

Cognitive Behavioral Therapy for **Nightmares** *Optional Appendices*

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Patient Materials

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Common Reactions to Trauma

You have experienced events that were very stressful or traumatic. I want to provide you with information about:

- What types of events are considered traumatic events.
- Common reactions people have after traumatic events. This can include nightmares.

What is a Traumatic Event?

For many people, nightmares worsened or started after a traumatic event. This treatment was not made for one type of trauma. It is also not just for people who have had a single trauma. Many different events can be considered traumatic.

Traumas may include things like:

- physical abuse
- child sexual abuse
- car accidents
- combat
- natural disasters
- sexual assault
- physical assault
- the sudden, unexpected death of a loved one

People who experience a trauma often feel alone. They might think that they're the only ones who have lived through this. But, about 50-60% of people have been through some type of trauma.

People react to trauma in many ways. Some people feel very upset right away. Others may not feel upset at first, or they may feel shocked. These people may have more troubles later, even years after the event. Still others report having few problems at all. The ways trauma may impact a person's life can be different between people. Many people who go through trauma may have some symptoms of posttraumatic stress disorder (PTSD). PTSD has four different types of symptoms.

1. Feeling Like the Event is Happening Again

The first type of symptoms are intrusions or thinking about the event when you don't want to. People may have a strong reaction to memories or feel as if the event were happening again. This can include nightmares about the event.

Are your nightmares usually about a trauma?

Exactly like it ☐

Similar ☐

Completely Different ☐

Do you have any other intrusion symptoms?

2. Trying to Avoid Things That Make You Think of the Trauma

The second type of symptoms is ways that people try to avoid certain things. This can include people, places, situations, and other things that remind them of the trauma. This can also include memories or feelings. Some ways people try to avoid the trauma are by pushing thoughts of the event out of their minds and not talking with someone who reminds them of the event. People also use drugs or alcohol to try and forget what happened.

In what ways do you try to avoid thoughts or reminders of the trauma?

3. Being More Alert

The third type of symptom is being more on guard and aware of what is going on around you. You may find yourself always looking for danger. People might also have feelings in their body when reminded of the trauma. This can include your heart beating fast, breathing faster, and sweating. People may also have trouble falling and staying asleep.

What types of things do you do to stay on guard?

Circle the words that you feel when reminded of the trauma:

Tired	Confused	Shaky
Forgetful	Fast Heartbeat	Spacey
Breathless	Headache	Nervous
Tingly	Other _____	

4. Having Negative Emotions or Beliefs

The fourth type of problem is in the way we think about other people, the world, and ourselves. Some beliefs that may change are related to power and control, safety, trust, esteem, and intimacy. You may feel out of control or powerless to change situations or events in your life. You may see the world, other people, even yourself as unsafe. You may not trust others, see other people as dangerous, or may not want to be close to anyone.

Have you noticed a change in the way you:

- Think about yourself? How so? _____
- Think about people around you? How so? _____
- Think about the world? How so? _____

Or you might feel numb or like your feelings are missing. It is common to hear from people that it is easy to get angry, but difficult to feel other emotions like happiness, love, or playfulness. Along with this change you may start feeling cut off from other people, like you don't fit in anymore.

Have you experienced a limit to your emotions? If yes, it's hard for me to feel (what emotions):

There may be emotions that you feel a great deal such as fear, anger, guilt, shame, sadness, or horror. You may try to push these emotions away but when reminded of the trauma, they come flooding back.

Have you experienced intense emotions at times? If yes, what emotions do you feel strongly?

Short-Term vs. Long-Term

If you think about all these problems, they make sense. They might even be helpful at first. Intrusion symptoms help your body stay “on alert” during a trauma. Your mind may keep sending danger signals to keep you safe. Keeping away from reminders of the trauma also makes sense. It's good to stay away from things that are dangerous! It also makes sense for your body to be more on guard in case the danger comes back. You want to be ready if this happens. Your way of thinking about yourself, others, and the world may change because you are trying to make sense of what happened.

So how does a normal way of reacting turn into a long-term problem? Part of what happens may be that your body doesn't know that the trauma is over. The event doesn't get worked through or fixed like other life events. When something isn't fixed, we tend to keep thinking about it. This can happen even when we don't want it to.

Another problem is that we sometimes connect the fear to other things that are related to trauma. These things may not be dangerous on their own. For example, survivors of child physical abuse may become afraid around people who have been drinking alcohol or look like the person who hurt them. They may become upset when people are talking loudly. A combat veteran may feel afraid when around sights, sounds, or smells that reminds them of combat. This can include things like walking into the woods or desert, hearing a car backfiring, or watching fireworks. These things are not dangerous on their own but may cause reactions in the body. If you are responding with fear to these things, it's likely that you will want to keep away from them. Getting away from the feelings of fear and the things that remind you of the trauma will help you feel relief at first. Over time, however, it will only keep the problem going. You don't have a chance to learn that things like fireworks and loud noises aren't dangerous.

What makes you think about the trauma?

Other bad effects of trauma can include things like:

- panic attacks
- using substances more often
- feeling sad or depressed
- feeling anxious
- problems relating to other people
- trouble sleeping

Are any of these a problem for you?

This treatment is being offered because you have nightmares, and these nightmares are affecting other parts of your life. Although nightmares are part of posttraumatic stress disorder (PTSD), that doesn't necessarily mean you have PTSD. This treatment is made to lower the number of nightmares you have and make them less scary. The goal of having fewer nightmares and making your sleep better may help make your other problems get better too.

Sleep Education: Purpose, Stages, Behavioral Model, and Common Sleep Disorders Sleep

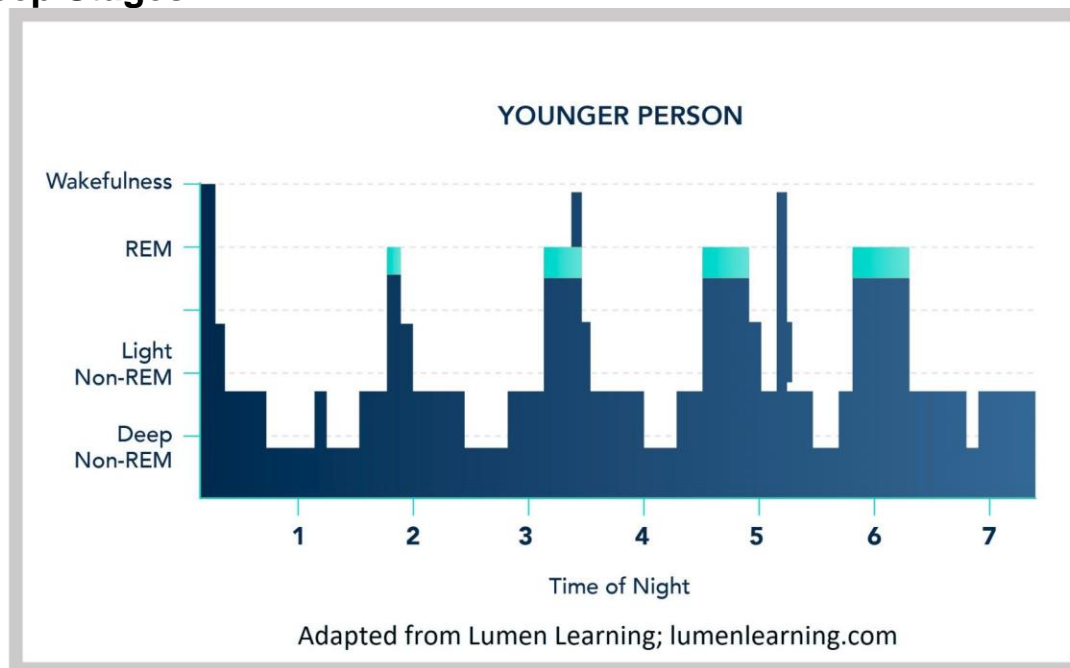
Why is Sleep Vital to Life?

Why do you think sleep is important?

- Sleep affects the body's energy and immune system.
- It allows the body to repair and heal itself.
- It impacts your mood and well-being.
- Sleep is important for every job. Getting enough sleep helps you:
 - Do dangerous tasks safely.
 - Organize and store memories.
 - Do hard mental tasks.
 - Stay alert and focus.
 - Do routine, repetitive tasks.

When we sleep well, we wake feeling ready for the day.
When we don't sleep well, problems can seem harder.

Sleep Stages

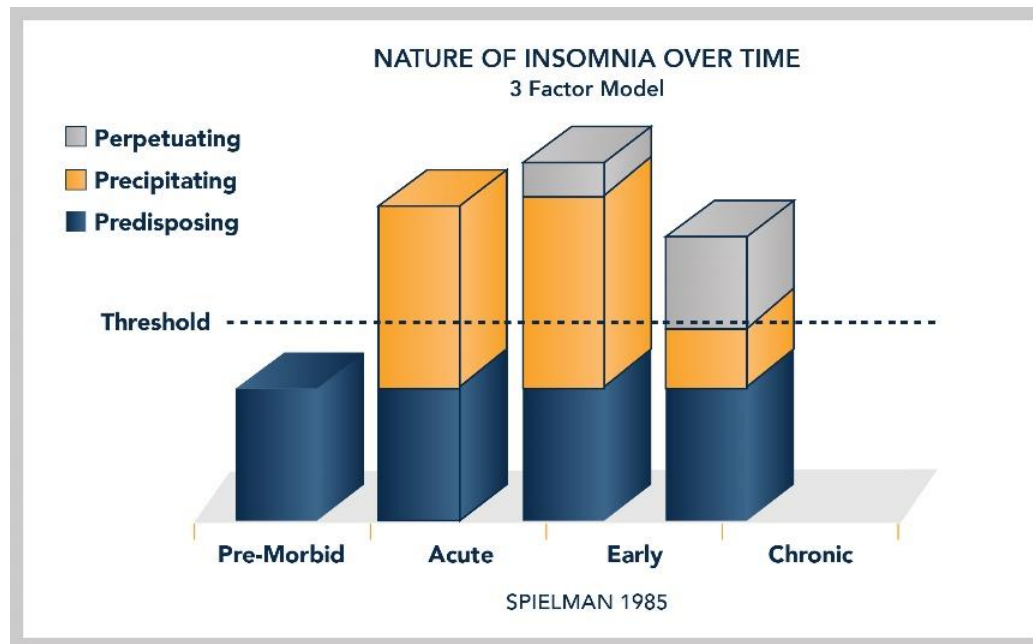


- Across the night, your sleep follows a pattern.
 - During the first stages of sleep, our sleep slowly gets deeper and more restful.
 - After about 90 minutes, sleep lightens and enters rapid eye movement sleep, or REM sleep.
 - The most vivid dreaming, including nightmares, usually occurs during this stage.

- This cycle repeats through the night. We have more deep sleep in the beginning and more REM sleep towards the end.
- In the figure, you can see awakenings. Even people without sleep problems wake a few times in the night. Most people fall right back to sleep and do not remember it.
- Looking at the clock when you wake up can make it harder to go back to sleep.

The 3P Model of Nightmares and Insomnia

Like the many pieces of a puzzle, many things can cause sleep problems.



Risk for Nightmares and Insomnia

Some things that can put people at risk for insomnia are:

- Personality types that tend to worry or stress
- People with a lot of muscle tension
- Family history and genes
- Health problems like chronic pain
- Childhood that did not have sleep routines

Factors that Lead to Nightmares and Insomnia

Not everyone that has risk for nightmares and insomnia will develop them. Insomnia often starts during or after a traumatic event. Traumatic events typically involve exposure to actual or threatened death, serious injury, or sexual violence. Some examples of traumatic events are:

- serious accident, natural disaster, combat, physical or sexual abuse, seeing someone killed or injured)
- For military service members, changes of station, early start times, and deployments can impact sleep.

- Other people have nightmares that do not seem to be related to a traumatic event at first. In these cases, nightmares may become more common or more intense during or after a traumatic or stressful event.
- Insomnia may also start after other stressful life events like
 - A new job
 - A new baby
 - Conflict with family, friends, co-workers, or significant others
 - Work problems
 - Caregiving
 - Medical problems
 - Schedule changes such as shift work or retirement
 - Loss of a loved one
 - A trauma or other stressful event

Did any of these events occur just before your nightmares or insomnia started?

Factors that Keep Nightmares and Insomnia Going

Nightmares and insomnia may go away on their own. But for some people, sleep problems keep going even when other things get better. Habits that begin as a way to cope with sleep problems may keep them going over the long term. Habits like:

- Doing things to avoid thinking about nightmares or stressful events
- Sleeping during the day or pushing your bedtime later to avoid nightmares
- Spending lots of time in bed
- Having a sleep schedule that always changes
- Spending time awake in bed
- Medications
- Drinking too much alcohol or using other substances
- Drinking a lot of caffeine or energy drinks
- “Standing guard” at home or in bed
- Thinking too much or worrying in bed

Over time, these habits make your bed and bedroom triggers for being awake and frustrated instead of sleeping.

Sleep Rhythms

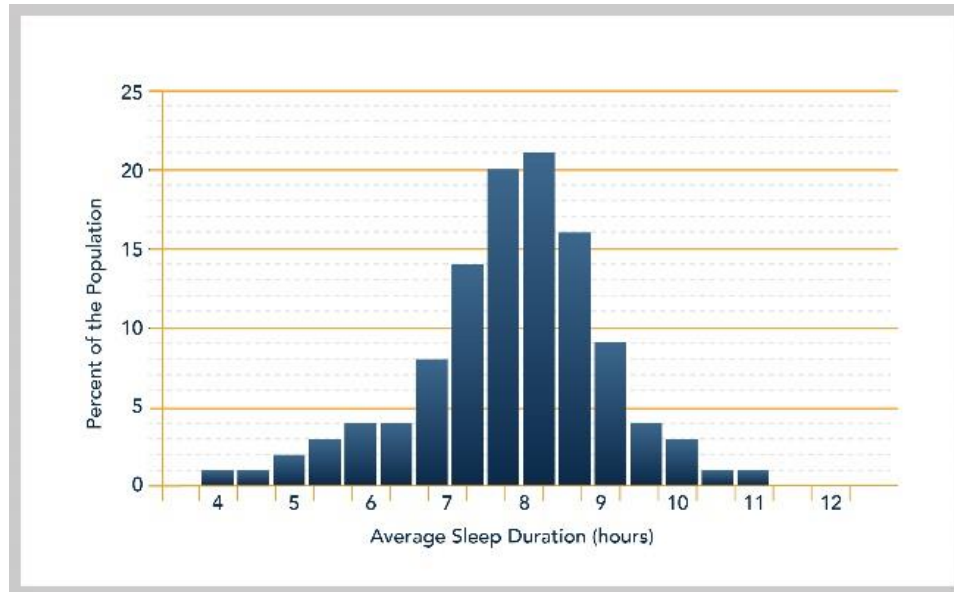
Your sleep habits impact how much you sleep and how good your sleep feels. The body has a “sleep drive” that pushes you to a regular schedule. Humans are programmed to be awake during the day and to sleep at night.

Here are things impact the sleep drive:

1. First is **the amount of sleep your body needs.**

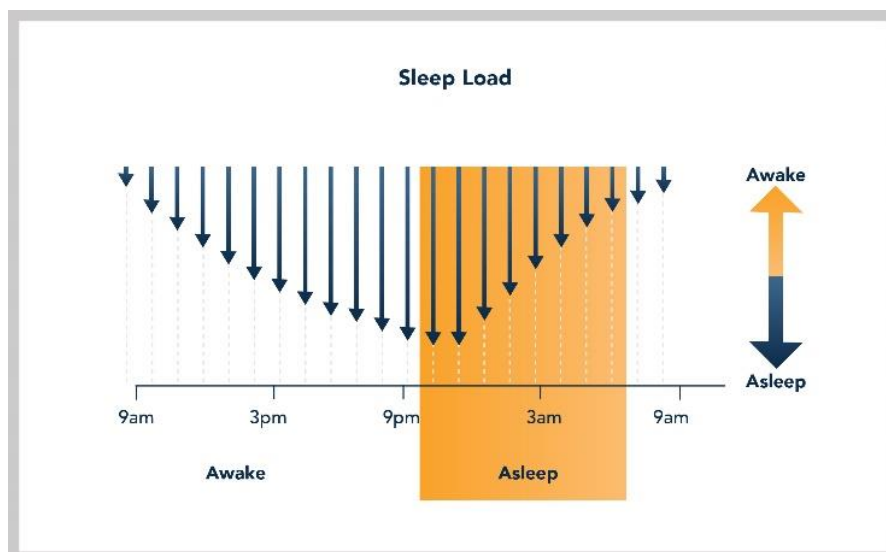
What have you learned in terms of how much sleep people need?

- There is a belief that everyone needs the same amount of sleep.
- Saying that everyone needs eight hours of sleep is like saying everyone should wear a size eight shoe. It just does not make sense. Saying that people only need four hours of sleep also doesn't make sense. That might be the minimum needed to get by for a short time, but it isn't nearly enough for most people over time.



- Adults should get about seven to nine hours of sleep each night.
- Some people need more, and some people need less.
- We need to figure out the amount of sleep you need to feel well rested.
- A general rule is to get enough sleep so that you are not very sleepy during the day. Both too little and too much sleep can make you feel tired, so it's important to find the "just right" amount for you.
- Having quality sleep helps you feel better.

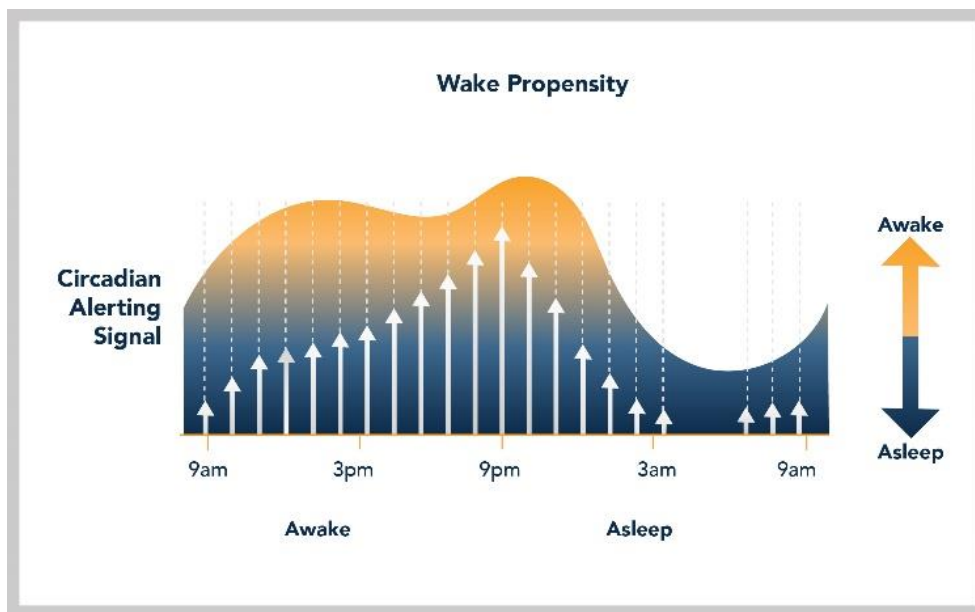
2. The second part of the sleep drive is **how long you have been awake**.



- The longer you have been awake, the more your body starts to need sleep.
- The longer you sleep, the less your body needs it.
- This is like the need for food and water.
- You can also think of this like a rubber band. The longer you stay awake, the further the rubber band stretches. A rubber band that has been stretched tightly will “snap” quickly when released. This “snap” can be thought of as a short time to fall asleep.

3. Third, the sleep drive is controlled by **circadian rhythms, or your body clock**.

- The body clock helps keep us awake during the day and lets us sleep at night.
- The body clock is mostly controlled by what time you get up each morning.
- There is often a dip in the afternoon. During this dip, we feel a bit sleepy. This is normal and does not always mean that you are not getting enough sleep at night.



4. Fourth, the sleep drive can also be controlled by **hyperactivation. This refers to extra excitement in the body**.

- Stress can make your body and mind react to a threat to try to protect you. This is sometimes called the “fight or flight” mode or “an adrenaline rush.”
- During this rush, it’s almost impossible to sleep. Bodies try to keep us safe when there are threats. This rush can take over the whole sleep system.
- Our activation system is kind of like the “gas” and the “brakes” in a car. Only one works at a time. So, if you have your foot on the gas pedal (i.e., activation), then you cannot also be tapping the brakes (i.e., sleep).
- Sometimes, this system is too active and responds to a lot of things, even when they are not actually dangerous. In this way, we can think of hyperactivation as a sort of “false alarm” since it may respond even when you are not in danger.

What kinds of things might cause hyperactivation for you these days?

Common Sleep Disorders that Go with Nightmares

Sleep Apnea

- Sleep apnea is a common sleep disorder. It is very common among people with things like depression and PTSD.
- Sleep apnea is when you briefly stop breathing during sleep.
- The body responds and oxygen levels may dip. Some people may notice when this happens. But most are not aware when this happens. They do not remember. A bed partner may say they saw them stop breathing.
- The main symptoms are loud snoring, noticing pauses in breathing, high blood pressure, and extreme daytime sleepiness. Some people are also very sleepy during the day and may doze off.
- A common myth is that sleep apnea only happens in overweight older men. While weight and male gender increase the risk for sleep apnea, people of all ages, shapes, and sizes can have sleep apnea.
- Untreated sleep apnea is linked with several medical and mental health problems. These include high blood pressure, heart disease, depression, and memory problems. Sleep apnea can cause drowsiness that can increase the risk of car accidents.
- Most people who are diagnosed with sleep apnea are prescribed therapy using a positive airway pressure machine. This delivers air to keep the airway open during sleep. This treatment is very effective when used.
- Sleep apnea can go with nightmares. Sometimes sleep apnea treatment can help the nightmares. But sometimes it does not.

Sleep Terrors

- Nightmares are different from sleep terrors.
- Sleep terrors are when a person appears to suddenly wake up from sleep. They may scream and show signs of fear, like sweating and racing heart.
- Sleep terrors are different from nightmares because it's hard to wake the individual. They are confused if they do wake up and usually do not remember what happened.
- These episodes are often scarier for bed partners or household members than they are for the sleeper. The sleeper is generally not aware of what happened.
- Sometimes people experience both sleep terrors and nightmares.

Nocturnal Panic Attacks

- Nocturnal panic attacks happen at night. The person wakes up suddenly with panic symptoms, like a racing heart, sweating, and trouble breathing.
- The symptoms are like panic attacks the individual may experience during the day.
- The sudden awakening is for no obvious reason. Unlike nightmares, the awakening is not due to a dream.
- People with nightmares can also have nocturnal panic attacks.

Gradual Change to Sleep Behavior Form

Some people may need a gradual approach to changing sleep habits instead of changing all at once. This form can be used to create a step-by-step plan to change a habit.

The next page has a blank form. Below is an example for a person who does multiple safety checks when waking at night.

The sleep habit I am trying to change: Reduce perimeter checks

	The ways I will change my sleep habit:
Day 1 Date 8/5/24	<ul style="list-style-type: none">• Check locks, windows, & kids before bed.• Set house alarm.• Go to office room when have urge to check, tell self “We are safe” & listen to PMR (progressive muscle relaxation).•
Day 2 Date 8/6/24	<ul style="list-style-type: none">• Check locks, windows, & kids before bed.• Set house alarm.• Go to office room when have urge to check, tell self “We are safe”, & listen to PMR.
Day 3 Date 8/7/24	<ul style="list-style-type: none">• Check only locks & set house alarm before bed. Remind self “I tucked the kids in, nothing changed since then.”• Go to office room when have urge to check, tell self “We are safe”, & listen to PMR.
Day 4 Date 8/8/24	<ul style="list-style-type: none">• Check only locks & set house alarm before bed. Remind self “I tucked the kids in, nothing changed since then.”• Go to office room when have urge to check, tell self “We are safe”, & listen to PMR.
Day 5 Date 8/9/24	<ul style="list-style-type: none">• Only set house alarm. Remind self “I locked the door earlier. I tucked the kids in, nothing changed since then.”• Try to stay in bed with urge to check & do breathing.
Day 6 Date 8/10/24	<ul style="list-style-type: none">• Only set house alarm. Remind self “I locked the door earlier. I tucked the kids in, nothing changed since then.”• Try to stay in bed with urge to check & do breathing.
Day 7 Date 8/11/24	<ul style="list-style-type: none">• Only house set alarm. Remind self “I locked the door earlier. I tucked the kids in, nothing changed since then.”• Try to stay in bed with urge to check & do breathing.

The sleep habit I am trying to change: _____

	The ways I will change my sleep habit:
Day 1 Date	
Day 2 Date	
Day 3 Date	
Day 4 Date	
Day 5 Date	
Day 6 Date	
Day 7 Date	

Alternative Session 3 and 4: Targeting Nightmares

Today, we'll review your Sleep Diary and Nightmare Log and change your sleep routine as needed. Then we will work on changing your nightmare and reading it in session.

Review Sleep Diary and Nightmare Log and Discuss Changes to Sleep Habits

Let's take a look at your Sleep Diary and Nightmare Log and see how you did this week.

- How did it go following each step of the sleep plan since last session?
- Did you notice any changes in your nightmares or sleep?
- What were the major challenges you faced?

Develop New Sleep Plan

- Let's update your "New Sleep Plan"
- Are there any habits that you feel are pretty natural to you now? The more you practice the new habits, the more natural they will become.
- What new habit or habits would you like to add to your sleep plan? Let's work on those habits that are the most likely to have the biggest impact on your sleep.

Review Relaxation Practice and Troubleshoot

How did the relaxation practice go for you since last session?

Review relaxation ratings on the Sleep Diary and Nightmare Log.

Rationale for Nightmare Rescription

- Previous research has found that the nightmare technique we are about to use is helpful for nightmares and sleep problems.
- The goal of this therapy is to try to lessen the number of nightmares you have and make them less upsetting. This may also help you feel better during the day. You may start to see changes in different areas of your life as you get better sleep.
- Just as in previous sessions, for this treatment to work, you will need to practice in between sessions.
- The nightmare is not helping you. It is causing awakenings and distress and is not serving a purpose. The idea of rescripting the nightmare—that is, writing a new dream script—is to give your mind a different direction to go in during the night: different images, storylines, and emotions. This is similar to the way athletes visualize their actions before a competition. If you have ever watched the Olympics, they typically show athletes closing their eyes and making body movements right before their performance. This improves performance. Rewriting the nightmare is a way of helping improve sleep performance
- Another way to think about it is that we are priming the brain to have a different type of dream. Let's review an example of priming the brain. If you have ever

been interested in getting a new car, you might think about some options. Once you are interested in a particular type of car, you start noticing them everywhere. The number of that type of car did not suddenly change. Your brain was just primed to notice them and started finding them around you more. Similarly, we want to prime the brain to be ready for different emotions and images at night that are not so intense and distressing that they cause awakening.

- Believe it or not, changing your nightmare is just like changing any other behavior, because like other behaviors, it involves learning. When nightmares happen over and over for more than one (1) month, the nightmare patterns become the automatic, or “default” dream pattern. Therefore, creating and repeating new dream scripts that are not bothersome during the day can reverse the old, bothersome dream pattern. The changed version of the nightmare will emphasize your ability to control what happens in the dream.
- The process to change your nightmares is similar to how you change other habits. First, you need to identify what is not working for you (i.e., the nightmare). Second, you identify what you would like to have happen instead (i.e., dreams you would like to have). Third, you put in directed, mindful effort to make the new behavior a habit (i.e., imagery rehearsal) – practice, practice, practice!
- Imagery can be very powerful, and you have many images stuck in your mind. You can learn to use imagery to your advantage, as a tool in helping yourself master those negative images.

Write a Nightmare Rescription

Step 1: Write down the nightmare.

- Using the space provided in your workbook, write down one of the nightmares that you have.
- Begin by choosing a nightmare that is not exactly the same as a stressful experience you’ve had, if possible.
- Also, do not use your worst nightmare, if possible.
- Write the nightmare in 1st person (e.g., “I see...” or “It chases me...” rather than “He sees...” or “It chases her...”) and present tense (e.g., “I am climbing the stairs” rather than “I climbed the stairs”).
- Write the general lines of the bothersome dream. You do not need to include all the details.

You can use this space below to write out the outline of your nightmare:

[illegible]

[illegible]

Step 2: Notice the themes in your nightmare.

- As you look over your nightmare, do you notice any of the following themes:
 - **Safety:** Feeling unsafe, seeing dangerous things happening, or being in danger.
 - **Power/Control:** Not being able to control what is happening, not calling the shots.
 - **Intimacy:** Feeling close to other people, or a lack of closeness.
 - **Trust:** Not being able to count on others or yourself.
 - **Esteem:** Not feeling good about yourself or not feeling good about others.

- These ideas you notice are very important to keep in your mind during this next part, when we get to make some changes. These ideas are considered “stuck points”—thoughts or feelings that you are having problems working through. Picking out these themes is the first step toward dealing with them.

Step 3: Write down a new dream (i.e., rescription).

- Next, using the space provided in your workbook, change anything you want from the nightmare to make a new pleasant or neutral dream.
- The new storyline should be written in a way that it would not bother you if you were to have this new dream.
- While you can change anything you want, it can be helpful to target the idea/theme you noticed. It also can be helpful to imagine yourself taking an active role in the new dream.
- Write the new dream using 1st person and present tense.
- Write as much as you want for your new dream.
- Here are some ideas that others have found worked well for them when trying to target the ideas or themes that show up in their nightmare:
 - **Power-focused ideas:** more or better weapons, size change, rank change, control of time, control of environment.
 - **Safety-focused ideas:** body armor, physical cover, additional exits, change injury location/type, night vision, scopes, advance warning, prophetic dream/bad feeling, support person, law enforcement, ability to fly/teleport/be invisible. You can also consider changing/reducing the intensity of what happened—i.e., turning down the volume of what happened, or making a PG-13 version of what happened.
 - **Intimacy-focused ideas:** add in a trusted friend, have a battle buddy, increase honesty, emotional honesty.
 - **Trust-focused ideas:** being believed, leadership following through, promises kept, consistent rules and punishment, added security, making

- **Esteem-focused ideas:** act in a way that is in line with your beliefs, recognition from others, different/better training, honoring the dead/injured, result is a different ending, “spirit or ghost discussion” (can talk with someone who is dead/knocked out).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

Step 4: Practice the new dream (Imagery Rehearsal).

- Now that you have a new storyline, you need to mentally practice or rehearse it. This is a process called “Imagery Rehearsal” because it involves visualizing the new dream in your mind using your imagination.
- Remember the theories about why nightmares happen (emotional processing and mood matching). Imagining the new dream when you are awake gives your mind a different direction to go during sleep.
- This is also similar to the way athletes visualize their actions before a competition. If you have ever watched the Olympics, they typically show athletes closing their eyes and making body movements right before their performance. This visualization can improve athletic performance. Imagining the new dream is a way of improving sleep performance.
- Let’s practice imagining the new dream now for a few minutes in session so you can get an idea of what this will be like. There are a few options for how we can do this:
- I can read the dream to you while you close your eyes or focus on a neutral spot to imagine the new dream.
- You can close your eyes to picture the new dream.
- You can read your dream to yourself quietly or out loud.
- The main point is for you to picture the imagery and imagine what you are seeing, hearing, smelling, tasting, and feeling.

[Practice imagery rehearsal for approximately 5 minutes.]

What was it like for you to imagine the new dream?

You can repeat these steps with additional nightmares if you would like. It is recommended to work with only 1 or 2 new dreams each week until you are no longer having nightmares. When it is easy for you to get through imagery rehearsal practice of a new dream without intrusive images, then you can move on to creating and working with another new dream.

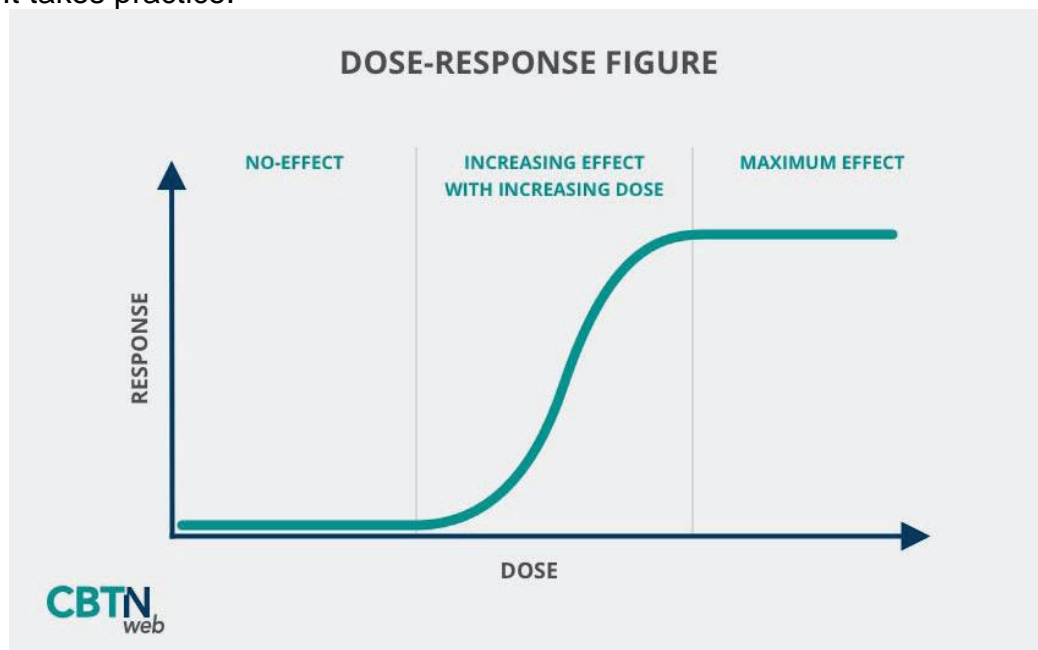
Assign Imagery Rehearsal Practice

- Over the next week, practice imagining your new dream in detail for about 10 minutes each night before your relaxation practice, right before you go to bed. Record your practice on the Sleep Diary and Nightmare Log.
- You can also practice during the day. The more times you imagine this new dream, the more it will help.
- When you practice:
 - Sit comfortably in a relatively quiet place.
 - Close your eyes if you feel comfortable doing so. If not, keep your eyes open and focus on a point on the floor or on a wall.
 - Mentally create the images of your new dream. Make the images, sounds, feelings, thoughts, and emotions as clear as possible.
 - If within 10 minutes, you get through the new dream, repeat it again.
- You can also make a recording to listen to or read it over.

Some people find themselves wanting to avoid practicing the new dream. Let's make a plan in case that happens. What can you do if you have an urge to avoid practicing your new dream?

Dose-Response Curve

- This curve shows what we know about treatments and people's responses. Let's take a medicine given for a physical problem for an example.
 - X-axis = dosage of the medicine, how many milligrams you take
 - Y-axis = how much your condition is improving
- The graph shows us a few things:
 - Under a certain dose, there is no effect (flat line).
 - You have to get enough of the medicine to get any improvement.
 - The more of the medicine you get, the more improvement.
- The same holds true for psychological or behavioral treatments.
 - X-Axis = the amount of practice imagining your new dream.
 - Y-Axis = the amount of improvement we expect to happen
- Just as it is not enough to have the prescription for a medicine, it's not enough to know what to do to work on your nightmares.
- It takes practice.



Signs of Progress

- Most people do not end up dreaming their new dream. However, the original nightmare starts to change. Here are some signs of progress:
 - Fewer nights of having your old nightmare.
 - If you do have your old nightmare, it will not seem as "intense."
 - You may dream something new or have pieces of your new dream.
 - Feel less stressed about going to bed or about having a nightmare.
 - Waking up less in the night.

- Falling asleep faster after waking from a nightmare.
- Feeling more rested during the day.
- Having fewer thoughts of trauma, or not being as upset by your thoughts.

Deep Breathing Relaxation

Now that we have gone through the nightmare work for the first time, let's practice another relaxation skill.

For many of us, breathing with our chests is a habit, and it may feel strange to breathe into the belly. Next, we will go through an easy way to start mastering belly breathing.

SUDS Rating: First, tell me how tense you feel on a scale of 0–100, with 0 = completely and deeply relaxed throughout your body, and 100 = extremely tense throughout your body.	
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[Play relaxation recording, or read the following script:]

- Put one hand on your upper chest and one on your belly, just below your rib cage.
- Close your eyes and breathe in slowly through your nose.
- Expand your belly as you breathe in.
- The hand on your belly should move a lot, while the hand on your chest will barely move.
- Pause naturally, then tighten up your stomach muscles and slowly exhale, allowing the air to gradually escape through your lips.
- The hand on your stomach will fall quite a bit, while the hand on your chest will hardly move.
- Try to keep your breathing slow, smooth, and easy. Many people find it easiest to breathe through their nose but do whatever is most comfortable for you and allows you to breathe most naturally.
- When you breathe in, think “one” to yourself.
- Then breathe out slowly and think the word “relax.”
- On your next breath, think “two” as you breathe in, and “relax” as you breathe out.
- Continue counting until you reach “eight,” and then count backward, back down to “one.”
- Try to focus only on your breathing and the words. Open your eyes when you are finished.

SUDS Rating: Great, now can you tell me again how tense you feel on the same 100-point scale, with 0 = completely and deeply relaxed throughout your body, and 100 = extremely tense throughout your body	
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How was that for you? Any difficulties?

Alternative Session 3/4 Home Practice

- Follow your “New Sleep Plan.”
- Complete the Sleep Diary and Nightmare Log.
- Review session information in the patient packet and bring any questions to the next session.
- Practice the 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.
 - These media files are available to share or download:
 - Progressive Muscle Relaxation Guided Imagery Script One:
<https://vimeo.com/480387339>
 - Progressive Muscle Relaxation Guided Imagery Script Two:
<https://vimeo.com/480399123>
 - Progressive Muscle Relaxation without Music:
<https://vimeo.com/480401030>
 - Progressive Muscle Relaxation with Music:
<https://vimeo.com/480402598>
 - 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.
- Imagine your new dream in as much detail as you can for about ten minutes each night, followed by relaxation exercise. Record your practice on the Sleep Diary and Nightmare Log.
- You can also practice during the day. The more times you imagine this new dream, the more it will help.
- When you practice:
 - Sit comfortably in a relatively quiet place.
 - Close your eyes if you feel comfortable doing so. If no, keep your eyes open and
 - focus on a point on the floor or on a wall.
 - Mentally create the images of your new dream. Make the images, sounds, feelings, thoughts, and emotions as clear as possible.
 - If within 10 minutes, you get through the new dream, repeat it again.
 - You can also make a recording to listen to or read it over.

Sleep Efficiency Training

1. Helpful Habit: Keep a Regular Sleep Schedule

One of the best things you can do is to set a regular sleep schedule and stick to it. Following a set bedtime and wake-up time will help create a healthy sleeping pattern and strengthen the or body clock.

Planning Your New Sleep Schedule

Let's use the sleep diary to decide what your new bedtime and waketime will be.

What time should we set for your wake up? This time should not be too early but also give you a comfortable amount of time to get ready for the day.

New planned waking time _____

Using your sleep diary from the past week, we have determined that you are averaging _____ hours of sleep per night.

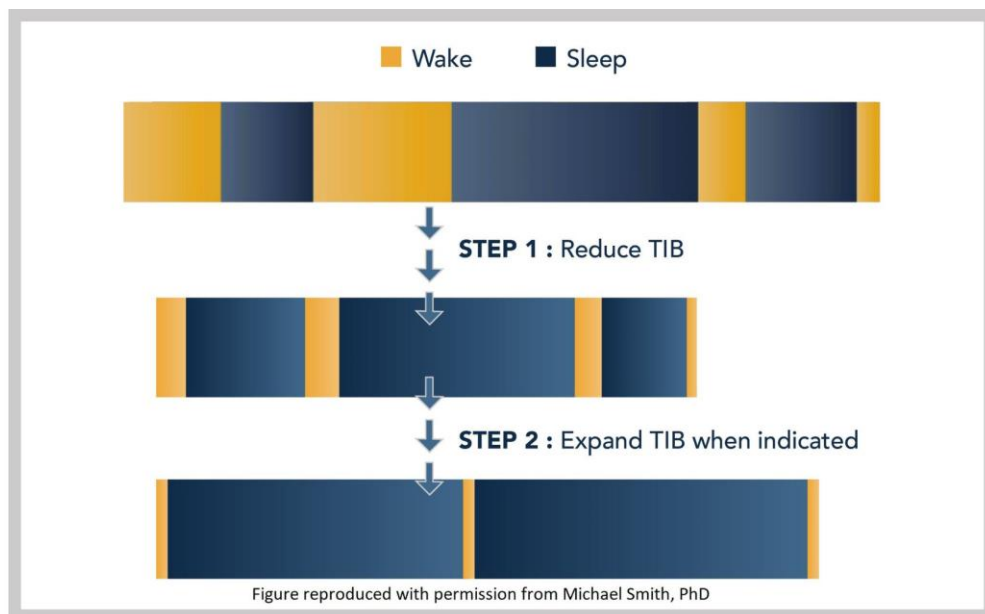
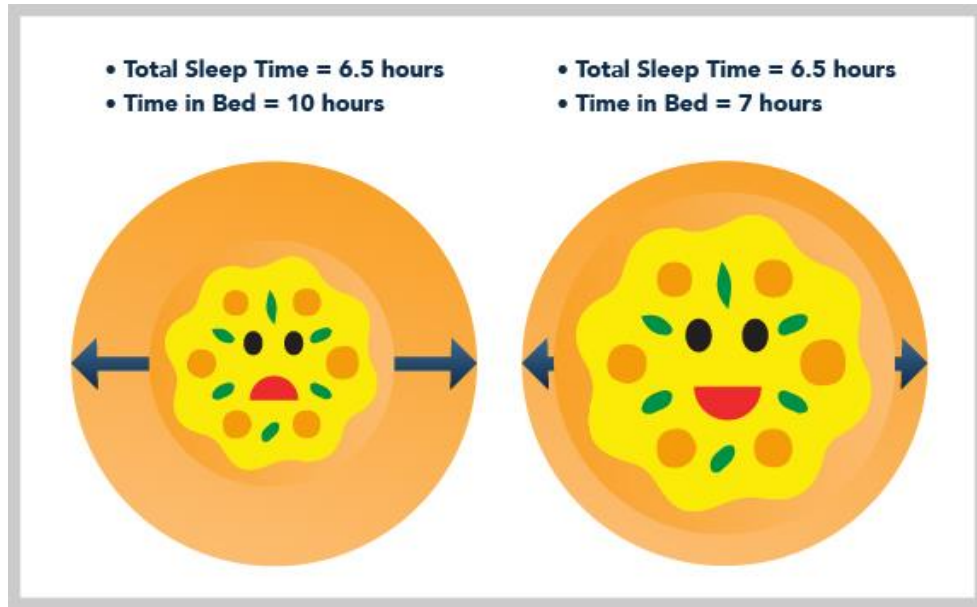
Based on this, and based on your preferred waking time, the new planned bedtime will be _____.

Reminders: The minimum prescribed time in bed is five hours. The new planned time in bed should match the average total sleep time from the sleep diary. If bedtime seems too late, you can move the entire schedule earlier. You may already be awake during this time, so you are not really taking any sleep away.

Here is a helpful analogy to understand why a sleep schedule and setting a waking and going to bedtime is so important to getting your sleep back on track.

- I want you to imagine I give you enough pizza dough to make a decent six-inch pizza. **[Use your average total sleep time (TST) instead of six here.]**
- Now, imagine I ask you to spread that dough over a ten-inch pizza pan. **[Use your average time in bed (TIB) here.]**
- What do you think that pizza would look like? It is going to be thin in spots, thick in others, and have some holes in it. It is not a good-quality pizza. This sounds a lot like your sleep, doesn't it?
- Like pizza dough, to get you back on track, we need to roll up your sleep into one solid piece and gradually stretch the sleep over longer periods of time.

Now if you have ever worked with pizza dough, you know that you cannot just roll it into a ball and start over. The cracks will stay. You must knead the dough until it is solid and smooth again. We must do the same with your sleep. We need to make it solid before we can start spreading it out to its maximum length.



Before we move on, what questions do you have?

2. Helpful Habit: Stay Awake Until Your Earliest Bedtime

We will plan ahead in case you have any problems staying awake until your planned bedtime.

Doing physical activities (e.g., housework, walking) rather than mental (e.g., reading) or sedentary activities (e.g., watching TV) will help the most. Some things you might do to stay awake before it's time to start your relaxing pre-sleep routine include:

- Play a video game
- Watch a favorite TV show
- Play with a pet
- Talk to a friend
- Read an interesting book
- Do chores
- Exercise (earlier in the day)
- Surf the Internet

Can you think of any other things? Which of these things would you be willing to do?

3. Helpful Habit: Get Out of Bed at the Same Time Each Day

This is **one of the most important habits**. This helps your body clock. In case you have any problems getting up in the morning, we should plan to find things that will help you get out of bed.

- Set your alarm clock (even if you think your body will wake up on its own). If you use your phone for your alarm, try plugging in your phone away from the bed so you do not look at your phone at night and so you must get up to turn off the alarm. Try using the “Do not disturb” function on your phone to reduce unwanted alerts.

How difficult do you think it will be to get out of bed at the same time each morning?

Do you think you will have any problems using your alarm to wake up at the same time each morning?

It may also be helpful to plan fun or meaningful activities first thing in the morning on weekends to help you want to get up when the alarm goes off. Examples include:

Scheduling to meet friends at the:

Coffee shop or restaurant
Gym/Gun range/Hiking trail
Horse stables
Spiritual Center

Rewarding yourself for waking with:

Special coffee
A nice breakfast
A bath
Watching your favorite show

Can you think of any other things? Which of these things would you be willing to do?

Adjusting Sleep Window for Subsequent Sessions:

Review Sleep Diary and Discuss Sleep Efficiency

Let's look at your sleep diary and see how you did this week.

How did it go following each step of the sleep plan this past week?

What were the major challenges you faced?

Troubleshoot

Recommendations that may be helpful:

- Review sleep efficiency training and stimulus control as needed.
- Remember: This is not a life sentence. However, the closer you stick to this schedule for now, the quicker you will make progress, and we can extend the amount of time you spend in bed.
- Stimulus control/sleep restriction:
 - Avoid reclined positions or lying down during last 1-3 hours before bed.
 - Apply cold compresses to your arms, legs, or small of the back.
 - Review list of things to do at night, in morning, or during an urge to nap.
 - Recruit help from others as needed.

Encouragement

- It would be great if you did not have any problems staying on schedule. Unfortunately, it is common for people to experience some trouble staying on track.
- Things can happen that disrupt even the most careful plans.
- How you handle such feelings can make all the difference between getting the most out of the treatment and dropping out. For example:
 - When some people fall behind, instead of looking at the successes they have had in staying on schedule and mastering the skills, they tell themselves that they have failed and there is no use in continuing to work on the treatment.
 - Then they feel guilty that they did not stick to the treatment.
 - They put themselves, and the treatment they were working on, down.
 - They forget their achievements and hard work and sometimes just give up.
- **A slip is just a mistake** and not a sign of weakness. People often have such slips, and most learn from them and succeed in the long run.
- **Feelings of guilt and self-blame are common.** They pass with time, often very quickly. Focus on your achievements and the progress you've made.
- **Think about what got you off track.** How might you help prevent similar problems next time?
- **Push yourself to practice** even if you don't really feel up for it. If it's not your best effort, that's okay. At least you'll have your treatment back in gear rather than staying stuck in neutral.

Don't let a slip become an excuse for throwing your previous hard work and progress out the window. Stick with it!

Sleep Compression

1. Helpful Habit: Keep a Regular Sleep Schedule

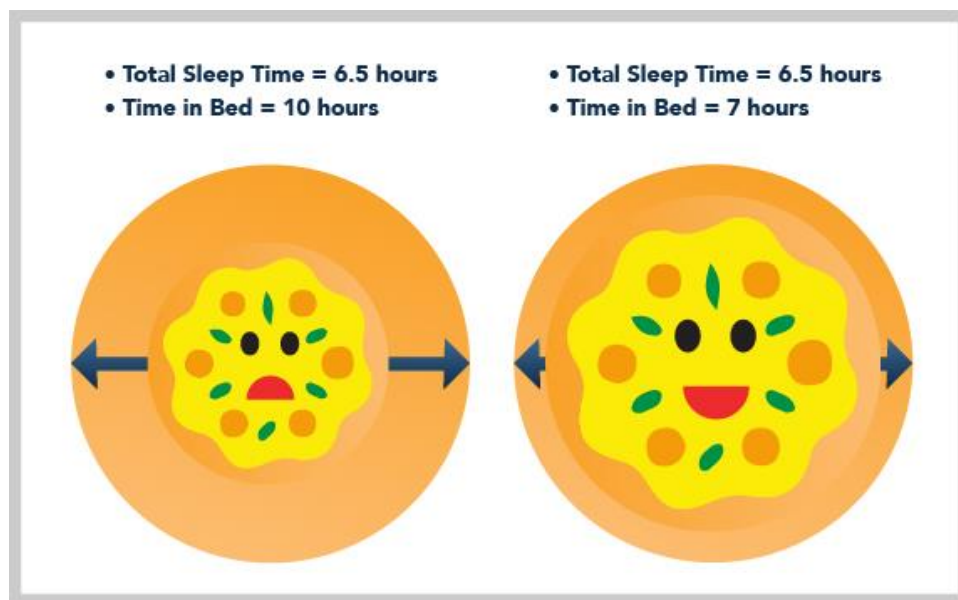
One of the best things you can do to overcome sleep problems is to set a regular sleep schedule and stick to it. Following a set schedule, particularly a fixed wake-up time, will regulate your sleep/wake cycle, establish a healthy sleeping pattern, and strengthen your body clock. Our goal here is to first work on getting your sleep quality to a great place, and then focus on getting you the right sleep quantity.

Using your sleep diary from the past week, we have determined that you are averaging _____ hours of time in bed trying to be asleep each night. We'll call this your Time in Bed, or TIB.

Using your sleep diary from the past week, we have determined that you are averaging _____ hours of sleep per night. We'll call this your Total Sleep Time, or TST.

Here is a helpful analogy to understand why a sleep schedule and setting a waking and going to bedtime is so important to getting your sleep back on track.

- I want you to imagine I give you enough pizza dough to make a decent six-inch pizza. **[Use your average total sleep time (TST) instead of six here.]**
- Now, imagine I ask you to spread that dough over a ten-inch pizza pan. **[Use your average time in bed (TIB) instead of ten here.]**
- What do you think that pizza would look like? It is going to be thin in spots, thick in others, and have some holes in it. It is not a good-quality pizza. This sounds a lot like your sleep, doesn't it?
- Like pizza dough, to get you back on track, we need to slowly roll up your sleep into one solid piece and make sure we're putting it in the right size pizza pan. We're going to do this by gradually reducing the amount of time you spend in bed over the next few weeks.



Planning your New Sleep Schedule

Let's use the sleep diary information to determine what your new bedtime and waketime will be so that we can help you develop a regular sleep schedule.

First, we'll calculate the difference between your time in bed (TIB) and total sleep time (TST) and divide it by 5 to get your weekly reduction. Based on your baseline sleep diary, you should be able to determine your average time in bed and total sleep time over one or more weeks. Then, subtract your average time in bed minus total sleep time and divide this number by 5.

Your average TIB was _____ minutes, and your average TST was _____ minutes:

_____ - _____ = _____. Then, divide by 5: _____/5 = _____ minutes.
TIB TST Difference Difference Reduction

Now let's pick your wake-up time.

What time should we set for your wake up? This time should not be too early but also gives you a comfortable amount of time to get ready for the day.

New planned waking time _____

To figure out your new bedtime for this week, we'll start with your wakeup time and go backwards from your time in bed – the "reduction" number we calculated above. You'll need to keep this time constant every day, even on the weekends/days you don't work.

Your new schedule for this week:

Week 1: Bedtime: ____: ____ AM/PM, Wake time: ____: ____ AM/PM

Don't get into bed until you're feeling sleepy (even if it's your scheduled time). You do need to make sure to wake up at the same wake time every day.

2. Helpful Habit: Get Out of Bed at the Same Time Each Day

This is **one of the most important habits**. This helps your body clock.

Troubleshooting

How difficult do you think it will be to get out of bed at the same time each morning?

- In case you have any problems getting up in the morning, we should plan to find things that will help you get out of bed.
- Set your alarm clock (even if you think your body will wake up on its own). If you use your phone for your alarm, try plugging in your phone away from the bed so you do not look at your phone at night and so you must get up to turn off the alarm. Try using the "Do not disturb" function on your phone to reduce unwanted alerts.

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A nice breakfast
A bath
Watching your favorite show

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Adjusting Sleep Compression for Subsequent Sessions

Review Sleep Diary and Discuss Sleep Efficiency

Let's look at your sleep diary and see how you did this week.

How did it go following each step of the sleep plan this past week?

What were the major challenges you faced?

Troubleshoot

Recommendations that may be helpful:

- Remember: This is not a life sentence. However, the closer you adhere to this schedule for now, the quicker you will make progress, and we can extend the amount of time you spend in bed.
- Stimulus control/Sleep Compression:
 - Avoid reclined positions or lying down during last one to three hours of the evening.
 - Apply cold compresses to the extremities or small of the back.
 - Review list of things to do at night, in morning, or during an urge to nap.
 - Recruit help from others as needed. Teaching others the guidelines will reinforce learning.

Encourage

- It would be great if you did not have any problems staying on schedule. Unfortunately, it is common for people to experience some trouble staying on track throughout this treatment.
- Things can happen that disrupt even the most careful plans.
- How you handle such feelings can make all the difference between getting the most out of the treatment and dropping out. For example:
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Adjusting the Sleep Schedule

Each week, for the next 4 weeks, we will continue to reduce your time in bed by the number of minutes we calculated last week (i.e., "Reduction" from above). This means that your time in bed will get gradually shorter each week.

Your new schedule over the next few weeks will look like this:

Week 2: Bedtime: ____: ____ AM/PM, Wake time: ____: ____ AM/PM

Week 3: Bedtime: ____: ____ AM/PM, Wake time: ____: ____ AM/PM

Week 4: Bedtime: ____: ____ AM/PM, Wake time: ____: ____ AM/PM

Week 5: Bedtime: ____: ____ AM/PM, Wake time: ____: ____ AM/PM

Week 6: Bedtime: ____: ____ AM/PM, Wake time: ____: ____ AM/PM