

Checklist for Session 1: Sleep Rhythms and Habits

- **Cognitive-Behavioral Therapy for Nightmares** (5 minutes)
 - Overview of nightmares
 - Nightmares and insomnia
 - Commitment to treatment
- **Overview of Treatment and Sleep Rhythms** (10 minutes)
 - The sleep drive is composed of: How much sleep your body needs, How long you've been awake, Circadian rhythms, and Hyperactivation
- **Helpful Sleep Habits: Stimulus Control and Sleep Hygiene as Indicated on the Sleep Habit Survey** (25 minutes)
 - **Reminder:** Identify habits to modify now or at later sessions and consider additional sessions to focus on sleep if needed.
 - #1. Get Out of Bed at the Same Time Each Day
 - Get bright light in the morning and during the day
 - Plan meaningful activities first thing
 - #2. Use Your Bed and Bedroom Only for Sleep and Sex Only
 - #3. Unwind before Bed
 - Avoid screentime and light in the evening
 - Develop a sleep routine
 - #4. Go to Bed Only When You Are Sleepy (and Not Just Tired)
 - Identify sleepy versus tired
 - #5. Get Out of Bed If Awake More Than About Fifteen Minutes
 - Avoid watching the clock
 - #6. Avoid Naps
 - #7. Make your Sleep Environment Comfortable
 - Good temperature, reduce noises, light, and disruptions
 - #8. Cut Down or Stop Nicotine, Alcohol, and Cannabis at Bedtime and at Night
 - #9. Stop Having Caffeine About 10 Hours Before Your Desired Bedtime
 - #10. Use Grounding Strategies when Waking from a Nightmare
 - Focus on breathing
 - Safety statement
 - Describe your environment
 - Humor
 - Physical grounding
- **Sticking to the Program** (5 minutes)
- **Assign Home Practice** (5 minutes)
 - Follow your “New Sleep Plan”
 - Complete the “Sleep Diary and Nightmare Log”
 - Review session information in the packet and bring questions to the next session.

Session 1: Sleep Rhythms and Habits

[At intake or prior to this session, ask patient to complete the Sleep Habit Survey and the Sleep Diary and Nightmare Log. Use responses to guide the session.]

In this session, I want to:

- Introduce you to cognitive-behavioral therapy for nightmares
- Provide you with a better understanding of sleep, nightmares, and insomnia
- Explain how this treatment is going to help get your sleep back on track and reduce the frequency and severity of your nightmares
- Identify some areas in your current sleep routine that may be maintaining nightmares and insomnia
- Introduce a regular sleep routine with good, healthy habits, with the goal of retraining your body to fall asleep more easily and sleep more soundly.

COGNITIVE-BEHAVIORAL TREATMENT OF NIGHTMARES

- Nightmares are distressing and well-remembered dreams that usually cause awakenings.
 - Nightmares may recur in similar forms for years. They may vary from being quite similar to a real-life stressful event to more symbolic representations of an event.
 - Nightmares may cause physical reactions and emotions similar to what was experienced during a stressful event and some people may act out their nightmares during sleep.
 - Nightmares often ebb and flow in frequency and severity over time.
 - Approximately 5% of the general population reports chronic nightmares. But for people who have experienced a trauma, about 30% report nightmares, and for people who also have PTSD, about 70% report nightmares.
- Many individuals with nightmares also have insomnia.
 - Insomnia is defined as having trouble *falling* asleep or *staying* asleep.
 - Insomnia can be mainly due to nightmares making it hard to fall asleep and hard to stay asleep. However, some people can have insomnia that is less related to the nightmares. Others may only have nightmares.
 - Approximately 10% of the general population reports chronic insomnia. But for people who have experienced a trauma, about 30% report insomnia and for people who also have PTSD, 80% report insomnia.



Although 10% of the general population reports chronic insomnia, about 20% of active-duty service members and 50% of veterans report chronic insomnia.

- Nightmares and insomnia can cause each problem to be worse.
 - For example, more insomnia may lead to sleep deprivation that could set someone up to have more nightmares. Also, nightmares may make it harder to fall asleep and, by their very nature, they cause awakenings at night. It can often be difficult to get back to sleep quickly after a nightmare.
- It is important to know that nightmares and insomnia are treatable.

- This treatment is designed to improve sleep by teaching you helpful sleep habits and relaxation skills to help reduce stress. This treatment also includes ways to target nightmares directly through writing dream content, identifying important themes in the dream, writing new dreams based on the themes, and practicing imagining the new dream before sleep.
- Studies find that nightmare treatments reduce how often nightmares happen and how intense they are. Treatment can also decrease daytime symptoms of PTSD and depression.
- For this treatment to work, you must make two commitments:
 1. Attend each session and participate fully.
 2. Complete all practice work in between sessions.
 - Practice work is important for trying out the skills and recommendations in your own environment and within your daily or nightly routine.
 - Some of the things you will be asked to do may be difficult at first. Getting the most out of this treatment means trying new things, sticking with them, and practicing the skills you learn here.
 - We will look over the practice sheets at the beginning of each session. By completing these forms, we can learn what is and is not working for you.
 - You will also be asked to complete other questionnaires at the beginning of some of the sessions. These questions help us see how you are doing.
 - The workbook is yours to keep. Please write in it and look over it between sessions.

What questions do you have before we start talking more about how nightmares and insomnia get started?



For military personnel, deployments can be particularly tough on sleep. Seventy-four percent of deployed service members report *short-term* sleep problems. This may be because of mission demands or natural tension from being in a combat environment. Noise, uncomfortable sleeping conditions, long work hours, and frequently changing sleep schedules might also play a role in insomnia.

OVERVIEW OF TREATMENT

This treatment targets a range of these behaviors and habits that might feel helpful in the short term but keep problems going in the long term. We are going to target several areas to break the cycle of nightmares, sleep problems, daytime stress, unhelpful sleep habits, and avoidance.

Before we move on, what questions do you have?

SLEEP RHYTHMS

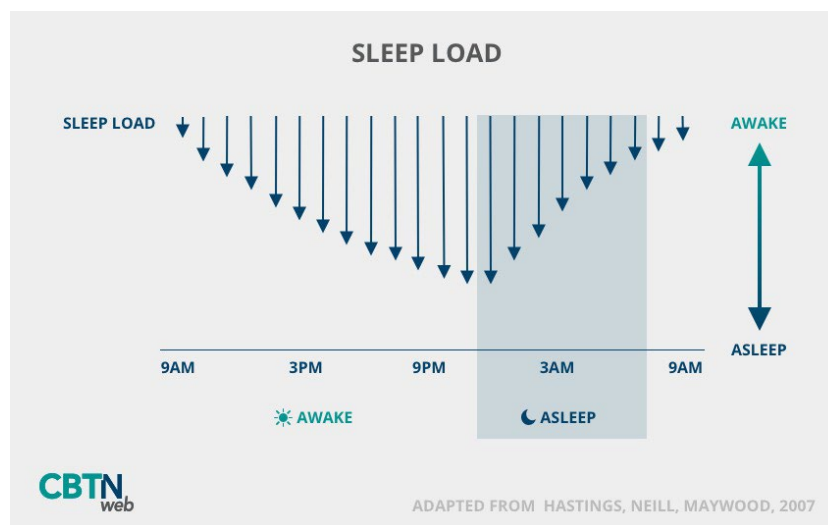
Your sleep habits determine your quality and quantity of sleep. The body has a “sleep drive” that naturally pushes you toward a regular schedule. The sleep drive is affected by several things.

1. First is **the amount of sleep your body needs.**
 - Experts recommend adults get about seven to nine hours of sleep each night.
 - However, some people need more and some people need less.

- It's important to determine the amount of sleep *you* actually need to feel well rested.
- A general guideline is to get enough sleep so that fatigue is not a problem during the day. Both under- and over-sleeping can cause you to feel fatigued, so it's important to find the “just right” zone for yourself.

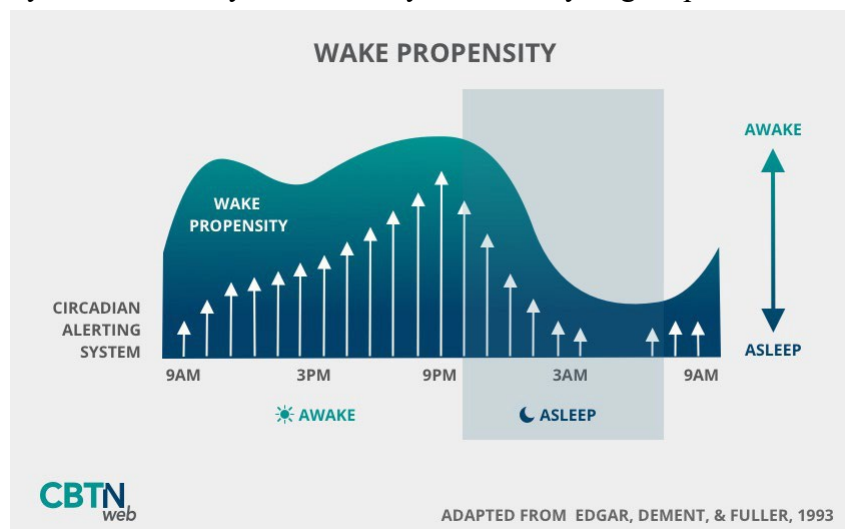
2. The second part of the sleep drive is **how long you have been awake.** [Show patient figure.]

- The longer you have been without sleep, the more your body starts to need it.
- Likewise, the longer you sleep, the less your body needs it.
- This is similar to the drive 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 sleep latency, or time to fall asleep.



3. Third, the sleep drive is partially controlled by **circadian rhythms, also known as your body clock.**

- The internal 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.



4. Fourth, the sleep drive is partially controlled by **hyperactivation**.

- You may have had previous stressful experiences in which your body and mind reacted to a threat. This is when your body and mind are appropriately mobilizing all available resources to try to protect you. This is sometimes referred to as “fight or flight” mode or “an adrenaline rush.”
- During this activation, it’s almost impossible for you to sleep. This is because our bodies need a system to keep us safe when there are threats, so arousal can override the whole sleep and circadian system. Our arousal 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., arousal), then you cannot also be tapping the brakes (i.e., sleep).
- Sometimes, this system is on overdrive and responds to a lot of things, most of which are not actually dangerous.

Next, we are going to review sleep habits that work with these sleep rhythms instead of against them.

HELPFUL SLEEP HABITS: STIMULUS CONTROL AND SLEEP HYGIENE

REMINDERS:

1. **Use the Sleep Habit Survey and Sleep Diary and Nightmare Log to guide selection of Sleep Habits to focus on changing.** You do not need to review every Helpful Sleep Habit in this section. The question numbers on the Sleep Habit Survey correspond to the Helpful Sleep Habits. (See section REVIEWING SLEEP DIARY & NIGHTMARE LOG at the beginning of the manual for guidance as needed).
2. Complete the “New Sleep Plan” form in the Patient Packet as you discuss habits.
3. Prioritize Sleep Habits that are going to give the most benefit (e.g., Stimulus Control habits notated by an * on the “New Sleep Plan” form or habits the patient engages in the most frequently, etc.).
4. Consider additional sessions to focus on sleep if needed.



Troubleshooting: Setting Patients Up for Success in Changing Sleep Habits

- Some patients with trauma-related nightmares may have poor sleep habits to distract themselves from thinking about nightmares or the trauma (e.g., sleep with the TV on, sleep in various places in the night to cope with nightmares). This may make it more difficult to change these types of habits.
- Throughout this section, formal or informal cognitive restructuring techniques may be used to assist the patient in identifying thoughts to help them engage in changing some habits. For example, “I am taking power and control over nightmares by engaging in therapy,” and “I have been able to cope with nightmares before and I am learning new skills.”
- It may also be helpful for the patient to use 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 using a gradual approach to changing specific habits (e.g., having TV and lights on in the room, to turning the TV off but keeping lights on, to night lights, to no lights).
 - 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 hierarchy to change sleep habits look similar to what is used in Prolonged Exposure Therapy for PTSD or systematic desensitization. A hierarchy of feared or stressful situations is created and the patient starts at the middle of the hierarchy and approaches each step of the hierarchy one at a time until that situation is not as stressful. In this way, people build mastery over the stressful situations and decrease anxiety.

HELPFUL HABIT 1: Get Out of Bed at the Same Time Each Day*

*This is **one of the most important habits**. This resets your internal body clock and sleep/wake rhythms.

What time do you need to wake up in the morning on most days to get ready for your day?

- Consider using the Sleep Diary to make the wake-up time consistent with the natural circadian rhythm. If the body wants to sleep later than what is required, consider moving parts of the morning routine to the nighttime routine (e.g., shower at night instead of in the morning, getting clothes ready at night, having children sleep in their play clothes instead of pajamas, etc.).

What are some ways you can help yourself get out of bed at the same time each morning, even on the weekends?

- Set your alarm clock (even if you think your body will wake up naturally). If you use your phone for your alarm, consider plugging in your phone away from your bed so you are not tempted to look at your phone at night and so you have to get up to turn off the alarm in the morning. It may also be helpful to use the “Do not disturb” function on your phone in order to reduce unwanted interruptions causing awakenings.

- Get bright light as soon as possible in the morning and during the day. Morning bright light tells your internal body clock that it's time to be up, awake, and active.
 - The best source of bright light is the sun! Even if it's overcast, sunlight is stronger than indoor light. Go outside or spend time by a window in the morning and as much as possible during the day. More light during the day means that indoor light and light from screens at night (phone or TV) will have less impact on your body clock.
 - If you do not have access to sunlight, you might consider getting a light box or light glasses to help you get more bright light.
- Plan fun or meaningful activities first thing in the morning on free days to help you want to get up when the alarm goes off.
 - Schedule to meet friends at the coffee shop, hiking trail, church, gym, etc.
 - Reward yourself for waking with your favorite coffee, a nice breakfast, your favorite show or video game, a hobby, etc.

HELPFUL HABIT 2: Use the Bed and Bedroom for Sleep and Sex Only*

***This is one of the most important habits.**

[Show the Figure, show video <https://vimeo.com/827825211>, or Draw on Whiteboard: Ask patient what activities they currently do in bed and list them to the side with arrows between the bed and activity indicating the relationship. X out the lines as you discuss creating a relationship between the bed and sleep and sex only.]

Many people do a lot of activities in the bed or bedroom other than sleep or sex (such as scroll on their phone, watch TV, play video games, eat, work on a laptop, or relax). They may also lay awake thinking about their to-do list, worrying, or toss and turn when they cannot sleep. The thing is that we humans are creatures of habit and automatically pair things together.

For example, if you imagine going to a movie theater, what type of snack comes to mind?

Probably “popcorn.” This is because the movies and popcorn are consistently paired together. Every time you go to the movies you will see, smell, and even hear people crunching on some popcorn and of course may taste the popcorn yourself! So, our brains have paired these two things together. It's the same thing with our bed and sleep. Anything you do in the bed gets paired with the bed.

The idea is to strengthen the link between the bed and sleep by moving wake activities to another room. If your bed is in the same location as other living spaces (e.g., office, kitchen, living room), such as dorm, loft apartment, or military barracks, the aim is to find ways to separate the sleep zone from the wake zone. This can be done, for example, by having a separate chair, sitting up on the bed for waking activities and being in bed or under the covers for sleep.

In line with this idea, it is also important to avoid sleeping in places other than the bed. Regularly sleeping on the couch, in the car, or other places can reduce the connection between the bed and sleep.

- What are some activities that you currently do in your bed or bedroom that need to be moved to another space? How difficult do you think it will be to make this change?

- Do you ever sleep somewhere other than your bed?
- If you have a bed partner, how might you discuss these changes, and the reasons for the changes, to get their support?



HELPFUL HABIT 3: Unwind Before Bed*

*This is **one of the most important habits**. The brain is not a light switch that you can just turn on and off. Most of us cannot go full speed until bedtime and then then easily fall asleep right away. Preparing for sleep is similar to a jetliner preparing for landing. Pilots will skillfully orchestrate a slow and gradual descent until the plane gently lands on the tarmac. Similarly, sleep routines are things you do before bed that become signals to your body and mind that it's time to gradually wind down and sleep. If you do the same routine before going to bed for a week or two, your mind and body will learn to switch into sleep mode.

- What could be a good sleep routine for you to unwind before bed?
- What would be a reasonable amount of time for you to unwind (e.g., 30 minutes? 60 minutes?)?
- Some activities to do:
 - Stretch or do non-activating yoga
 - Listen to soothing music or an audiobook
 - Prep for the next day (e.g., pack lunch, set out clothes, dishes, laundry, etc.)
 - Take a warm bath (but allow time to cool down prior to bed)
 - Read a magazine or book
 - Pray
 - Meditate
 - Write in a gratitude journal
 - Build with LEGOs
 - Color in adult coloring books
 - Do jigsaw puzzles, crossword puzzles, sudoku, etc.

- Light snack (e.g., glass of warm milk, cheese, or cereal) but avoid heavy meals and excessive fluid (e.g., 8 ounces within 2-3 hours of bedtime) which can disrupt sleep through indigestion or bathroom trips during the night.
- Some activities to NOT do:
 - Consider avoiding activating screentime before bedtime and during the night.
 - Many technologies are designed to maintain interest and to keep your attention (e.g., shows end with a “cliffhanger,” games reward playing just a little bit longer, etc.). This can keep you from falling asleep.
 - Also, taking away light at night will help to signal the body clock that it’s time to wind down and get in the zone for sleep.
 - The impact of light at night is relative to the amount of light you got during the day. In other words, if you get a lot of light during the day, then the light at night is just a drop in the bucket. On the other hand, if you spend most of your day indoors (even if there are bright lights on in there), any light at night might have a big impact on your sleep and circadian system.
- Some people do not want to unwind for sleep because they want to avoid sleep to avoid having nightmares.
 - Unfortunately, this strategy does not work in the long run because our bodies need sleep for a lot of reasons. This may actually increase the chance of having nightmares because when our body is sleep deprived, the brain focuses on getting the dream stage of sleep first (REM sleep). This is called a REM rebound.

HELPFUL HABIT 4: Go to Bed Only When You Are Sleepy (and Not Just Tired)*

*This is **one of the most important habits**. If you go to bed when you are not really sleepy, you will not fall asleep. Therefore, there is no reason to go to bed if you are not sleepy. When you go to bed too early, it only gives you more time to become frustrated trying to fall asleep or to be anxious about nightmares.

- This may mean that you go to bed even later than your planned bedtime. That is normal and common the first one to two weeks in this program.
- Also, remember to stick to your planned time to get up, regardless of the time you go to bed.

How is feeling sleepy different from feeling tired?

- Just feeling tired or worn-out is not a sign of sleepiness. Wait until you feel things like your eyes closing/itching/becoming heavy, your head bobbing, yawning, or having problems concentrating (such as having to reread the same thing over and over).
- Some people have a hard time recognizing these signs, so start paying attention to see if you can notice them.

How do you know when you are sleepy and not just tired?



Troubleshooting: Difficulty Identifying or Experiencing Sleepiness

- Some patients with nightmares may say they do not feel sleepy, especially if they tend to have an eveningness, “night owl” chronotype. Anxiety at bedtime related to nightmares or trauma may override the feeling of sleepiness and some patients with prior training as a service member, first responder, or

security guard may report that they have been trained to not feel sleepy or may have a fear of feeling sleepy or vulnerable or reducing their level of vigilance.

- A goal of therapy should be to work towards noticing the signs of sleepiness and developing a tolerance for feeling sleepy. This may occur naturally over the course of treatment. Cognitive therapy can also be used to address unhelpful thoughts about sleep and sleepiness.
 - Another option is for the patient to use timeframes instead of sleepiness as the cue to go to bed. For example, the patient can unwind before bed, go to bed at the recommended bedtime, and get out of bed if not asleep in about 15 minutes, and then decide to go to bed again at a certain time, for example in 20 minutes, rather than waiting for the feeling of sleepiness. This approach takes the pressure off the need to feel sleepy in order to follow the treatment guidelines.

HELPFUL HABIT 5: Get Out of Bed If Awake More Than About Fifteen Minutes*

***This is one of the most important habits.**

- People with sleep problems sometimes believe that they will get back to sleep if they simply stay in bed or sometimes believe that lying awake in bed provides the body with rest. Although it makes sense to stay in bed for a short period as you allow your body to fall asleep, lying awake in bed for long periods of time keeps insomnia going and may increase the chances of a nightmare.
- When you go to bed or wake up during the night, do not stay in bed unless you are asleep. After about 15 minutes (or when alertness sets in), get out of bed and engage in non-activating, enjoyable activities until ready for sleep. Over time, this will help you fall asleep quicker by making the bed become a trigger for sleep rather than a trigger for being awake.
- Do not watch the clock. Just estimate when fifteen minutes have passed.
 - Watching the clock will increase stress, making it more difficult to fall asleep. It can be helpful to make it difficult to see the clock during the night by covering the time, turning the clock around, or plugging your phone in across the room.
- Plan the things you are going to do ahead of time and prepare things you will need to get out of bed (e.g., robe, house shoes, blanket).
- Avoid turning on bright lights. Lamps are acceptable.
- What are some enjoyable or non-activating things you can do outside of the bed? Some ideas:
 - Read a relaxing book or magazine
 - Work on an easy crossword puzzle
 - Give yourself a mini massage
 - Pray, meditate, or journal
 - Look at family photos that bring you peace or happiness
 - Build with LEGOs
 - Practice a relaxation exercise
 - Practice grounding exercise
 - Listen to soothing music
 - Fold laundry
 - Listen to an audiobook or podcast
 - Engage in crafts (e.g., knitting, beadwork)
 - Can you think of any other things?
- At the beginning of treatment, you may need to do this several times in a single night. However, if you can stick to it, your sleep should change fairly quickly.

HELPFUL HABIT 6: Avoid Naps*

*This is **one of the most important habits**. People frequently take naps because they think they need to catch up on the sleep they missed or simply because they are tired and think they need a nap to get through the day. However, naps can make sleep rhythms worse and makes it harder to go to sleep that night. This is because we all have a certain amount of sleep we need each day. Naps that are longer than half an hour take away from nighttime sleep need. This makes it harder to fall asleep at bedtime and to stay asleep during the night.

- Avoid naps if at all possible.
- If you often feel the need to nap in the early afternoon, this is a normal part of the circadian rhythm called the “post-lunch dip.”
 - Try to get active and/or bright light during the post-lunch dip to increase alertness. Walk around the halls or outside, check the mail, run, go up and down stairs, or do push-ups. Reminding yourself that the dip will improve with time alone can also be helpful.



Troubleshooting: Avoid Naps

- Naps that are less than 30 minutes and end before 3:00 PM will have a limited impact on nighttime sleep and can be used if the patient insists on having a nap or has excessive daytime sleepiness that poses a safety concern (e.g., they need to drive or operate equipment). Ideally, naps will occur in the bed (rather than a couch etc.).
- Some patients with nightmares prefer to sleep during the day instead of at night because they feel safer, or their experience is that they are less likely to have a nightmare during the day. In these cases, it can be helpful to review psychoeducation about circadian rhythms and sleep stages and that avoiding naps to improve sleep at night may help reduce nightmares.

HELFPUL HABIT 7: Make your Sleep Environment Comfortable

It can help to make your environment comfortable.

- Darkness will also help promote sleep. Use blackout shades or a sleep mask.
- Control the temperature so it is comfortable for you – not too hot and not too cold.
 - If you and your bed partner require different comfort levels, try to develop a compromise that makes you both as comfortable as possible (e.g., use electric blankets with dual controls, or the person who is cold uses more blankets or wears warm pajamas and/or a knit hat to bed).
- Having quiet during your desired sleep time also helps. Noises can be masked with ear plugs, noise-canceling headphones, or background white noise (ambient sound with an app or home device, a fan, an FM radio set between stations, or a white noise machine).
 - If your bed partner insists on using media in bed (e.g., watching TV or videos on their phone, etc.) ask them to use headphones or temporarily move to another room until you get your sleep problem corrected.
- Reduce disruptions during the night. If children or pets sleep in your bed or room during the night, this may lead to disruptions in your sleep. This may affect how you feel and interact with your family the next day.

- It may be helpful to consider reducing disruptions by making a plan to gradually transition children or pets to sleeping in a different area. This may also help their sleep in the long run.

HELPFUL HABIT 8: Cut Down or Stop Nicotine, Alcohol, and Cannabis at Bedtime and at Night

- While nicotine can help you feel relaxed, it is a stimulant that activates your mind and body, making it harder to sleep.
- While alcohol can help people fall asleep, this effect wears off after a few hours. As the body processes the alcohol, sleep becomes more fragmented and less restful because the body processes the alcohol into a stimulating sugar. Alcohol may suppress dream sleep (or REM sleep) at first and then cause a dream sleep rebound during the night which could increase the chance of having a nightmare.
- Unfortunately, there is limited research examining cannabis use, sleep, dreams, and nightmares. This is complicated by the fact that there is a lot of variability in cannabis products. At best, cannabis is neutral when it comes to nightmares. At worst, it has a negative impact. Some cannabis products may actually increase the vividness or bizarre nature of nightmares. Consider observing the impact of cannabis on your sleep with the sleep and nightmare log.

HELPFUL HABIT 9: Stop Having Caffeine About 10 Hours Before Your Desired Bedtime

This includes coffee, tea, energy drinks, soda, workout supplements, and chocolate. Different substances have different amount of caffeine. Although small amounts of caffeine may improve alertness, caffeine lasts for hours in the body and can interfere with quality of sleep. Caffeine causes the body to exhibit the “fight or flight” response by causing adrenaline to be released. Caffeine is one of the most widely used drugs in the world. Like other drugs, a tolerance to caffeine can be developed, leading many people to use more caffeine products over time.



HELPFUL HABIT 10: Use Grounding Strategies when Waking from a Nightmare

After waking from a nightmare, you may be disoriented, unsure of where you are for a moment, and it may take you a long time to calm down. Grounding strategies are a way of centering yourself and getting your bearings. The goal is to put a healthy distance between you and negative feelings you had from a nightmare and to “ground” yourself in the “here and now” by

focusing on where you are. You can use these strategies in bed after a nightmare if you choose rather than getting out of bed right away. Grounding strategies can be done any time during the day too! Here are some specific grounding strategies:

- Focus on breathing
 - Concentrate on every inhale and exhale
 - Repeat a word on every exhale, e.g. “safe”, “calm”
- Safety statement
 - Repeat to your self something like: “My name is _____, I am safe right now. I am in the present, not in the past. I am in my bedroom in my house in _____.”
- Describe your environment in detail
 - This will help distract yourself from those negative thoughts which come along with distressed feelings and help you calm down.
- Humor
 - Think of something funny like a favorite scene in a comedy or a favorite joke that always makes you laugh.
 - Save a list of funny things in your phone or notebook (e.g., memories, memes, videos on-line) to use at these times.
- Physical grounding
 - Run cool or warm water over your hands and notice what it feels like.
 - Touch objects around you and notice the textures or surfaces, the colors, weight, temperature.
 - Place a pleasant-smelling candle, perfume, or cologne near your bed to smell.
 - Hold a “grounding object,” that helps you be in the present and reminds you of where you are.

STICKING TO THE PROGRAM

These changes are a very important part of your sleep treatment. Some people take one habit at a time and others may focus on more than one habit at a time. It may take a while to break some of your unhelpful sleep habits. Try not to feel bad! It probably took many weeks, months, or years to make these habits and it will take some time to break them. It will be well worth the effort when your sleep gets better, and you begin to get the rest you deserve!

Because these changes can be difficult to follow every night, who is a support person that you can talk to about these changes you are going to make?

How important are these changes to you right now?

How confident are you about making these changes?

SESSION 1 HOME PRACTICE

- Follow your “New Sleep Plan.” Identify habits to start working on now and habits to work on later.
- Complete the Sleep Diary and Nightmare Log.
- Review session information in the patient packet and bring any questions to the next session.
- Consider speaking with a support person about the changes you are working on.



Dive Deeper: Optional Sections

Reminder: The following Optional Sections are included in the manual appendixes.

Optional Sections	Indication
<ul style="list-style-type: none">• Trauma Psychoeducation	<ul style="list-style-type: none">• Patient Has Trauma-Related Nightmares But Has Not Received Trauma Psychoeducation
<ul style="list-style-type: none">• Sleep Education	<ul style="list-style-type: none">• Patient is Interested or Could Benefit from Additional Treatment Rationale
<ul style="list-style-type: none">• Sleep Efficiency Training / Sleep Restriction Therapy	<ul style="list-style-type: none">• Therapist Has Training and Patient Spends Excessive Time Awake in Bed
<ul style="list-style-type: none">• Sleep Compression	<ul style="list-style-type: none">• Therapist Has Training and Patient Spends Excessive Time Awake in Bed