

RESTING WELL:

STEPS TO A GOOD NIGHT'S SLEEP



WELCOME!

Well done for taking the first step to improve your sleep. Seeking help can be one of the most difficult steps to make!

This Steps to a Good Night's Sleep *workbook* is based on an evidence based psychological approach known as Cognitive Behavioural Therapy (CBT). It will help you understand what makes a good night's sleep and recognise potential difficulties you're facing, directing you to specific helpful techniques. This approach has been shown to be effective for many people who experience sleep difficulties that have a big impact on their lives.

This workbook is designed to be supported by a mental health professional trained to help people get the most out of it. Within England, this may be a Psychological Wellbeing Practitioner (often known as a PWP), working within the Improving Access to Psychological Therapies (IAPT) programme. However, if you don't have support but think the workbook may be helpful then using it on your own is no problem.

If you choose to use this workbook, you're in control of how quickly you choose to work your way through it. However, evidence suggests that the approach is more likely to be effective when people fully engage with the techniques included and try to do a little each day.

WHAT ARE SLEEP DIFFICULTIES?


Sleep difficulties refer to persistent problems with sleep that make it difficult for us to do the things we need or want to do. When they're not addressed they can lower our mood and leave us unhappy, tired or frustrated.

They can occur before or after mental health difficulties and be experienced alongside medical conditions. If this is the case then they can make these other conditions worse. Improving our sleep may therefore also help us manage other problems we may be having. Whether you are seeking help specifically for sleep difficulties or experience these difficulties alongside other things that may be going on in your life, this workbook may help you get your sleep back on track.



IS THIS WORKBOOK FOR YOU?

Before continuing, it can be helpful to identify if the workbook may work for you, or if your sleep difficulties may be caused by other things.

Please tick the boxes to indicate if you've experienced any of the below for more than a couple of nights a week, for at least a month 	
Difficulty 'dropping off' to sleep	
Waking up throughout the night and struggling to fall back asleep	
Waking up early in the morning and struggling to fall back asleep	
Not feeling fresh when waking up	
Being very tired and wanting to nap throughout the day	



If you've ticked one or more of the boxes above, this workbook may be helpful.

However, before continuing also consider whether your sleep difficulties may be being caused by anything else. For example, do you have a young baby or noisy neighbours that keep you awake? Does worry keep you up at night? Have you recently had a change to some medication?

If something else may be causing your sleep difficulties, consider if there is anyone else that may be able to help. If you're receiving support using this workbook you could also consider raising your other difficulties with the person supporting you.

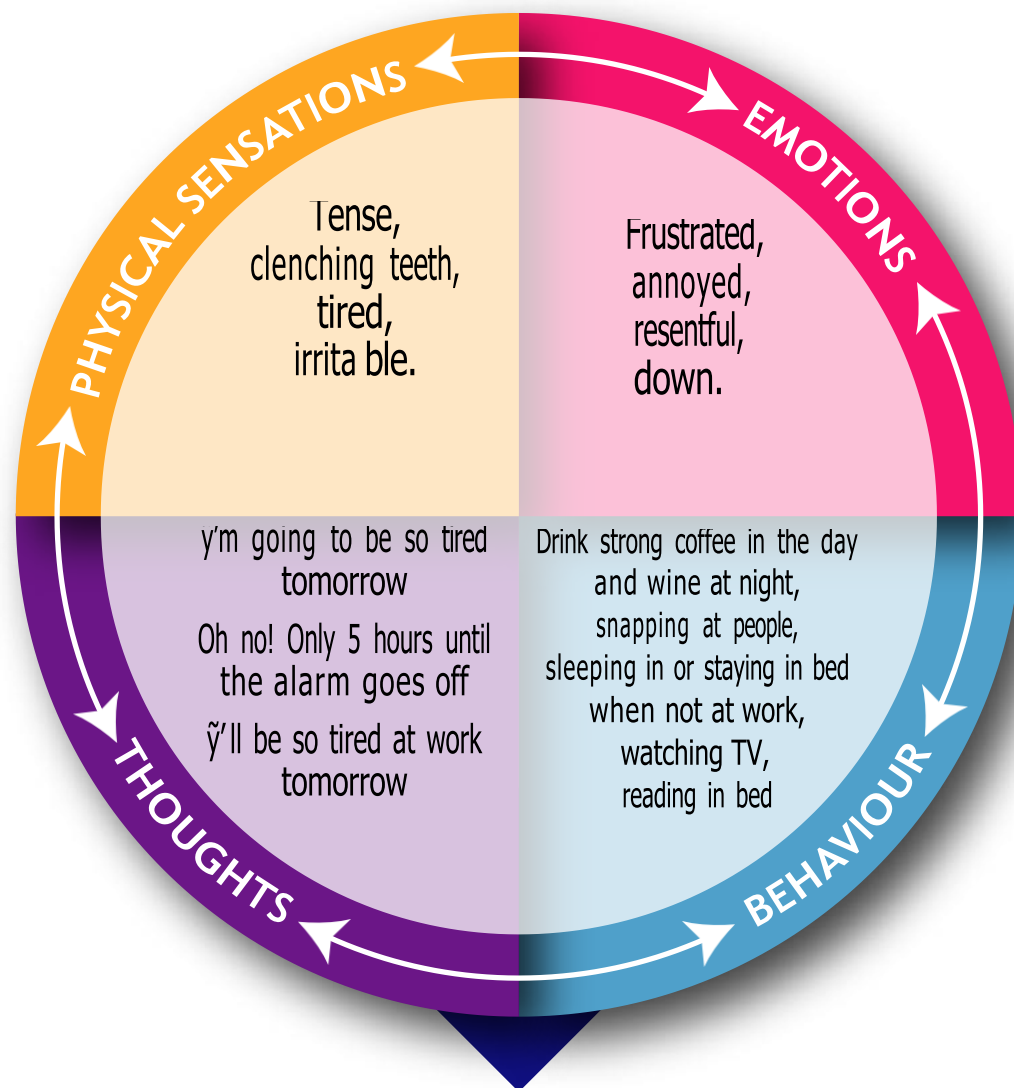
They may advise you as to whether this workbook is likely to be helpful. If not they may discuss other approaches or signpost you to other sources of advice or help available.

UNDERSTANDING SLEEP DIFFICULTIES

Cognitive Behavioural Therapy (CBT) is an evidence-based treatment that can help us understand difficulties we're experiencing and identify four areas where we can make helpful changes. These areas are all linked together and can create a **Vicious Cycle** when they keep our difficulties going. Have a look at an example of a vicious sleep cycle.

MY SITUATION

I'm struggling to sleep well at night



IMPACT

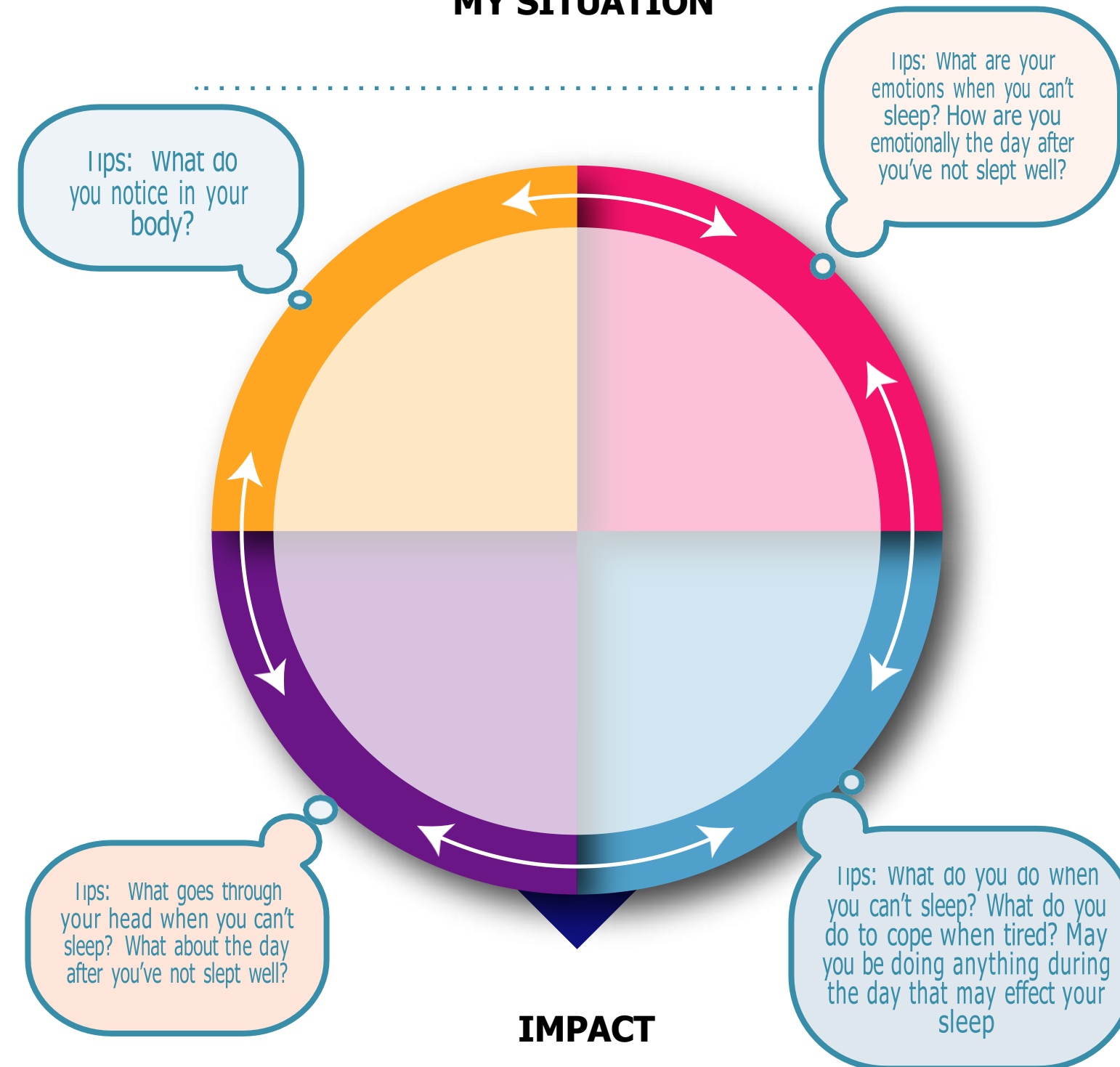
I'm struggling at work, at home and in my relationships

SOUND FAMILIAR?

Does this vicious sleep cycle seem familiar? If so, based on your own experience try to complete a **Vicious Cycle** for yourself.

Ask a loved one or friend for help if you think it may be helpful. Also remember, if you're being supported to work through the workbook and experience any difficulties make sure you mention them.

MY SITUATION



IMPACT



HAVE YOU NOTICED HOW ALL AREAS INTERACT WITH EACH OTHER?

This results in the sleep difficulties you're experiencing spiraling downwards and having a significant impact on your life.

The good news however is that by making changes in one of these areas can improve the others.

By engaging with the steps covered in this workbook you can begin to address your own sleep difficulties and help the Vicious Cycle spiral upwards

Before moving on...

It can be helpful for you to have a better understanding about what 'normal' sleep looks like.

This can help challenge commonly held **Sleep Myths** and understand differences between **Feeling Tired and Sleepy**.



SLEEP MYTHS

“I should always get 8 hours of sleep a night”

Actually, the amount of sleep people need varies. The National Sleep Foundation suggests that although getting between seven and nine hours of sleep a night is recommended for adults aged between 18 and 64, between six and ten hours can be appropriate for some.

“I should be able to sleep right through the night”

In reality, it's very normal to wake up a number of times during the night! Depending on age, those who don't experience sleep problems may still be waking up between two and eight times a night.

“I should fall asleep straight away”

It's unusual to fall asleep straight away! Taking up to 30 minutes is normal and can be considered an indicator of good sleep.

“If I don't get enough sleep I won't be able to function”

The type of sleep associated with restoring our brain and body happens in the early stages of sleep. If you don't get a full night's sleep, some of the important functions of sleep are already likely to have been achieved

TIRED OR SLEEPY?

To get a better night's sleep it can be helpful to recognise differences between experiencing tiredness and being sleepy.

.....

When someone is tired they have a general lack of energy or sense of fatigue and this can affect them anytime during the day. For example, after a hard day's work, doing the garden or following exercise.

However, people feel **sleepy** just before they fall asleep and may find themselves struggling to stay awake. When sleepy people commonly report:

- *Eyelids becoming heavy and hard to keep open*
- *Difficulty holding their head up*
- *Mind drifting, making it hard to keep our focus*

Recognising the difference between **tiredness** and **sleepiness** is important moving forward. If you go to bed when you're tired rather than sleepy, it may take you a long time to get to sleep. This can be something that sets your **vicious sleep cycle** off.



TAKING STEPS TO SLEEPING BETTER

The workbook will guide you through the steps to get a good night's sleep.

It can be helpful to work through each step in order. However, you may find your sleep difficulties have improved when working through any of the stages, sometimes just understanding a bit more about sleep can be helpful.

BEFORE YOU GET STARTED

Changing habits can be challenging and requires effort and persistence. It can be helpful to keep a few things in mind before you get started.

- *In the first few days of making a change, you may find your sleep quality or quantity appears temporarily worse. This is normal and should settle into improved patterns fairly quickly.*
- *To begin with there is potential for increased temporary tiredness. We suggest you start changes on days when you have less to do, or have extra support with daily tasks.*
- *Make one change at a time. Leave a week or so between introducing each new change.*

All you can ask of yourself is to give *Steps to a Good Night's Sleep* your best shot. The steps won't work overnight but by sticking to them you should begin to get a better night's sleep!



Step 1

Sleep Hygiene



Step 2

Sleep Diary



Step 3

Specific Techniques: Stimulus Control and Sleep Restriction



You only need to move to the next step if your sleep difficulties are still present, or if you want to.



SUPPORT AVAILABLE



Remember, if you're being supported to use this workbook then be sure to raise any challenges with the person supporting you. Otherwise, if you do move onto Sleep Restriction, a brief case study is provided to support you through each stage.

STEP 1

HOW'S YOUR SLEEP HYGIENE?

Often there are simple changes that can be made to improve your sleep. You may find that following general **Sleep Hygiene** on its own can help you get a better night's sleep.

To get a better understanding of factors contributing to poor Sleep Hygiene work your way through the table below. As you read through, tick 'Yes' for all areas that relate to you.



Go through these areas and think about changes you could make to improve your Sleep Hygiene.

Being as specific as you can, write these in the **How I'll Make the Change** column and have a go at making the changes.

As with any change, it's better not to try and change too many things all at once. Think about which ones feel more manageable to begin with and then come back to add on others once you're ready.



MY SLEEP HYGIENE WORKSHEET

Sleep Hygiene Factors		Yes	How I'll Make the Change
Dietary factors	Do you drink caffeine during the afternoon or in the evening?		
	Do you drink alcohol close to bedtime?		
	Do you smoke/use nicotine close to bedtime?		
	Do you have a lot of sugar or eat sugary snacks close to bedtime?		
Bedroom environment	Is your bedroom too cold or too warm (16C-18C centigrade is a good temperature for sleep)?		
	Do your curtains let through too much light or do you have bright lights in your room?		
	Are there noises during the night that wake you up?		
	Do you have a cluttered bedroom, making you stressed?		
Daily activity	Are your daily activity levels low or do you engage in intense exercise too close to bed?		
Clock watching	If you wake during the night, do you check the clock and calculate the time you have left to sleep?		
Screen time	Do you use a TV, computer, tablet or phone too close to sleep?		
Night-time routine	Are you going to bed straight after chores/work/TV with no 'wind down' routine first?		

STEP 2

COMPLETE A SLEEP DIARY

Hopefully, understanding your own **Sleep Hygiene** has been helpful and if you've identified any areas for improvement, you've started to put them into action. For some people just doing this will be enough to help them get a better night's sleep.

If thinking about your Sleep Hygiene has been helpful, case consider if you want to move on to making your own Sleep Diary. If you wish to continue, completing it will give you a better idea as to how you're sleeping and maybe help you identify some of the reasons behind your own sleep difficulties.

- Over the next week have a go at filling out your own sleep diary.
- Try and fill this out every day.
- Convert hours you've slept into minutes which will be helpful if you continue with the later steps.
- Once you've completed a sleep diary, review it. Look back over the sleep hygiene worksheet. Has the diary highlighted any further changes it might be worth making? Or do you notice any other patterns or problems that may be affecting your sleep?

As covered in **Sleep Hygiene Advice**, watching the clock during the night is unhelpful so we recommended that you just estimate the timings in the diary.

YUSUF'S STORY

I'd been having sleep difficulties for a long time

I was waking up many times throughout the night and ended up staying in bed late to try and catch up on sleep. In the end I decided I needed to seek help and got an appointment with a Psychological Wellbeing Practitioner called Antonia. After our assessment, Antonia explained we could work on an intervention together to help with my sleep.

I told Antonia I'd read about something called sleep restriction which is meant to be very helpful for people with insomnia. After trying a few other approaches to help with my sleep but still struggling, we discussed options moving forward.

We agreed that as I had a strong preference for sleep restriction, we could work on this. The first thing I did was to complete a sleep diary.



As you progress through the workbook, you'll be able to see examples of completed worksheets. This can help if you get stuck between support sessions or if you're using it on your own.



YUSUF'S SLEEP DIARY

	Day 1 Thursday	Day 2 Friday	Day 3 Saturday	Day 4 Sunday	Day 5 Monday	Day 6 Tuesday	Day 7 Wednesday	
Time went to bed last night	10pm	11pm	10.30pm	9.45pm	10pm	9pm	10pm	
Time feel asleep last night	12.30am	Midnight	11.30pm	11pm	Midnight	11.30pm	Midnight	
Time woke-up	6am	6.30am	6.30am	6am	6am	6.45a m	6.15a m	
Time got out of bed	10.30am	10am	11.15am	9am	11.30am	10.45am	1 2 pm	
Times awake in the night and duration (approx.)	1 x 30m	1 x 60m	1 x 30m	1 x 45m	1 x 60m	2 x 30m	1x45m	
Nightly Sleep Time (NST) (minutes)	Work out how much time during the night you spent asleep. Consider the time you fell asleep and the time you woke up. Remember to take away any time during the night you were awake. Once you've got this for 7 days, add these figures up and divide by 7, put this in the 'weekly average sleep time' box.							Weekly average sleep time
	5h (300m)	5h 30m (330m)	6h 30m (390m)	6h 15m (375m)	5h (300m)	5h 15m (315m)	5h 30m (330m)	5h 34m (334m)
Number of drinks containing caffeine	1 cup of tea	2 cups of tea	1 cup of tea	None	1 cup of tea	None	2 cups of tea	
Number of alcoholic drinks	none	none	none	none	none	none	none	
Exercise type and length if any	30m jog with dog	Walked the dog 1 hour	1 hour dog walk, 1 hour yoga	Walked the dog 1 hour	30m jog with dog	2 hour bike ride, 30m dog walk	Walked the dog 1 hour	
Number of naps in day and duration	none	none	none	none	none	none	none	
Activity just before bed	Audiobook, 20m mindfulness	20m mindfulness wrote journal	Spoke to friend on phone	Audiobook, wrote journal	Audiobook	Brushed dog, 20m mindfulness	Audiobook, wrote journal	
Comments		Shattered today	Felt alright today			Enjoyed seeing friend but struggled		



MY SLEEP DIARY

	Day 1 Thursday	Day 2 Friday	Day 3 Saturday	Day 4 Sunday	Day 5 Monday	Day 6 Tuesday	Day 7 Wednesday	
Time went to bed last night								
Time feel asleep last night								
Time woke-up								
Time got out of bed								
Times awake in the night and duration (approx.)								
Nightly Sleep Time (NST) (minutes)	Work out how much time during the night you spent asleep. Consider the time you fell asleep and the time you woke up. Remember to take away any time during the night you were awake. Once you’ve got this for 7 days, add these figures up and divide by 7, put this in the ‘weekly average sleep time’ box.							Weekly average sleep time
Number of drinks containing caffeine								
Number of alcoholic drinks								
Exercise type and length if any								
Number of naps in day and duration								
Activity just before bed								
Comments								

HOW'S IT GOING?

If the changes you've made have improved your sleep, that's great! Keep up with the changes and you may decide you don't need to continue using this workbook.

Hopefully you now have a better understanding about your **Sleep Hygiene** and have become more aware of any reasons behind your difficulty sleeping by completing the **Sleep Diary**.

We can appreciate how frustrating it must be if you're still struggling with your sleep. However, there are still further approaches you can work through in Step 3 that may help. Look at the two approaches below and see which one sounds more relevant to you.

STIMULUS CONTROL

OR

SLEEP RESTRICTION

Do you do things in bed that aren't conducive to sleep? This could be things like reading, checking emails, watching TV or it could simply be lying in bed feeling frustrated or worrying.

By following a few simple rules and reducing unhelpful behaviours, **Stimulus Control** aims to strengthen the association between bed and sleep.

Do you often go to bed early or stay in bed late in an attempt to catch up on sleep? Do you often nap or fall asleep during the day?

Sleep Restriction aims to reduce time spent in bed to create a minor sleep debt to make your sleep more efficient.

You may find both of these options sound helpful. Whilst it's your decision, many people tell us that they find **Stimulus Control** a good place to start and found it worked well enough that they didn't need to move on to **Sleep Restriction**.

However, it's entirely your choice and of course you can choose to work through both approaches if you wish to. If you're being supported to work through this workbook, it may be helpful to have a conversation with your supporter.

STEP 3

STIMULUS CONTROL

How Does Stimulus Control Improve sleep?

Good sleepers fall asleep easily after going to bed and drop off again quickly if they wake during the night. If you ask a good sleeper how they do it, they'll often look puzzled. Good sleepers don't **try** to sleep, they don't put effort into falling asleep or dropping back off. The reason this happens is that in good sleepers, the brain has a **strong learned association between bed and sleep**. When in bed, good sleepers recognise the bedroom as a place associated with sleep and rest. This sets off a chain of hormonal and brain responses that set-off and maintain sleep...and they fall asleep.

Poor sleepers however, tend to have a weaker association between bed and sleep and a **strong learned association between bed and wakefulness**. Bed has become a place connected to being unrested and unrelaxed. As a result, when in bed a chain of hormonal and brain responses results in **arousal**, a state of heightened tension and wakefulness. For some people, bed can also become a place associated with reading, working, watching TV or worrying. The bedroom is therefore no longer a place associated with sleep.

The good news

There are lots of things you can do to weaken the association that bed = wakefulness and strengthen the association that bed = sleep.

Stimulus Control is about taking steps to reduce the association between bed and wakefulness and strengthen the association between bed and sleep. Once this happens, getting a good night's sleep should be possible again.

HOW DO I GO ABOUT USING STIMULUS CONTROL?

STIMULUS CONTROL IS BASED ON THREE STAGES

- Identify Changes to Make.
- Schedule and Begin Your First Change.
- Make Further Changes.



STAGE 1 IDENTIFY CHANGES TO MAKE

After having a look at the **Sleep Hygiene Advice** and completing your own **Sleep Diary**, you may have a better understanding of things that could be getting in the way of having a good night's sleep. If so, that's great, but it can also be helpful to understand a few helpful changes you can make to improve your sleep.

- Work your way through the **Behavioural Changes to Make Worksheet**.
- Tick **Need for Change** where the behaviour listed is one you need to change.



Remember...

If you find yourself struggling with this, raise it with any person that may be supporting you. Or if you're using the workbook on your own, asking for help from someone you trust, like a family member or friend can help.



BEHAVIOURAL CHANGES TO MAKE

Behaviour	Why?	Solution	Need for Change
Fixed wake up time everyday	Waking up at different times, including at weekends, prevents a regular sleeping cycle being established. Getting up at the same time each day lets your brain and body learn when to become sleepy in the evening to allow the 'right' amount of sleep for you.	Get up at the same time every day (including days off). Choose a time to wake up carefully, making sure it's one you can stick to. Getting out of bed when you're tired is hard, so consider putting your alarm in a place where you need to get out of bed to turn it off. Once up, avoid going back to bed and do something that will gradually 'bring you around'. For the first few days you may feel even more tired, so consider starting this on a day where you are less busy or when you can have support with your daily tasks. However, this tiredness will go when a regular sleep pattern emerges.	
15 minute rule	Staying in bed when unable to sleep strengthens the association bed = wakefulness . If we are awake in bed when we want to be asleep we start to fall into that vicious cycle, which further prevents sleep. Getting out of bed to do something relaxing is more restful than lying awake stressed and serves as a distraction from being unable to sleep.	Get out of bed if you haven't fallen asleep after about 15 minutes, including after waking in the night. Where possible go to another room or if that's not possible sit in a comfortable couch or chair. Keep the lights low, stay warm and do something you find soothing (although avoid using screens). When you start to feel those physical symptoms associated with being sleepy go back to bed. Repeat if you return to bed but are unable to sleep again after approximately 15 minutes. Remember, we are trying not to clock watch! So 15 minutes can be an estimate - if you notice that vicious cycle, feeling frustrated and tense or having thoughts about not being able to fall asleep, it's worth getting out of bed.	
Bed is for sleep and sex only	Engaging in other activities beyond sleep and sex when in bed can strengthen the bed = wakefulness association.	Don't use your bed for anything that may arouse your attention such as work, study, watching TV, eating. If you have to work or study in the same room as your bed, consider having a day-time and night-time set-up . For example during the day, maybe cover the bed with a throw and cushions and remove them when you want to use the bed for sleep. This creates a clear distinction between waking and sleeping.	
No napping	The need for sleep builds up over the hours we're awake and ideally it will peak at the time you wish to go sleep. Napping pushes back the need for sleep making it unlikely you will fall asleep at bedtime.	Avoid napping when you feel tired. This includes dropping off on the sofa when watching TV etc. However, you may have a medical condition or caring responsibilities that mean you need to nap for safety or wellbeing reasons. In this case set an alarm to keep the naps to less than 30 minutes and try to restrict them to the earlier part of your day.	
Only go to bed when sleepy	Going to bed when we're sleepy means we are likely to drop off more quickly, strengthening the association that bed = sleep. If we go to bed when we're just tired it can take a while to drop off and that vicious cycle can creep in, strengthening bed = wakefulness .	Wait until you feel the physical symptoms of sleepiness , rather than just feeling tired . Don't set yourself an arbitrary bedtime or go to bed just because your partner is doing so, stay up until you feel sleepy.	

STAGE 2

SCHEDULE AND BEGIN YOUR FIRST CHANGE



Now it's time to schedule and begin your change. You'll need to stick with them, even if this temporarily reduces the quality or quantity of your sleep.

.....

Identify a change to make and schedule it as Change 1 in the **Stimulus Control Worksheet**. Think about ways you could bring about the change for at least a week. Be as specific as you can and write it down under **How I can apply this:**

- Consider barriers that could get in the way and how you can overcome these. Write these on the worksheet too.
- If you feel more tired to start with, don't be tempted to resort to unhelpful coping strategies such as drinking more caffeine or napping which will set off the **Unhelpful Sleep Cycle**. Instead try to relax, shift your attention onto something else and ride it out, it should soon settle.
- After a week or so use the How Did It Go box on the **Stimulus Control Worksheet** to review the changes and its effects.
- Continue to keep a sleep diary, so you can track the effects of your changes.
- If you feel especially tired, avoid driving or any other activities that require a lot of focus.



STIMULUS CONTROL WORKSHEET

Putting sleep changes into action: Stimulus control	
Change 1	Week commencing: Specific behavioural change to put into action: How I can apply this: What might get in the way: How might I overcome this:
	How did it go? (<i>What went well? What didn't go well? What got in the way? How will I maintain this?</i>)
Change 2	Week commencing: Specific behavioural change to put into action: How I can apply this: What might get in the way: How might I overcome this:
	How did it go? (<i>What went well? What didn't go well? What got in the way? How will I maintain this?</i>)
Change 3	Week commencing: Specific behavioural change to put into action: How I can apply this: What might get in the way: How might I overcome this:
	How did it go? (<i>What went well? What didn't go well? What got in the way? How will I maintain this?</i>)

STAGE 3 – MAKE FUTHER CHANGES



PLAN YOUR SECOND CHANGE

Once you've got into the swing of your first change, use the **Stimulus Control Worksheet** to schedule a date to make a start on your second change. Make sure to keep the first change going.

Again, ideally keep using the sleep diary to track the effects of your changes, and after a week or so use the **Stimulus Control Worksheet** to review this new change.

KEEP ADDING YOUR CHANGES

Keep adding further changes as necessary, ensuring you keep the first ones going, until you've made all the relevant changes and/or your sleep is back to 'normal' for you - whichever comes first! Remember, changing habits is a marathon not a sprint - it's better to build these changes in slowly and steadily to ensure you are able to maintain them. It's not unusual for it to take a good few weeks before you start seeing change to your sleep. But keep persevering!

SLEEP RESTRICTION

HOW DOES SLEEP RESTRICTION IMPROVE SLEEP?

Although it might seem like we're getting more chance to rest when in bed, going to bed too early and when not needed could be strengthening an unhelpful **bed = wakefulness association**. Often people who sleep badly report spending a lot of time in bed but not much time sleeping, meaning their sleep isn't very efficient. Sleep restriction reduces the amount of time you spend in bed to slightly more than the average amount of time you spend asleep. Going to bed and getting up at the same time each day will help your body get used to these times and start to sort itself out.

When you go to bed you'll start falling asleep more quickly, sleep more soundly and wake up less often. This will mean you're spending more of your time in bed actually sleeping rather than being in bed awake, so your sleep is more efficient. Once sleep efficiency reaches a certain level, your time in bed will settle at a level that's right for you.

Your opportunity for sleep will be temporarily reduced which may cause mild sleep deprivation, leading to daytime tiredness or sleepiness.

Over time however, temporary sleep deprivation will mean your need for sleep increases, and this need will start to get really strong around your set bedtime.

CAUTION!

Sleep restriction is not suitable for everyone, so pay attention if any of the following apply to you:

- Do you experience extreme mood swings or periods of intense energy or racing thoughts? Has a healthcare professional ever said you may be experiencing episodes of mania?
- Do you experience falls?
- Do you have little opportunity to sleep during the night (e.g. have a baby or caring responsibility for someone who needs care during the night)?
- Do you operate heavy machinery or do a job requiring you to be alert (e.g. lorry driver, pilot)?

If you do experience any of the above, consider mentioning it to the person that may be supporting you or someone else you think may be able to help, i.e. G.P or other healthcare professional.



HOW DO I GO ABOUT USING SLEEP RESTRICTION?

Sleep restriction involves a number of calculations and can therefore appear quite difficult to do. Hopefully following these instructions will make it feel more straightforward. However, if you're struggling, consider talking to the person supporting you (if relevant), friends or family members.

LET'S GET STARTED!



Stage 1 - Sleep Diary

If you've already filled in a recent **Sleep Diary**, you can use this. If not, spend a week or two completing a **Sleep Diary**. As part of your sleep diary you calculated your **Nightly Sleep Time** (in minutes). Remember, if you struggled anyone supporting you may be able to help.

Stage 2 - Calculate your Average Sleep Time

Use your Nightly Sleep Time to calculate your **Average Sleep Time** for the week. Do this by adding up each Nightly Sleep Time (in minutes) and divide this by the number of nights you kept the diary for.

Yusuf's example - Average Sleep Time

If we add up Yusuf's nightly sleep time from each night over the week he kept his sleep diary, get 2340 minutes. Divide this by 7 (as he kept the diary for 7 nights) and there's an average sleep time of 334 minutes (or 5 hours 34 minutes).

Day 1 Thurs	Day 2 Fri	Day 3 Sat	Day 4 Sun	Day 5 Mon	Day 6 Tues	Day 7 Wed	Total	Total ÷ 7
300m	330m	390m	375m	300m	315m	330m	340m	334m

STAGE 3: CALCULATE YOUR TIME IN BED PRESCRIPTION

Your **Time in Bed Prescription** is the amount of time you should be spending in bed each night between now and your next check-in. You calculate your **Time in Bed Prescription** by adding 30 minutes to your **Average Sleep Time**. Once you've done this write it on the **Sleep Restriction Worksheet**. It's helpful to have this recorded in minutes and hours. Use your **Time in Bed Prescription** to decide on a fixed bed time and wake time, making a note of these on the worksheet. When deciding your bed and wake times think about how you can make these fit in with your lifestyle.

CAUTION!

Your calculated time in bed should never be less than 5 hours (300 minutes).



YUSUF'S EXAMPLE

Yusuf's average **Total Sleep Time** was 334 minutes (5 hours 34 minutes). To get his **Time in Bed Prescription** 30 minutes was added.

So Yusuf's Time in Bed Prescription is 364 minutes (6 hours and 4 minutes).

You may be thinking that this doesn't seem like very much time to spend in bed each night, especially if you spend a lot of time in bed at the moment. But, your **Time in Bed Prescription** allows you to spend more time in bed each night than the amount of sleep you're currently getting on average.

STAGE 4: PUT YOUR TIME IN BED PRESCRIPTION INTO ACTION

Now implement your **Time in Bed Prescription** by putting your fixed bed and wake times into place. This can feel difficult as you may find yourself facing some barriers that may get in the way of you sticking to it. Consider these barriers and how you might overcome them on the **Sleep Restriction Worksheet**. You may want to discuss these with anyone supporting you, a friend or family member. Continue using the **Sleep Diary** as you put your **Time in Bed Prescription** into place.



Putting Sleep Changes into Action: Sleep Restriction

Week commencing:

You'll need to use your completed sleep diary to help you fill out this worksheet.

Calculate your average weekly Total Sleep Time (TST) by adding up how many hours you've slept over the last seven days and dividing this by seven, put this in the box below. Then calculate your new Time in Bed prescription (TIB) by adding 30 minutes to your average weekly Total Sleep Time, write this in the box below.

Average weekly Total Sleep Time:		Time in Bed prescription:	
---	--	----------------------------------	--

Your Time in Bed prescription is the amount of time you'll need to spend in bed over the next week. Record what time you want to wake up (keep this consistent) and then take away your Time in Bed prescription from this to work out what time you need to go to bed.

Wake time:		Bed time:	
-------------------	--	------------------	--

Over the next week stick to your bed time and wake time as recorded above, keep filling out the sleep diary making sure to track your Total Sleep Time. Use this worksheet to think about whether anything will get in the way of sticking to your bed and wake times, what might help you overcome these?

Potential barriers to my planned bed and wake times:	What might help me to overcome these barriers?

After a week of going to bed and waking up at your planned bed and wake times, calculate your sleep efficiency to see if you should adjust your TIB prescription. Firstly you will need to re-calculate your average weekly TST based on your most recent sleep diary, then calculate sleep efficiency using the following formula:

$$(\text{Average weekly TST} \div \text{TIB prescription}) \times 100$$

Average weekly TST	÷	TIB prescription	=	x100

This should give you a percentage. If this percentage is below 85%, reduce the initial TIB prescription by 15 minutes. If the percentage is between 85% and 89% keep the initial TIB prescription the same. If the percentage is 90% or over, add 15 minutes on to the initial TIB prescription.

STAGE 5 – CALCULATE YOUR SLEEP EFFICIENCY

Once you've spent a week or two using your **Time in Bed Prescription**, calculate your **Sleep Efficiency** using the **Sleep Restriction Worksheet**. Your **Sleep Efficiency** is the percentage of time in bed you spend asleep.

Using your **latest Sleep Diary**, you will need to calculate your **Average Sleep Time** for the period of time you've been using the **Time in Bed Prescription**.

You can then calculate your **Sleep Efficiency** by taking your **Average Sleep Time** (in minutes) and dividing it by your **Time in Bed Prescription** (in minutes). Multiply this number by 100, then round this number up or down to the nearest whole number.

YUSUF'S SLEEP EFFICIENCY

Yusuf applied his **Time in Bed Prescription** of 364 minutes for 7 days. He kept a new sleep diary during this time and worked out that his average sleep time was 295 minutes.

TO CALCULATE HIS SLEEP EFFICIENCY:

Yusuf's average sleep time = 295 minutes

Yusuf's Time in Bed Prescription = 364 minutes

(Average sleep time ÷ Time in Bed Prescription) x 100

$$(295 \div 364) \times 100 = 81\%$$



STAGE 6

USE YOUR SLEEP EFFICIENCY TO CREATE A NEW TIME IN BED PRESCRIPTION

Use your **Sleep Efficiency** to create a new **Time in Bed Prescription** (and therefore bed and wake times) for the next week or two. If your sleep efficiency is:

- Below 85%: Reduce the initial **Time in Bed Prescription** by 15 minutes.
- Between 85% and 89%: Keep the initial **Time in Bed Prescription** the same.
- 90% or over: Add 15 minutes on to the **Time in Bed Prescription**.

CREATING A NEW TIME IN BED PRESCRIPTION FOR YUSUF

- Yusuf's **Sleep Efficiency** over the last week was 81%. He was therefore asleep 81% of the time he was in bed.
- As Sleep Efficiency is less than 85%, Yusuf's Time in Bed Prescription is reduced by 15 minutes to 351 minutes (5 hours 51 minutes).
- New bed and wake times were set for each day and recorded on a new **Sleep Restriction Worksheet**.

STAGE 7 – APPLY NEW TIME IN BED PRESCRIPTION AND CONTINUE WITH SLEEP DIARY

Put your new **Time in Bed Prescription** into action and start a new **Sleep Diary** to recognise any progress and keep track of your nightly and average sleep times.

STAGE 8 – REFLECT AND REPEAT

What do you notice after looking at your new **Sleep Diary**? If your sleep has improved, great - keep it up! If you're not quite there yet, keep going with the sleep restriction making sure to calculate your **Sleep Efficiency** and adjust your **Time in Bed Prescription** every week or two.

TIPS TO HELP YOU STICK TO YOUR TIME IN BED PRESCRIPTION

- Remind yourself how sleep restriction works.
- Remember that even though this method might feel uncomfortable in the short term, it can be very effective and help you sleep better in the long run.
- Make sure you speak to anyone you share a bed with about your new bed and wake times as it may affect them. Explaining the rationale and reassuring them that the changes aren't permanent might help.
- If your set bedtime means staying up later than normal, have a think about what you can do during that time to stop you nodding off on the sofa.
- Think about something to help you get up in the morning if your wake time is earlier than usual. For example planning a nice breakfast or getting out for an early walk.
- Remember that keeping going is key. You need to stick to the agreed bed and wake times every night in order for **Sleep Restriction** to be as effective as possible.

WELL DONE GETTING THIS FAR!

We hope you've started to reap the benefits in the form of a better night's sleep. Continuing to apply the changes will help you maintain the benefits you've seen, although we know that sometimes these changes may start to slide.

In order to keep on top of your sleep it can be helpful to keep an eye out for old, unhelpful habits creeping back in. Take some time to revisit your completed **vicious cycle** from earlier in the workbook. Fill in the 'baseline' column of the **My Checking In worksheet** below with your old unhelpful sleep habits and the changes you've made since using this workbook. Set yourself a review date (e.g. once a month) to check-in with how your sleep is and to spot any unhelpful sleep habits creeping back in. If any of the changes you've made have begun to slip, consider how you can start putting these back into place.

CHECKING-IN

I will review my progress every weeks.

My first check-in will be



Baseline Date:	Check-in 1 Date:	Check-in 2 Date:	Check-in 3 Date:
How is my sleep from 0 (terrible) to 10 (great)?	How is my sleep from 0 (terrible) to 10 (great)?	How is my sleep from 0 (terrible) to 10 (great)?	How is my sleep from 0 (terrible) to 10 (great)?
My unhelpful Sleep Habits were:	Have you noticed any of these recently?	Have you noticed any of these recently?	Have you noticed any of these recently?
1.			
2.			
3.			
4.			
5.			
Helpful Changes I Made were:	Are these still in place?	Are these still in place?	Are these still in place?
1.			
2.			
3.			
4.			
5.			

WHAT NEXT?

If you find you're now sleeping much better and getting a good night's sleep, that's great. Congratulate yourself as you've managed to do this on your own by working through this workbook.

We can however appreciate how frustrating it must be for you if the changes you've made have begun to slip and your sleep is getting disrupted again. If this is happening then consider seeking further support.

FURTHER SUPPORT

There is a variety of sources you can approach for further support if this workbook has not been helpful. If you seek support ensure you mention you've worked through this workbook as some parts of it may help identify any additional underlying causes.

- Contact your GP who will be able to consider if there are other potential causes or other solutions for your difficulties with sleeping.
- If you're being treated for a long-term physical health condition, raise your problem sleeping with your health care team at your next review. Your sleeping difficulties may be caused by something related to your health condition or its treatment and your physical health care team may be able to address these.
- Trusted information from the NHS with sources of further information can be found at this website: <https://www.nhs.uk/every-mind-matters/mental-health-issues/sleep/>

AUTHORS

Sophie Brooks was a Lecturer on the Post Graduate Certificate in Psychological Therapies Practice (LICBT) Clinical Education Development and Research (CEDAR); Psychology at the University of Exeter, when developing this workbook. She is the author of the chapter ‘Steps to a Good Night’s Sleep’ within Low-Intensity CBT Skills and Interventions: A Practitioner’s Manual. Sophie has worked as a Psychological Wellbeing Practitioner within an IAPT service and has returned to practice as a PWP in a Devon IAPT service since the completion of this workbook.

Elaine Norton is a Lecturer on the Post Graduate Certificate in Psychological Therapies Practice (LICBT) within CEDAR; Psychology. Elaine worked as a PWP within an IAPT service before joining the team to support the PWP training programmes.

Professor Paul Farrand is Director of the Low-Intensity Cognitive Behavioural Therapy (LICBT) portfolio within CEDAR; Psychology. His main clinical and research interests are in LICBT, especially in a written and mobile phone app format. Based upon his research and clinical practice with people experiencing physical health problems, Paul has developed a wide range of written CBT self-help interventions for depression and anxiety and is editor of Low-Intensity CBT Skills and Interventions: A Practitioner’s Manual (2020). Related to these areas, he is an Expert Advisor to the Department of Health Improving Access to Psychological Therapies (IAPT) programme and Psychological Practice in Physical Health Care, member of several national level committees developing a broader psychological therapies workforce and at an international level concerning worldwide developments in LICBT.

Copyright © University of Exeter [2021] (acting through CEDAR; Psychology Department). All rights reserved.

Except as set out below, no part of this publication may be reproduced, translated, stored or transmitted in any medium by electronic means or otherwise, without the written permission of the owner. You may download a copy of the publication for your personal use and/or for your individual clinical use only, provided you acknowledge the source. Please be aware you will need a separate license if your organisation requires use of this publication across its entire service. This publication does not replace therapy, and is intended to be used by qualified professionals, to supplement treatment and is not a replacement for appropriate training. Neither the copyright holder, the authors, nor any other party who has been involved in the preparation or publication of this publication warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or the results obtained from the use of such information.

Acknowledgements

This workbook is based on the Low Intensity CBT protocol developed by Sophie Brooks (2020) Sleep Management: Steps to a Good Night’s Sleep. In P. Farrand, (ed.) Low-Intensity CBT Skills and Interventions: A Practitioner’s Manual, Sage. The protocol is informed by sleep protocols derived from the work of Professor Richard Bootzin and Dr’s Michael Perlis, Arthur Spielman, Lauren Caruso and Paul Glovinsky.

Illustrative work used throughout this workbook has been provided by Paul Dowling (Dowling Design).