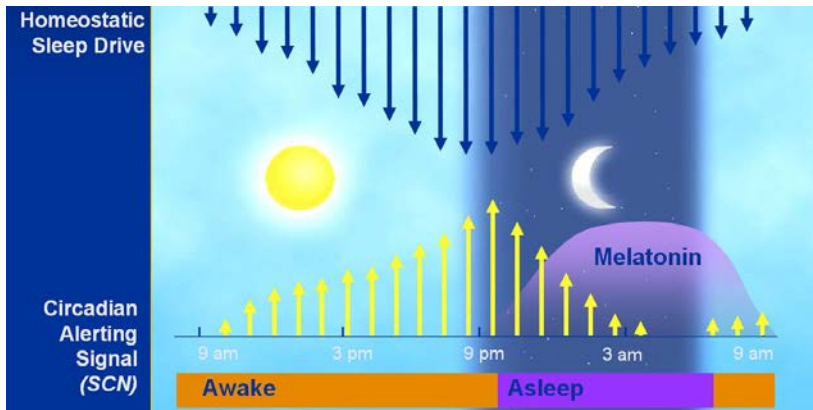


## A Full Therapy for Insomnia

You are about to begin a therapy called *Cognitive Behavioral Therapy for Insomnia (CBT-i)*. This approach has been clinically proven to improve sleep and reduce depression. Though it may take a few weeks to work, studies have found that it can work better than sleep medicine in the long term.

### Root causes of insomnia

The body has two systems that run sleep: sleep drive and the circadian rhythm. When things are going well, the two cycles align, like they do in this chart at 9 p.m.



At the top is sleep drive, which increases the longer you are awake. Below is the circadian rhythm, which cycles with light and darkness. There are many ways that these two signals can get out of alignment, such as:

Irregular wake times. This lowers the sleep drive and off-sets the circadian rhythm. Most people with insomnia focus on the evening, but it turns out that shifting your efforts to the morning, and waking up at regular times, will do a lot more to fix the problem.

Anxiety. This is a powerful force. Anxiety can even override the sleep drive, especially anxiety about sleep. After a while anxiety gets exhausting, and people crash, but that leads to sleep at random times.

Genetics. Some people have genetic shifts in their circadian rhythm, so their body's clock is always a little out of sync with nature. They are called *night owls* or – if it's the morning they prefer – *morning larks*. For them, using more darkness at night and bright light in the morning will be an essential part of retraining their rhythm. Read more at:

[www.moodtreatmentcenter.com/bluelight.pdf](http://www.moodtreatmentcenter.com/bluelight.pdf)

[www.moodtreatmentcenter.com/dawnsimulator.pdf](http://www.moodtreatmentcenter.com/dawnsimulator.pdf)

This therapy will slowly change those habits and realign your sleep drive with the natural rhythms of day and night.

### Step One: Basic steps

1. Awake at regular times
2. Stay out of bed during the day avoid using the bed for anything except sleep and intimacy. When in bed at night, do not read or watch TV or do anything that you would associate with being awake.
3. If you are unable to sleep after 20 minutes in bed, or if you are worrying in bed, get out and go to another room until tired.
4. Avoid all daytime napping
5. Go to bed when you are tired (but not too early in the evening)
6. Avoid caffeine (chocolate has lots of caffeine), nicotine, sodas, and alcohol, *especially* after 2 p.m.
7. Avoid evening light

Read more at:

[www.moodtreatmentcenter.com/cbtinsomniashort.pdf](http://www.moodtreatmentcenter.com/cbtinsomniashort.pdf)

Sleep may improve with just those basic steps, but if the insomnia persists, you'll need to go on to the next part.

### Step Two: Gather information about your sleep patterns

During the first week, sleep according to your usual habits and record the following on your sleep chart (see pages 3-4):

- 1) The time you went to bed and the time you woke up (if you wake up in the middle of the night, don't record this; just record your final wake up time).
- 2) The total hours you spent asleep (use your best guess – don't watch the clock).
- 3) The total hours you were awake in bed or were unable to sleep (again, don't watch the clock; you can use the time you went to bed and woke up and subtract out the hours you were asleep).
- 4) If you are using sleep medicine, enter the milligrams (mg) you took.

### Step Three: Restore your sleep drive by limiting time in bed

At the end of each week, the chart asks you to add the hours you spent asleep, divide by seven, and add 0.5. This is your *average daily sleep* (the extra 0.5 hours is added to give you time to fall asleep). For the next week, you'll limit *the time you spend in bed* to this amount. That means that whether you are asleep or awake, you can only lie in bed for that amount of time. When the time is up, you'll need to get out of bed and start your day, avoiding daytime naps.

Bonus: for most people, you don't need to restrict your time in bed by less than 5 hours. So if your time allowed in bed is only 4 hours, you can make it 5 and should still see good results.

By staying in bed only for the calculated amount, your brain's natural *sleep drive* will increase, and this will eventually help you

sleep through the night. As this happens, your *average daily sleep* will gradually increase each week towards a normal level.

What is a normal amount of sleep? This actually varies for each person, and at the end of this therapy you will know yours: it's the average daily sleep you get after you have completed the therapy. For most people it is around 6-10 hours, though some people need as little as 4 or as much as 12 hours each night. The average amount needed tends to decrease with age:

Age group	Recommended amount of sleep
Infants	9-10 hr/night, plus 3 or more hours of naps
Toddlers	9-10 hr/night, plus 2-3 hours of naps
School-age children	9-11 hr/night
Adults	7-8 hr/night
Adults over 60: may need less sleep. Sleep may also be broken up more with awakenings (this is normal). They also tend to fall asleep earlier in the evening.	

### Step Four: Adjusting time in bed each day

As you get into the second week of this therapy, you can start to adjust the time you spend in bed on a nightly level instead of every week.

To do that, take your total time asleep for the night before and divide by the total time you spent in bed. Multiply that by 100. This is called your *sleep efficiency*. If it is less than 80%, you need to spend less time in bed, so subtract 15 minutes from your allowed time in bed for the next night. If it is more than 85%, you're improving and can spend a little extra time in bed: add 15 minutes to your allowed time. If it's 80-85%, keep going with the same allowed time.

### **Adjustments for Bipolar Disorder**

If you have bipolar disorder, you can still do this therapy successfully with a few modifications. For Bipolar I Disorder (that means you've had a full mania that caused significant problems), don't restrict your time in bed to less than 6.5 hours. That will help you keep from triggering a mania. If you have bipolar II disorder (where depression cycles with milder manias called hypomania), you may be able to do the therapy exactly as is, unless too much sleep deprivation is making you anxious, agitated or hypomanic. If that is the case, don't restrict your time in bed to less than 6.5 hours.

Other modifications that have helped people with bipolar disorder are described in more detail on our website:

[www.moodtreatmentcenter.com/darktherapy.pdf](http://www.moodtreatmentcenter.com/darktherapy.pdf)  
[www.moodtreatmentcenter.com/briskawakening.pdf](http://www.moodtreatmentcenter.com/briskawakening.pdf)  
[www.moodtreatmentcenter.com/dawnsimulator.pdf](http://www.moodtreatmentcenter.com/dawnsimulator.pdf)  
[www.moodtreatmentcenter.com/bipolarprevention.pdf](http://www.moodtreatmentcenter.com/bipolarprevention.pdf)

When people used these techniques, along with the sleep-restriction therapy, it improved their sleep and mood. After a few months of doing it, people with bipolar had a 50% reduction in depression and an 80% reduction in mania.

### **What if you need naps?**

Napping can be normal in old age, but if you're having significant insomnia you should cut out naps while doing this therapy. Remember, the point here is to do a hard reset on your sleep rhythms. If you feel napping is helpful, you might be able to slowly add it back in. Wait at least a month after you recover from insomnia before trying that, and watch carefully to see if the napping disrupts your sleep at all.

### **Further Reading**

This therapy works best when undertaken with a therapist as much of the work is psychological. A therapist can help you trouble-shoot the problems and address underlying thought patterns that lead to insomnia.

There is a free app to guide you through these techniques (CBT-i Coach), and two online programs that are more costly ([www.shuti.me](http://www.shuti.me) is one that was proven to work - Use the discount code **MOODCTR-NC** when signing up. We don't receive income from this code. Another option is [www.cbtforinsomnia.com](http://www.cbtforinsomnia.com)).

Book: Edinger J.D., Carney C.E. (2014). *Overcoming Insomnia: A Cognitive-Behavioral Therapy Approach*. New York, NY: Oxford University Press.



## Sleep Log: Examples

### 1) Trouble falling asleep

Suppose you go to bed at 10:00 pm, toss and turn for 3.5 hours and then fall asleep around 1:30 am. You sleep through the night and wake up at 9:00 am, which gives you about 7.5 hours of sleep. Your sleep chart would look like this:

Date	Med?	Hours Awake in Bed (fill in boxes)										Time in / out of bed		Hours Asleep (fill in boxes)																											
		4.5	4	3.5	3	2.5	2	1.5	1	0.5	IN	OUT	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	11.5	12					
9/16											10pm	9am																													

### 2) Waking up during the night

On this night you go to bed at 10:00 pm and fall asleep within 15 minutes. You wake up two times during the night, each time losing about 30 minutes of sleep to go to the bathroom and fall asleep again. Then you awake a third time at 5:00 am. This time you are unable to fall asleep, and lie in bed for 3.5 hours before getting up to start your day at 8:30 am. Your total sleep is around 6 hours, and you spent 4.5 hours awake in bed (or in the bathroom). Here is your sleep chart for this night:

Date	Med?	Hours Awake in Bed (fill in boxes)										Time in / out of bed		Hours Asleep (fill in boxes)																											
		4.5	4	3.5	3	2.5	2	1.5	1	0.5	IN	OUT	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	11.5	12					
9/16											10pm	8:30 am																													

### 3) Taking daytime naps

Although daytime naps should be avoided during this treatment, please chart them if they occur. You can use a separate line for that. Imagine you are so tired that you fall asleep on the sofa from 4:00 pm to 6:00 pm. Later that night you have insomnia, and lie in bed from 11:00 pm to 1:00 am. You then take 10mg of ambien, which quickly puts you to sleep, and you wake up at 7:00 am. You would add the nap time to your total time asleep that day like this:

Date	Med?	Hours Awake in Bed (fill in boxes)										Time in / out of bed		Hours Asleep (fill in boxes)																											
		4.5	4	3.5	3	2.5	2	1.5	1	0.5	IN	OUT	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	11.5	12					
9/16	10mg										11pm	7am																													