

COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA

BY MICHAEL T INGRAM, MD
Board-Certified Psychiatrist



DISCLAIMER: This activity is not for everyone and is not considered personal medical advice. Please always consult your physician before participating in any health-related activities.

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INTRODUCTION

WHAT IS CBT-I?

Cognitive behavioral therapy for insomnia (CBTI) uses the principles of cognitive behavioral therapy (CBT) to guide you through a series of changes in sleep-related behaviors. The focus is on addressing factors that contribute to insomnia while slowly changing your relationship with sleep.

High-quality studies have demonstrated that CBT-I is *at least as effective* (if not more effective) than medication in promoting restorative sleep. This is why it is considered the first-line treatment for insomnia!

NOTE: There are a number of self-directed iPhone/Android Apps you can download if this module doesn't help.

In this packet, you will learn to concentrate your energy on behavioral changes that are most likely to produce improvements in your sleep. This includes re-evaluating your beliefs about sleep that might be causing unnecessary anxiety and arousal.

Before we proceed, let's briefly review the basics of Cognitive Behavioral Therapy (CBT).

THE COGNITIVE MODEL: THOUGHTS, FEELINGS, AND BEHAVIORS

Human thinking is often subject to biases and errors. We will come to learn how thinking errors (cognitive distortions) can influence decision-making, perception, feelings, and behavior.

As we will see, a core analogy in the cognitive model is that of the mind as a computer. That is, mental processes operate in a manner similar to how a computer processes information, with inputs being processed and integrated to produce outputs (behaviors and feelings).

Cognitive-behavioral therapy (CBT) is based on the concept that our thoughts, feelings, and behaviors are interconnected, and that changing negative thought patterns can lead to changes in feelings and behaviors.

Cognitive Behavioral Therapy (CBT) helps you identify, and then challenge, your negative (and often irrational) thoughts and beliefs. By restructuring negative thoughts and challenging harmful core beliefs, you can change how you behave and feel.

Although this is easier said than done and requires time and patience, it's possible. And it works. Remember, changing our lives is an active process that requires active participation.

Our goal will be to learn new and more reasonable ways of thinking to manifest a more realistic and productive mind space. Before we continue, let's take a moment to review what we mean by thoughts, feelings, and behaviors.

THOUGHTS

Thoughts are mental cognitions—our ideas, opinions, and beliefs about ourselves and the world around us. They are the words, phrases, and images that run through our minds each day. Thoughts help us process and understand the world within us and around us, enabling us to make sense of, interpret, and navigate our environment. Thoughts are the stories we tell ourselves about our lives as a way to feel more control in an unpredictable and chaotic world. Humans have a natural tendency to feel uncomfortable when we don't feel in control. This



partially explains why we seek to understand things. We don't like uncertainty. Because our thoughts help us feel a little more in control, we will go great lengths to hold on to the stories we tell ourselves.

Here are some key characteristics and aspects of thoughts relevant to CBT:

Conscious and Unconscious: Thoughts can be both conscious (those we are aware of) and unconscious (those that occur without our awareness). Conscious thoughts are what we actively think about or focus on, whereas unconscious thoughts influence our behavior and feelings without our conscious awareness.

Voluntary and Involuntary: Some thoughts are voluntary, meaning we deliberately choose to think about something. In contrast, others are involuntary and can pop into our mind without any conscious effort.

Reflective and Automatic: Reflective thoughts involve deliberate thinking or reasoning, while automatic thoughts occur spontaneously, often based on pre-existing (i.e., learned) patterns or belief systems.

Influenced by Emotions and Biases: Our emotions and personal biases can greatly influence the nature and direction of our thoughts. Emotional states can color how we perceive and interpret information.

Formulation of Beliefs and Attitudes: Through the process of thinking, we form our beliefs and attitudes, which in turn influence our actions and reactions to various situations.

Problem-Solving and Creativity: Thoughts are central to problem-solving and creativity, allowing us to come up with solutions and ideas.

Communication: Thoughts are often the basis for communication. We express our thoughts through language, enabling us to share information, ideas, and feelings with others.

It is important to point out that thoughts are not inherently “good” or “bad” until we place meaning and value on them. Let’s look at the example below.

EXAMPLE

Imagine small boats floating down a river. Each boat represents our thoughts as they come in and out of our conscious awareness. Attached to each boat is an anchor. The weight of the anchor represents the significance of the thought. Some thoughts will carry more weight than others depending upon the significance we place on them. The more significance we place on thoughts, the heavier the anchors and the greater the tendency for a boat to become stuck.

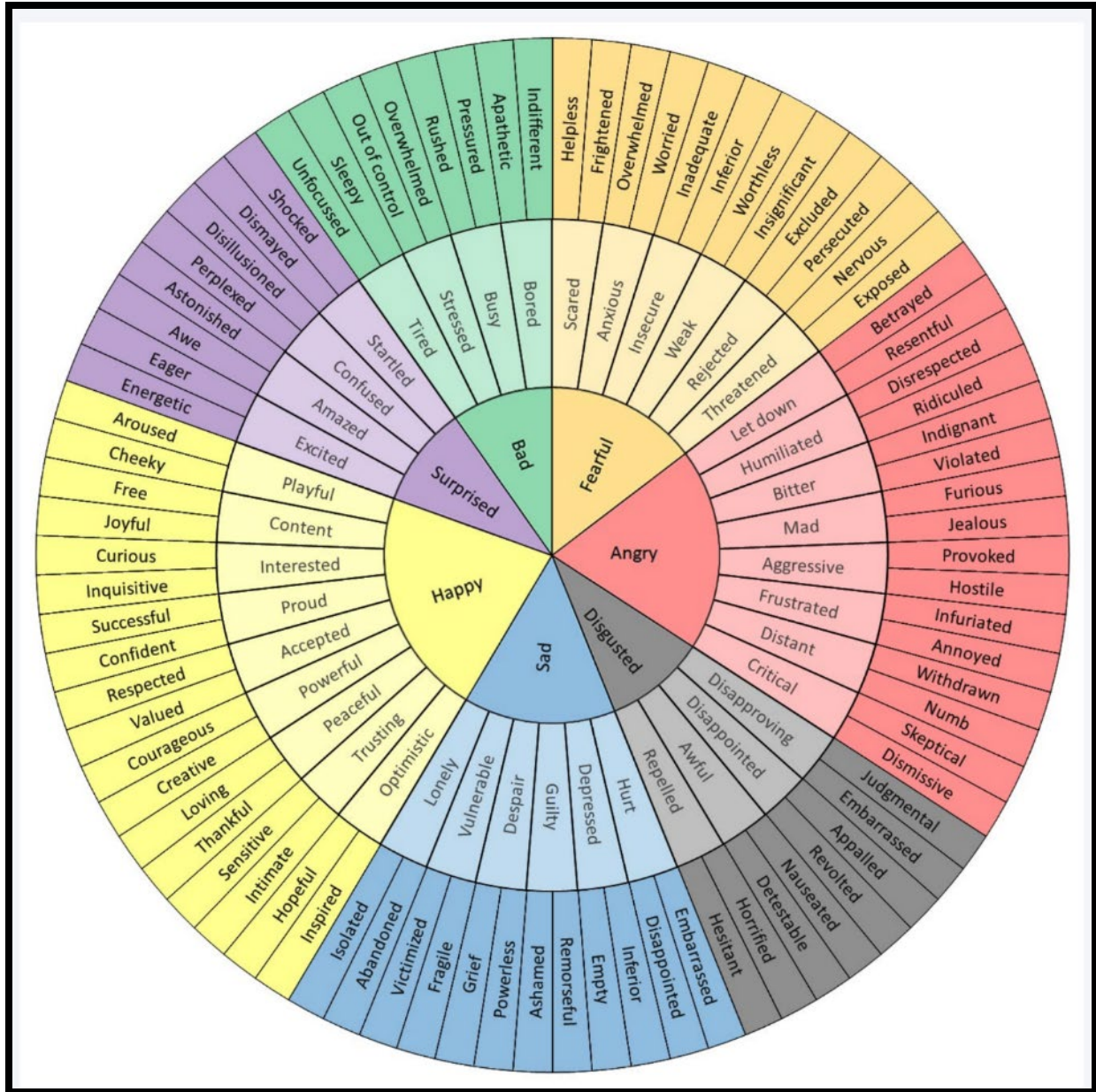
In summary, thoughts shape our perceptions, guide our decisions, and influence our interactions with others and the world.

FEELINGS

Feelings, also called emotions, are what make experiences memorable and meaningful. Feelings color our world and serve a very useful purpose in learning and memory. That is, the more emotion associated with an event, the more likely we will remember it. Feelings, just like thoughts, also come and go. We might feel happy, angry, anxious, insecure, vulnerable, sad, remorseful, irritable, excited, and rejected all within a relatively short period of time.



Feelings strongly influence our decisions. Most of us struggle to name more than 5-7 feelings without looking at a list of feelings. Take a moment to look at the feelings wheel below. So many feelings!



BEHAVIORS

Behaviors represent our actions and reactions (the things we do). How we think strongly influences our actions and reactions. If we can train ourselves to think in ways that are less "extreme" or more neutral, we will probably behave, and feel, less extremely.

EXAMPLE

Imagine you have a very important pitch to give at an upcoming meeting and your immediate thought is “I’m going to mess up.”

Because of this immediate thought, you start to worry so much that it prevents you from adequately preparing.

In this example, the meeting itself is not what’s making you feel anxious—the thoughts *about* the meeting are stirring up anxious feelings.

The automatic negative thought “I’m going to mess up” resulted in the anxious feeling which then influenced your ability to prepare productively. You might even avoid preparing altogether!

This only causes more anxiety and perhaps some guilt, shame, and worthlessness as a cherry on top!

How wonderful...

Cognitive behavioral therapy involves three (3) basic steps: **Catch, Check,** and **Change.**

1. To **catch** or identify which automatic negative thoughts are causing problematic feelings or behaviors.
2. To **check** or challenge the validity of those automatic negative thoughts.
3. To **change** or restructure those automatic negative thoughts to something more reasonable and neutral.

THE THREE C'S OF CHANGING YOUR THOUGHTS



AUTOMATIC NEGATIVE THOUGHTS (ANTS)

Automatic thoughts are thoughts that “pop up” in response to a situation or event. Many times, we don’t even recognize them. They happen automatically. Automatic thoughts stem from core beliefs about ourselves, our experiences, and our future.

Automatic Negative Thoughts (ANTS) are the automatic thoughts that hurt us. They are often very extreme, unrealistic, and not supported by factual evidence. Below is a list of common automatic negative thoughts (ANTS):

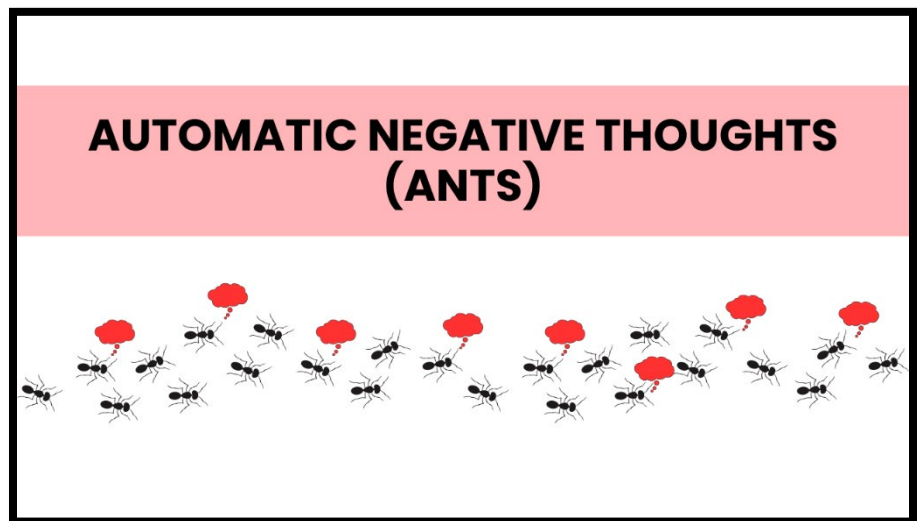
COMMON AUTOMATIC NEGATIVE THOUGHTS (ANTS)

- ❖ “I’ll never be good at this”
- ❖ “I’ll never find love again.”
- ❖ “I can’t trust that I’m making the best choice here.”
- ❖ “No one will care about me if I die.”
- ❖ “I’m so stupid.”
- ❖ “I’m such an idiot!”
- ❖ “This is going to be the worst presentation I’ve ever given.”
- ❖ “I can’t do it.”
- ❖ “I hate everyone.”
- ❖ “I should be better at this.”
- ❖ “My anxiety will never get better.”
- ❖ “I hate my life!”
- ❖ “If others find out who I really am they will see that I’m a fraud.”
- ❖ “I’m not a good love partner.”
- ❖ “I’ll never be able to feel happy.”
- ❖ “No one can help me.”
- ❖ “Nothing will ever change.”
- ❖ “The only reason they invited me is because they are nice.”
- ❖ “He is just saying that to make me feel better.”
- ❖ “No one actually cares about me.”
- ❖ “Everything sucks!”
- ❖ “He is going to fall in love with someone better than me.”
- ❖ “What the fuck is wrong with me??”
- ❖ “I’m so fat.”
- ❖ “I hate my body.”
- ❖ “I know they think I’m incapable.”
- ❖ “I feel like they don’t like me.”
- ❖ “I probably looked so stupid.”
- ❖ “I’m going to fail.”
- ❖ “No one likes me.”

Imagine Automatic Negative Thoughts (ANTS) as ants.

It is important to realize that automatic thoughts are beyond our control. We cannot control the ants that come into and out of our awareness. We can, however, control how we respond to the ants when they show up.

This takes practice. The next section demonstrates how to use the CATCH IT, CHECK IT, CHANGE IT (CRUSH IT) strategy to restructure automatic negative thoughts.



THOUGHT JOURNALING: THE THREE “C’s” IN ACTION

Thought Journals or Thought Records are a great way to track your thoughts so you can identify (and correct) automatic negative thoughts (ANTS). As you practice, you will become an expert at this and you won't even need the instructions!

Here is an example: You notice you are ruminating about something or feeling down about something.

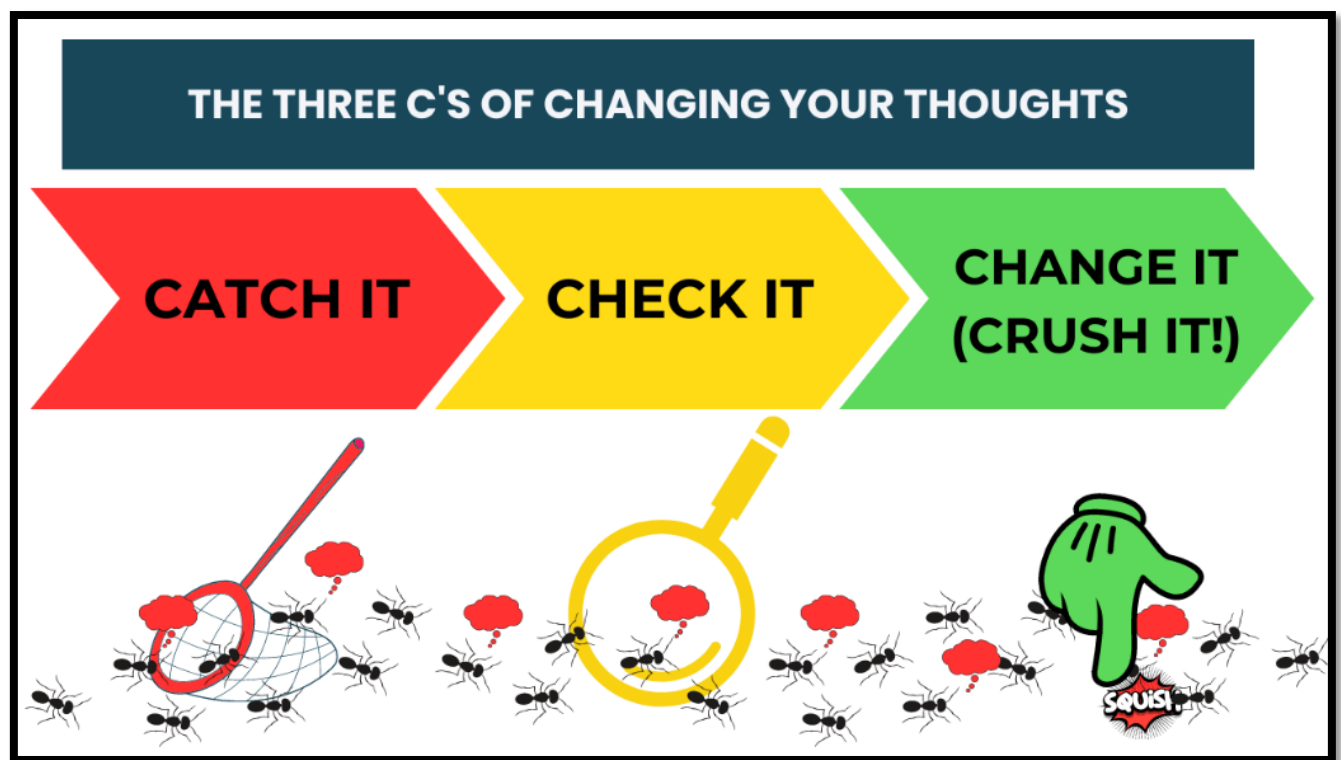
Start by **CATCHING** or identifying the negative thoughts you are having. Write these thoughts down just as they are. Even if they are very negative and extreme, write it down.

Below are some questions you can ask yourself to identify negative automatic thoughts when you feel sad, depressed, anxious, worried, angry, frustrated, or irritable:

- What was going through your mind just before you started to feel this way?
- What do you think this means about you, your life, or your future?
- What are you afraid might happen?
- What is the worst that could happen?
- What does this mean about how others think of you?
- What does this mean for other people in general?
- Did you break rules, hurt others, or not do something you believe you should have?
- What do you think about yourself for not doing what you believe you should have done?

Next, **CHECK** the validity of the thought by asking the following questions:

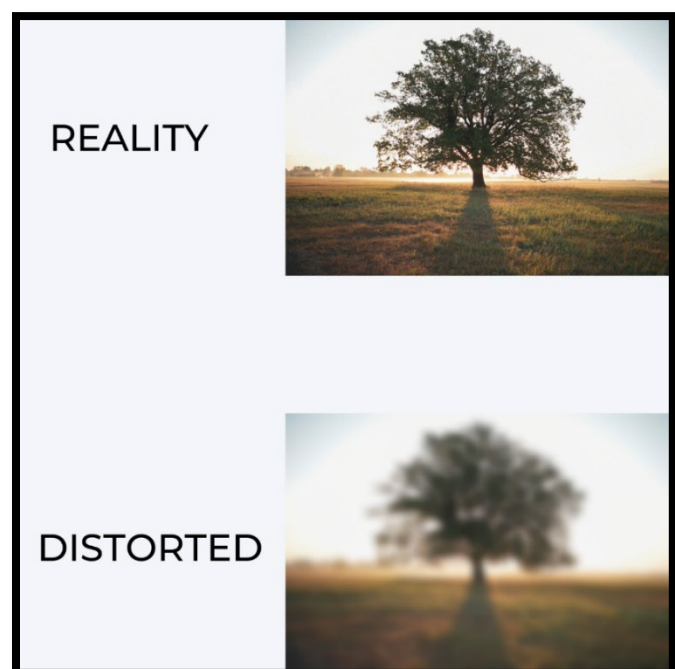
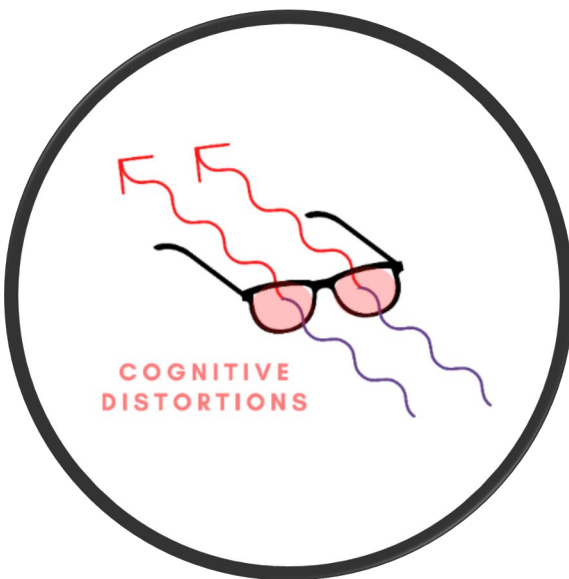
- Is this thought realistic?
- What are the facts that support this negative thought?
- Am I basing my thoughts on facts or on feelings?
- Could I be misinterpreting the evidence?
- Am I having this thought out of habit, or do facts support it?
- Is there a cognitive distortion at play here? (Example: Am I viewing this situation as all-or-none when it's more complicated?)



COGNITIVE DISTORTIONS AND THINKING ERRORS

COGNITIVE DISTORTIONS

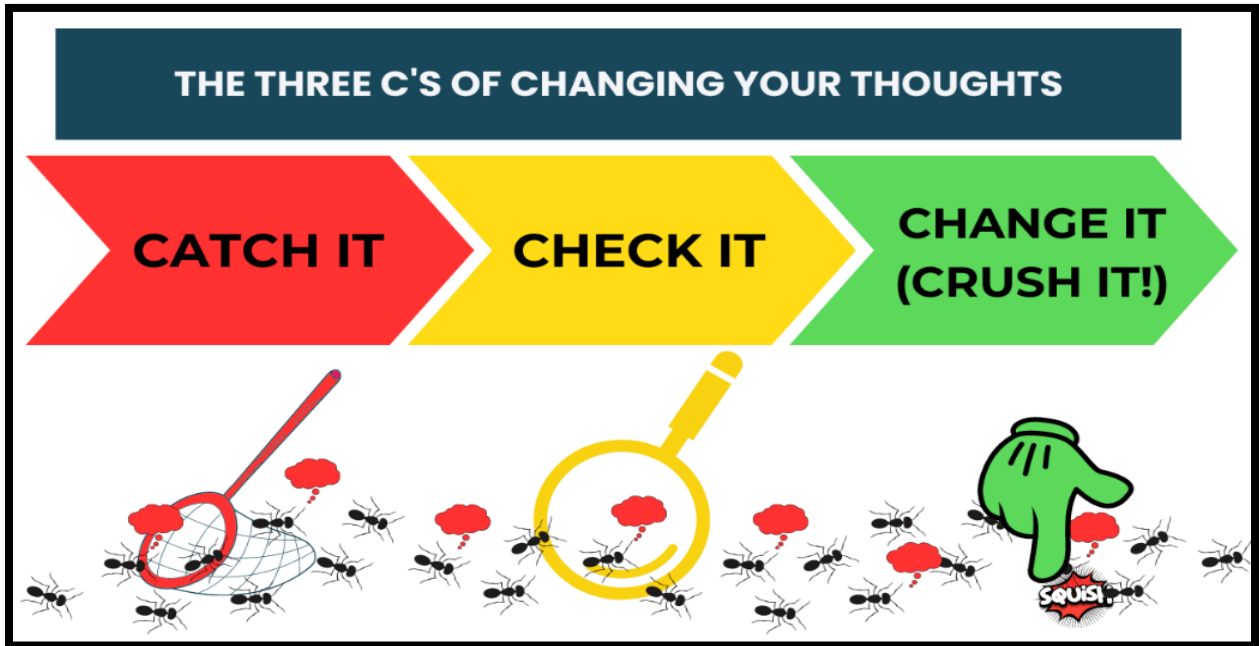
Cognitive distortions represent the ways in which our lenses of the world can become clouded or "distorted." We all experience cognitive distortions in our everyday lives to varying degrees. Some of us experience them more than others and sometimes they can be so severe they end up hurting us emotionally. Below are ten (10) of the most common cognitive distortions. As you review them, try to identify which ones you do the most and keep an eye out for them in your everyday life. Try to recognize them when you are CHECKING your Automatic Negative Thoughts (ANTS). Remember, part of Cognitive Behavioral Therapy (CBT) is to CATCH and CHECK Automatic Negative Thoughts for cognitive distortions and thinking errors.



COGNITIVE DISTORTION	DESCRIPTION	EXAMPLE
OVERGENERALIZATION	Making broad interpretations about something from a single event or occurrence.	"I didn't perform well on my math test. I suck at math."
MAGICAL THINKING	Believing that doing something or thinking something will influence unrelated situations.	"If I don't say this word four times then my family might be harmed."
EMOTIONAL REASONING	Assuming emotions reflect the way things are.	"I feel like a bad husband, therefore I must be a bad husband."
ALL OR NONE THINKING	Thinking in absolutes such as "always", "never", or "every".	"I will never be good at basketball."
PERSONALIZATION	Believing you are responsible for things that are outside of your control.	"My wife is always upset. She would be fine if I did more to help her."
THE SHOULD	The belief that things should be a certain way.	"I should go to the gym today."
MINIMIZING POSITIVITY	When you recognize only the negative aspects of a situation and ignore or minimize the positives.	When you give a presentation and people compliment you and you immediately reply with "yea, but I think it went on too long and wasn't interesting."
CATASTROPHIZING	Immediately assuming the worst case scenario in any situation.	"My boyfriend didn't call me last night. He is cheating on me."
ENTITLEMENT BELIEFS	Believing the rules for others shouldn't apply to you.	"I shouldn't have to go to school and receive a degree because I already know the information."
MINDREADING	Assuming you know what others are thinking or feeling.	"He thinks I am stupid and worthless. I just know it."

Finally, **CHANGE** or restructure the thought by asking the following question:

- How can I rephrase the thought or belief to be more neutral and more reasonable based on the facts?
- **NOTE: The goal isn't to force a negative thought to become a positive thought. The goal is to restructure the thought to something more neutral and reasonable.**



THOUGHT JOURNALING		
CATCH IT	CHECK IT	CHANGE IT (OR CRUSH IT)
<p>What thought or belief sparked this negative feeling?</p> <p>What thought or belief has taken me down the rabbit hole?</p>	<p>What are the facts that support this thought or belief?</p> <p>What are some facts that disprove this thought or belief?</p> <p>Is this thought realistic? Am I basing my thoughts on facts or on feelings?</p> <p>Could I be misinterpreting the evidence?</p>	<p>How might you rephrase the thought or belief to be more reasonable based on the facts?</p>

A NOTE ON CORE BELIEFS

Core beliefs are our most central ideas about ourselves, others, and the future. These beliefs act like a lens through which every situation and life experience is seen.

Because of this, people with different core beliefs might be in the same situation, but think, feel, and behave very differently.

Even if a core belief is inaccurate, it still shapes how we see the world.

Harmful core beliefs often fuel negative thoughts, negative feelings, and avoidant behaviors.

On the other hand, reasonable and rational core beliefs lead to more neutral and reasonable thoughts and balanced reactions.

We are not born with core beliefs, we learn them. Usually, we learn them through our experiences.

Information that contradicts our core beliefs is often ignored or overlooked. We usually have thoughts that support our core beliefs. But if we have harmful or inaccurate core beliefs, then our thoughts will likely reflect them.

The major categories of negative (or harmful) core beliefs are helplessness, worthlessness, and unlovable. Review the table below.

MAJOR CATEGORIES OF CORE BELIEFS		
Helplessness	Worthlessness	Unlovable
<i>"I fail at everything." "I can't do it"</i>	<i>"I'm flawed" "I'm a burden"</i>	<i>"I will always be alone." "Why would they like me?"</i>

Core beliefs can change over time and can have many layers. For example, the core belief "no one likes me" might underlie the more surface-level belief "my friends only spend time with me out of pity."

Many interpersonal problems and mental health problems are consequences of negative (harmful) core beliefs.

Interpersonal Problems	Mental Health Problems
Difficulty trusting others Feelings of inadequacy in relationships Excessive jealousy Overly confrontational or aggressive Putting others' needs above one's own needs	Depression Anxiety Substance abuse Difficulty handling stress Low self-esteem

By restructuring your automatic thoughts, you will slowly challenge and change your harmful (and untrue) core beliefs!

When these methods are applied to insomnia, we call it Cognitive Behavioral Therapy for Insomnia (CBT-I).

Next, let's review the components of CBT-I...

COMPONENTS OF CBT-I

The focus of CBT-I is on the main factors that contribute to the persistence of insomnia.

The four strategies of CBT-I that we will review are--

1. **Stimulus Control**
2. **Reducing Arousal and Activation**
3. **Sleep Restriction Techniques**
4. **Avoiding specific Foods and Substances**



STIMULUS CONTROL

The following strategies will strengthen the bed as a cue for sleep and weaken it as a cue for wakefulness.

- ✓ **STAY CONSISTENT.** Get up and go to bed at the same time every day. This will help strengthen the circadian clock regulating sleep and wakefulness.
- ✓ **DON'T FORCE SLEEP.** Go to bed only when sleepy. This will increase the probability that you will fall asleep quickly. It is important to distinguish between fatigue and sleepiness. Fatigue is a state of low physical or mental energy. Sleepiness is a state of having to struggle to stay awake. Dosing off while watching TV or as a passenger in a car involves sleepiness. People with insomnia often feel tired but "wired" (i.e., not sleepy) at bedtime.
- ✓ **GET OUT OF BED IF YOU CAN'T FALL ASLEEP.** If you can't fall asleep within 20 minutes (either when going to bed or when trying to fall back to sleep) get up and do something else until you feel sleepy. BUT...avoid getting on your phone or looking at bright screen!
- ✓ **NO NAPPING.** Avoid daytime naps. A brief nap (15 to 30 minutes), taken approximately 7 to 9 hours after rise time, can be refreshing and is not likely to disturb nocturnal sleep. Anything more will likely disturb your sleep.

REDUCING AROUSAL & ACTIVATION

The following strategies include a variety of relaxation techniques and stress management skills to help you shift from "trying hard to sleep" to "allowing sleep to happen."

- ✓ **AVOID GETTING FRUSTRATED:** Sleep will find you eventually. It must. We can't live without sleep. So let it find you.
- ✓ **DEVELOP A SLEEP ROUTINE:** Use the hour before bedtime to unwind from the day's stresses. This down time will allow sleepiness to come to the surface and will therefore facilitate sleep onset. This is a time to engage in activities that are enjoyable yet calming.
- ✓ **AVOID CLOCK WATCHING:** Turn the clock around so you cannot see the time. You can still use the clock as an alarm but avoid watching the clock. A recent study showed that volunteers who were asked to monitor a digital clock at bedtime took longer to fall asleep than those monitoring a similar looking clock that displayed random digits.
- ✓ **AVOID EXERCISE WITHIN THREE HOURS OF BEDTIME.** Exercise and physical activity provide numerous health benefits. Physical activity during the day will help you fall asleep at night. However, when you exercise, many stimulating hormones and neurochemicals are released that can interfere with sleep. Therefore, avoid exercising within 3 hours of bedtime.
- ✓ **CREATE A COMFORTABLE SLEEP SPACE.** Make sure that your sleep environment is safe, quiet, slightly cool, and pleasant.
- ✓ **BED IS FOR SLEEP AND SEX ONLY.** Only use your bed for sleep and sex. Avoid reading in bed, journaling in bed, or watching TV in bed. By avoiding these activities, you train your brain to associate the bed with sleep.

SLEEP RESTRICTION

NOTE: Remember to always consult your medical provider before trying sleep restriction techniques as this may not be appropriate for everyone.

Sleep restriction was designed to eliminate prolonged middle of the night awakenings. It doesn't aim to restrict actual sleep time but rather to restrict the time spent in bed NOT sleeping.

For example, consider a person who goes to bed at 11:00 p.m. and gets out of bed at 8:00 a.m. but sleeps, on average, only 6 hours per night.

Using Sleep Restriction, this person would be asked to remain in bed for ONLY 6 hours (e.g., 12:00 a.m. to 6:00 a.m.).

This sounds harsh but after a week or so there will be a marked decrease in time spent awake in the middle of the night.

Usually, people experience marked improvement in the quality of sleep after a week of restricted time in bed, but they also realize that they are not getting enough sleep.

In this case, the next step is to gradually extend the time spent in bed by 15 to 30 minutes, as long as wakefulness in the middle of the night remains minimal.

EXAMPLE

Bob normally goes to bed at 11:00 p.m. and gets out of bed at 8:00 a.m. but finds that he sleeps, on average, only 6 hours per night.

Using Sleep Restriction, Bob times his sleep so that he is in bed for only 6 hours. That is, he starts going to bed at 12:00 a.m. and gets up at 6:00 a.m.

After a week of doing this, Bob feels like he isn't getting enough sleep. So, he adds 30 minutes to his planned sleep time.

That is, he starts going to bed at 11:30pm and gets up at 6:00am. He continues this for another week.

He keeps doing this until he feels like he is getting enough sleep.

FOOD & SUBSTANCES

ALCOHOL: Alcohol speeds sleep onset but this positive effect is counteracted by increased wakefulness in the second half of the night. Avoid alcohol as much as possible before bed.

CAFFEINE: Caffeine has a half-life of about 6 to 8 hours. Sensitivity to the effects of caffeine varies between individuals. Those with caffeine sensitivity should be particularly careful to avoid caffeine after lunchtime.

NICOTINE: Nicotine is a stimulant and is notorious for causing insomnia. Both nicotine use and nicotine withdrawal can interfere with quality of sleep.

MEDICATIONS: Certain prescription and non-prescription drugs can cause or worsen insomnia and should be avoided, if possible, within 4 hours of bedtime.

MEDICATIONS THAT MAY CONTRIBUTE TO INSOMNIA

- **Alpha-blockers** (e.g., alfuzosin, doxazosin, prazosin, silodosin, terazosin, and tamsulosin)
- **ACE inhibitors**
- **Angiotensin Receptor Blockers (ARBs)**
- **Cholinesterase inhibitors**
- **H1 antagonists**
- **Glucosamine/chondroitin**
- **Monoamine-oxidase inhibitors** (e.g., phenelzine, tranylcypromine)
- **Selective serotonin re-uptake inhibitors** (e.g. fluoxetine, citalopram, sertraline, paroxetine)
- **Bupropion (Wellbutrin)**
- **Pseudoephedrine (Sudafed)**
- **Beta-blockers** (e.g., propranolol, labetalol, metoprolol)
- **Beta 2 agonists** (e.g. salbutamol, salmeterol)
- **Antiepileptics** (e.g., lamotrigine, phenytoin)
- **Statins** (e.g., simvastatin, atorvastatin)
- **Methylphenidate** (Ritalin, Concerta)
- **Dexmethylphenidate (Focalin)**
- **Amphetamines** (Adderall, Dexedrine, Vyvanse)
- **Atomoxetine (Strattera)**
- **Modafinil (Provigil)**
- **Corticosteroids** (e.g., prednisone, methylprednisolone)
- **Levothyroxine (Synthroid)**
- **Liothyronine**
- **Griseofulvin**
- **Theophylline**
- **Oxycodone**

FOODS: Digestion slows down during sleep. Indigestion, caused by undigested food, can disrupt sleep. Therefore, avoid eating heavy, spicy, or rich foods 4 hours before bedtime.

KEY POINTS

- Choose a time period (8 hours) which represents your designated sleep time. No matter what, only sleep during those hours.
- If you don't sleep well, avoid sleeping in. You'll be tired the next day, but the more you keep to this routine, the more "sleep pressure" will build up.
- Remember, sleep will find you eventually.
- Becoming frustrated doesn't help. Forcing the issue doesn't help, either.
- Be kind to yourself and trust the process. It will happen.

THOUGHT RECORD FOR INSOMNIA

Thought Journals or Thought Records are a great way to track your thoughts so you can identify (and correct) automatic negative thoughts (ANTS) about insomnia.

Here is an example: You notice anxiety symptoms about going to sleep or you find yourself frustrated about not being able to sleep.

Start by **CATCHING** or identifying the negative thoughts you are having. Write these thoughts down just as they are. Even if they are very negative and extreme, write it down.

Below are some questions you can ask yourself to identify negative automatic thoughts when you feel sad, depressed, anxious, worried, angry, frustrated, or irritable:

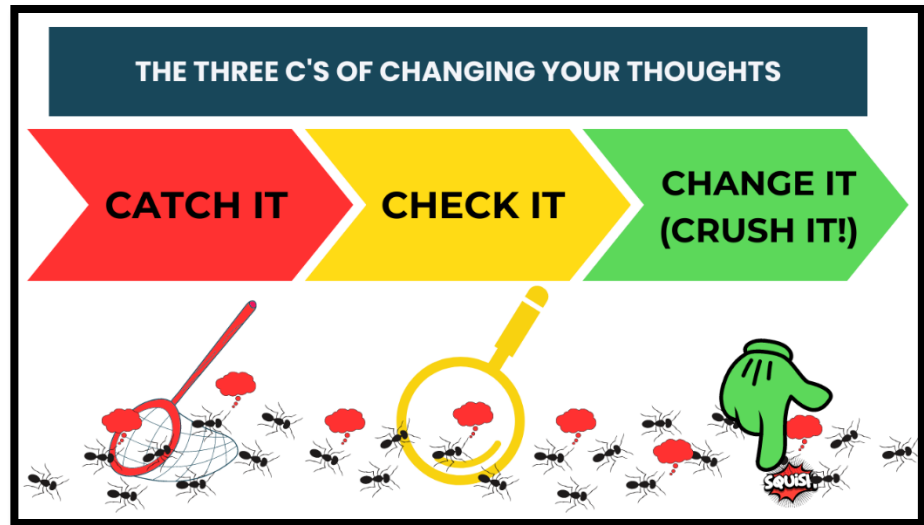
- What was going through your mind just before you started to feel this way?
- What thought sparked the negative feeling you are experiencing?

EXAMPLES OF AUTOMATIC NEGATIVE THOUGHTS (ANTS) RELATED TO SLEEP

- "I'll never be able to sleep."
- "I will die if I don't sleep enough."
- "I will feel so tired tomorrow if I don't sleep."
- "Sleeping is stupid."
- "How can other people fall asleep so fast and I can't?"
- "I'm going to fail."
- "My brain is messed up."
- "My anxiety will never get better."
- "I hate my life!"
- "If I don't sleep enough, I will feel so horrible tomorrow."
- "I hate myself for not being able to sleep."
- "I shouldn't have had that coffee today!"
- "This always happens to me."

Next, **CHECK** the validity of the thought by asking the following questions:

- Is this thought realistic?
- What are the facts that support this negative thought?
- Am I basing my thoughts on facts or on feelings?
- Could I be misinterpreting the evidence?
- Am I having this thought out of habit, or do facts support it?
- Is there a cognitive distortion at play here? (Example: Am I viewing this situation as all-or-none when it's more complicated?)



Finally, **CHANGE** or restructure the thought by asking the following question:

- How can I rephrase the thought or belief to be more neutral and more reasonable based on the facts? (**NOTE: The goal isn't to force a negative thought to become a positive thought. The goal is to restructure the thought to something more neutral and reasonable.**)

THOUGHT JOURNALING FOR INSOMNIA		
CATCH IT	CHECK IT	CHANGE IT (OR CRUSH IT)
What thought sparked this negative feeling about sleep?	<p>What are the facts that support this thought or belief?</p> <p>What are some facts that disprove this thought or belief?</p> <p>Is this thought realistic? Am I basing my thoughts on facts or on feelings?</p> <p>Could I be misinterpreting the evidence?</p>	How might you rephrase the thought or belief to be more reasonable based on the facts?

EXAMPLE THOUGHT JOURNALING FOR INSOMNIA		
CATCH IT	CHECK IT	CHANGE IT (OR CRUSH IT)
"I'll never be able to sleep"	<p>SUPPORTING FACTS: "The past two days I have experienced trouble falling asleep."</p> <p>OPPOSING FACTS: "Last week I had a couple nights of restful sleep."</p> <p>COGNITIVE DISTORTION PRESENT? Yes, All or none thinking and Catastrophizing</p>	"Although I am experiencing trouble falling asleep right now, I know I am capable of sleeping because last week I had two restful nights of sleep."

SUMMARY OF SLEEP HYGIENE TIPS

- Sleep Only when sleepy
- If you can't fall asleep within 20 minutes, get up and do something else until you feel sleepy (but don't get on your phone or look at bright screens).
- Avoid getting frustrated. Sleep will find you eventually. It has to. We can't live without sleep. So let it find you.
- Don't take naps during the day.
- Refrain from exercise at least 4 hours before bedtime.
- Develop a sleep routine.
- Only use your bed for sleep or sex.
- Stay away from caffeine, nicotine, or alcohol at least 4 hours before bedtime.
- Do not eat heavy, spicy, or rich foods 4 hours before bedtime.
- Make sure your bed and bedroom are quiet and comfortable.
- Get up and go to bed at the same time every day. Choose a time period (8 hours) which represents your designated sleep time. No matter what, only sleep during those hours. If you don't sleep well, avoid sleeping in. While you'll be tired the next day, the more you continue to do this, the more "sleep pressure" will build up. Remember, sleep will find you eventually. Avoid forcing the issue.