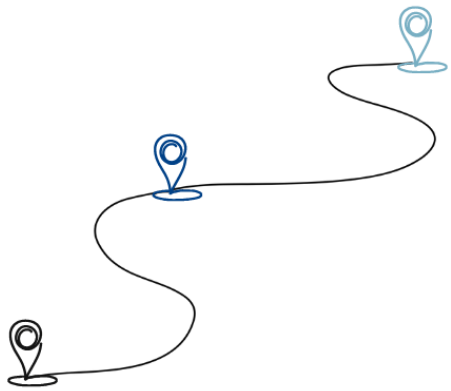
Insomnia Basics

Introducing You to Insomnia



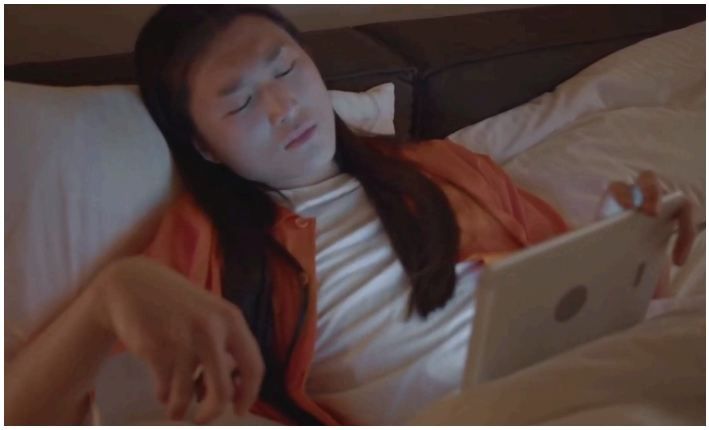
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Chapter Goals

- Learn what insomnia is and how it is maintained
- Learn about a gold-standard treatment for insomnia
- Start to identify your own insomnia patterns

What is Insomnia?



Sometimes we have too much going on or our lives are too ramped up. Sleepless nights can turn into worry about sleep. We can find ourselves experiencing **insomnia**, which includes difficulty initiating sleep, maintaining sleep, and/or waking up too early. The occasional night of sleeplessness isn't necessarily a bad thing and our bodies have an amazing ability to bounce back if events in our lives resolve. However, this pattern can persist. **Insomnia disorder** is characterized by *continuous* difficulties sleeping, worry about sleep, and behaviors to compensate, such as napping. It is different from sleep apnea or other sleep disorders. Whereas people with sleep apnea report feeling sleepy throughout the day, people with insomnia disorder are more likely to feel tired, not sleepy. In addition, these episodes are distressing and/or negatively impact our lives in some way, such as work, relationships, eating, and health. Millions of people experience at least one insomnia episode in their life.

Why insomnia sticks around and how to manage insomnia is the focus of this workbook. Insomnia disorder is a **psychological disorder**, which means that it is an *automatic* pattern of attending, thinking, feeling, and acting that is maintained in a *cycle* despite creating problems (Barlow, 2021; Bringmann et al., 2023). We want to

highlight that insomnia disorder is automatic. People don't wake up in the morning and say, "You know what, I'm going to experience insomnia today." The cycle just happens to them. A large body of research points to a set of factors that keep insomnia going, despite people wanting it to stop (Barlow, 2021).

Here's an example of an insomnia cycle. As you read, take note of anything with which you can relate. It's okay if you don't quite understand what is outlined here or if your situation is a bit different. Your therapist can help.

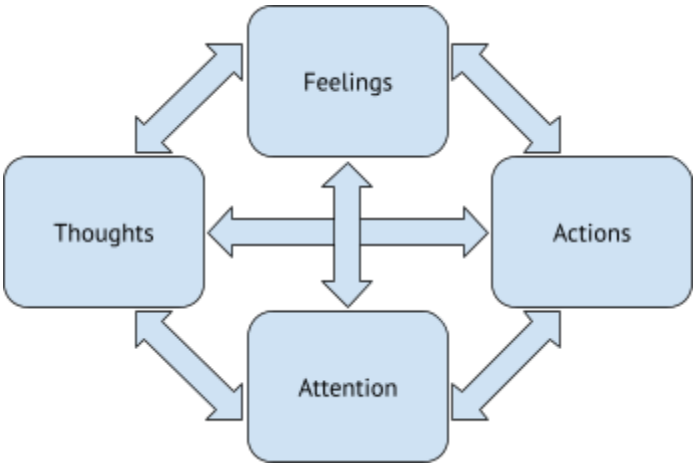
Those experiencing insomnia disorder can have a history of having a lot of physical or mental energy. This along with life circumstances that make sleep more difficult—for example, having a child, being in a noisy urban area—increase the likelihood of sleepless nights. A couple sleepless nights aren't usually a problem. However, those with insomnia disorder are more likely to worry about being able to sleep and the potential consequences of sleepless nights. This unintentionally increases physiological arousal and makes it even harder to sleep. Since there are real consequences to sleepless nights—concentration and performance is hindered—it is easy for people to try to "make up sleep" by napping throughout the day, going to bed early, or sleeping in on the weekends. Unfortunately, these compensatory behaviors can backfire. For instance, napping and sleeping in reduces one's sleep drive, thereby making it difficult to sleep at night. This cycle can be quite distressing, which also increases physiological arousal and decreases the likelihood of sleeping.

Despite this continuous and automatic cycle, we can still make changes. Many researchers and clinicians agree that identifying patterns of attending, thinking, feeling, and acting that keep us stuck and practicing new ways of responding can really help us bounce back from insomnia disorder and move us closer to a life worth living (Hofmann et al., 2012). Making changes can even be observed in our nervous system, which inherently responds to our environments and can be shaped by our experiences (Linden, 2006). However, we need to start by getting a better sense of your own experiences of insomnia.

Although there are common patterns across people, insomnia can look a little different from person to person, especially when considering the culture in which people live. Take a moment to write down your experience with insomnia: (1) when and where you have sleepless nights, (2) what sort of feelings show up when you're struggling with sleep, (3) what you tend to notice when you're experiencing insomnia, (4) how or what you tend to think about before, during, or after a sleepless night, and (5) what you tend to do to cope with insomnia.

Cognitive Behavioral Therapy

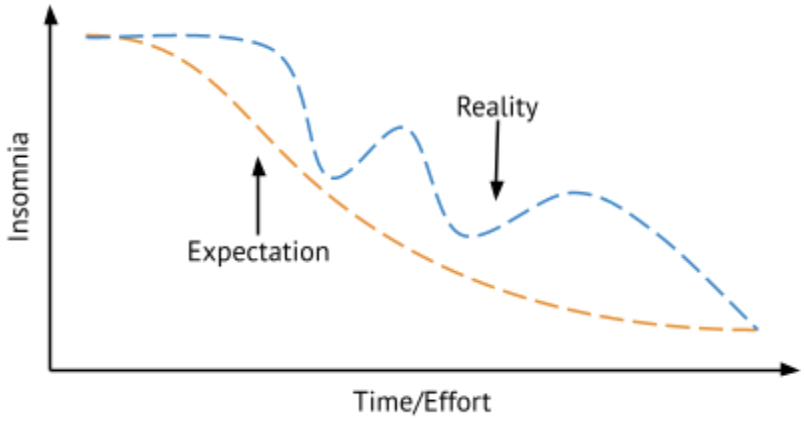
Cognitive Behavioral Therapy (CBT) has been adapted to treat different psychological disorders within different cultures (Naeem et al., 2019). It is considered a "gold-standard" treatment because it is the most effective and reliable treatment with enduring long-term benefits (David et al., 2018). The basic idea behind CBT is that different events can trigger different responses—attention, thoughts, feelings, and actions. This happens because at some point in our lives, we learned to respond to certain events in particular ways. We call this our "learned history," which includes our personal experiences as well as cultural expectations. These responses can actually impact one another and end up forming one's insomnia disorder. Characteristic responses of insomnia include:



- **Attention** - Towards sleep related information, for example, clocks at night
- **Thoughts** - "I'm not going to be able to sleep", "I just need to try harder."
- **Feelings** - Tired, irritated, anxious, low mood
- **Actions** - Laying in bed worrying, napping during the day, sleeping in

How these responses are triggered and maintained is what you and your therapists will uncover together. Developing this understanding is what we call a **case formulation** and it directly informs what your treatment will look like.

It is helpful to have clear expectations through treatment. CBT can help you improve your insomnia by helping you notice the thoughts, feelings, actions, and attention that keep you stuck as well as guide you towards new ways of responding. However, CBT isn't guaranteed and there are a lot of factors that impact how successful someone may be—for example, how many sessions you have, how much effort you put into change, how supportive your environment is, etc. If you do see improvements, they likely won't be linear.



There are a number of what we call "core clinical change processes" that you and your therapists will consider when developing your **treatment plan**—for example, stimulus control, cognitive reappraisal, behavioral activation, mindful awareness, prolonged exposure, etc. A common change process used in insomnia treatment is stimulus control (Riemann et al., 2022), which entails creating new associations with a person's environment so that the problematic behaviors are less likely to occur—not worrying in bed—and desired behaviors are more likely to

occur—only sleeping in bed. Each process comes with different change techniques, which you could think of as different skills.

Keep in mind that CBT is an effortful process. It is imperative that once you learn a new technique/skill, you practice it over and over and over again. We want you to retain your new pattern of responding so that it—and not the disordered pattern—becomes automatic. You may find that you take two steps forward and one step back. This is normal. Change is hard and it takes time to develop new patterns. Try not to get too discouraged. Anything worth doing is typically hard. Remember, if you're ever having a hard time understanding anything in this workbook or doing the activities in this workbook, reach out to your therapist.

Illuminating Your Patterns

What we mean by that is, shine a big ol' light on your insomnia cycle. Really look at the events and subsequent responses—attention, thoughts, feelings, and actions—that keep you stuck. This process, which we call **self-monitoring**, can increase the likelihood of changing unproductive habits (Zhao et al., 2021). Put simply, we can't change something that we aren't aware of.

To do this, you will need to make note of five things: events, attention, thoughts, feelings, and actions. **Events** are the triggers for insomnia. Situations you are in can automatically trigger specific responses. These situations can be anything, such as having a hectic day at work or arguing with a loved-one. Sometimes these events are about sleep itself, such as seeing how early you have

to wake up for your day. Triggers can also be various emotions that you may be experiencing. Sometimes we can change these events. More often than not, we are changing how you respond to them.

Attention is where your focus is. It is the built-in flashlight that we have. It is what you notice outside and inside your body. What we attend to can bias our cognitive processing. Do you find yourself overly focused on worries about your day or being able to sleep? Do you notice the time on the clock or other sleep-related information?	**Thoughts** are how you make sense of things that have happened. Sometimes how we perceive an event is more important than the event itself. For instance, what is the significance of not being able to sleep? What might happen if you don't? What are some ways your mind tells you how to "make up" sleep?
Feelings are the sensations in your body. They are the body's way of telling us that something is amiss. However, feelings can be learned and removed from any actual problem. You may experience tension in your muscles, shallow breathing, jitteriness, or being tired. Changes in your appetite are also possible.	**Actions** are the things you do to try to address or cope with the events or feelings. Not being able to sleep isn't so much an action as an absence of an action. Worrying may be what you are doing. Compensatory behaviors are also common, such as napping during the day, sleeping in on weekends, or laying in bed watching TV.

See the next page for your first "Change Task," which outlines how to monitor your insomnia along with a helpful worksheet.





Change Task
Illuminate Your Insomnia Cycle

It is helpful to get in the habit of tracking the ebb and flow of your insomnia. So, what triggers your insomnia and what does your insomnia look like—your attention, thoughts, feelings, and actions? On the flip side, what makes your insomnia better? If you are unclear on whether something is a trigger or not, just write down what is going on in your day on days when you are experiencing insomnia. You can start to monitor your insomnia using the worksheet on the next page. It's helpful to get a couple weeks of data before you can start to see a pattern emerge. As you monitor, write down the events and responses as soon as you can. You may find that it is helpful to keep this workbook with you or jot down some notes on a piece of paper and then transfer your notes to this worksheet.

Self-Monitoring Worksheet

Events The triggers of your insomnia	**Attention** What you tend to notice or focus on	**Thoughts** How you make sense of different events	**Feelings** The sensations in your body	**Actions** How you cope with the event or feelings

Chapter Summary

You have learned quite a bit in this chapter. You learned:

1. that the occasional night of sleeplessness is common,
2. that insomnia disorder is a cycle of insomnia that creates problems,
3. how cognitive-behavioral therapy can help,
4. what are reasonable expectations for progress,
5. the difference between events, attention, thoughts, feelings, and actions, and
6. the importance of knowing your insomnia cycle.

Your **change task** for the week is to write down when and where you are experiencing insomnia and any responses—attention, thoughts, feelings, and actions—that are associated with insomnia.

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