Cognitive Behavioral Therapy for Nightmares

Optional Appendices

THERAPIST GUIDE

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Cognitive Behavioral Thearpy for Nightmares

OPTIONAL SESSIONS

Provider Materials

Optional Sections	Indication
1. Trauma Information	Patient Has Trauma-Related Nightmares but Has Not Received Trauma Information
2. Additional Sleep Education	Patient is Interested or Could Benefit from Additional Treatment Rationale
3. Nightmare Rescription with Minimal Exposure to the Nightmare Account	Idiopathic Nightmares Limited Time to Complete All Sessions
4. Sleep Efficiency Training / Sleep Restriction Therapy	Therapist Has Training and Patient Spends Excessive Time Awake in Bed
5. Sleep Compression	Therapist Has Training and Patient Spends Excessive Time Awake in Bed

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OPTIONAL SECTION 1
Trauma Information: Common Reactions to Trauma

This Optional Component is intended to be used with patients who were determined to have a trauma history during the assessment and who have not yet received information about common reactions to trauma during therapy. This treatment component is typically included in evidence-based treatments for PTSD and may be presented in the context of PTSD treatment instead if applicable.

Checklist:

- **Define traumatic events**
- **Common reactions following traumatic events**

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?

No ☐ 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?

No ☐ Yes ☐ It's hard for me to feel (what emotions):

_____

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.

OPTIONAL SECTION 2
Sleep Education: Purpose, Stages, Behavioral Model, Sleep Rhythms, and Common Sleep Disorders

This optional component is intended to be used with patients who may require additional information about sleep or greater rationale for the recommendations, and/or who may be experiencing other sleep disruptions in addition to nightmares.

Checklist:

- **Why is sleep vital to life?**
- **Sleep Stages**
- **Detailed Behavioral Model of Insomnia and Nightmares (3P Model)**
- **Sleep Rhythms**
- **Common Sleep Disorders that Go with Nightmares**
    - **Sleep Apnea**
    - **Night Terrors**
    - **Nocturnal Panic**
- **Hierarchy form for gradual approach to changing sleep habits**

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

WHY IS SLEEP VITAL TO LIFE?

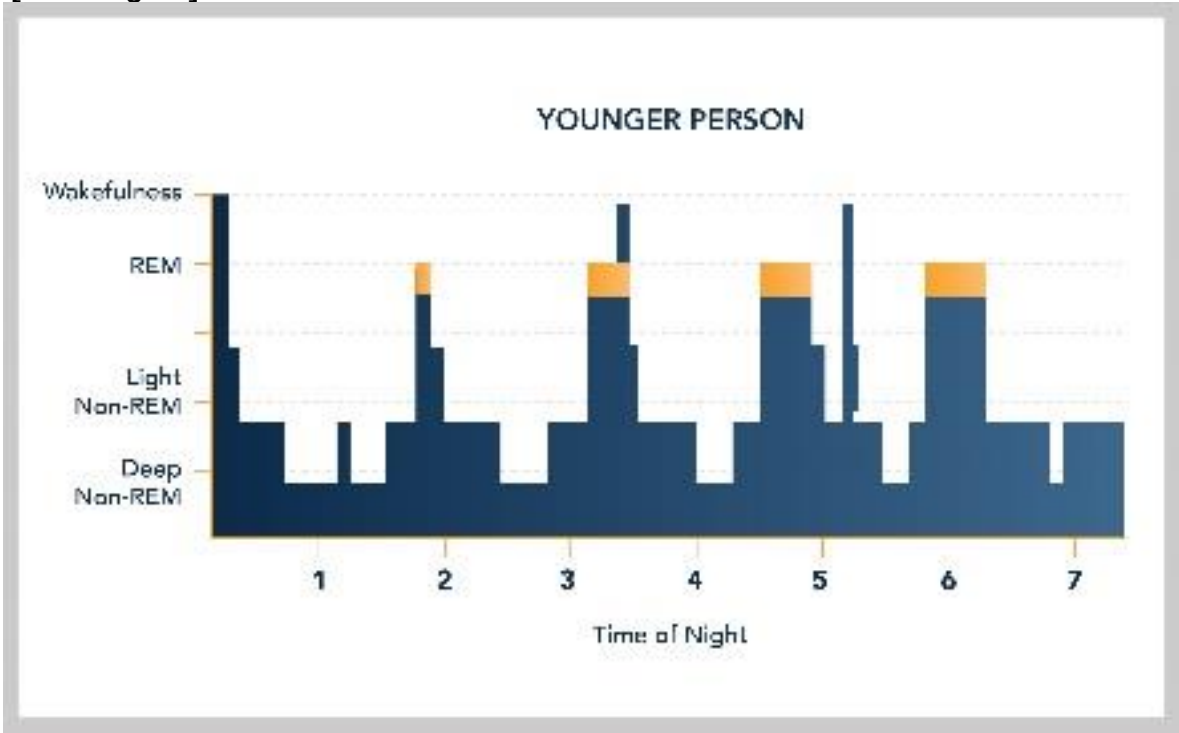
Why do you think sleep is important?

- 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

[Show figure]



- 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.

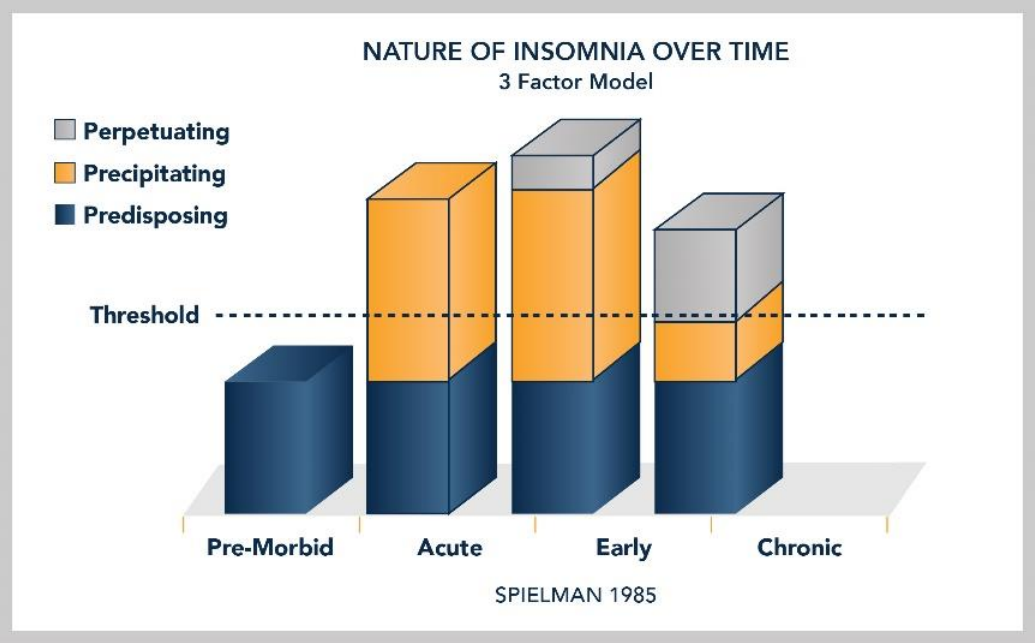
- The most vivid dreaming, including nightmares, usually occurs during this stage.

- 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.

[Show patient the figure or draw the diagram on a white board as you speak to each type of factor.]



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
start 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 (

Wid 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

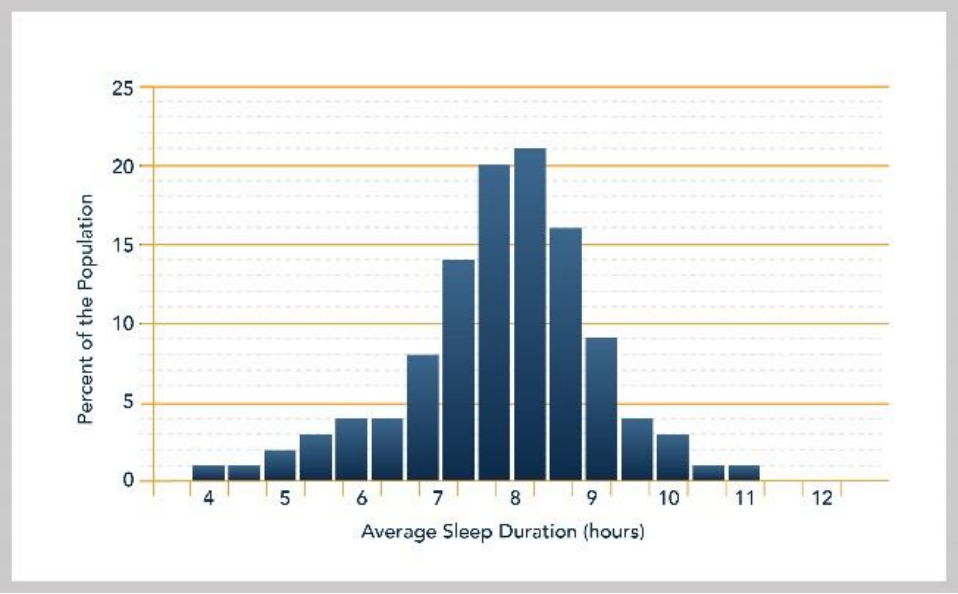
Your sleep habits impact how much you sleep and how good your sleep feels. The body has a “sleep drive” that pushes you to a regular schedule. Humans are programmed to be awake during the day and to sleep at night.

Here are things impact the sleep drive:

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

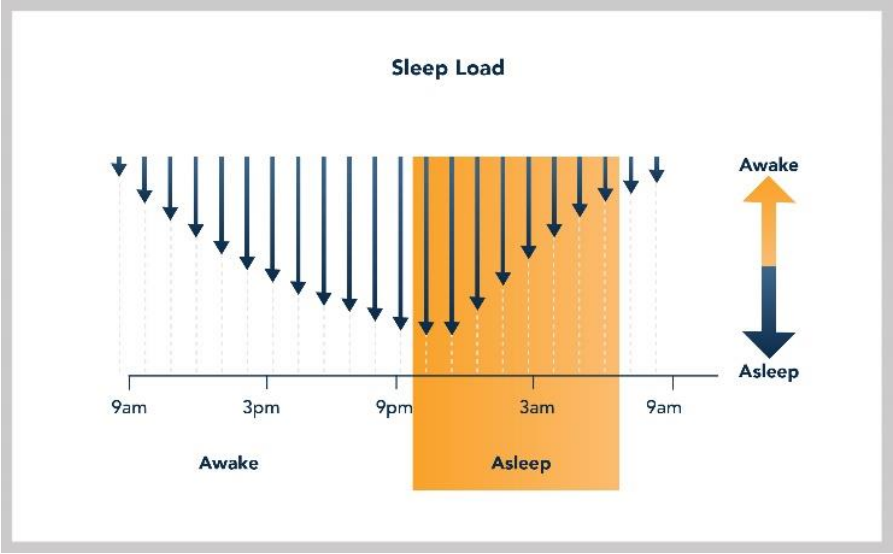
   What have you learned in terms of how much sleep people need?

   - 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.
     [Show figure.]



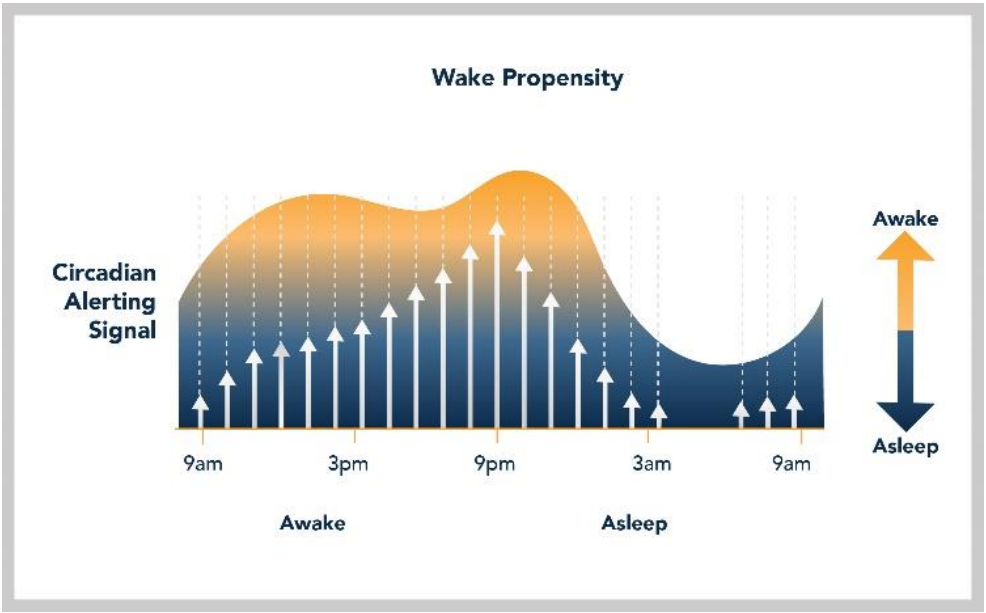
   - Adults should get about seven to nine hours of sleep each night.
   - Some people need more, and some people need less.
   - We need to figure out the amount of sleep *you* need to feel well rested.
   - A general rule is to get enough sleep so that you are not very sleepy during the day. Both too 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. [Show patient figure.]**



- 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 my 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 patients 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 to share. Below is an example for a person who does multiple safety checks when waking at night.

The sleep habit I am trying to change: ____<u>Reduce perimeter checks</u>_____

	The ways I will change my sleep habit:
Day 1 Date 8/5/24	• 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	• 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	• Check <u>only locks</u> & 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	• Check <u>only locks</u> & 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	• 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	• 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	• 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	

OPTIONAL SECTION 3
Nightmare Rescription with Minimal Exposure to the Nightmare Account

This optional component is intended to be used with patients who have idiopathic nightmares, when session time or the number of sessions is limited, and/or with patients who would otherwise not engage in CBT-N with the exposure component. In such circumstances, this optional section may be used as an alternative to CBT-N sessions 3 and 4.

Checklist for Optional Section 3: Nightmare Rescription with Minimal Exposure to the Nightmare Account

_ **Review Sleep Diary and Nightmare Log and Changes to Sleep Habits** (5 minutes)
_ **Develop New Sleep Plan** (5 minutes)
_ **Review Relaxation Practice and Troubleshoot** (5 minutes)
_ **Rationale for Nightmare Rescription** (5 minutes)
_ **Write a Nightmare Rescription** (15 minutes)

- Write the Nightmare
- Write a New Dream
- Practice the New Dream (Imagery Rehearsal)

_ **Assign Imagery Rehearsal Practice** (5 minutes)

- Dose-Response Curve
- Signs of Progress

_ **Deep Breathing Relaxation** (5 minutes)
_ **Assign Home Practice** (5 minutes)

- 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. Record your practice on the Sleep Diary and Nightmare Log.

    - 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.

Alternative Session 3 and 4: Targeting Nightmares

I hope you found the information and skills in the last session useful. 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 (5 minutes)

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 (5 minutes)

- 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.

Troubleshoot and Encourage as Necessary (as noted above)

- Review Healthy Sleep Habit rationales as needed.
- Poor sleep habits may include avoiding thinking about the trauma or nightmares. This may make it more difficult to change these types of habits.
  - Formal or informal cognitive restructuring techniques may be used to assist the patient in identifying thoughts to help them engage in changing some habits.
  - Recognizing the motivation behind unhelpful habits can inform you how you might proceed. Are the patient's symptoms leading them to feel overwhelmed with making changes? Is avoidance leading to difficulties making changes?
  - Using a more gradual approach by changing one or two habits at a time, using a hierarchy instead of changing a lot of habits all at once, or making changes to a specific habit gradually may be indicated (See Session 1 Troubleshooting section "Setting Patients Up for Success in Changing Sleep Habits for more details").
- Help the patient recruit support from others as needed. For example, encourage the patient to have their bed partner review the material or even join session to understand why these changes to sleep are important for the patient. Alternatively, consider role-playing the discussion they can have with their bed partner at home. Teaching others the guidelines will reinforce learning.
- Remind them:

- It is common for people to experience some trouble staying on track throughout treatment. How they handle this can make all the difference between getting the most out of the treatment and dropping out.
- Instead of feeling guilt, self-blame, or thinking there is no use in continuing to work on the treatment, it can be helpful to focus on any progress made so far and to set realistic goals.
- 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.
- It can be helpful to think about what got them off track and how to help prevent similar problems next time.
- It can be helpful to push oneself to practice even when one does not really feel up for it. If it's not the best effort, that's okay. At least practice will be in gear rather than staying stuck in neutral.

REVIEW RELAXATION PRACTICE AND TROUBLESHOOT (5 minutes)
How did the relaxation practice go for you since last session?
Review relaxation ratings on the Sleep Diary and Nightmare Log.
[Troubleshoot and encourage, if necessary.]

RATIONAL FOR NIGHTMARE RESCRIPTION (5 minutes)

- 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 (15 minutes)

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.

Step 2: 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.
- You can change anything you want, anyway you want.
- Write the new dream using 1st person and present tense.
- Write as much as you want to for your new dream.

Troubleshooting: Nightmare Rescriptions

It is important for dream rescriptions to come from the patient. However, some patients can get stuck.

- **If the patient is skeptical about rescripting the dream:**
  - You may feel skeptical about the treatment. This is understandable. It is difficult to accept at face value that a nightmare that has persisted unchanged will change or disappear, or that changing dreams in a waking state, will have any influence over what occurs in a sleeping state.
  - I am open to hearing your views or concerns about this technique. I encourage you to keep an open mind and to work with me to try this technique to see if it can help you.

- **If the patient is concerned about changing a dream that reflects a real memory:**
  - This treatment is not intended to change your memory of a real event that happened in your life. By changing your dream script I do not mean to erase, disrespect, or trivialize any experience that you have had. I respect you, and I am here to help you. There is a distinction between your memory of the event while you are awake and the representation of the event in your dreams while you sleep.
  - "Normal" dreams distort reality by including significant imaginative and symbolic content. Sometimes the dreams mix up elements of one's current concerns and previous experiences. For example, a person may be anxious about a job interview the next day and have a dream about preparing for a difficult high school history exam.
  - It might be helpful to find other ways to honor the events or people who are involved in the memory that the dream is reflecting.

- **If the patient uses violence in the rescription:**
  - Violence in rescriptions may be a form of empowerment for individuals whose nightmares have strong themes of powerlessness.
  - However, if the individual has already spent a lot of time imagining the violence and they are still having nightmares, that suggests the violent path is not working. Also, research shows that violence in rescriptions may not be as helpful as other ways of making change.
  - The patient can give it a try for a week to see how it goes and rescript again next time.
  - The patient can also consider whether violence is aligned with their values and how they want to be in the world.
- **If the patient is having difficulty coming up with ideas for the rescription:**
  - The changes are aimed to provide you with an increased sense of control or mastery over the dream and its content or help you to complete the dream.
  - Is it ok if I give you some examples from the work we've done with others and brainstorm together some possible changes for your nightmare? Here are some examples of the different strategies for change. You do not

necessarily need to use these \ examples but they may give you some ideas.

- Alternate Endings may range from minor to highly imaginative.
  - Changing the dream so that it ends with the dreamer sprouting wings and flying away to a safe and wonderful place.
  - Changing the dream so that a noise in the bushes turns out to be a harmless animal rather than an enemy combatant.

- Inserting reminders that prompt different ways of viewing the events of the dream.
  - Placing meaningful objects into the dream scene that remind you that you survived the actual events replayed in or symbolized by the dream.
  - Having others present in the dream remind you of other ways that you have learned to deal with or think about these actual events.
  - Insert people you have met since returning from Iraq/Afghanistan to remind you that you are home.
  - Insert "only a dream" reminders to make it clear that you are dreaming rather than living an event such as wearing pajamas.

- Transforming Threatening Objects into Benign or Harmless ones
  - Transforming artillery fire into a fireworks display or having someone's gun become a water pistol.
  - A loud noise turns out to be the trash truck or thunder rather than something dangerous.

- Distancing techniques to help you gain a distance from the content of your dream rather than being an actor in the dream.
  - Add a demonstration of you gaining control over a dream instead of allowing it to take control of you. For example, viewing the dream on a screen or TV that you can switch off, change the channel, lower the volume, or change the color.
  - Make the dream unreal by placing cartoon characters into the dream.

Step 3: 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 (trauma 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 outloud.
    - 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? **[Problem solve as needed.]**

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 (5 minutes)

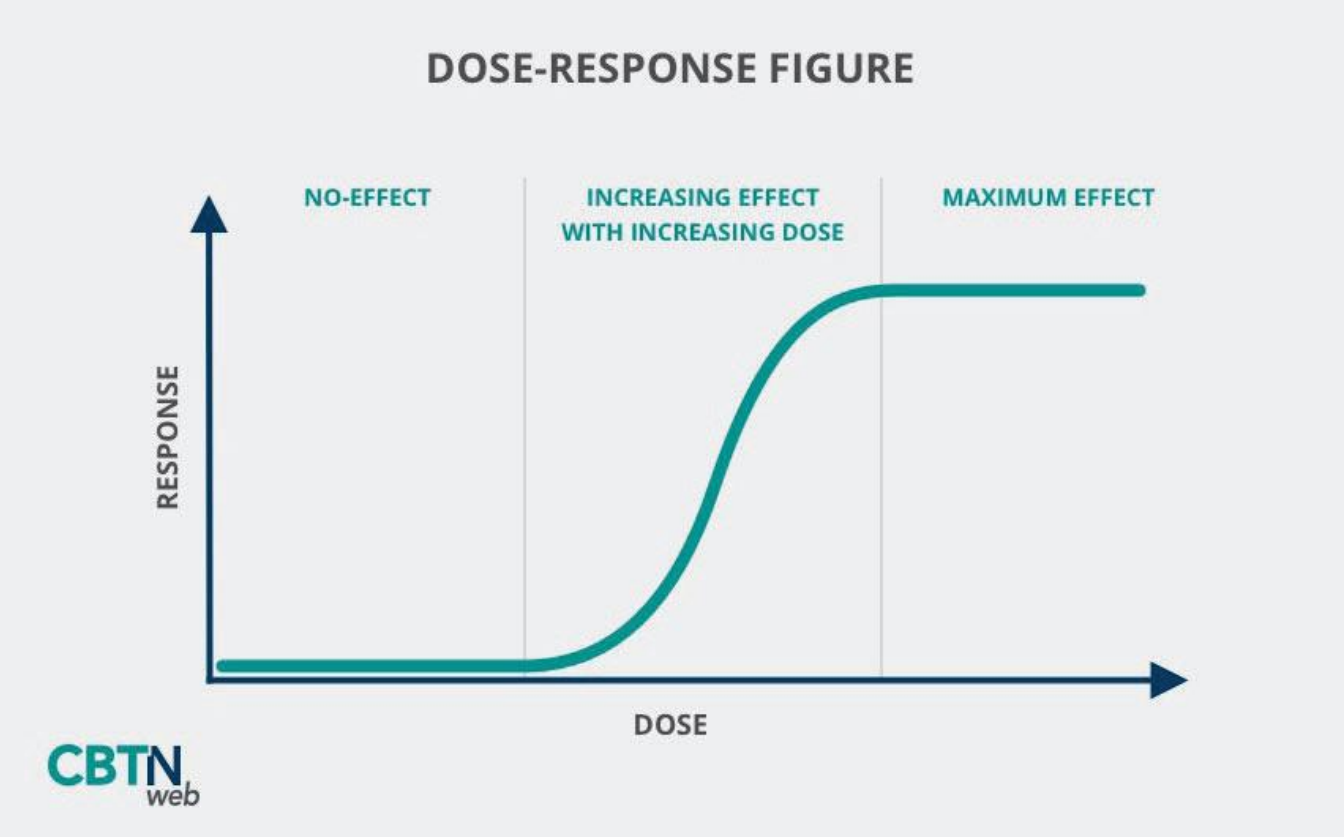
- Over the next week, practice imagining your new dream in detail for about 10 minutes each night before your relaxation practice, right before you go to bed. Record your practice on the Sleep Diary and Nightmare Log.
- You can also practice during the day. The more times you imagine this new dream, 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 and 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 (5 minutes)

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.	

[Make a note of response.]

[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.

[When patient is 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	

[Make a note of response.]

How was that for you? Any difficulties?

Troubleshooting: Relaxation Practice (This section is repeated from prior session)

- Some people find this easier to do **lying on their back** in a quiet place where they know they will not be disturbed. However, we do not want you to practice in bed unless it is bedtime.
- You might also want to try practicing with a **book on your belly while lying down**; that way you can watch it rise and fall while you practice, letting you know that you're breathing deeply with your diaphragm instead of shallowly with your chest.
- Strive to **make the flow of your breath smooth and gentle**. Try to find a steady rhythm in your breathing. Think of your belly as a balloon that expands and collapses.
- **Practice.** Even if it's hard at first, it will get easier and more automatic over time.
- **Be patient.** Although "breathing" sounds like it should be easy to do, diaphragmatic breathing takes practice. It is important that you feel comfortable with this type of breathing before you move onto the guided breathing exercise.

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 and again.
- You can also make a recording to listen to or read it over.

OPTIONAL SECTION 4
Sleep Efficiency Training (Sleep Restriction Therapy)

This Optional Component is intended for use (1) by providers with appropriate training and experience implementing Sleep Restriction Therapy (SRT) and (2) only with patients who meet criteria for insomnia disorder.

There are some special considerations to keep in mind when treating patients with nightmares and insomnia. In contrast to patients with insomnia who may be striving to get more sleep, patients with nightmares may avoid sleep because they have a fear of having nightmares or of letting their guard down to sleep. Many of their sleep habits started because they made the person feel safer in the short term but are unhelpful for sleep in the long term. While keeping a regular schedule is likely an important part of reducing nightmares, patients with nightmares may already have a restricted sleep window due to avoidance of sleep or because nightmares are causing extended awakenings or early morning awakenings. In these cases, SRT may not be appropriate, and it would be more helpful to help the patient tolerate more time in bed with stimulus control therapy, relaxation training, and cognitive restructuring. When developing the treatment plan and deciding if sleep efficiency training should be included, it can be helpful to determine the primary factors that are perpetuating the insomnia and nightmares. If the patient is spending excessive time in bed and has a low sleep efficiency, then sleep restriction may be indicated. However, this habit may also be sufficiently addressed by stimulus control guidelines to go to bed only when sleepy and to get up at the same time every day.

Checklist:

- **Sleep efficiency training rationale**
- **Establish a sleep window based on the total sleep time of the sleep diary**
- **Identify was to stay awake until the earliest bedtime**
- **Identify was to wake up at the same time every day**
- **Subsequent Sessions: Adjusting the sleep window**

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

[Review diary with patient. Discuss any questions and troubleshoot any difficulties completing the sleep diary. Provide the patient with their weekly averages. Complete "My New Sleep Plan" as each Helpful Habit is discussed.]

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 _____.

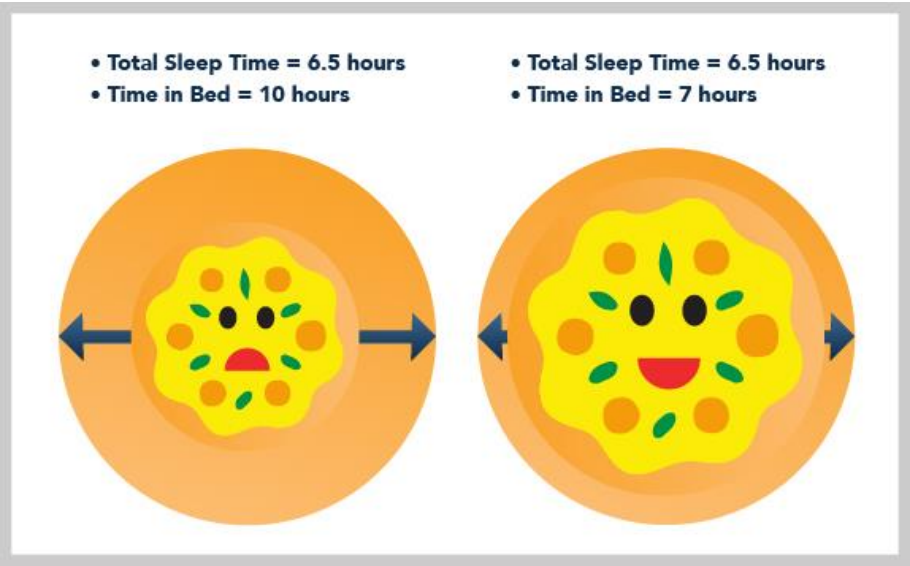
[Reminders: <u>The minimum prescribed time in bed is five hours.</u> The new planned time in bed should match the average total sleep time from the sleep diary. If bedtime seems too late to the patient, you can move the entire schedule earlier. Remind them that they may already be awake during this time anyhow, so you are not really taking any sleep from them.]

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**.**

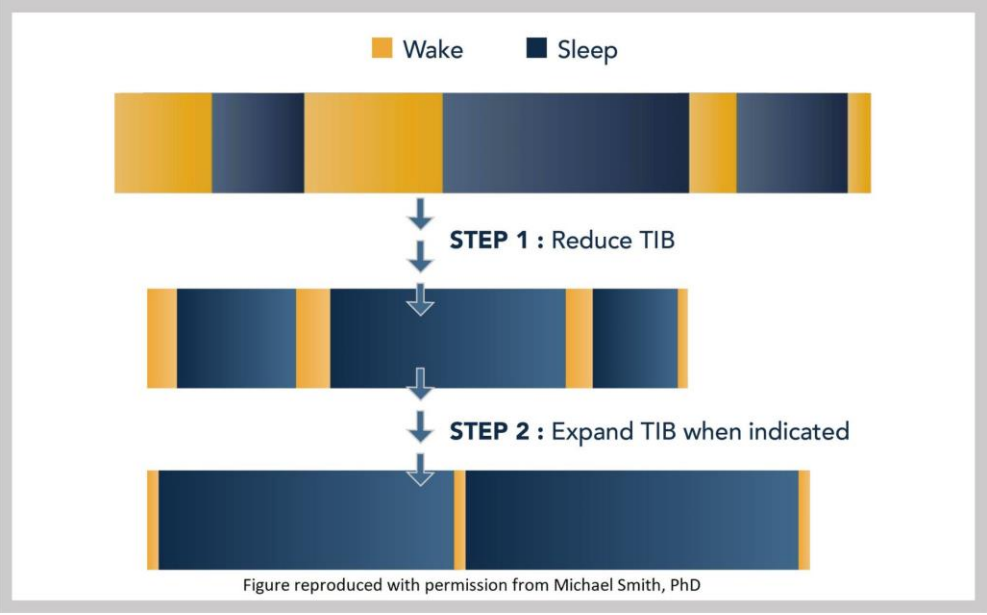
[Introduce pizza dough rationale here.]

- I want you to imagine I give you enough pizza dough to make a decent six-inch pizza. **[Use the patient's 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 the patient's 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. **[Show patient figure]**



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.
[Show patient figure]



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?

[Make a note so you can remember to put into "My New Sleep Plan" at the end.]

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?

[If patient *doesn't use alarm, doesn't hear alarm, or hits snooze*, work with them to get an adequate alarm clock. For example, one with an extra-loud alarm or one with a light that goes from dim to bright and makes soothing sounds prior to the alarm sounding. If patient insists on *sleeping in on the weekend*, you can tell them they are allowed to sleep in for up to one hour, but that this will likely slow their progress.]

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?
[Troubleshoot and encourage, if necessary.]
What were the major challenges you faced?
[Troubleshoot and encourage, if necessary.]

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.

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.
- 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!

ADJUSTING THE SLEEP SCHEDULE

1. **If the patient has been following their new sleep plan well, they should be falling asleep faster at night and probably returning to sleep faster when they wake up. If so, start increasing the amount of time in bed to try to move toward the amount of sleep they need to feel rested. Follow the guidelines below, <u>using data from their sleep diary from the previous week</u>. Remember, *exclude nights that were unusual and out of the patient's control*, like emergencies, or illnesses. Time in bed should match total sleep time, but the minimum time in bed is five hours.**

2. **If the patient has not been following their sleep plan, trouble shoot and review goals to help them follow the plan.**

Sleep Efficiency (SE)	
> 90% and would like more sleep	Add fifteen minutes to the prescribed sleep window (typically, earlier bedtime). • *It looks like you did well. For the next week you get to spend an extra fifteen minutes in bed. Would you like to add that to your bedtime or waketime?*
85% - 90%	No change to prescribed bedtime. • *It looks like you are on track. Let's stay with this schedule for another week.*
< 85% and sleep window is <u>≥</u> 5 hours	Remove fifteen minutes from the prescribed sleep window (typically, later bedtime). • Review sleep diary and make sure they were following the "My New Sleep Plan" schedule from last session. • If no major issues where seen, then: *Since you are spending so much time awake in bed, why don't we reduce your time in bed by another fifteen minutes? Would you like to take this from your bedtime or waking time?* • If major issues were seen, then troubleshoot with patient.
< 85% and sleep window is <u>≤</u> 5 hours	No change • *It looks like you are still getting on track. Let's stay with this schedule for another week.*
< 70%	Calculate new total sleep time (TST) and revise bedtime and/or wake time. • Review and troubleshoot as above. • If no major issues (unlikely): *It looks like we got it wrong last week. Why don't we readjust your sleep schedule to match this week more closely?* • Change to new average TST. Make sure new prescribed sleep window is *no less* than five hours.

[Continue this process until the patient feels their sleep schedule allows them enough sleep to feel generally refreshed during the day or until the patient will be unable to implement the guidelines in which case the treatment plan needs to be reevaluated].

OPTIONAL SECTION 5
Sleep Compression

This optional component is intended for use (1) by providers with appropriate training and experience implementing Sleep Restriction Therapy (SRT) and Sleep Compression, and (2) only with patients who meet criteria for insomnia. Sleep Compression has not been studied as much as SRT, but it operates under the same general principles of reducing the time awake in bed and uses a “gentler” approach. Sleep Compression may take longer (i.e., span across more weeks) and may not be as effective as SRT, though it may be quick and effective for some patients. Sleep Compression may not result in the temporary increase in daytime sleepiness that is sometimes experienced by people doing SRT.

Providers may elect to use Sleep Compression instead if:

1. Patients express a high level of resistance to SRT either verbally in session or as indicated by their implementation of the treatment between sessions. For example, patients may be unwilling to follow the prescribed sleep window.
2. Patients express high anxiety about SRT beyond typical concerns or apprehension. Patients may express high anxiety over the possibility of losing sleep, concerns about the impact of SRT on work requirements.
3. Patients have other characteristics that concern the provider about the safety of SRT such as advanced age, medical complications, or psychiatric comorbidities (e.g., a history of manic episodes).
4. Patients have a reduced sleep need. Since the goal of Sleep Compression is to gradually reduce the time in bed, it may be ill-suited to patients with a sleep need in the normal range (for whom SRT may be preferred).

Some considerations to keep in mind when treating patients with nightmares. Compared to patients with insomnia who may be striving to get more sleep, patients with nightmares may avoid sleep because of a fear of having nightmares or of letting their guard down to sleep. While keeping a regular schedule is likely an important part of reducing nightmares, patients with nightmares may already have a restricted sleep window due to avoidance of sleep or because nightmares are causing extended awakenings or early morning awakenings. In these cases, Sleep Compression may not be appropriate and instead it may be best to help the patient tolerate more time in bed with stimulus control therapy, relaxation training, and cognitive restructuring. When developing the treatment plan and deciding if Sleep Compression should be included, it can be helpful to determine the primary factors that are perpetuating the insomnia and nightmares. If the patient is spending excessive time in bed and has a low sleep efficiency, then Sleep Compression may be indicated. This habit may also be sufficiently addressed by stimulus control guidelines to go to bed only when sleepy and to get up at the same time every day which also limits the sleep window.

Checklist:

- **Sleep compression rationale**
- **Establish a sleep window based on sleep diary**
- **Identify ways to wake up at the same time every day**
- **Subsequent Sessions: Adjusting the sleep window**

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*.

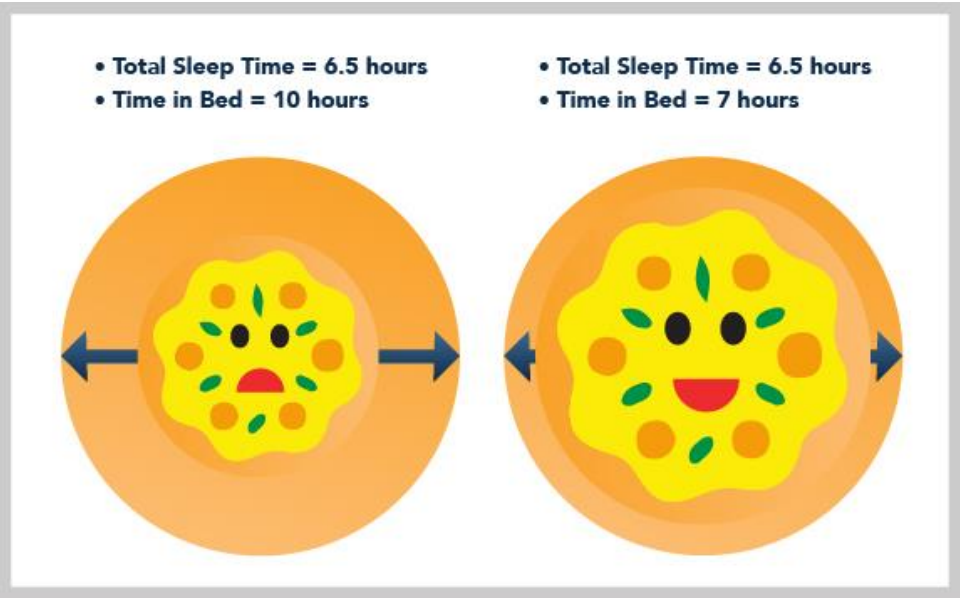
Using your sleep diary from the past week, we have determined that you are averaging ____ hours of time in bed trying to be asleep each night. We'll call this your Time in Bed, or TIB.

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**.**

[Introduce pizza dough rationale here and show figure.]

- I want you to imagine I give you enough pizza dough to make a decent six-inch pizza. **[Use the patient's 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 the patient's average time in bed (TIB) instead of ten here.]**
- What do you think that pizza would look like? **[allow patient time to answer, then prompt with:]** 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.

[Reminders: The minimum prescribed time in bed is five hours. If bedtime seems too late to the patient, you can move the entire schedule earlier. Remind them that they are (generally) already awake during this time anyhow, so you are not really taking any sleep from them.]

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.

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

[If patient *doesn’t use alarm, doesn’t hear alarm, or hits snooze*, work with them to get an adequate alarm clock (e.g., one with an extra-loud alarm, one that rolls around the room, or one with a light that goes from dim to bright and makes soothing sounds prior to the alarm sounding). If patient insists on *sleeping in on the weekend*, you can tell them they are allowed to sleep in for up to one hour, but that this will likely slow their progress.]

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 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?
[Troubleshoot and encourage, if necessary.]
What were the major challenges you faced?
[Troubleshoot and encourage, if necessary.]

Troubleshoot

Recommendations that may be helpful:

- **[Review Sleep Compression and other components (e.g., stimulus control) as needed.]**
- 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:
  - 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!

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

[Sleep Compression can continue beyond 5 weeks if needed. You will get a sense if the sleep compression schedule is moving too fast or too slow after the fourth or fifth session and can adjust up or down as needed. Sleep Compression is considered complete when the sleep efficiency is >90%.]