

Start thinking about and making notes of ways to change the nightmare using themes discussed today.

Practice the progressive muscle relaxation exercise at least two times per day, with one of these times near bedtime, and record your practice on the Sleep Diary and Nightmare

Log. Other relaxation resources that are preferred can be used as well. It is recommended that relaxation practice be at least 10-15 minutes and include some element of guided imagery.

Session 4

ASSESSMENT

MEASUREMENT-BASED CARE

PCL-5:

ISI:

PHQ-9:

SLEEP AND NIGHTMARE LOG

Patient DID/DID NOT complete a sleep and nightmare log since last session. The log included XX nights and showed Patient had XX nights with nightmares, for a total of XX nightmares. Veteran's average nightmare severity was XX

The following metrics were also derived from Veteran's sleep and nightmare log:

Average Sleep Onset Latency (SOL):

Average Wake After Sleep Onset (WASO):

Average Total Sleep Time (TST):

Average Time in Bed (TIB):

Average Sleep Efficiency (SE):

Average Sleep Quality:

SESSION CONTENT

Patient completed the fourth session of cognitive-behavioral therapy for nightmares (CBT-N) focused on targeting nightmares by creating a rescription. Provider and Patient reviewed the sleep and nightmare log and PMR practice. Provider and Patient collaboratively updated the New Sleep Plan.

Provider and Patient discussed Veteran's identified nightmare changes they are considering for the rescription and how these changes address the nightmare theme(s).

Provider instructed Patient on the nightmare rescription task. Patient engaged in in-session nightmare rescription. Veteran's reported subjective units of distress were as follows:

XX/100 before writing rescription

XX/100 after writing rescription

XX/100 after reading aloud rescription

Provider and Patient processed the experience and provided support and encouragement. Provider explained the practice of imagery rehearsal, and Patient engaged in an in-session imagery rehearsal exercise. Provider reviewed the dose-response curve and signs of progress.

Provider led Patient through the PROGRESSIVE MUSCLE/DEEP BREATHING relaxation exercise. Veteran's reported subjective units of distress were as follows:

XX/100 before relaxation exercise

XX/100 after relaxation exercise

PLAN

Patient was assigned the following between session work:

Follow the "New Sleep Plan":

1. Get Out of Bed at the Same Time Each Day
 2. Use Your Bed and Bedroom Only for Sleep and Sex Only
 3. Unwind before Bed
 4. Go to Bed Only When You Are Sleepy (and Not Just Tired)
 5. Get Out of Bed If Awake More Than About Fifteen Minutes
 6. Avoid Naps
 7. Make your Sleep Environment Comfortable
 8. Cut Down or Stop Nicotine, Alcohol, and Cannabis at Bedtime and at Night
 9. Stop Having Caffeine About 10 Hours Before Your Desired Bedtime
 10. Use Grounding Strategies when Waking from a Nightmare
 11. Reduce Safety Behaviors at Night
 12. Schedule Worry Time of Planning Time Well Before Bedtime
- Maintain bedtime no earlier than XX:XX and wake time no later than XX:XX

Complete the Sleep Diary and Nightmare Log.

Review session information in the Patient packet and bring any questions to the next session.

Engage in imagery rehearsal with rescription for 10 minutes each night, followed by relaxation exercise.

Practice the progressive muscle relaxation exercise at least two times per day, with one of these times near bedtime, and record your practice on the Sleep Diary and Nightmare Log. Other relaxation resources that are preferred can be used as well. It is recommended that relaxation practice be at least 10-15 minutes and include some element of guided imagery.

Session 5

ASSESSMENT

MEASUREMENT-BASED CARE

PCL-5:

ISI:

PHQ-9:

SLEEP AND NIGHTMARE LOG

Patient DID/DID NOT complete a sleep and nightmare log since last session. The log included XX nights and showed Patient had XX nights with nightmares, for a total of XX nightmares. Veteran's average nightmare severity was XX

The following metrics were also derived from Veteran's sleep and nightmare log:

Average Sleep Onset Latency (SOL):

Average Wake After Sleep Onset (WASO):

Average Total Sleep Time (TST):

Average Time in Bed (TIB):

Average Sleep Efficiency (SE):

Average Sleep Quality:

SESSION CONTENT

Patient completed the fifth session of cognitive-behavioral therapy for nightmares (CBT-N) focused on targeting nightmares through exposure or rescription and relaxation, depending on Veteran's needs. Provider and Patient reviewed the sleep and nightmare log and collaboratively updated the New Sleep Plan. Provider and Patient reviewed Veteran's PMR and imagery rehearsal practice.

Use one of the color groupings below (blue, green, grey, orange) & delete this text

Patient denied any changes in nightmares, and therefore, it was collaboratively decided to revise Veteran's rescription. Provider and Patient discussed changes Patient could make to the nightmare, with emphasis on addressing identified trauma-related theme(s). Patient engaged in in-session nightmare rescription. Veteran's reported subjective units of distress were as follows:

XX/100 before writing rescription

XX/100 after writing rescription

XX/100 after reading aloud rescription

Provider and Patient processed the experience and provided support and encouragement. Provider explained the practice of imagery rehearsal, and Patient engaged in an in-session imagery rehearsal exercise.

Patient reported improvements in nightmares. Patient only has one nightmare, and it was collaboratively decided to create a second rescription of this nightmare. Provider and Patient discussed changes Patient could make to the nightmare, with emphasis on addressing identified trauma-related theme(s). Patient engaged in in-session nightmare rescription.

Veteran's reported subjective units of distress were as follows:

XX/100 before writing rescription

XX/100 after writing rescription

XX/100 after reading aloud rescription

Provider and Patient processed the experience and provided support and encouragement. Provider explained the practice of imagery rehearsal, and Patient engaged in an in-session imagery rehearsal exercise.

Patient reported improvements in nightmares. Patient declined Provider's offer to revise the current rescription or to create a second rescription as Patient reported the current rescription is working well.

Although Patient reported improvements in nightmares, Patient has identified a second nightmare. It was collaboratively decided to complete a second nightmare exposure and rescription using this second nightmare. Provider briefly reviewed the rationale for nightmare exposure and instructed Patient on the nightmare exposure task. Patient engaged in in-session nightmare exposure. Veteran's reported subjective units of distress were as follows:

XX/100 before writing nightmare

XX/100 after writing nightmare

XX/100 after reading aloud nightmare

Patient and Provider processed the nightmare exposure task and identified trauma-related nightmare themes:

safety

trust

power/control

esteem

intimacy

Provider provided a brief rationale for nightmare rescription and discussed possible changes Patient may make in the rescription.

Provider led Patient through the deep breathing relaxation exercise. Veteran's reported subjective units of distress were as follows:

XX/100 before relaxation exercise

XX/100 after relaxation exercise

PLAN

Patient was assigned the following between session work:

Follow the "New Sleep Plan":

1. Get Out of Bed at the Same Time Each Day
 2. Use Your Bed and Bedroom Only for Sleep and Sex Only
 3. Unwind before Bed
 4. Go to Bed Only When You Are Sleepy (and Not Just Tired)
 5. Get Out of Bed If Awake More Than About Fifteen Minutes
 6. Avoid Naps
 7. Make your Sleep Environment Comfortable
 8. Cut Down or Stop Nicotine, Alcohol, and Cannabis at Bedtime and at Night
 9. Stop Having Caffeine About 10 Hours Before Your Desired Bedtime
 10. Use Grounding Strategies when Waking from a Nightmare
 11. Reduce Safety Behaviors at Night
 12. Schedule Worry Time or Planning Time Well Before Bedtime
- Maintain bedtime no earlier than XX:XX and wake time no later than XX:XX

Complete the Sleep Diary and Nightmare Log.

Review session information in the Patient packet and bring any questions to the next session.

If nightmare exposure was completed during this session, assign below & delete this text

Start thinking about and making notes of ways to change the nightmare using themes discussed today.

If a rescription was created during this session, assign below & delete this text

Engage in imagery rehearsal with rescription for 10 minutes each night, followed by relaxation exercise.

Practice the progressive muscle relaxation exercise at least two times per day, with one of these times near bedtime, and record your practice on the Sleep Diary and Nightmare Log. Other relaxation resources that are preferred can be used as well. It is

recommended that relaxation practice be at least 10-15 minutes and include some element of guided imagery.

Session 6

ASSESSMENT

MEASUREMENT-BASED CARE

PCL-5:

ISI:

PHQ-9:

SLEEP AND NIGHTMARE LOG

Patient DID/DID NOT complete a sleep and nightmare log since last session. The log included XX nights and showed Patient had XX nights with nightmares, for a total of XX nightmares. Veteran's average nightmare severity was XX

The following metrics were also derived from Veteran's sleep and nightmare log:

Average Sleep Onset Latency (SOL):

Average Wake After Sleep Onset (WASO):

Average Total Sleep Time (TST):

Average Time in Bed (TIB):

Average Sleep Efficiency (SE):

Average Sleep Quality:

SESSION CONTENT

Patient completed the sixth and final session of cognitive-behavioral therapy for nightmares (CBT-N) focused on reviewing treatment progress and relapse prevention. Provider and Patient reviewed the sleep and nightmare log and collaboratively updated the New Sleep Plan. Provider and Patient reviewed Veteran's relaxation practice as well as progress in treatment. This review included discussion of change in scores on self-report measures and sleep log metrics including:

Nightmare frequency: XX at intake and XX at final session

Nights with nightmares: XX at intake and XX at final session

Average nightmare severity: XX at intake and XX at final session

PCL-5: XX at intake and XX at final session

ISI: XX at intake and XX at final session

PHQ-9: XX at intake and XX at final session

Other changes:

Provider and Patient reviewed imagery rehearsal practice and troubleshooted as needed.

Use text below if rescription revisions were warranted & delete this text

Patient expressed a desire to further revise the rescription, so Provider and Patient discussed changes Patient could make to the nightmare, with emphasis on addressing identified trauma-related theme(s).

Use text below if exposure was completed at the previous session & delete this text

Provider and Patient discussed changes Patient could make to the nightmare, with emphasis on addressing identified trauma-related theme(s). Patient engaged in in-session nightmare rescription. Veteran's reported subjective units of distress were as follows:

XX/100 before writing rescription

XX/100 after writing rescription

XX/100 after reading aloud rescription

Provider and Patient processed the experience and provided support and encouragement. Provider explained the practice of imagery rehearsal, and Patient engaged in an in-session imagery rehearsal exercise.

Provider led Patient through the PROGRESSIVE MUSCLE/DEEP BREATHING relaxation exercise. Veteran's reported subjective units of distress were as follows:

XX/100 before relaxation exercise

XX/100 after relaxation exercise

Provider and Patient discussed how to develop flexibility in Veteran's sleep habits as well as what to do if insomnia and nightmares continue or return.

PLAN

Patient was assigned the following relapse prevention work:

Follow the "New Sleep Plan":

1. Get Out of Bed at the Same Time Each Day
2. Use Your Bed and Bedroom Only for Sleep and Sex Only
3. Unwind before Bed
4. Go to Bed Only When You Are Sleepy (and Not Just Tired)
5. Get Out of Bed If Awake More Than About Fifteen Minutes
6. Avoid Naps
7. Make your Sleep Environment Comfortable
8. Cut Down or Stop Nicotine, Alcohol, and Cannabis at Bedtime and at Night
9. Stop Having Caffeine About 10 Hours Before Your Desired Bedtime
10. Use Grounding Strategies when Waking from a Nightmare
11. Reduce Safety Behaviors at Night

12. Schedule Worry Time of Planning Time Well Before Bedtime

Maintain bedtime no earlier than XX:XX and wake time no later than XX:XX

Complete the Sleep Diary and Nightmare Log.

Engage in imagery rehearsal with rescription for 10 minutes each night, followed by relaxation exercise.

Practice the progressive muscle relaxation exercise at least two times per day, with one of these times near bedtime, and record your practice on the Sleep Diary and Nightmare Log. Other relaxation resources that are preferred can be used as well. It is recommended that relaxation practice be at least 10-15 minutes and include some element of guided imagery.