

Cognitive Behavioral Therapy for **Nightmares**

THERAPIST GUIDE

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Conditions of Use

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In 2021, the Department of Defense Peer Reviewed Medical Research Program (PRMRP) selected a Technology and Therapeutics Award to develop a web-based provider training in cognitive behavioral therapy for nightmares, CBTNightmaresweb.org (W81XWH2110576, PI: Pruiksma). As part of the development of this web-based provider training, the team recruited a experts from across the field to discuss the various nightmare treatment protocols available to create a streamlined learning experience that was representative of the available research. The panel included experts in behavioral sleep medicine, trauma-related nightmares, idiopathic nightmares, insomnia, trauma, and dissemination and implementation. All participants had the opportunity to review and comment on the draft manuscript. The other contributors were: Noelle Balliett, PhD; William Brim, PhD; Joanne Davis, PhD; Jesse Dietch, PhD, DBSM; Katy Dondanville, PsyD, ABPP; Brooke Fina; Josh Friedlander; Phillip Gehrman Gerlinda Harb; Katherine Miller; Michael Nadorff; Alan Peterson; Sophie Wardle Pinkston; Kristi Pruiksma; William Price; Rebecca L. Campbell; Richard Ross; Daniel Taylor; Hannah Tyler; and Ali Wilkerson.

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How to Use This Manual

- This manual is intended to standardize the delivery of Cognitive Behavioral Therapy for Nightmares in 6 weekly sessions, each lasting approximately 50 minutes. The manual is organized by sessions. Outlines for session content according to 90-minute and 30-minute sessions are available on www.cbtnightmaresweb.org
- Prior to beginning treatment with this manual, it is important the clinician has completed an intake assessment and determined the patient is experiencing nightmare disorder. Information on insomnia is also included in treatment given the high rate of comorbidity.
- Each section begins with an Agenda of what will be covered in that session.
- The text included in this manual represents examples of how the material could be presented to the patient. It is intended to be a guideline rather than a word-for-word script for what should be said in session.
- Boxes with icons are presented for special considerations.



Indicates material that is specific for active-duty military and veterans.



Indicates tips for trouble shooting and problem solving.



Indicates information that is a deeper “dive” into the background and rationale that is not always necessary but may be helpful for certain patients.

OPTIONAL SECTIONS

The following Optional Sections are included in the appendixes.

Optional Sections	Indication
1. Trauma Psychoeducation	Patient Has Trauma-Related Nightmares But Has Not Received Trauma Psychoeducation
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 Nightmare 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

ACCOMPANYING MATERIAL

- **Patient Packet:** The Patient Packet includes essential forms for facilitating CBT-N including:
 - Sleep Diary and Nightmare Logs to be completed each week
 - New Sleep Plan form to help monitor changes to sleep habits each day and also target sleep habits across treatment.
 - Informational material for the patient to be use during and between sessions. We recommend that, if feasible, the therapist should provide each session of the patient packet during/after each corresponding session, rather than sending the entire patient packet at once.
- **Session Note Templates:** Detailed session note templates to facilitate documentation of sessions.

REVIEWING SLEEP DIARY & NIGHTMARE LOG

Each session will start by reviewing the sleep diary and nightmare log. Reviewing the sleep diary helps to reveal patterns, to track change during treatment, and to guide the implementation of new sleep habits. There is no right or wrong way to review the logs.

Below are some ideas for patterns to notice:

- **Review into bed and trying to sleep times across the week:** Is there consistency or variability with when the patient is getting into bed and/or trying to sleep across the week? Are the times for getting into bed and trying to sleep close together or is the patient spending large amounts of time in bed before intending to sleep? If the latter, you can ask questions about what the person is doing in bed instead of sleeping. Connect what the patient says with the responses on the sleep habit form.
- **Review time it took to fall asleep across the week:** Notice how long it is taking the patient to fall asleep. Are there days when it is shorter than others? Does the patient notice anything about the days when it took them longer to fall asleep (e.g., more distressed before bed? Thinking about their nightmares?)
- **Review amount of time awake after sleep onset across the week:** Were there days when the patient experienced long awakenings during the sleep period? If so, here is another opportunity to ask the patient what they were doing during this time.
- **Review final wake time and out of bed times across the week:** Like bedtimes, you can review if there is consistency or variability with when the patient is waking up for the day and getting out of bed.
- **Look for patterns across individual days:** When patients have poor nights of sleep or nightmares on a particular night, look for any changes in their sleep habits the next day. For example, going to bed much earlier or much later than usual, and/or taking naps.
- **Review nightmare frequency and severity:** Over time you can notice if there is a change in the frequency or severity level of the nightmares. It will be important to point out and celebrate the nights without nightmares or decreases in severity levels, especially for patients who think nightmares happen every night or have not had a night without nightmares for a long time.
- **Review comments:** The comments that patients leave can also provide some insights into motivating factors for their sleep behaviors. For example, substance use or experiences of

daytime distress on a particular day may contribute to habit changes or a nightmare occurrence.

- **Review relaxation and imagery rehearsal practice once assigned:** Did the patient complete the practice assignments each night? If not, time can be spent discussing barriers or urges to avoid. Look for changes in SUDs from before and after relaxation training. Can you notice a change in SUDs having a potentially positive impact on sleep (e.g., reducing the time to fall asleep, no nightmares)?

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 upsetting and well-remembered dreams that usually wake you up.
 - Nightmares may repeat in the same way for years.
 - They may be like a real-life stressful event or be more symbolic of an event.
 - Nightmares may cause physical reactions and emotions like what was experienced during a stressful event and some people may act out their nightmares during sleep.
 - Nightmares can change in how often they happen and how upsetting they are over time.
- About 5% of adults have chronic nightmares. But 30% of people with trauma have nightmares, and 70% of people with PTSD have nightmares. Many people with nightmares also have insomnia.
 - Insomnia is having trouble *falling* asleep or *staying* asleep. Insomnia can be because of nightmares, but some people have insomnia that is not because of nightmares. Others may only have nightmares.
 - About 10% of adults have chronic insomnia. But 30% of people with trauma have insomnia and 80% of people with PTSD have insomnia.



Although 10% of adults have chronic insomnia, about 20% of active-duty service members and 50% of veterans have chronic insomnia.

- Nightmares and insomnia can make each other worse.
 - More insomnia could set someone up to have more nightmares. Nightmares may make it harder to fall asleep and make it hard to stay asleep at night. It can be hard to get back to sleep quickly after a nightmare.
- Nightmares and insomnia are treatable.
 - This treatment is made to improve sleep by teaching you helpful sleep habits and ways to relax. This treatment also includes ways to help nightmares by writing dream content, looking for important themes in the dream, writing new dreams based on the themes, and 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 other symptoms of PTSD and depression.
- For this treatment to work, you must make two commitments:
 1. Come to 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 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 questions 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 will help you work on behaviors and habits that might feel helpful in the short term but keep problems going in the long term. We are going to work on breaking the cycle of nightmares, sleep problems, stress, unhelpful sleep habits, and avoidance.

Before we move on, what questions do you have?

SLEEP RHYTHMS

Your sleep habits impact how much you sleep and how good your of sleep feels. The body has a “sleep drive” that pushes you to a regular schedule.

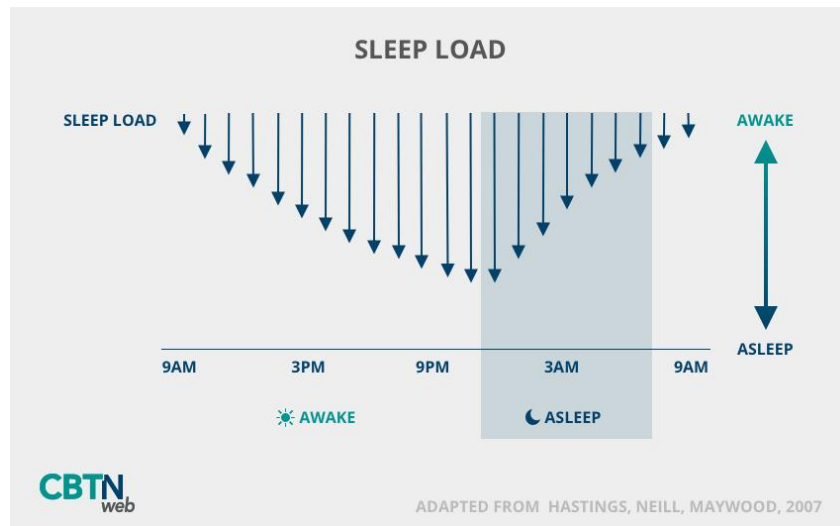
Several things change the sleep drive.

1. First is **the amount of sleep your body needs.**
 - 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 a very sleepy during the day. Both too little or too much sleep can make you feel tired, so it's important to find the “just right” amount for you.

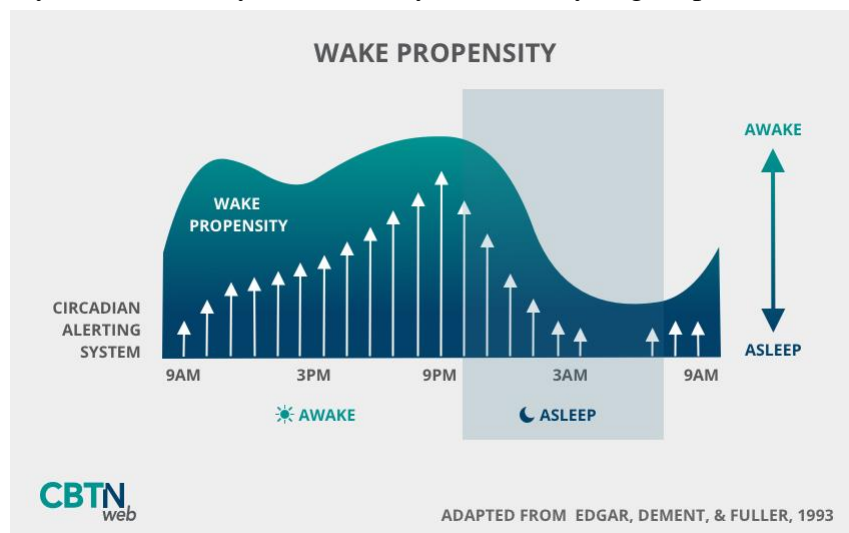
2. The second part of the sleep drive is **how long you have been awake.** [Show patient figure.]

- 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.



4. Fourth, the sleep drive is controlled by **hyperactivation**, or excitement in the body.

- Stressful experiences can make your body and mind react to a threat to try to protect you. This is sometimes referred to as “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, so arousal can override the whole sleep 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 too active and responds to a lot of things, even when they are not actually dangerous.

Next, we are going to learn habits that help our sleep.

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 helps your body clock.

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

- Use the Sleep Diary to see what time makes the most sense. If the body wants to sleep later than what you do right now, you could move parts of the morning routine to the nighttime routine. For example, shower at night instead of in the morning, get clothes ready at night, have children sleep in their play clothes instead of pajamas.

What are some things you could do to get out of bed at the same time each day, even on the weekends or non-work days? Here are some suggestions:

- 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 have to get up to turn off the alarm. Try using the “Do not disturb” function on your phone to reduce unwanted alerts.
- Get bright light as soon as you can when you wake up and during the day. Bright light tells your body clock that it’s time to be up, awake, and active.
 - The best source of bright light is the sun! Even on cloudy days, sunlight is stronger than indoor light. Go outside or spend time by a window as much as possible during

- the day. More light during the day means that indoor light and light from screens at night will have less impact on your body clock.
- If you can't go outside or be near a window, you could get a light box or light glasses to help you get more bright light.
 - Plan fun or important activities first thing to help you want to get up.
 - Plan to meet friends at the coffee shop, hiking trail, church, gym, etc.
 - Reward yourself for waking with your favorite coffee, a nice meal, your favorite show or video game, a hobby, etc.
 - What things do you want to try to make sure you get out of bed?:

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 activities in the bed other than sleep or sex (like 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. The problem is that our brains pair things together.

If you imagine going to a movie theater, what type of snack comes to mind?

Probably “popcorn.” This is because the movies and popcorn always go together. Every time you go to the movies you will see, smell, taste, and hear people crunching on some popcorn! 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.

We want to link the bed and sleep by moving wake activities to another room. As shown in the figure, anything besides sleep or sex should not be done in the bed. If your bed is in the same place as other living spaces (e.g., office, kitchen, living room), such as a dorm, loft, or military barracks, we want to find ways to separate the sleep zone from the wake zone. This can be done by having a separate chair, sitting up on the bed for waking activities and being under the covers for sleep.

It is also important to avoid sleeping in places other than the bed. Sleeping on the couch, in the car, or other places can reduce the connection between the bed and sleep.

Let's review what you do:

- What are some activities that you 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, what can you tell them about these 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 fall asleep right away. Preparing for sleep is like a jetliner preparing for landing. Pilots will skillfully lower slowly until the plane gently lands on the ground. Sleep routines are things you do before bed that tell your body and mind that it's time to 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 would be a good 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 lots of fluid (e.g., 8 ounces within 2-3 hours of bedtime) which can disrupt sleep through upset stomach or bathroom trips during the night.
- Some activities to NOT do:
 - 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 stop you from falling asleep.
 - Also, taking away light at night will help to tell the body clock that it’s time to wind down and get in the zone for sleep.
 - If you get a lot of light during the day, then the light at night won’t make a big difference. But, if you spend most of your day indoors (even if there are bright lights on), any light at night might have a big impact on your sleep.
- Some people do not want to unwind for sleep because they want to avoid sleep to not have a nightmare.
 - This strategy does not work in the long run because our bodies need sleep for a lot of reasons. This may increase the chance of having nightmares because when our body does not have sleep, the brain focuses on getting to the dream stage of sleep first (REM sleep). This is called a “REM rebound”.

What could be part of your sleep routine to help you unwind before bed?

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 sleepy, you will not fall asleep. 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 few 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 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 knowing 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 15 Minutes*

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

- People with sleep problems sometimes think they will get back to sleep if they stay in bed or that it gives the body rest. Although it makes sense to stay in bed for a short time to fall asleep, lying awake in bed for long periods of time keeps insomnia going and may increase the chances of a nightmare.
- Do not stay in bed unless you are asleep. After about 15 minutes (or when you feel alert), 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 15 minutes have passed.
 - Watching the clock will increase stress, making it hard 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 okay.

- What are some enjoyable or non-activating things you can do outside of the bed? Some ideas:

- 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 thin

- At the beginning of treatment, you may need to do this several times in a single night. If you can stick to it, your sleep should change quickly.

HELPFUL HABIT 6: Avoid Naps*

*This is **one of the most important habits**. People take naps because they think they need to catch up on missed sleep or because they are tired and think they need a nap to get through the day. Naps that are longer than 30 minutes take away from nighttime sleep. This makes it harder to fall asleep at bedtime and to stay asleep during the night.

- Avoid naps if possible.
- If you feel the need to nap in the early afternoon, this is a normal “post-lunch dip.”
 - Try to get active and/or bright light during the post-lunch dip to keep awake. Walk around the halls or outside, check the mail, run, go up and down stairs, or do push-ups. Remind yourself that the dip will improve with time.



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.

HELPFUL HABIT 7: Make your Sleep Environment Comfortable

It can help to make your environment comfortable.

- Darkness will help 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 have different comfort levels, try to develop a compromise (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. You can reduce noise with ear plugs, noise-canceling headphones, or background white noise (soft sound with an app or home device, a fan, an FM radio set between stations, or a white noise machine).
 - If your bed partner uses media in bed (e.g., watching TV or videos on their phone, etc.) ask them to use headphones or move to another room for a short time 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 plan to slowly move 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, activates your mind and body, making it harder to sleep.
- While alcohol can help people fall asleep, this wears off after a few hours. Sleep can become more broken up and less restful because the body processes the alcohol into a stimulating sugar. Alcohol may stop 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.
- There is not a lot of research on cannabis use, sleep, dreams, and nightmares. There also are a lot of cannabis products. At best, cannabis does not make a difference on nightmares. At worst, it has a negative impact. Some cannabis products may increase the vividness or bizarre nature of nightmares. Consider noticing 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 products have different amount of caffeine. Although small amounts of caffeine may improve alertness, caffeine lasts for hours in the body and can lower the quality of sleep. Caffeine causes the “fight or flight” response. 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 unsure of where you are for a moment, and it may take you a long time to calm down. Grounding strategies can help to “ground” yourself in the “here and now” by focusing on where you are. You can use these strategies in bed after a nightmare 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 yourself 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 from negative thoughts 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 online) 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 very important for your sleep treatment. Some people take one habit at a time and others 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 took many weeks, months, or years to make these

habits and it will take 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
• Trauma Psychoeducation	• Patient Has Trauma-Related Nightmares But Has Not Received Trauma Psychoeducation
• Sleep Education	• Patient is Interested or Could Benefit from Additional Treatment Rationale
• Sleep Efficiency Training / Sleep Restriction Therapy	• Therapist Has Training and Patient Spends Excessive Time Awake in Bed
• Sleep Compression	• Therapist Has Training and Patient Spends Excessive Time Awake in Bed

Checklist for Session 2: Nightmares, Stress, and Relaxation Training

- ☐ **Review Sleep Diary and Nightmare Log and Changes to Sleep Habits** (5 minutes)
- ☐ **Develop New Sleep Plan** (5 minutes)
- ☐ **Helpful Sleep Habits Continued** (5 minutes)
 - #11. Reduce Safety Behaviors at Night
 - Identify and limit additional checking behaviors
 - #12. Schedule Worry Time or Planning Time Well Before Bedtime
 - Take control over your worries
- ☐ **Nightmares, Stress, and Sleep** (5 minutes)
 - Impact of Nightmares
- ☐ **Theories About Nightmares** (5 minutes)
 - Emotional Processing/Trauma Processing
 - Mood Matching
- ☐ **Relaxation Techniques** (20 minutes)
 - Introduction
 - In-Session Practice of Progressive Muscle Relaxation (PMR) with Guided Imagery
- ☐ **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, and record your practice on the Sleep Diary and Nightmare Log.

SESSION 2: NIGHTMARES, STRESS, AND RELAXATION TRAINING

We will review your Sleep Diary and Nightmare Log and change your sleep routine to continue to improve your sleep. We will talk more about what we know about nightmares and discuss some relaxation skills that might help you to sleep.

REVIEW SLEEP DIARY AND NIGHTMARE LOG AND DISCUSS CHANGES TO SLEEP HABITS

Let's 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?

NEW SLEEP PLAN

- Let's update your "New Sleep Plan"
- Are there any habits that you feel are 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

- 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.

HELPFUL SLEEP HABITS CONTINUED

HELPFUL HABIT 11: Reduce Safety Behaviors at Night

[SLEEP HABIT SURVEY, Q8: If the patient endorsed a shaded answer, address this HELPFUL HABIT, focusing on the item(s) they endorsed.]

A safety behavior is a habit that people develop to help them cope with anxiety. Safety behaviors typically reduce anxiety in the moment, but can keep nightmares and insomnia going in the long term because they activate you.

- Checking locks, doors, security/surveillance cameras several times a night
- Getting out of bed to check the perimeter of your home
- Keeping the TV on or extra lights on all night
- Getting up to check out noises during the night
- Checking on family members several times a night
- Sleeping with a weapon near your bed

Do you currently check for safety at night or when sleeping? [Consider objective safety of the person's environment and items endorsed on the Fear of Sleep Inventory, if administered.]

While it makes sense to check for safety before going to bed or if you hear a very loud noise during the night, other safety behaviors may impact your sleep and progress in treatment. If you are lying in bed and thinking about how you and your family could be harmed, it will be difficult to relax enough to go to sleep. It may seem that going to check out every noise that you hear while you're lying in bed would help you cope with these fears, but this sort of checking can keep your symptoms going.

Some Reasons Why Safety Behaviors Are Not Relaxing

- Safety behaviors may decrease anxiety in the short term, but keep stress and hypervigilance going in the long term.
 - For example, if you hear a noise and you feel nervous, getting out of bed to check and finding out that nothing is wrong makes you feel better immediately. However, you will keep checking on every noise you hear while you are in bed, because you are sending a

message to your brain that unless you get out of bed to check on the noise, you and your family are not safe.

- Until you start to resist checking, you will not get to see that you would be safe even if you do not get out of bed. Over time, the urge to check will decrease if you do not check every noise.

Reducing Safety Behaviors

- It is fine to check your doors and windows once before going to sleep. Then, find a space in your home where you will go to relax if you wake up. Choose a place that does not include anything you can check (e.g., windows, doors, cameras), and gather anything you will need for relaxation (book, music, etc.). Follow the guidelines of returning to bed only when sleepy.
- If you feel the urge to check, remind yourself that it is better in the long run not to check. Examine the evidence for and against your thought. What is the evidence that something is wrong? What is the evidence that nothing is wrong? Use the answers to these questions to develop a more balanced and perhaps more accurate thought. Then, do a relaxing activity such as reading, deep breathing, listening to calming music, or prayer.
- It can help to have a physical reminder to show that you have checked. Put a note by the bed or doorframe or have an object with two different colors that you can turn over once you have checked. Then, if the urge to check comes back during the night, you will have a physical reminder that you have already checked.
- You may feel more anxiety when you do not check at first. The more that you keep yourself from checking, the faster the urge to check will decrease.
- If you are in bed thinking about not checking, get out of bed and go to the relaxation spot that does not have things you can check. Return to bed when you feel sleepy.

Before we move on, what questions do you have?

HELPFUL HABIT 12: Schedule Worry Time or Planning Time Well Before Bedtime **[SLEEP HABIT SURVEY, Q9: If the patient endorsed a shaded answer, address this HELPFUL HABIT.]**

- Some people find it hard to get to sleep because they are thinking about the past, worrying, or thinking about what they need to do the next day. If this happens to you, an exercise to help close out the day is to schedule a “Worry Time,” “Planning Time,” or “Problem-Solving Time.”
- This strategy will help you take control over your worries, rather than feeling like your mind is running wild at night.
- Pick a time well before bed that you can spend 20 minutes worrying, planning, or problem solving every day. During other times, write your worries down on paper.
- When it is your “Worry Time/Planning Time/ Problem-Solving Time,” get out your written list, and worry on purpose. Set a timer.
- As you look over the list, ask: “Will I be able to find a solution to any of these before I sleep tonight?”
 - If so, solve the problem.
 - Most things on your list will not be able to be solved before you go to sleep that night. Be honest with yourself and acknowledge that some things are not solvable right away.

- Consider if the problem cannot be solved, is there a next step you can take toward solving the problem? If so, do that!
- When the time is up, go back to writing down your worries on the list and save them for the next “Worry Time/Planning Time/ Problem-Solving Time.”
- At night, remind yourself that the day is done, and that nighttime is not the best time for worrying or solving problems. It’s worth it to not worry in bed!
- If additional worries or to-do items come up at night, write them on the list for the next time.
- If you stay at it, your mind will probably spend less time worrying over and over about the same things. You may notice that your mind is not racing all over the place as much as it used to. In the meantime, be patient with yourself! It can take time to notice the impact of this habit.

NIGHTMARES, STRESS, AND SLEEP

[Show patient figure.]

Nightmares can impact the body, thoughts, and actions.

IMPACT OF NIGHTMARES

Nightmares Impact the Body

People with nightmares may:

- Feel extra alert and wired close to bedtime
- Feel confused, forgetful, and frustrated during the day because of sleep loss
- Have symptoms of panic when waking from a nightmare including
 - Racing heart
 - Shakiness
 - Sweating
 - Difficulty breathing
 - Feeling like you’re choking
 - Dizziness
 - Upset stomach
 - Feelings of numbness/tingling

Nightmares Impact Thoughts

People with nightmares may have thoughts like:

- “I will not ever get over the nightmares or the trauma.”
- “I’ve tried everything to get my sleep back on track and nothing works.”
- “If I go to sleep, I’ll just have another nightmare.”
- “I will not ever be able to sleep.”
- “I’m worried I will have a nightmare tonight.”

Nightmares Impact Actions

People with nightmares may try coping by:



- Using medications, cannabis, alcohol, or other drugs
- Avoiding reminders of the nightmares or the trauma
- Avoiding sleep
- Watching television or reading in bed
- Sleeping during the day instead of at night
- Using a lot of energy drinks, coffee, or other forms of caffeine to try to stay awake

Do you get upset before going to bed? What is this like for you?

Having nightmares may make you feel more upset during the day. You might think more about the trauma or remember parts of the nightmare. The feelings from the nightmare may stick around and be hard to shake off, which could change your mood or actions.

Do you have more trouble than usual the day after a nightmare? What is that like for you? How do you cope?

- You are experiencing a cycle, as shown in the figure below. This cycle includes nightmares, feeling upset, and feeling more stressed out, nervous, or tense.
- This cycle can lead to more nightmares.
- This treatment is designed to help you break this cycle and help you feel better in many parts of your life. That's why it's so important to test everything out to see what works for you!

THEORIES ABOUT NIGHTMARES

Before we talk about nightmares, let's talk about dreams that are not nightmares. Scientists are still trying to understand dreams, but here is some of what we know:

- When we sleep, the parts of the brain that process feelings (i.e., the amygdala) and memories (i.e., the hippocampus) are both very active and firing off signals.
- We also know that the part of the brain that does the thinking and planning (the frontal lobes) gets to take a break . . . mostly.
- One idea for why dreams happen is that the part of the brain that plans and thinks is half-asleep but still picks up some of the signals being fired by the feeling and memory parts of the brain. The thinking part of the brain tries to shape the signals into some sort of story. However, the story in the dream often does not make much sense when we think about it in the morning.
- This is why you can sometimes link your dream to something that happened recently or to intense emotions or pieces of old memories.

- Dreams are a normal part of sleep that helps us with emotion and memory processing.

Researchers have come up with a few reasons why nightmares start. We'll talk about two theories of how nightmares develop.

Emotional Processing / Trauma Processing

The first theory is that a nightmare is your mind's way of trying to process trauma-related information. Nightmares are one of the intrusive symptoms of PTSD.

- Another way to think of it is that the memories of the trauma are not worked through the right way or stored in the brain properly. The mind may be trying to work through this information. This might happen during the day through flashbacks and thoughts that pop into your mind, and at night through nightmares or bad dreams.
- Nightmares may be the mind's way of trying to process parts of your thoughts or feelings about the trauma.
- Remember vinyl records, and how they sometimes skip? The record player gets hung up on one spot but keeps trying over and over to play at the same place. Or, have you ever updated your smartphone, laptop or other device and it got caught in a cycle or rebooting? The device just keeps refreshing or restarting over and over.
- In the same way, having nightmares may be your mind's way of trying to get control over those parts of the trauma or what happened afterward. However, something is stuck and it is not working right, or you would not still be having nightmares.
- Because the memories, feelings, and images from traumatic events are intense, they are easy for the brain to access to include in the dream story. Over time, this can also become a habit for the brain.
- Nightmares may also reflect important issues related to trauma that have not been worked through. These might be issues that you see show up in other areas of your life (e.g., feelings of powerlessness, feeling bad about yourself, not feeling safe, not wanting to be close to other people, or trust).
- Because we wake up from nightmares, the storyline does not have the chance to end. Also, because the thinking part of our brain is largely shut down when nightmares occur, very little new information or new ways of thinking can impact the nightmares. This may be why many people having the same nightmare, or the same type of nightmares, over and over. When awake, people tend to avoid thinking about the nightmare, again preventing the opportunity for new information, perspectives, and thoughts to impact what we are dreaming about.

Mood Matching

The second theory of nightmare development is mood matching.

- Dreams and nightmares may be stories for our emotions (e.g., fear, terror, guilt). If you go to sleep feeling nervous, your brain may make a story in which you feel nervous. If you feel a lot of stress as you're falling asleep, then your mind may give you an upsetting story to dream.
- To look at a different example, you might choose to listen to music based on how you feel. If you feel angry, you might listen to loud rock, rap, or dub step. On the other hand, if you feel mellow, you might listen to country, R&B, jazz, or pop. You match the music

to your mood. You listen to a different type of music when you are getting a massage versus when you are working out.

- Your mind may also pull in information from your current life into your dreams. This helps to explain why your dreams or nightmares might change over time. You might see your family pop into dreams about trauma, or a traumatic event happens at your current job.

Why Are You Having Nightmares?

Which of these theories do you think fits best with your experience?

Understanding of nightmares can help us feel some control over something that often feels random and uncontrollable.

RELAXATION SKILLS

Stress and nightmares can trigger the nightmare cycle, which have an impact on sleep:

- Stress leads to physical arousal.
- Physical arousal stops sleep and may increase the chance of having a nightmare.
- Not sleeping can increase stress, restarting the cycle.

Since stress can impact sleep, it is important for you to learn how to:

- Help stop your body from getting tense at bedtime and
- Relax your body.

This section will focus on helping you learn a relaxation skill for these goals.

- Even without specific skills, we often try to relax by doing an activity we find relaxing (e.g., exercise, reading, listening to music, hobbies, taking a walk, watching TV, fishing).
- These methods require special things (e.g., a TV, fishing rod, book. etc.), a large amount of time (an afternoon to fish, an hour to watch a TV program), or a special setting (TV room, a river).
- The relaxation skill we are going to teach you does not require any special things.

Have you heard of relaxation techniques before or even tried them?

- In the military, infantry learn that they need good, careful breathing patterns to keep relaxed when shooting a weapon and to time the shots with the breathing pattern for good aim.
- Athletes focus on breathing and imagery to perform at the highest level. When shooting free throws, NBA basketball players close their eyes, visualize their shot, and take a deep breath to enhance the energy in the body.



Troubleshooting: Beliefs or Worries About Relaxation

- Many people report something like: “I tried one of those relaxation apps a few nights, but it did not help.”
 - There are two reasons why it might not have helped:
 1. Trying relaxation in isolation, instead of while also following the other helpful habits we have discussed.
 2. Not getting adequate training in the skill or enough **practice** to get good at it.
- Sometimes people who live in objectively unsafe neighborhoods find it challenging to “relax” or feel like they should not relax.
 - This is very understandable. We know that our bodies have a hard time when we are “on guard” all of the time. Your body is already very prepared to be alert.
 - Now, we need to train your body to know how to relax.
 - Practicing relaxation is not the same as accepting or being okay with your situation, but it could offer you a way to care for yourself even during difficult life situations.
 - Practicing relaxation can also help you to get more quality sleep so you feel rested and can face challenges that may show up during the day.



- Some providers have concerns that active-duty military personnel or veterans will perceive relaxation training as “cheesy,” “wimpy,” or “soft.” In these cases, it can be helpful to talk about relaxation as a “performance enhancement strategy” or as “tactical breathing” with related examples:
 - Infantry learn that they need good, rhythmic, careful breathing patterns to help keep relaxed when shooting a weapon and to time the shots with the breathing pattern for increased accuracy.
 - Professional athletes focus on breathing and imagery to perform at the highest level possible. When shooting free throws, NBA basketball players close their eyes, visualize their shot, and take a deep breath to enhance the energy in the body.
- It can also be helpful to explain that when there is an objectively dangerous situation, you want to have a stress reaction with as much energy as possible. Between dangerous situations, relaxation training is an energy conservation strategy.

PROGRESSIVE MUSCLE RELAXATION (PMR) WITH GUIDED IMAGERY

[The Relaxation Script below takes 8-10 minutes. Additional longer scripts and media files are included in the Resources.]

- PMR and Guided Imagery are tools that can help people relax. In progressive muscle relaxation, you control muscles in your body by tightening and then releasing muscles. Muscles “rebound” to be more relaxed.
- Only tense your muscles a third or a half of the maximum tension. The tension should NOT cause pain.
- Relaxation also involves breathing deeply, slowly, and regularly. In guided imagery, you will paint a pleasant picture in your mind’s eye. Similar to mind. Like how athletes

enhance their body's performance by visualizing imagine their performance, you can visualize imagine relaxing scenes to enhance your body's relaxation response. relax.

- Before we discuss the skill, let's go over a few key points of how to be successful.
 - Remember that relaxation is a skill. It may feel unnatural or awkward at first, but with practice it should be easier.
 - You cannot force yourself to relax. Trying really hard will only work against you.
 - As you do the exercise you may feel tingling, floating, warmth, or sleepiness. This is normal. A small percentage of people become more anxious as they become more aware of everything going on in their body. If you find yourself becoming more anxious or feeling out of control, remember that this is normal; it may just take you a little more time to become comfortable with relaxation.
 - Distraction is normal. If you find your mind wandering, gently bring your thoughts to the task. With practice you will find that your mind will wander less and less and that you will be able to become deeply relaxed. Repeating a word or phrase (e.g., "relax") to yourself may help you keep your thoughts focused on relaxing

[Before you begin:]

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 an audio media file or read the script below.]

Progressive Muscle Relaxation (PMR) With Guided Imagery: Script 1

- Settle into your chair with your arms at rest.... Your feet flat on the floor.... Now gently close your eyes or, if that is uncomfortable, focus your gaze on a neutral spot on the floor or wall.... Take three slow deep breaths and take about twice as long to exhale as you take to inhale.... Notice the soothing flow of air into and out of your lungs and diaphragm... ok, good...
- Now, let's begin by you making a tight fist with both of your hands... if your nails are long, just turn your fingers under and put them on the outside of your palm and press... notice the tension in the muscles of your hands... notice the tightness... study this.
- Now, let go of the tension and relax those muscles. Notice the difference between the relaxation that you feel now in those muscles and the tension that you felt only a moment ago. Ok, now let's do that again... make sure when you tense your muscles that you tense only those muscles and not other muscles in your body. You are making a tight fist now with both hands... study the tension in those muscles... now let go and relax... notice the sensations of relaxation that are so much greater now. Just let your hands be completely loose and limp.
- Next, tense your biceps and only your biceps, just like you're showing off your muscles. Bringing your arms up and flexing your muscles... study the tension you feel in each of your upper arms... your left arm... your right arm... notice these sensations... now notice the difference as you relax, let go of the tension... and notice the difference.
- Now, the next muscles involved are the shoulders and the upper part of the back. Simply extend your arms in front of you and pull your shoulders forward, stretching them forward. Notice the tension in your shoulders and upper back... study this. Notice these sensations. Now be very aware of the difference as you let go completely and relax these

muscles... Settling back into the chair. Noticing the heavier, warmer feeling in these relaxed muscles.

- Now, push your shoulders back. Do this by simply leaning forward slightly and moving your arms back to push your chest out. Notice the tension in your shoulders and notice the difference as you relax those muscles. Just let go of all the tension now and relax.
- The next series of exercises involve the neck muscles. These muscles are easier to strain than most, so tense only enough so that you can feel the muscles tighten, but not hard enough to hurt yourself.
- Tilt your head to the left... feeling a tightness in the muscles on the right side of your neck... notice the difference now as you let go of that tension... just relax... Now, tilt your head to the right... again, become aware of the tightness in the muscles on the left side of your neck... and now completely let go and relax those muscles... You are continuing to breathe deeply and slowly... in and out...
- Now let's move to the muscles of your face. Push your lips together as hard as you can... again, notice the tightness in the muscles around your mouth... and now let go totally and relax these muscles...
- Now close your eyes tightly, tensing the muscles around your eyes... concentrate on the tension and notice the difference as you relax the muscles around your eyes... release all the tension there...
- And now tense the muscles of your forehead, by raising your eyebrows... notice the tense sensations... and now... relax... As you did earlier, you are taking slow, deep breaths, taking about twice as long to exhale as you do to inhale. On your next inhale, think the word "peaceful," and as you exhale, think the word "calm"... ready... peaceful, calm... peaceful, calm... peaceful, calm...
- The next muscles I would like for you to tense are the muscles in your stomach. Without changing your slow pattern of breathing, pull your stomach in and notice the uncomfortable tightness of the muscles in your stomach... Now at the same time that you are exhaling, let go of that tension and relax... now, tense your stomach muscles by pushing your stomach out... continuing to breathe and noticing the tightness there... and at the same time that you exhale, relax those muscles. Notice the sensations... warmth, heaviness, relaxation in your midsection...
- Now, focus your attention on your thighs. Tighten the muscles by extending your legs in front of you and raising them just slightly in the air... focusing on the knots of tension in your thighs, its uncomfortable... but now, notice the difference as you exhale and let go of that tension. Just lower your legs and completely relax. You can feel the warm flow of relaxation moving through your thighs.
- Now, point your toes back toward your head so that the muscles around your ankles and calves become tense... notice the hard tightness in your calves...and while exhaling, release that tension and relax...
- Now, point your toes away from you and again, sense the tension in your feet and lower legs... while exhaling, let go of that tension and relax...
- Now, you will deepen the level of relaxation you feel throughout your entire body by taking three or four smooth, deep breaths and feeling the relaxation flow through your body from your arms to your shoulders... up through your neck, your head... down your chest...through your midsection... your legs... each deep and complete inhale and exhale will increase the depth of relaxation... allow yourself to become aware of any slight tension that you might feel in any muscle of your body. Simply tense that muscle and release the tension as you've done before...[LONG PAUSE]... let yourself enjoy the

warm heaviness of relaxation flowing through your body, becoming more relaxed, sinking into the chair, feeling peaceful and calm, contented...enjoying the very pleasant feelings... You can use your breathing to enhance your relaxation even more... sinking more comfortably and deeply into relaxation... each time you exhale, you sense more tension leaving and more calm, peaceful feelings flowing into your body [LONG PAUSE].

- And now, you will use your imagination, your mental imagery, to paint a pleasant picture in your mind that will make you feel even more calm, content, and relaxed... In your mind, place yourself in a springtime scene either on the beach, or in the mountains, or in the countryside, whichever you'd really like...this can be a pleasant place you have been before or a place that you can imagine... begin to paint your mental picture very vividly... experience your pleasant scene as if you are really there...it's very safe and peaceful... you hear the birds singing... you see the colors... you see nature around you... you feel the soothing warmth of the sun... on your skin, you feel a gentle, caressing breeze that envelops your body in a very calming and comfortable way... enjoy your pleasant scene... not a worry in the world... nothing to do... but simply relax... feeling so relaxed and pleasant... you're giving way totally to the experience...[VERY LONG PAUSE – 2 TO 3 MINUTES]
- Now, in your mind's eye, picture a small circle of your favorite color, located in the center of your body, filling this circle is your inner experience of a feeling of well-being, contentment, and satisfaction. Using your slow, soothing breathing, you can make your circle grow and fill you more and more with your very real feeling of contentment and satisfaction. As you exhale, let the circle expand... as the circle expands, the feelings of satisfaction and contentment spread and radiate throughout your body. Allow the feeling to grow, to spread, to fill your experience... more and more as you breathe in and out... very calm, and content...[VERY LONG PAUSE]
- Very gradually, as I count backwards from 10 to one, this exercise will end. I want you to feel yourself feeling refreshed...10...9...8...feeling relaxed...7...6...5...feeling ready for the next part of your day...4...3...2...1... I hope you have deep, pleasant, feelings of well-being now.

[When finished:]

Great, now tell me again how tense you feel on the same 0–100 point scale.

[Make a note of response.]

How was that for you? Any difficulties?



Troubleshooting: Relaxation Practice

- **Practice.** Even if it's hard at first, it will get easier and more automatic over time.
- **Be patient.** Although relaxation sounds like it should be easy to do, these exercises take practice. It is important that you feel comfortable with this type of breathing before you move on to the guided breathing exercise.

TRACKING RELAXATION IN THE SLEEP DIARY AND NIGHTMARE LOG

Use the Sleep Diary and Nightmare Log to keep track of your relaxation practice and progress developing these skills. Practice once during the day and once as part of your bedtime routine. You can also use relaxation if you wake up during the night. If you fall asleep while doing the relaxation at bedtime, that's great! There is no need to wake up to fill out the log right away.

When and where will you practice relaxation between now and the next session?

SESSION 2 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 in bed, 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>
 - You can use other relaxation materials. It is recommended that relaxation practice be at least 10-15 minutes and include some element of guided imagery.

REMINDER: Consider scheduling a 90-minute Session to complete Nightmare Exposure (Session 3) and Rescription (Session 4) in a single session, if possible.

Checklist for Session 3: Targeting Nightmares, Part 1

- ☐ **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)
- ☐ **Targeting Nightmares** (25 minutes)
 - Facing the Nightmare
 - Write Nightmare Out
 - Read Nightmare
 - Process Nightmare
 - Alter Nightmare Themes
- ☐ **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, and record your practice on the Sleep Diary and Nightmare Log.

SESSION 3: TARGETING NIGHTMARES, PART 1

[*REMINDER: Consider scheduling a 90-minute Session to complete Nightmare Exposure (Session 3) and Rescription (Session 4) in a single session, if possible.]

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 if needed. Then we will discuss ways to address your nightmares.

REVIEW SLEEP DIARY AND NIGHTMARE LOG AND DISCUSS CHANGES TO SLEEP HABITS

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

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

Develop New Sleep Plan (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 (This section is repeated from prior session)

- 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

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.**]

Today, we'll review your Sleep Diary and Nightmare Log and change your sleep routine if needed. We will discuss ways to address your nightmares.

TARGETING NIGHTMARES, PART 1

FACING THE NIGHTMARE

Because nightmares are stressful, many people try not to talk or think about them. Trying to avoid nightmares is very common. This may seem like it is helpful because it gets rid of stress, but it can make problems worse in the long run.

[Remind patient of examples they may have provided.]

- Dealing with fears by facing them is one of the very oldest types of therapy.
 - What do most people say you should do if you fall off a bike?
 - How might a child feel after they fall off a bike and then get back on?
 - What do most parents tell their children to do? Why?
 - How have you overcome a fear in the past?

- What we are going to do today is very similar.

- Today, you will take a big step toward facing the nightmares by writing out your nightmare. This will take back power from the nightmare.
- You will do this in session, so I will be here to support you.
- First, we will review guidelines for writing the nightmare and some examples.

WRITE THE NIGHTMARE OUT

There are a few guidelines to keep in mind:

- It is important to think about your most upsetting nightmare.
- Does that nightmare come to mind?
- It is not always clear which nightmare is the most upsetting. Consider which nightmare you have the most often, or a recent nightmare that was upsetting, that you can clearly remember, or that leads to the most sleep loss or distress the next day.

[Show the patients these guidelines or write them on a board]

- Write in present tense (e.g., “It is dark” or “We are bumping along”).
- Write in first person (e.g., “I am going” or “I see the blood”).
- Use sensory details. What are you seeing? Smelling? Tasting? Temperature? Lights? Sounds? The more details, the more vivid it will be, which will be helpful in the next step of rescripting the nightmare. Try to make the image as clear as possible.
- Try to write down as much of the nightmare as you can.
- Be sure to include the beginning, middle, and end.

[Read one example nightmare]

Nightmare Example 1: Sexual Assault Survivor

“I walk into the room. It is very loud and there are people everywhere. The decorations are all green and everyone is dressed in green and gold. I am looking for my friends in the throng of people. A guy I know from the office approaches me. He is clearly drunk and swaying while he hands me a drink. I ask him if he’s seen Susan or Rose. He does not answer, pulling me into the middle of the room and tries to dance with me. There is so much noise – people laughing, music – I start to feel disoriented. I pull away and head to a different room. I see Susan and Rose across the room and call out to them. I start toward them when the guy grabs my arm and pulls me out of the room. We are in a room alone. I am scared and feeling ill and tell him I have to leave. He pushes me down. I scream and wake up.”



Nightmare Example 2: Service member who deployed after 9/11:

“I am headed toward the shower, looking forward to a brief break from the stench. A call comes for us to report for a mission. I’m not sure what’s up, and I can feel my stomach clench. There’s a sour taste in my mouth. We get a bare-bones briefing and mount up. I have this nagging feeling that something is wrong, but there’s nothing to do but roll on. I’m in the back, sweating. Jones is on gunner. The sweat trickles down my back as I feel the truck slow down. I can taste diesel and I hear the foreign nationals outside. My heart speeds up. Something bad is coming—we need to keep moving. I shake my head. I know I’m dreaming—I can feel my weapon, feel the sweat drip down

my back, but I'm in motion, and I cannot stop what I'm doing. My body is on autopilot. At the same time, I can see myself like I'm watching TV, watching death march in my direction. The truck stops and I hear Jones, shouting. I hear "IED! IED!" and then, BOOM! There's ringing in my ears and my vision is pulling in and out, distorting. I look right and see blood everywhere. I realize there are pieces of our translator on me. I smell burning flesh and fuel. I look for Jones. He's knocked out, bleeding, but I cannot see where from. My vision turns red and my eyes burn. I realize there's blood in my eyes. Is it mine? I hear the volley of gunfire starting—behind us, to both sides. I hear my heart whooshing in my ears and then my vision starts to fade, first grey, then black. I am useless."

What questions do you have about writing out your nightmare based on this example?

WRITE NIGHTMARE OUT

You'll have about ten minutes to write **[allow more time if feasible]**.

Before you begin, rate how tense/upset you feel on a 100-point scale, with 0 = completely and deeply relaxed throughout your body, and 100 = extremely tense throughout your body. [Make a note of response.]

[If needed.] Sometimes people feel like the nightmare is real or the trauma is happening all over again. It is NOT happening again. It is a dream. It is not real and it cannot hurt you. Remind yourself that it is not real and that you are safe. Look around and describe what you see. This can help you to have more control over your feelings about the nightmare. You are not alone. I will be here in the room for support but will be focusing on something else to give you space to write.

SUDS Rating: How tense/upset do you feel before writing out the nightmare (0-100)	
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[Have patient write out the nightmare.]

- **Stay in the room but avoid being on a phone or on a computer while the patient writes.**
- **[If needed.] Offer encouragement without interfering with the process.**
 - *For example, I know this is hard, but you can do it.*
- **Allow the patient to have ten minutes or more time if feasible.**
- **Consider setting a timer, perhaps in the patient's view if that would be helpful for the patient.**
 - **Give the patient reminders when time is running low, without pressuring them.**
 - **Allow them to finish if they need a few more minutes.**

SUDS Rating: How tense/upset do you feel after writing out the nightmare (0-100)	
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[If needed.] You may feel more upset after writing the nightmare. This is normal. The first few times you do something you are afraid of, you may feel some fear. Try not to let this bother you—it will go away. The more you talk, write, read, or think about the nightmare, the less upset you will feel.

READ NIGHTMARE

Now that you have written out your nightmare, the next step will be for you to read your nightmare out loud. Reading your nightmare out loud may seem stressful, but this will give you another way to face your nightmare and take back your control. This time, it's on your terms. It may also help you to feel less alone to share the nightmare with a supportive person.

[Listen for themes (e.g., safety, power/control, intimacy, trust, esteem) in order to facilitate theme identification in this session. It is okay to empathize with how terrible the nightmare is, but focus on the nightmare and not the trauma, even if the nightmare is very similar. It is very important at this point to differentiate the nightmare from the trauma itself.]

As you read your nightmare, be on the lookout for any of the following themes in your nightmare.

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

Congratulations! This was probably the hardest part of the therapy! You faced the thing that has been bothering you. You are already taking back your power and increasing the control in your life. Now you've read your nightmare out loud.

SUDS Rating: How tense/upset do you feel after reading the nightmare (0-100)	
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PROCESS NIGHTMARE

As you read your nightmare, did you notice any of the following themes mentioned above in your nightmare?

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

CHANGE THE NIGHTMARE THEMES

Now that you have written out and read your nightmare, it is time to make some changes!

- 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 changed dream script—is to give your mind a different direction to go in during the night: different images, storylines, and emotions. This is like the way athletes imagine 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 it involves learning. When nightmares happen over and over for more than 1 month, the nightmare patterns become the automatic, or “default” dream pattern. Creating and repeating new dream scripts that are not bothersome during the day can reverse the old, bothersome dream pattern.
- What we have found is working with the nightmare in a safe environment will give you a chance to have more control over the nightmare. The changed version of the dream will also show your ability to control what happens in the dream.
- Imagery can be very powerful, and you may have many images stuck in your mind. You can learn to use imagery to help you master those negative images.
- One of your assignments this week will be to *brainstorm ways you will change your nightmare*. You can change any part you want—the beginning, the middle, or the end—as long as it targets the idea/theme you noticed. If you noticed several of the themes in your nightmare, it may be helpful to pick one or two to focus on for the next part of the treatment.
- For the treatment to work, your new dream needs to have some kind of connection to the nightmare. Here are some ideas that others have found worked well for them:
 - **Power-focused ideas:** more or better weapons, size change, rank change, control of time, control of environment.
 - **Safety-focused ideas:** body armor, physical cover, additional exits, change injury location/type, night vision, scopes, advance warning, prophetic dream/bad feeling, support person, law enforcement, ability to fly/teleport/be invisible. You can also

consider changing/reducing the intensity of what happened—i.e., turning down the volume of what happened, or making a PG-13 version of what happened.

- **Intimacy-focused ideas:** add in a trusted friend, have a battle buddy, increase honesty, emotional honesty.
 - **Trust-focused ideas:** being believed, leadership following through, promises kept, consistent rules and punishment, added security, making multiple copies of items, conversation changes or adding conversations you wish would have happened.
 - **Esteem-focused ideas:** act in a way that is in line with your beliefs, recognition from others, different/better training, honoring the dead/injured, result is a different ending, “spirit or ghost discussion” (can talk with someone who is dead/knocked out).
- Imagining yourself taking an active role in the new dream can be important.
 - As you think about how to change your nightmare, try not to judge your ideas immediately. Write down any ideas you have on the log in your packet.
As you think about changing your nightmare, it may feel strange or even “untrue.” If that happens, it’s okay! That is a sign that it is different from the old nightmare. We want to develop a “new” habit, so it may feel different at first. Some changes in nightmares are mild and realistic, and some are “wild and wacky.” Believe it or not, both can provide you with some relief.
 - The changes we make in dream scripts are aimed to give you an increased feeling of control over the nightmare and its content, or to help you to complete the dream in a more comfortable way.

Let’s look at an example first.

[Read most relevant example rescription; underlined sections indicate where the dream has been changed. Additional rescription examples are included in the Appendixes.]

Rescription Example 1. Sexual Assault Survivor

Target Themes: Power, Intimacy, Safety

“I walk into the room. It is very loud and there are people everywhere. The decorations are all green and everyone is dressed in green and gold. I am looking for my friends in the throng of people. A guy I know from the office approaches me. He is clearly drunk and swaying while he hands me a drink. I quickly text Susan and Rose our code phrase to indicate that I need help. This guy grabs me and pulls me into the middle of the room and tries to dance with me. There is so much noise – people laughing, music – I start to feel disoriented. I realize that a song I know is playing. It is “Thriller” by Michael Jackson. As it plays, this guy does the classic dance with his arms out and marches toward me, but suddenly the song stops and this guy freezes In place. Now I see Susan and Rose enter from across the room. They are wearing tan jumpsuits with proton packs on their back. A new song starts to play instead, and it is “Ghostbusters” from the classic movie. Susan and Rose walk up to me and hand me their extra proton pack. I position it on my back. I look at this guy still frozen. I am no longer alone. I am no longer afraid. I have the power. I look at my girls and say our code phrase from before, “Who you gonna call?” They shout in response, “Creepbusters!” We blast this guy with our proton packs and use them to capture him in the creep box. We toss the creep box into a side room and go back to the party.

The next song comes on, and it's "Girls just want to have fun" by Cyndi Lauper. I scream with joy! Susan and Rose hold my hands as we walk on the dance floor, and I've never felt so strong."



Rescription Example 2. Service member who deployed after 9/11:

Target Themes: safety and power/control

"I am headed toward the shower, looking forward to a brief break from the stench. A call comes for us to report for a mission. I'm not sure what's up, and I can feel my stomach clench. There's a sour taste in my mouth. We get a bare-bones briefing and mount up. I have this nagging feeling that something is wrong, but there's nothing I can do but roll on. I realize that I am in a dream. I look down at my hands. I feel my weapon just like I do every night. I have to take back control of this dream. I concentrate on my senses. I feel the vehicle rumbling. I feel my weapon in my hands. I can feel these things. If I can feel these things then I am here. If I am here then I can control them, I think to myself. I call for the vehicle to stop. This is different. I know that I have more options and I decide to take action. I roll up my sleeve to discover the high-tech wristband I have received. I push a button and activate a giant force field that surrounds our convoy. I hear the driver yell "IED," and there is a loud boom but we all know we are safe. The debris from the explosion bounces off the force field like rain. The smoke clears and no one was hurt. Next I look to the sky, and I call for the end of the night. The sun rises and with its rays, the buildings around me crumble to dust, then the mountains. Soon a plane of nothingness stretches out before me as far as I can see. Grass starts first, shooting up around me, followed by flowers and shrubs. Finally, massive trees burst from beneath, showering me with dirt that gently falls off. A soft trickle gently rises to a quiet roar as a stream rushes past and into existence. I sit here and I know I am safe!"

Remember, looking for the idea(s) and making them part of your changed dream can make you feel more in control.

[If time allows and it would be helpful, read other rescription examples from the Appendixes.]

What questions or concerns do you have at this point?



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.

DEEP BREATHING RELAXATION

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

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

SUDS Rating: First, tell me how tense you feel on a scale of 0–100, with 0 = completely and deeply relaxed throughout your body, and 100 = extremely tense throughout your body.	
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[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 how tense do you feel on the same 100-point scale, with 0 = completely and deeply relaxed throughout your body, and 100 = extremely tense throughout your body.	
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[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.

SESSION 3 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.

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

[Consider scheduling Rescription as soon as is feasible]

Checklist for Session 4: Targeting Nightmares and Deep Breathing, Part 2

- ☐ **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)
- ☐ **Nightmare Rescription** (25 minutes)
 - Come Up With Rescription Ideas
 - Rescript Nightmare
 - Read Rescripted Dream
 - Process Rescription
- ☐ **Deep Breathing** (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, and 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.

SESSION 4: TARGETING NIGHTMARES, PART 2

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

REVIEW SLEEP DIARY AND NIGHTMARE LOG AND DISCUSS CHANGES TO SLEEP HABITS

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

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

Develop New Sleep Plan (5 minutes)

- Let's update your "New Sleep Plan"
- Are there any habits that you feel are 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

Were you able to practice your relaxation techniques last week?

- Review relaxation practice on the sleep log.
[Troubleshoot and encourage if necessary.]
- Remember, this is like learning any new skill; it takes practice to get good.

GENERATING NIGHTMARE DESCRIPTION IDEAS

Today we are going to work on changing your nightmare.

For practice, you were asked to think about ways to change your nightmare. . Another word for changing or rewriting your nightmare is “Rescripting”.

- What changes are you considering making?
 - How do these changes address the themes we discussed from your nightmare?
- [Review Rescripting Examples from previous session if needed.]

RESCRIPT THE NIGHTMARE

Now you will have time to write out your new dream:

- Remember to write your changed dream like it is happening right now.
- Use first person.
- Use all your senses (smell, touch, taste, feel, hear), and use as many details as possible.
- You can make changes to the beginning, middle, or end as long as there is at least some connection between the nightmare and the new dream.
- We are going to focus on changing one or two themes within the nightmare.
- It may also be helpful for you to take an active role in the rescripting.
- Here are some ideas that others have found worked well for them:
 - **Power-focused ideas:** more or better weapons, size change, rank change, control of time, control of environment.
 - **Safety-focused ideas:** body armor, physical cover, additional exits, change injury location/type, night vision, scopes, advance warning, prophetic dream/bad feeling, support person, law enforcement, ability to fly/teleport/be invisible. You can also consider changing/reducing the intensity of what happened—i.e., turning down the volume of what happened, or making a PG13 version of what happened.

- **Intimacy-focused ideas:** add in a trusted friend, have a battle buddy, increase honesty, emotional honesty.
- **Trust-focused ideas:** being believed, leadership following through, promises kept, consistent rules and punishment, added security, making multiple copies of items, conversation changes or adding conversations you wish would have happened.
- **Esteem-focused ideas:** act in a way that is in line with your beliefs, recognition from others, different/better training, honoring the dead/injured, result is a different ending, “spirit or ghost discussion” (can talk with someone who is dead/knocked out).

SUDS Rating: How tense/upset do you feel before writing out the rescription (0-100)?	
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[Make a note of response.]

[Have patient write out the rescription. Allow the patient to have about fifteen minutes (rescriptions are often shorter than exposures and need less time). Consider setting a timer in the patient’s view if it would be helpful for the patient. Give the patient reminders when time is running low, without pressuring them. Allow them to finish if they need a few more minutes.]

Congratulations!

SUDS Rating: How tense/upset do you feel after writing out the rescription (1-100)?	
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[Make a note of response.]

[Reinforce effort and progress. If the SUDS increased, consider revising the rescription to more fully address the themes.]

READ THE RESCRIPTED DREAM

- Now you will read your changed dream out loud.
- As you read your changed dream, pay attention to the differences between your old nightmare and this new, changed dream.
- Remember, looking for the ideas and making them part of your changed dream can make you feel more in control.

[Have patient read the rescripted dream out loud.]

SUDS Rating: How tense/upset do you feel after reading the rescripted dream (0–100)?	
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[Make a note of response.]

[If the SUDS increased, consider revising the rescription to more fully address the themes.]



Troubleshooting: Nightmare Rescriptions (This section is repeated from prior session)

- It is important for dream rescriptions to come from the patient. When in doubt, use what the patient comes up with, and do not be too quick to jump in and make suggestions. However, some patients can get stuck or the therapist may be unsure if the first rescription will be effective.
- It is important to reinforce progress made, wonder about how the rescription makes them feel, how it could be stronger or more meaningful, and to let the patient experiment with the rescription or possible additions to it over the next week.
- There will be opportunities to work on the rescription again in the next session.
- See section on “Troubleshooting: Nightmare Rescriptions” in Session 3 for additional tips.

INTRODUCE IMAGERY REHEARSAL

- 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. This is called imagery rehearsal.
- 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 like the way athletes imagine 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 can improve athletic performance. Imagining the new dream is a way of improving sleep performance.
- 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, you get through the new dream, before 10 minutes, repeat it again and again.
- You can also make a recording to listen to or read it over.

Practice Imagery Rehearsal in Session

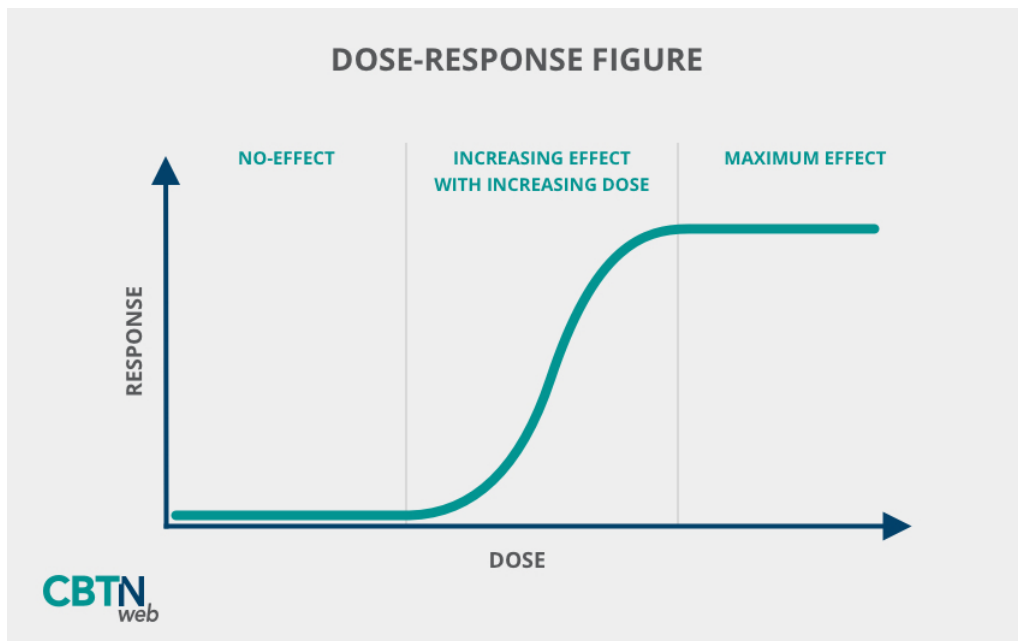
- Let's practice imagining the new dream now for a few minutes in session so you can get an idea of what this will be like. There are a few options for how we can do this.
 - I can read the dream to you while you close your eyes or focus on a neutral spot to imagine the new dream.
 - You can close your 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.
 - *What was it like for you to imagine the new dream?* **[Problem solve as needed.]**

[Practice imagery rehearsal for approximately 5 minutes.]

If you want to avoid practicing the new dream, it is important to talk about that. What could you do if you have the urge to avoid practicing your new dream? Let's make a plan to support the process of practicing imagery rehearsal.

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.

RELAXATION

[Practice either PMR script 1, PMR script 2, or audio recording or Deep Breathing depending on remaining time and patient preference.]

<p>SUDS Rating: 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.</p>	
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[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:]

<p>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.</p>	
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[Make a note of response.]

How was that for you? Any difficulties? [Troubleshoot.]

Before we move on, what questions do you have?

SESSION 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.

Checklist for Session 5: Targeting Nightmares Part 3

- ☐ **Review Sleep Diary and Nightmare Log and Changes to Sleep Habits** (5 minutes)
- ☐ **Develop New Sleep Plan** (5 minutes)
- ☐ **Nightmare Review** (30 minutes)
 - Option 1: Rescript Original Nightmare
 - Option 2: Work on Another Nightmare
- ☐ **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, and 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.

SESSION 5: TARGETING NIGHTMARES, PART 3, AND SLEEP HYGIENE

Today, we'll review your Sleep Diary and Nightmare Log and change your sleep routine as needed. We will review your progress working with your new dream. We may begin to work on a different nightmare.

REVIEW SLEEP DIARY AND NIGHTMARE LOG AND DISCUSS CHANGES TO SLEEP HABITS

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

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

Develop New Sleep Plan (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 (This section is repeated from prior session)

- 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

- Were you able to practice your relaxation techniques last week?
Review relaxation ratings on the Sleep Diary and Nightmare Log. [**Troubleshoot and encourage, if necessary.**]

IMAGERY REHEARSAL REVIEW

- [Review Practice Review included in Sleep Diary and Nightmare Log]
- Were you able to practice imagine your new dream?
- When and where did you practice did you rehearse the new dream?
- How much time did you spend each time?
- How did you rehearse the new dream?
- How did you feel before, during, and after imagining your new dream?
- Were you able to vividly imagine the new dream? Did you find yourself avoiding the rescription or getting bored?
- Did you notice any changes in your nightmares?
- Did you practice relaxation after each time you visualized your dream?



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

Patient avoided thinking about the new dream. This may be due to uncertainty about the reasons for doing it or anxiety that it will not help/make things worse.

- Try to determine the reason for the avoidance. If they are unclear or unconvinced about the rationale, it may be helpful to revisit some of the psychoeducation. Encourage them to experiment for a week and give it a try.
- If they are anxious and think it will make things worse, you can help brainstorm some additional changes.
 - Let's brainstorm some changes to the rescription today into something you feel more comfortable picturing.

The dream seems like it may be too different from the old nightmare.

- Did the new dream feel real enough to you?
- In what ways was your new dream the same as the old one? How was it different?
- Let's try adding a detail from the nightmare into the new dream to help your brain make a connection between the two.

The rescription did not address the theme enough or in a helpful way (e.g., used violence that led them to feel upset when imagining rescription). It can be helpful to have the patient specifically talk through where they made the changes and how it changed the theme. In particular, for power/control, it is important that the patient take an active role in addressing the situation. For safety, it is important that safety be long-term in the rescription, not temporary.

- How did you deal with the ideas in your new dream?
- Did the new dream focus on the ideas enough?
 - Safety; Feeling bad about yourself or others; Trust; Intimacy; Power/control
- Is your new dream meaningful to you in anyway?

The patient had trouble picturing the new dream.

- Were you able to picture the new dream clearly?
 - Try adding more sensory details like sounds, colors, smells, feelings, things in the environment.
- How do you feel when you imagine the new dream? Does your new dream bring up emotions that are different from the trauma?
 - Peace, acceptance, motivated, or even inspired instead of guilt or shame?
 - Safe and secure instead of fear?
- It is even ok to use humor in your new dream that makes you smile or laugh instead of dreading going to sleep.

The patient persistently declines to engage in rescription or imagery rehearsal.

- This is ok. Changing sleep habits, practicing relaxation, and exposure to the nightmare have all been shown to have positive impacts on sleep.

Options for Continue Nightmare Work

If the patient has not seen any changes in nightmare yet, work on the rescription again by writing a different version of the rescription. See **“Option 1: Rescript Original Nightmare”** section.

If the patient has only one nightmare and would like to create another rescription for this nightmare, work on the rescription again by writing a different version of the rescription. It is important to note, if the patient only has one nightmare and they feel the initial rescription worked well, this is not necessary. See **“Option 1: Rescript Original Nightmare”** section.

If the patient has seen significant changes in nightmares, they may want to complete exposure for a new nightmare. See **“Option 2: Work on Another Nightmare”** section.

Option 1: Rescript Original Nightmare Again

What changes could you make to the nightmare?

- Remember, you can make changes to the beginning, middle or end.
- It is helpful to focus on changing areas with theme related stuck points.
- Here are some ideas that others have found worked well for them:
 - **Power-focused ideas:** more or better weapons, size change, rank change, control of time, control of environment.
 - **Safety-focused ideas:** body armor, physical cover, additional exits, change injury location/type, night vision, scopes, advance warning, prophetic dream/bad feeling, support person, law enforcement, ability to fly/teleport/be invisible. You can also consider changing/reducing the intensity of what happened—i.e., turning down the volume of what happened, or making a PG13 version of what happened.
 - **Intimacy-focused ideas:** add in a trusted friend, have a battle buddy, increase honesty, emotional honesty.
 - **Trust-focused ideas:** being believed, leadership following through, promises kept, consistent rules and punishment, added security, making multiple copies of items, conversation changes or adding conversations you wish would have happened.
 - **Esteem-focused ideas:** act in a way that is in line with your beliefs, recognition from others, different/better training, honoring the dead/injured, result is a different ending, “spirit or ghost discussion” (can talk with someone who is dead/knocked out).

Rescript Nightmare

Now you will have time to write out your new dream.

- Remember to write your changed dream like it is happening right now.
- Use all of your senses (smell, touch, taste, feel, hear), and use as many details as possible.

SUDS Rating: How tense/upset do you feel before writing out the rescripted dream (0-100)?	
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. [Make a note of response.]

[Have patient write out the rescription. Allow the patient to have fifteen minutes. Consider setting a timer in the patient’s view if it would be helpful for the patient. Give the patient reminders when time is running low, without pressuring them. Allow them to finish if they need a few more minutes.]

SUDS Rating: How tense/upset do you feel after writing out the rescription (0-100)?	
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[Make a note of response.]

Nice work!

Read Rescripted Dream

Now we are going to have you read your changed dream out loud.

- As you read your changed dream, pay attention to the differences between your old nightmare and this new, changed dream.
- Remember, looking for the ideas and making them part of your changed dream can make you feel more in control.

[Have patient read the rescripted dream out loud.]

SUDS Rating: How tense/upset do you feel after reading the rescripted dream (on a scale of 0–100)?	
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[Make a note of response.]

- 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. This is called imagery rehearsal.
- 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 like how athletes imagine 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 can improve athletic performance. Imagining a new dream is a way of improving sleep performance.
- 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 you get through the new dream before 10 minutes repeat it again and again.
- You can also make a recording to listen to or read it over.

Practice Imagery Rehearsal in Session

- Let's practice imagining the new dream now for a few minutes in session so you can get an idea of what this will be like. There are a few options for how we can do this.
 - I can read the dream to you while you close your eyes or focus on a neutral spot to imagine the new dream.
 - You can close your eyes to picture the new dream.
 - You can read your dream to yourself quietly or out loud.

- The main point is 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.]

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?

Option 2: Work on Another Nightmare

The next few pages are for your written story of the nightmare.

Just like the last time, remember:

- It is important to think about your most upsetting nightmare.
- Write in present tense (e.g., “It is dark” or “We are bumping along”).
- Write in first person (e.g., “I am going” or “I see the blood”).
- Use sensory details. What are you seeing? Smelling? Tasting? Temperature? Lights?
- Sounds? The more details, the more vivid it will be. Try to make the image as clear as possible.
- Try to write down as much of the nightmare as you can.
- Be sure to include the beginning, middle, and end.

You'll have about ten minutes to write. **[Allow more time if feasible.]** Remember, if you start getting upset, that you are in a safe place, you are not alone, and it is only a dream.

SUDS Rating: How tense/upset do you feel before writing out the nightmare (0-100)	
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[Make a note of response.]

[Have patient write out the rescription. Allow the patient to have fifteen minutes. Consider setting a timer in the patient's view if it would be helpful for the patient. Give the patient reminders when time is running low, without pressuring them. Allow them to finish if they need a few more minutes.]

SUDS Rating: How tense/upset do you feel after writing the nightmare (on a scale of 0–100)?	
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[Make a note of response.]

You may feel more upset after writing the nightmare. This is normal. The first few times you do something you are afraid of, you may feel some fear. Try not to let this bother you—it will go away.

The more you talk, write, read, or think about the nightmare, the less upset you will feel.

Read Nightmare

Now that you have written out your nightmare, the next step will be for you to read your nightmare out loud. Remember to listen for different ideas/themes that may be in your nightmare:

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

[Have patient read the nightmare out loud. As the patient reads, make a note of themes you hear (e.g., safety, power/control, intimacy, trust, esteem) in order to facilitate theme identification in this session.]

SUDS Rating: How tense/upset do you feel after reading the nightmare (on a scale of 0–100)?	
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[Make a note of response.]

Process Nightmare

As you read your nightmare, did you notice any of the following themes?

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

Remember, these ideas you picked out are very important to keep in your mind as you make some changes.

DEEP BREATHING RELAXATION

Now that we have gone through the nightmare work, let's practice relaxation.

SUDS Rating: First, tell me how tense you feel on a scale of 0–100, with 0 = completely and deeply relaxed throughout your body, and 100 = extremely tense throughout your body.	
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[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 how tense do you feel on the same 100-point scale, with 0 = completely and deeply relaxed throughout your body, and 100 = extremely tense throughout your body?	
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[Make a note of response.]

How was that for you? Any difficulties? [Troubleshoot.]

Before we move on, what questions do you have?

SESSION 5 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.
- **Option 1:** 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 you get through the new dream before 10 minutes, repeat it again and again.
 - You can also make a recording to listen to or read it over.
- **Option 2:** Start thinking about and making notes of ways to change your new nightmare using the instructions and examples in your packet.

Checklist for Session 6: Putting It All Together and Planning for the Future

- ☐ **Administer Self-Report Measures of Nightmares and of other applicable outcomes**
(e.g., depression, insomnia, PTSD, anxiety, etc.)
- ☐ **Review Sleep Diary and Nightmare Log and Changes to Sleep Habits** (5 minutes)
- ☐ **Develop New Sleep Plan** (5 minutes)
- ☐ **Nightmare Review** (5 minutes)
- ☐ **Relaxation** (5 minutes)
- ☐ **Reviewing Progress in Treatment** (25 minutes)
 - Developing Flexibility in Your Sleep Habits
 - What to do if Insomnia Returns
 - What to do if Nightmares Return or Continue
- ☐ **Assign Home Practice** (5 minutes)
 - Continue following your “New Sleep Plan”
 - Track sleep as needed
 - Practice relaxation exercises as needed
 - Write and rescript nightmares as needed

SESSION 6: NIGHTMARE RESCRIPTION OR PROBLEM SOLVING

Today, we'll review your Sleep Diary and Nightmare Log and change your sleep routine as needed.

[Option 1: Original nightmare rescription]

Then we will discuss how the nightmare practice went over the last week and or,

[Option 2: New nightmare introduced]

We will rescript your new nightmare. Then we will discuss where to go from here now that this treatment is ending.

REVIEW SLEEP DIARY AND NIGHTMARE LOG AND DISCUSS CHANGES TO SLEEP HABITS

Let's 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 (This section is repeated from prior session)

- 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

Were you able to practice your relaxation techniques last week?

Review relaxation ratings on the Sleep Diary and Nightmare Log. **[Troubleshoot and encourage, if necessary.]**

REVIEW SELF-REPORT MEASURES

Let's look at your self-report measures and review progress. **[Review the patient's following self-report measures by displaying line graphs to show symptoms over time.]**

- Nightmare frequency
- Nightmare severity
- Insomnia Severity Index (if applicable)
- PTSD Checklist for DSM-5 (PCL-5; if applicable)
- Depression measure (if applicable)

NIGHTMARE REVIEW

Option 1: If Patient Rescripted Original Nightmare in Session 5, Review Original Nightmare Rescription Again

- Were you able to practice imagery rehearsal of your rescripted dream?
[Troubleshoot and encourage, if necessary.]
- Did you notice any changes in your nightmares?
[Troubleshoot and encourage if necessary.]
- Did you practice relaxation after each time you visualized your dream?
[Review relaxation log.]
[Troubleshoot and encourage if necessary.]



Troubleshooting: Imagery Rehearsal Practice

(This section is repeated from prior session)

Patient avoided thinking about the new dream. This may be due to uncertainty about the reasons for doing it or anxiety that it will not help/make things worse.

- Try to determine the reason for the avoidance. If they are unclear or unconvinced about the rationale, it may be helpful to revisit some of the psychoeducation. Encourage them to experiment for a week and give it a try.
- If they are anxious and think it will make things worse, you can help brainstorm some additional changes.
 - Let's brainstorm some changes to the rescription today into something you feel more comfortable picturing.

The dream seems like it may be too different from the old nightmare.

- Did the new dream feel real enough to you?
- In what ways was your new dream the same as the old one? How was it different?
- Let's try adding a detail from the nightmare into the new dream to help your brain make a connection between the two.

The rescription did not address the theme enough or in a helpful way (e.g., used violence that led them to feel upset when imagining rescription). It can be helpful to have the patient specifically talk through where they made the changes and how it changed the theme. In particular, for power/control, it is important that the patient take an active role in addressing the situation. For safety, it is important that safety be long-term in the rescription, not temporary.

- How did you deal with the ideas in your new dream?
- Did the new dream focus on the ideas enough?
 - Safety; Feeling bad about yourself or others; Trust; Intimacy; Power/control
- Is your new dream meaningful to you in anyway?

The patient had trouble picturing the new dream.

- Were you able to picture the new dream clearly?
 - Try adding more sensory details like sounds, colors, smells, feelings, things in the environment.
- How do you feel when you imagine the new dream? Does your new dream bring up emotions that are different from the trauma?
 - Peace, acceptance, motivated, or even inspired instead of guilt or shame?
 - Safe and secure instead of fear?
- It is even ok to use humor in your new dream that makes you smile or laugh instead of dreading going to sleep.

The patient persistently declines to engage in rescription or imagery rehearsal.

- This is ok. Changing sleep habits, practicing relaxation, and exposure to the nightmare have all been shown to have positive impacts on sleep.

Rescript Original Nightmare Again

[as needed; if not, spend more time on reviewing progress and relapse prevention]

What changes could you make to the nightmare?

- Remember, you can make changes to the beginning, middle or end.
- It is helpful to focus on changing areas with theme related stuck points.
- Here are some ideas that others have found worked well for them:
 - **Power-focused ideas:** more or better weapons, size change, rank change, control of time, control of environment.
 - **Safety-focused ideas:** body armor, physical cover, additional exits, change injury location/type, night vision, scopes, advance warning, prophetic dream/bad feeling, support person, law enforcement, ability to fly/teleport/be invisible. You can also consider changing/reducing the intensity of what happened—i.e., turning down the volume of what happened, or making a PG13 version of what happened.
 - **Intimacy-focused ideas:** add in a trusted friend, have a battle buddy, increase honesty, emotional honesty.
 - **Trust-focused ideas:** being believed, leadership following through, promises kept, consistent rules and punishment, added security, making multiple copies of items, conversation changes or adding conversations you wish would have happened.
 - **Esteem-focused ideas:** act in a way that is in line with your beliefs, recognition from others, different/better training, honoring the dead/injured, result is a different ending, “spirit or ghost discussion” (can talk with someone who is dead/knocked out).

Option 2: If Patient Worked on a New Nightmare in Session 5, Rescript Nightmare

Now you will have time to write out your new dream:

- Remember to write your changed dream like it is happening right now.
- Use all of your senses (smell, touch, taste, feel, hear), and use as many details as possible.

SUDS Rating: How tense/upset do you feel before writing out the rescripted dream (0-100)?	
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[Make a note of response.]

[Have patient write out the rescription. Allow the patient to have fifteen minutes. Consider setting a timer in the patient’s view if it would be helpful for the patient. Give the patient reminders when time is running low, without pressuring them. Allow them to finish if they need a few more minutes.]

SUDS Rating: How tense/upset do you feel after writing out the rescripted dream (0-100)?	
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[Make a note of response.]

Nice work!

Read Rescripted Dream

Now we are going to have you read your changed dream out loud.

- As you read your changed dream, pay attention to the differences between your old nightmare and this new, changed dream.
- Remember, looking for the ideas and making them part of your changed dream can make you feel more in control.

[Have patient read the rescripted dream out loud.]

SUDS Rating: How tense/upset do you feel after reading the rescripted dream (0-100)?	
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[Make a note of response.]

- 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. This is called imagery rehearsal.
- 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 like 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.
- 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, you get through the new dream, within 10 minutes, repeat it again and again.
- You can also make a recording to listen to or read it over.

Practice Imagery Rehearsal in Session

- Let's practice imagining the new dream now for a few minutes in session so you can get an idea of what this will be like. There are a few options for how we can do this.
 - I can read the dream to you while you close your eyes or focus on a neutral spot to imagine the new dream.
 - You can close your eyes to picture the new dream.
 - You can read your dream to yourself quietly or out loud.
 - The main point is for you to picture the imagery and imagine what you are seeing, hearing, smelling, tasting, and feeling.

[Practice imagery rehearsal for approximately 5 minutes.]

What was it like for you to imagine the new dream? **[Problem solve as needed.]**

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?

RELAXATION

Now that we have gone through the nightmare work, let's practice relaxation.

[Practice either PMR Script 1, PMR Script 2, or Deep Breathing, depending on remaining time and patient preference.]

SUDS Rating: 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.	
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[Make a note of response.]

How was that for you? Any difficulties? [Troubleshoot.]

REVIEWING PROGRESS IN TREATMENT

- Think about how you are compared to when you started.
- What has changed?
- What has stayed the same?
- What are the most important things you learned?

- What were the least helpful parts of the treatment?
- What parts of the treatment do you plan to continue?
- This was a short treatment and you have learned many different things. Think about what may have changed over the past five weeks. You may notice some changes already. Some people may notice small changes, and others notice big changes. Some people may feel the same.
- An important part of this treatment is that you should continue to feel better. You should sleep better and have fewer nightmares as long as you continue to practice the things you have learned. For some people, this takes a bit longer than for others.
- *Therapy does not end today! You need to keep it up.*

DEVELOPING FLEXIBILITY IN YOUR SLEEP HABITS

As we discussed at the beginning of the program, the more rigid sleep habits we created do not need to be continued the rest of your life.

Some of these new habits will be more important to maintaining good sleep than others. For example, not sleeping late on weekends was important during the period of setting up healthy sleep habits, but now you may be able to sleep *an hour later* on weekends with small impacts on your sleep.

You will need to figure out what is important and what is not.

1. **Make sure you have achieved maximum improvement in your sleep.** Look back over the past three to four weeks and see if your sleep has become stable or if you are still achieving improvements. Once your sleep has improved and remains stable (assuming you have done everything that was a fit for you in this program), then you can start to experiment with adding back old habits (e.g., caffeine in the morning, sleeping in 1 hour on the weekends) if you want.
2. **Change only one thing at a time to see the impact on your sleep.** If your sleep has been stable for a few weeks and you really miss sleeping in on the weekends, begin to sleep in but keep up with your other habits. If you find your sleep does not get worse then you can continue to sleep late.
3. **If your sleep gets worse, then you know the change was bad for your sleep.** Continue these types of experiments until you find a pattern of sleep that works well for your lifestyle and that does not cause a rebound of sleep problems.

WHAT TO DO IF INSOMNIA RETURNS OR CONTINUES

Insomnia may return, especially during times of stress. Remember, there are a lot of factors that go into insomnia.

- Perhaps there is a new stressor in your life.
- Perhaps you are not following the healthy sleep habits as closely as before.
- It is likely a combination of factors.

To prevent mistakes or “relapses” from getting out of control, remember to go back and start practicing **all** of the components of your “New Sleep Plan.” This should help you get back on track and start enjoying good sleep again.

WHAT TO DO IF NIGHTMARES CONTINUE OR RETURN

- The things you have learned can be used whenever you feel upset. Keep using the skills you learned. They will keep helping you. When you are stressed or if you experience another stressful or traumatic event, you may want to go back to old habits.
- If you see that you are stressed, or if you have another nightmare, it is important to try to face it. If you are having a hard time, look back through your workbook. Spend time practicing the relaxation skills and repeat what you did with your first nightmare. Write it out, read it, and then change it.
- Reading the information in this workbook and practicing what you have learned should help you when you are feeling upset or having nightmares.
- **[Consider scheduling a 1-month booster session]**

SESSION 6 HOME PRACTICE

- Follow your “New Sleep Plan.”
- Complete the Sleep Diary and Nightmare Log.
- Practice relaxation exercises.
- 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.

My New Sleep Plan: Session 1

Habits		Under “Habits,” check which habits you want to focus on now or later in treatment. Write “NA” for habits that don’t apply.
Now	Later	Date: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		1. *To help me get out of bed at the same time every day at _____, I will: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		2. *I will use the bed and bedroom for sleep and sex only. I will not sleep in places other than the bed. To help me do this, I will: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		3. I will unwind before bed by: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		4. I will go to bed only when I am sleepy. I will know I am sleepy when: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		5. *I will get out of bed if awake more than ~ 15 minutes. I won’t clock-watch. I will do these activities until I feel sleepy (or for a limited amount of time): <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		6. *I will not nap during the day (or I will only nap for less than 30 minutes before 3:00pm). I will keep myself from napping by: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		7. I will change my sleep environment by: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		8. *I will cut down or stop nicotine, alcohol, and/or cannabis at bedtime and at night and will do the following to help myself make these changes: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		9. I will stop having caffeine at this time: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		10. I will use these grounding skill(s) to help me after a nightmare: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		11. Other: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>

* One of the most important habits.

My New Sleep Plan: Session 2-6

Habits		Under "Habits," check which habits you want to focus on now or later in treatment. Write "NA" for habits that don't apply.
Now	Later	Date: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		1. *To help me get out of bed at the same time every day at _____, I will: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		2. *I will use the bed and bedroom for sleep and sex only. I will not sleep in places other than the bed. To help me do this, I will: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		3. I will unwind before bed by: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		4. I will go to bed only when I am sleepy. I will know I am sleepy when: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		5. *I will get out of bed if awake more than ~ 15 minutes. I won't clock-watch. I will do these activities until I feel sleepy (or for a limited amount of time): <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		6. *I will not nap during the day (or I will only nap for less than 30 minutes before 3:00pm). I will keep myself from napping by: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		7. I will change my sleep environment by: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		8. *I will cut down or stop nicotine, alcohol, and/or cannabis at bedtime and at night and will do the following to help myself make these changes: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		9. I will stop having caffeine at this time: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		10. I will use these grounding skill(s) to help me after a nightmare: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		11. I will reduce safety behaviors at night by: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		12. I will have scheduled worry time or planning time at: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
		13. Other: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>

* One of the most important habits.

Sleep Diary and Nightmare Log Instructions

General Instructions: Complete your sleep diary **every day within one hour of getting out of bed** in the morning, if possible. If you forget to fill in the diary or are unable to remember, leave the diary blank for that day. Try not to worry about giving exact times and you should not watch the clock. Just give your best estimate.

This diary can be used for people who are awake or asleep at unusual times and in places other than a bed.

"Day" is the time when you choose or are required to be awake. The term "bed" is the place where you usually sleep.

Step-by-step Instructions:

1. **Date.** Enter today's date even though some of the information you input will be from yesterday.
2. **What time did you get into bed?** Record the time you physically got into bed.
3. **What time did you "try" to go to sleep last night last night?** Record the time that you began "trying" to fall asleep. Some people begin trying to go to sleep as soon as they get in bed, while others get into bed and read, watch TV, or other things. *What we want to know for this question is when you first started trying (e.g., closed your eyes, turned out the lights) to go to sleep.*
4. **How long did it take you to fall asleep in minutes?** Beginning at the time you wrote in question 2, record how long it took you to fall asleep.
5. **How many times did you wake up, not counting your final awakening?** How many times did you wake up between the time you first fell asleep and your final awakening? This would include if you woke up for any reason (e.g., nightmare, sounds, perimeter check, check on the safety of the house or a family member).
6. **In total, how long did these awakenings last in minutes?** What was the total time you were awake between the time you first fell asleep and your final awakening? For example, if you woke 3 times for 20 minutes, 35 minutes, and 15 minutes, add them all up ($20 + 35 + 15 = 70$ minutes or 1 hour and 10 minutes).
7. **What time was your final awakening?** Record the last time you woke up for the day.
8. **What time did you get out of bed for the day?** What time did your feet hit the floor with no further attempt at sleeping? This may be different from your final awakening time (e.g. you may have woken up at 0625 but did not get out of bed to start your day until 0720).
9. **How would you rate the quality of your sleep?** "Sleep Quality" is your sense of whether your sleep was good or poor.
10. **In total, how long did you nap or doze yesterday?** Estimate the total amount of time you spent napping or dozing, in hours and minutes. For instance, if you napped twice, once for 30 minutes and once for 60 minutes, and dozed for 10 minutes, you would answer "1 hour 40 minutes." If you did not nap or doze, enter 0 hours 0 minutes.
11. **Last night, how many nightmares did you have that woke you up?** Record the number of nightmares that caused you to wake up from your sleep last night.
12. **How would you rate the overall severity of your nightmares?** What was the overall severity of the nightmares you experienced last night on a scale on 0 to 4, with 4 being the most severe. If you did not experience any nightmares last night write NA.

ITEMS IN BOX ARE ONLY TO BE COMPLETED WHEN ASSIGNED BY THE THERAPIST

13. **Relaxation practice SUDs ratings Practice 1:** Report your Subjective Units of Distress, or SUDS, directly before and after you practice the relaxation exercise during the day. SUDS range from 0 (meaning no distress/tension) to 100 (meaning the most distress/tension you can imagine).
14. **Relaxation practice SUDs ratings Practice 2:** Report your Subjective Units of Distress, or SUDS, directly before and after you practice the relaxation exercise at night before bed on the same 0-100 scale.
15. **How many times did you practice imagining the new dream yesterday and for how many minutes total?** Record the number of times you practiced imaging your new dream and the total time of practice yesterday. For example, if you practiced twice for 10 minutes each, add the time up to equal 20 minutes total and record "2 (20 min)."
16. **Comments:** If your sleep is affected by some unusual event (such as an illness, an emergency, a dog barking, kids crying or some other disturbance), please make brief notes.

Sleep Diary and Nightmare Log

ID/Name: _____

Appointment/Date: _____

Date	Sample 3/31/22							
1. What time did you get into bed?	8:30 PM							
2. What time did you try to go to sleep last night?	9:30 PM							
3. How long did it take you to fall asleep in minutes?	55 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last in minutes?	70 min							
6. What time was your final awakening?	6:30 AM							
7. What time did you get out of bed for the day?	7:10 AM							
8. How would you rate the quality of your sleep? (0=Very Poor, 1=Poor, 2=Fair, 3=Good, 4=Very Good)	3							
9. In total, how long did you nap or doze yesterday?	45 min							
10. Last night, how many nightmares did you have that woke you up?	2							
11. How would you rate the overall severity of your nightmares? (0=Not at all to 4= Extremely; NA=not applicable)	4							
TO BE COMPLETED ONLY WHEN ASSIGNED	Before <u>65</u> After <u>50</u>	Before _____ After _____	Before _____ After _____	Before _____ After _____	Before _____ After _____	Before _____ After _____	Before _____ After _____	Before _____ After _____
12. Relaxation Practice 1: SUDs ratings								
13. Relaxation Practice 2: SUDs ratings	Before <u>65</u> After <u>50</u>	Before _____ After _____	Before _____ After _____	Before _____ After _____	Before _____ After _____	Before _____ After _____	Before _____ After _____	Before _____ After _____
14. How many times did you practice imagining the new dream yesterday and for how many minutes total?	1 (15 min)							
15. Comments	I have a cold 10 mg Ambien 4 beers							