



Cognitive/Behavioral Therapy for Insomnia

Decades of research on treatment of chronic insomnia have repeatedly demonstrated that treatment with Cognitive/Behavioral Therapy (CBT) is more effective than frequent use of sleeping pills. The keys to success are discipline and consistency. Stick with it, even if you get tired and discouraged. You don't have to believe in it to succeed, but you do have to do it. – Dr. Duhon

- **Remember that you cannot try yourself to sleep.**

We do not go to sleep turning our minds off or by trying to fall asleep. We fall asleep because we are relaxed at the right time in our circadian rhythm (internal clock). If it is not the right time of the day, we may be relaxed, but not fall asleep. If we're not relaxed, it doesn't matter what time of day it is. Trying to go to sleep will only make the insomnia worse, as it leads to anxiety and frustration. Your goal should never be to go to sleep, but simply to be relaxed.

- **A regular bed schedule is very important for insomniacs.**

You should go to bed and get up at approximately the same time every day. This is not necessarily the time when you go to sleep and awaken, but when you officially begin and end your time in bed. Of the two times, the most important is not when you go to bed but when you get up. In humans, the circadian rhythm is set and reset primarily by the time one gets up, becomes active, and is exposed to stronger light. The time you get up should vary by no more than 30 minutes from day-to-day. This includes days when you are not working. It is very important not to sleep late on some days, as this tends to move the circadian rhythm forward and make it more difficult to get to sleep the following night.

- **Do not spend too much time in bed.**

Most insomniacs spend much more time in bed than they are sleeping, in the hope that they will fall asleep or "at least get some rest". Sleep that is consolidated – squeezed into a shorter period of time – is more restful than sleep that is fragmented over a longer

period. Spend no more than five hours in bed per night at the beginning. Since you are going to get up at the same time every morning, you should determine your initial bedtime by counting back from your get-up time. If you are going to get up at 6:00 a.m., do not go to bed until 1:00 a.m. When you are consistently sleeping for about 80% of the time in bed (e.g. 4 ½ out of 5 hours), then start going to bed 15-30 minutes earlier. Continue the process until you are sleeping enough to feel rested.

- **Don't watch the clock.**

Most insomniacs are accustomed to checking the time periodically, keeping track of how long they are awake. But this only increases the frustration and anxiety. Since you don't have anything you must do (Remember, you are *not* trying to go to sleep), you don't need to know what time it is. Take the clock out of the bedroom or turn the face away from you. Set the alarm if necessary. Hide or remove the clocks from the room you relax in also.

- **Never have insomnia in bed.**

In fact, your own bed is the worst place in the world to have insomnia. We easily develop associations between emotions and environments. When you stay in bed and toss and turn, the bed and bedroom become associated with feelings of frustration, anger, and anxiety. Leaving the bed and bedroom when you have insomnia can break these associations. When you go to bed at night, give yourself an estimated 15-20 minutes to fall asleep. If you do not fall asleep within that time, get out of bed and go into another room – somewhere you can relax – and get into a relaxed posture. You may lie on a couch or sit in an easy chair. Turn on a

soft light and read. You may also like to have soft music playing. Try to avoid the TV or computer, as these are more stimulating. Your only goal at this point is to do something quiet and relaxing.

- **Don't worry about the insomnia.** Most chronic insomniacs are used to worrying about their insomnia and its' effects. This aggravates the insomnia. In fact, anxiety over not getting enough sleep usually causes more discomfort than the insomnia itself. Simply telling yourself not to worry, however, is not every effective. Instead try a technique called "*Stop Thought*". It works this way:

When you realize you are worrying or thinking about insomnia, stop what you are doing (i.e. reading, on your couch), and say the word "**STOP**" in a loud voice inside your head. If you are alone, you can say it aloud. Then remind yourself of what you are doing:

"I'm not trying to go to sleep, because that doesn't work. All I'm doing is relaxing and reading. I'm better off than I would be if I were in bed, tossing and turning."

Then go back to reading.

Do this as often as you need to – and expect to do it frequently at first. We form thinking habits also and the habit of worrying about the insomnia is a very strong one for most chronic insomniacs.

- **Limit use of sleeping pills.** If you are in the habit of taking some sort of medication to help you go to sleep every night (including alcohol), you may have "rebound insomnia" when you discontinue the medication. This simply means that the part of your brain that regulates sleep has gotten used to the medication, and when you stop taking it the insomnia may be worse for a few days. In fact, some people do not sleep at all for a few days. Rebound insomnia and dependence on the sleeping medication will pass,

as long as you don't start taking the medication again. After you have been completely off the medication for at least four weeks, you may be able to use it occasionally.

If you feel you must use a sleeping pill, try taking it on an intermittent basis, but no more often than every third night. This will allow you to get some sleep, but you will be unlikely to become dependent on the medication. Think of the sleeping medication as a safety valve. If you have had two bad nights' sleep, despite the fact that you have diligently followed these instructions, then you can give yourself permission to take the sleeping medication on the third night and get some sleep, so you can start over the following day. If you are going to take a sleeping medication on a certain night, make that decision before you go to bed. Decide whether you are going to take the sleeping medication at bedtime or whether you will give yourself a chance to fall asleep without it first. You should allow for a reasonable time in bed after you take the sleeping medication so that you don't have a sleeping pill hangover in the morning. Your doctor or pharmacist should be able to tell you how much time to allow for a particular medication.

- Finally, it's important to understand that all insomnia is not the same. CBT works best for people who have trouble falling asleep at the beginning of the night. Waking up several times per night and/or waking up too early are frequently caused by sleep apnea or another sleep disorder. If your insomnia doesn't improve with CBT, consult your doctor.

You may want to do some reading on insomnia and self-treatment methods, I recommend No More Sleepless Nights by Peter Hauri, Ph.D. Dr. Hauri is a well-known psychologist and researcher on insomnia and other sleep disorders. He is the former director of the Sleep Disorders Center at the Mayo Clinic in Rochester, Minnesota.

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