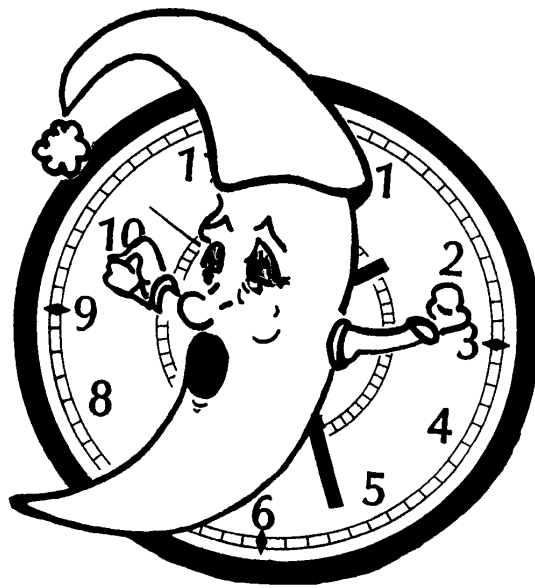


SLEEP, INSOMNIA AND AGING



HOW TO RECOGNIZE A SLEEP PROBLEM AND WHAT TO DO ABOUT IT

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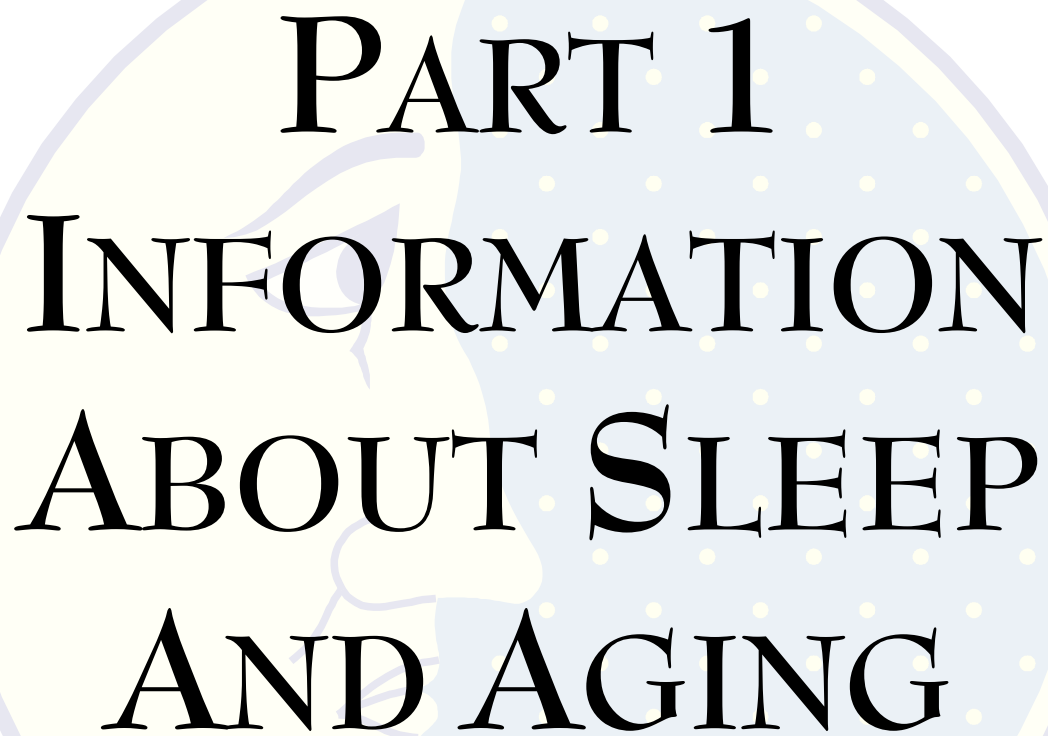
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PART 1 INFORMATION ABOUT SLEEP AND AGING

This section reviews normal aging-related changes in sleep and the characteristics of insomnia.

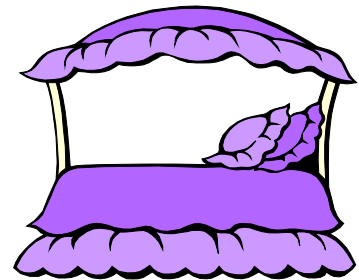
Chapter 1

INFORMATION ABOUT SLEEP AND AGING

What happens to our sleep as we grow older?

Compared with younger people, it is normal for older people to

- *wake up more frequently during the night*
- *spend more time awake during the night*
- *sleep less deeply and be awakened more easily by a relatively minor noise*
- *wake up more frequently early in the morning*



These are the normal changes accompanying the aging process.

What is insomnia?

It can be called insomnia when you experience the following three times per week or more often

- *it takes 30 minutes or more to fall asleep*
- *you are awake 30 minutes or longer during the night*
- *after waking too early in the morning, you cannot get back to sleep*



Typically, everyone experiences insomnia at some time during their lives.

However, if you have one or more of the above symptoms **3 times a week** or more and you have experienced the symptom(s) for **6 months** or more, this may be called chronic insomnia. Although this sounds like a major problem, it is interesting that in our research we found a relatively large group of older adults who had the objective symptoms of chronic insomnia, but were not particularly upset by their disturbed sleep. Therefore, simply experiencing these symptoms does not necessarily constitute a major sleep problem for many older people.

So when is insomnia a problem?

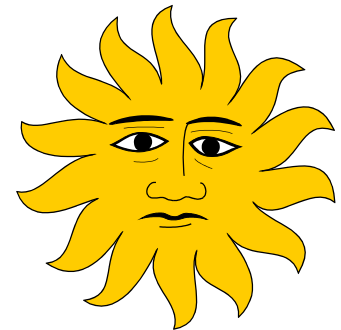
For older adults, we would call troubled sleep an insomnia **problem** only if they are also **suffering**.

SUFFERING IS NOT A NORMAL PART OF GROWING OLDER

How do we define suffering?

Suffering occurs at a variety of levels:

- C **Behavior:** You may have a lot of difficulty falling asleep or getting back to sleep after you wake up in the middle of the night or too early in the morning. Although this is a sign of troubled sleep, it does not necessarily mean that you are suffering.
- C **Thoughts:** You may have a lot of thoughts in your head, particularly unpleasant or worrying kinds of thoughts, when you are trying to go to sleep or get back to sleep. You may also believe you are not able to help yourself fall back to sleep.
- C **Feelings:** You feel unhappy and distressed during the night when you are awake. You may feel tense, anxious or depressed. During the day you may feel tired and sleepy. You may also feel that your ability to concentrate or to accomplish your daily tasks is impaired.



TROUBLED SLEEP BECOMES AN INSOMNIA PROBLEM WHEN YOUR SLEEP IS DISRUPTED AND YOU ARE SUFFERING



PART 2 CAUSES OF INSOMNIA

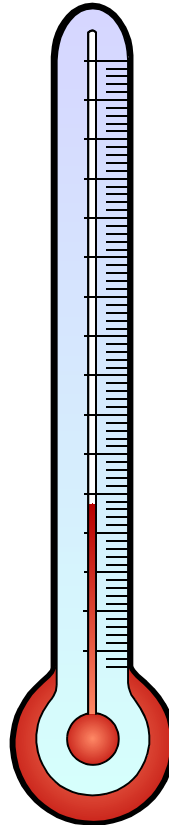
This section is divided into two chapters: "Physical Causes" and "Experiential Causes." Of course, these two sets of causes are not mutually exclusive, and a problem which starts out with a physical cause can be maintained by psychological causes. Conversely, insomnia caused by experiential factors can be made worse by physical events.

Chapter 2

PHYSICAL CAUSES

Physical causes of troubled sleep and insomnia can be grouped into several major categories:

- L** *Medical Disorders*
- L** *Primary Sleep Disorders*
- L** *Psychiatric Disorders*
- L** *Drug Effects*
- L** *Sleep Phase Disorders*
- L** *Environmental Factors*
- L** *Normal Aging*



Medical Disorders

Examples of some medical conditions which are relatively more common in older adults and which can cause insomnia are:

- | | |
|------------------------|--------------------------|
| , Pain | , Chronic Kidney Failure |
| , Thyroid Problems | , Parkinson's Disease |
| , Heart Failure | , Multiple Sclerosis |
| , Arthritic Conditions | , Fibromyalgia |
| , Chronic Lung Disease | , Alzheimer's Disease |



Consider the possibility of a **Medically Related Sleep Disorder** if:

- C you have been hospitalized during the past year
- C you have trouble sleeping because of pain at least once a week
- C you wake up to use the bathroom more than twice per night
- C you believe your health is worse than that of other people your age

RP What to do

If your sleep disturbance coincides with the onset of a medical disorder and if it follows the same pattern, the sleep problem is probably due to the medical problem. The medical problem should be treated and, if possible, resolved.

Primary Sleep Disorders

There are five major conditions in this category and they are more common in older adults:

- , *Restless Legs Syndrome*
- , *Periodic Limb Movements in Sleep*
- , *Sleep Apnea*
- , *Parasomnias*
- , *Narcolepsy*

Restless Legs Syndrome: A disagreeable sensation in the legs when you are at rest (a "creepy crawly" feeling) which is relieved by movement

Periodic Limb Movements: Typically these are abrupt, jerky leg movements

Consider the possibility of **Restless Legs Syndrome** or **Periodic Limb Movement Disorder** if:

- C you have **any** of the following 4 symptoms
- C twice a week or more often, and
- C the problem has been present for at least two months
- a. Your legs bother you after you go to bed at night (e.g., cramps, jerking movements, crawling sensations)
- b. At night, you feel like something is crawling on your legs and you have to shake it off or move your legs
- c. You wake up because of a cramp in your leg
- d. You or your bedpartner noticed that parts of your body jerk at night

RP What to do

If Restless Legs Syndrome or Periodic Limb Movement Disorder is suspected, this should be confirmed and treated medically.

Sleep Apnea:

This is a breathing disorder, usually accompanied by very loud snoring and periodic lapses in breathing. Typically, people wake up momentarily when these stops in breathing occur. They are often not aware of waking up in order to resume breathing. The main symptom the individual experiences is severe daytime sleepiness.



Consider the possibility of **Sleep Apnea**, a disorder which is especially common in men who are overweight, if:

- you **snore loudly** - so loudly that you have woken yourself up or someone else has commented on your snoring -

AND

- you have **2** of the following symptoms
 - twice a week or more often, and
 - the problem has been present for at least two months
- a. Wake up in the middle of the night and feel unable to breathe (feel like you are gasping for air or someone else has noticed that you seem to stop breathing)
 - b. Wake up with a headache
 - c. Feel exhausted during the day
 - d. Wake up with a dry mouth (and you do not take any medication which has dry mouth as a side effect)

RP What to do

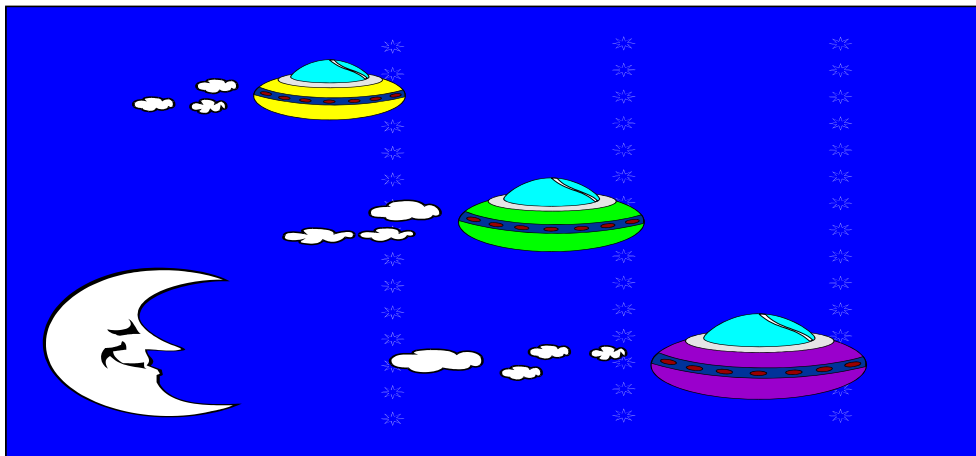
If Sleep Apnea is suspected, you should be referred to a Sleep Laboratory where you will probably have all night monitoring of your sleep (polysomnography). If Sleep Apnea is diagnosed, it may be treated medically.

Parasomnias: These are unusual physical events that occur during sleep such as

sleepwalking, nightmares, and teeth grinding (bruxism). They are most commonly experienced by children but a small percentage of older adults may experience these as well.

Consider the possibility of a **Parasomnia** or an **Unspecified Sleep Disorder** if you have any of the following symptoms:

- C once a week or more often, and
- C the problem has been present for at least one month
- a. You have nightmares
- b. You wake up afraid, with no dream recall, or only recall a single frightening image
- c. At these times, you notice sweating, fast pulse
- d. You sleepwalk
- e. You wake up and are not able to move
- f. You experience confusion during the night

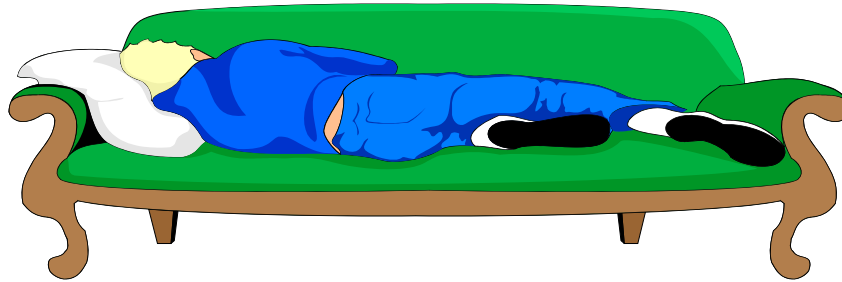


RP What to do

If a Parasomnia or Unspecified Sleep Disorder is suspected, check the symptoms with your physician. He or she will deal with any medical aspect diagnosed. You may be referred to a psychologist for any stress-related aspects of these symptoms.

Narcolepsy:

This is a sleep disorder characterized by irresistible daytime sleepiness or uncontrollable experiences of falling asleep at inappropriate times or places (e.g., during a conversation, while driving, or while eating a meal). Other symptoms of this disorder may include a daytime experience of sudden muscle weakness triggered by intense emotion (cataplexy), a feeling that you are awake, but cannot move (sleep paralysis), or exceptionally vivid dreams (hallucinations) during the transition from being awake to being asleep and during the process of awakening from sleep.



Consider the possibility of **Narcolepsy** if you have the following symptoms:

- C once a week or more often, and
- C the problem has been present for at least one month
- a. You have problems waking up, and
- b. You have difficulty staying awake during the day when you really want to be awake (this can happen while you are driving, at a table with friends, at work, etc.)
- c. You have sudden muscle weakness (and may even fall) when you experience strong emotion
- d. You have exceptionally vivid dreams (hallucinations) when you are in the process of falling asleep or waking up from sleep

RP What to do

Of these primary sleep disorders, only Restless Legs Syndrome and Narcolepsy are likely to be recognized by the individual as interfering with sleep. Periodic Limb Movements in Sleep and Sleep Apnea may both be associated with very short awakenings of which the individual is usually unaware. It is most likely that a bed partner will complain about kicking movements or very loud snoring and gasping. This not only causes brief, frequent awakenings for the affected individual, but can also interfere with the bed partner's sleep as well.

If Narcolepsy is suspected, you should be referred to a Sleep Laboratory where you will probably have all night monitoring of your sleep (polysomnography). If Narcolepsy is diagnosed, it may be treated medically.

Psychiatric Causes

Examples of some psychiatric disorders which are relatively common in older adults and can cause insomnia are:

- , *Major Depression*
- , *Anxiety Disorders*
- , *Obsessive-Compulsive Disorder*



Consider the possibility of a **Depression Related Sleep Disorder** if:

- you are currently depressed
- during the past year, you have been severely depressed
- you are currently taking medication for depression

RP What to do

If the severity of the sleep problem is closely related to a psychiatric problem, even if the two did not start exactly at the same time, then the sleep problem is probably due to the psychiatric disorder.

The psychiatric disorder should be treated and, if possible, resolved.

Drug Effects

- , *Medications for Illness or Chronic Conditions*
- , *Sleep Medications*
- , *Nonmedical Drugs*

Medications for Illness or Chronic Conditions

Sometimes the medications which are taken for a medical or psychiatric disorder can themselves cause insomnia.

Some examples are:

- , *Thyroid Hormones*
- , *Beta Blockers*
- , *Corticosteroids*
- , *Bronchodilators*
- , *Decongestants*
- , *Anti-Parkinson's Medication*
- , *Stimulating Antidepressants*



Consider the possibility of a **Medication Related Sleep Disorder** if you are currently taking medication prescribed for an illness or a chronic condition

and

- you feel the medication interferes with your sleep, and
- you are taking such medication at least twice a week

RP What to do

You may want to check with your physician about the dose, the time at which you are taking your medication, or a substitute medication which does not interfere with sleep.

Sleep Medications

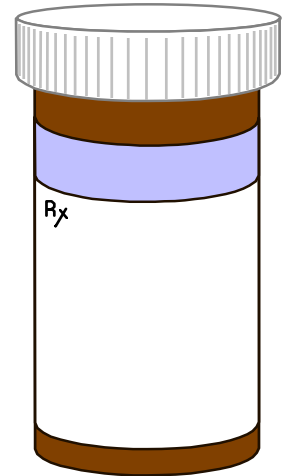
You may be surprised to learn that even the drugs that help you fall asleep can also cause insomnia.

If you have been taking medication to help you sleep almost every night for a relatively long time - months or even years -

- *sleep medication which has been prescribed*
- *over-the-counter sleep medication you chose on your own*

You will probably find that

- *they do not really work any more*
- *when you try to stop taking them you have even worse insomnia (this is called rebound insomnia)*
- *you feel less alert and less able to function efficiently during the day ("hangover effect")*



Consider the possibility of a **Sleep Medication Related Sleep Disorder** if you have

- C recently taken prescription or over-the-counter medication for sleeping problems, and
- C you used this 3 times a week or more often during the past month, or
- C you recently discontinued use of these drugs (past 2 months)

RP What to do

You should consult your physician about gradually tapering off these medications.

Nonmedical Drugs

People also take other kinds of drugs which they may not even consider to be drugs, but which can cause insomnia.

Some examples of these are

- , *Alcohol*
- , *Caffeine*
- , *Nicotine*

Alcohol: Alcohol is a powerful sedative, but the sedative effect wears off fairly quickly. Typically, alcohol consumed close to bedtime causes fragmented sleep and awakenings in the latter half of the night (i.e., 3 to 4 hours later).



Caffeine and Nicotine: Caffeine (coffee, tea, cola) and nicotine (cigarettes, nicotine gum, the nicotine patch) are stimulants. If used close to bed time, these can prevent you from falling asleep at night. Quitting smoking can also cause sleep problems.



RP What to do

If you have a problem with waking up in the middle of the night and being unable to get back to sleep, do not smoke or drink alcohol or caffeinated beverages close to bedtime.

Sleep Phase Disorders

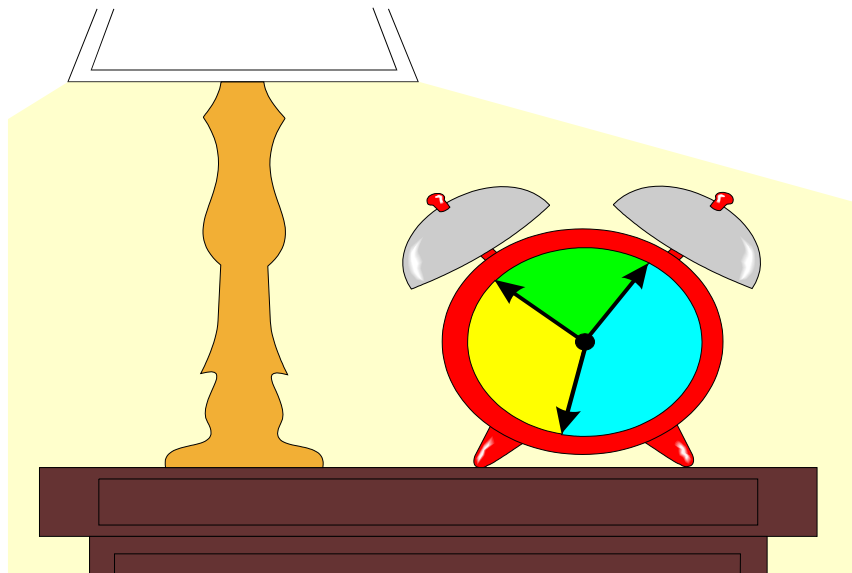
These are disorders of the individual's internal clock.

, *Advanced Sleep Phase Syndrome*

, *Delayed Sleep Phase Syndrome*

Advanced Sleep Phase Syndrome: The internal clock is saying that it is time to sleep **before** the individual wants to. For example, one may feel too sleepy in the early evening, fall asleep too early, and then awaken too early in the morning. This pattern appears to be most common in older adults.

Delayed Sleep Phase Syndrome: The internal clock is saying it is time to sleep **later** than the individual wants to. For example, one may feel sleepy and fall asleep only at 4:00 A.M. and then one cannot really wake up until nearly noon. This pattern is less common in older adults and more typical in younger people, especially adolescents.



RP What to do

If you have one of these two sleep patterns and it is interfering with the lifestyle you desire, you should consider consulting a psychologist or a sleep specialist who is knowledgeable about insomnia, bright light therapy and effective sleep practices.

Environmental Factors

There are two common environmental circumstances which cause sleep phase problems and make you feel sleepy, lethargic and fatigued when you want to feel rested and alert

, *Jet Lag*

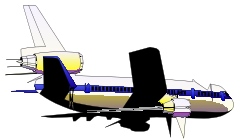
, *Shift Work*

Jet Lag: This occurs when you are travelling across time zones and your internal clock falls out of sync with the new time zone

Shift Work: This involves having to work on an evening or night shift

RP What to do

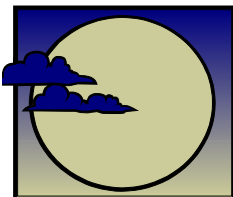
To minimize jet lag



C *Adjust your sleep schedule to the local one as soon as you arrive [e.g., if necessary, take only a very brief (1 hour) nap when you arrive, then stay awake until the local night time]*

C *Stay out in the bright daylight for at least several hours (3-4 hours) on the day you arrive and during the next few days.*

To minimize the effects of shift work



C *keep your bedroom environment completely dark if you have to sleep during the day*

C *keep on a regular sleep schedule*

Normal Aging

As you get older, you will probably awaken more frequently and you may find that you have to get up during the night to urinate. This, by itself, does not cause insomnia. If you have to get up to go to the toilet in the middle of the night, avoid looking at the clock and avoid bright lights. As soon as you are back in bed, close your eyes and relax. This will help you fall back to sleep quickly.

Chapter 3

EXPERIENTIAL CAUSES

Even after physical causes for insomnia have been either ruled out or treated, many people still experience persistent and distressing insomnia. This is officially known as "psychophysiological insomnia" or a "disorder of initiating and/or maintaining sleep" (DIMS). This means it is not caused by a medical disorder and medical treatment of the underlying problem is not appropriate. Nevertheless, people still **suffer** from this type of sleep disorder.

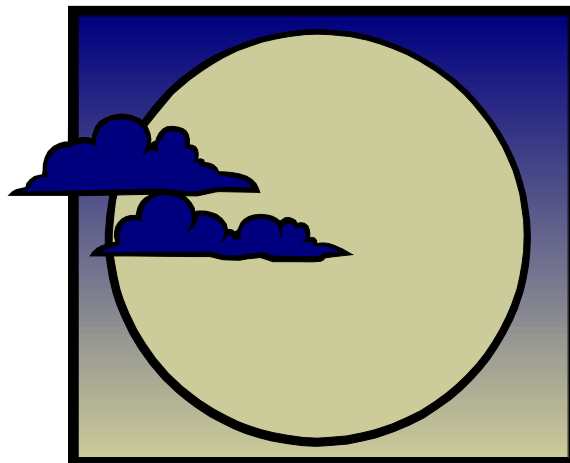
Experiential causes can be grouped into four major areas:

L *Cognitive (Thoughts and Beliefs)*

L *Affective (Feelings)*

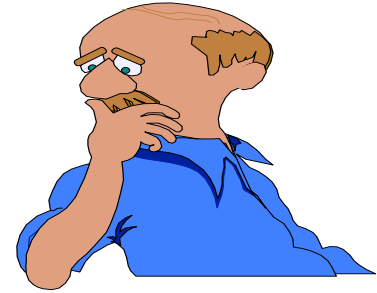
L *Behavioral*

L *Time Perception*

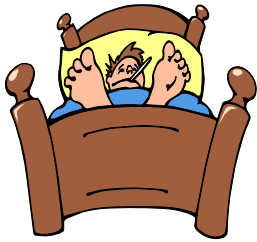


Cognitive Causes (Thoughts and Beliefs)

We believe that negative thinking - primarily pessimistic, worrying and anxious thoughts and self-statements while awake during the night - is probably the most important contributor to suffering in the insomnia experience. In fact, we believe, and this belief is supported by our research findings, that it is negative thinking, like thinking about bad things happening in the world and about one's problems and those of family members and friends, which is the key experiential cause of insomnia. Of course, it is also likely that people who think negatively while they are awake at night might have an anxious, worrying style of thinking during the day. They may also evaluate their daily activities in a negative light.



Affective Causes (Feelings)



You may feel upset and unhappy when you find yourself awake during the night; you may also feel tense and anxious. This can lead to a vicious circle of the worse you feel, the more difficult it is to fall asleep. The more difficulty you have falling asleep or getting back to sleep, the more worried and tense you feel - and so on.

In the daytime, you may feel tired and not fully alert. You might feel that you are not operating efficiently. These daytime feelings may not be evident to other people, but the feelings can be very unpleasant for you.

Behavioral Causes

You may wake up several times during the night - this may be due to environmental conditions, pain, drug effects, etc., as well as to normal aging. What can cause problems is that once you are awake, you may be inclined to do things which are not conducive to falling asleep. For example, you may do a lot of tossing and turning, or you may spend time working on personal problems.

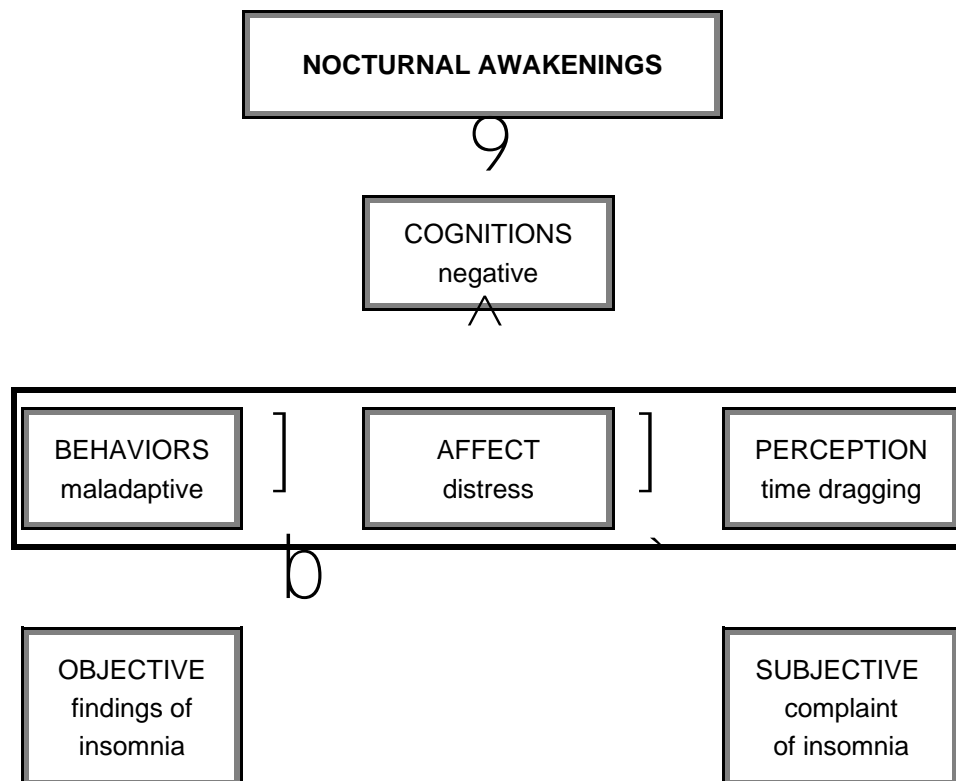


Time Perception



When it is difficult to fall asleep in the middle of the night and you are feeling distressed, you may also experience time as passing very slowly - the feeling that time is dragging. Will the night ever end? Will I ever get to sleep? Of course, this can contribute to feeling upset and distressed.

A NEW WAY OF LOOKING AT THE COMPLAINT OF INSOMNIA



Our **Cognitive Model of Insomnia** illustrates how the psychological causes of insomnia interact. Notice that the model takes into account that older adults will normally wake up during the night. What causes these normal awakenings to become insomnia is the negative thinking. These lead to upsetting and troublesome nighttime feelings and behaviors which prolong the time spent awake. This is also associated with the perception that time is passing slowly and the overestimation of how long one has been awake.

These factors, in combination, make the insomnia problem feel bigger and lead to more negative thoughts, which then interfere with falling asleep or returning to sleep.

High and Low Distress Poor Sleepers

In our research, we identified a substantial number of older individuals who, in spite of sleeping badly, were only minimally distressed by their sleep disorder. It seems that these people sleep almost as badly as the poor sleepers who complain of insomnia, but they appear to have adjusted well to the changes in sleep pattern related to the aging process.

Much of our research has been directed at uncovering the differences between these "Low Distress" and "High Distress" Poor sleepers - people who are severely troubled by their sleep problem - in order to learn as much as possible about what good adjustment to troubled sleep means. Our intention was to use this information to help people who are suffering from insomnia.



What are Low Distress Poor Sleepers Like?

Low Distress Poor sleepers are different from High Distress Poor sleepers in all three key domains of functioning: cognitive (thoughts and beliefs), affective (feelings), and behavioral.

COGNITIVE (THOUGHTS AND BELIEFS)

At night, when they are awake, Low Distress Poor sleepers have as many thoughts as High Distress poor sleepers. The difference is that considerably **fewer** of their thoughts are **negative**. Compared to High Distress Poor sleepers, Low Distress Poor sleepers

- , *Think about fewer unpleasant things*
- , *Worry less*
- , *Believe they have more control over their sleep*
- , *Expect to sleep less - thus, the time they expect to sleep is closer to the amount of time they actually sleep*



AFFECT (FEELINGS)

At night, Low Distress Poor sleepers

- , *Feel much less anxious and tense*



During the day, Low Distress Poor sleepers

- , *Are less anxious, worried and depressed*
- , *Feel less sleepy*
- , *Feel less tired*
- , *Have less difficulty concentrating*



BEHAVIORS

At night, Low Distress Poor sleepers are less likely to

- , *Toss and turn*
- , *Work on personal problems*



During the day, both Low and High Distress Poor sleepers

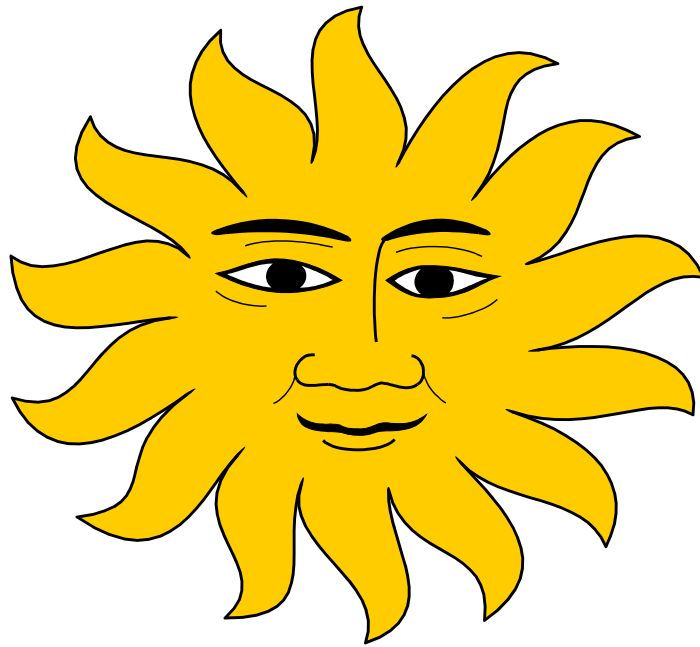
- , *Engage in similar kinds of activities*
- , *Participate in a similar number of aversive activities - things they do not particularly like to do, such as caring for ailing family members and going to doctor's appointments. However, Low Distress people put a more "positive spin" on how they regard what they are doing.*



RP What to do

For people suffering from experiential insomnia, coping with the problem should consist of:

- , Accurately identifying the main problem area(s)*
- , Changing problematic aspects to facilitate sleep and to reduce suffering*



With the help of the next two sections of this manual, you can go a long way towards identifying and coping with your own sleep problems.



PART 3 EVALUATION

This section consists of a series of questions which will help you understand your own sleep-related patterns and to locate the areas of your particular problem.

Chapter 4

EXPLORING THE POSSIBLE CAUSES OF YOUR INSOMNIA

To help discover the possible causes of your insomnia, first complete some questionnaires.

Usual Sleep/Wake Profiles

The questions below are based on a measure which was developed by our research team to give you a "snapshot" of your sleep/wake experience.

Your scores can be compared with average scores of older adults who are Good sleepers, Medium Quality sleepers and Poor sleepers.

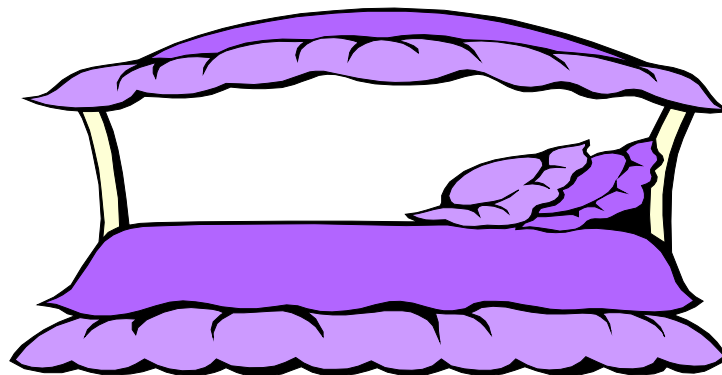
Write your answers in the column labelled **YOU**.

USUAL SLEEP PROFILE	YOU
1. How many hours do you usually sleep per night?	___ hr ___ min
2. At bedtime, how long does it usually take you to fall asleep?	___ hr ___ min
3. How many times do you usually wake up during the night?	___ times per night
4. After you have fallen asleep for the first time, when you wake up during the night, approximately how long are you usually awake?	___ hr ___ min
5. During a typical week, how often do you have difficulty falling asleep or getting back to sleep?	___ times per week
USUAL SLEEP LIFESTYLE PROFILE	
6. What is the usual time you go to bed?	
7. What is the usual time you get up?	

USUAL SLEEP RELATED FEELINGS PROFILE	YOU
<p>8. How distressed are you by an insomnia problem? Circle the appropriate number and enter it in the column "YOU".</p> <p style="text-align: center;">not at all 1 2 3 4 5 6 7 8 9 10 very much</p>	
<p>9. When you are lying in bed trying to fall asleep, on a scale of 0 to 100, how tense do you usually feel? Circle a number and enter it in the column "YOU".</p> <p style="text-align: center;">not at all 0 10 20 30 40 50 60 70 80 90 100 very tense</p>	
USUAL DAYTIME PROFILE	
<p>10. How often do you feel tired during the day because of lack of sleep?</p>	days/week
<p>11. How often do you have difficulty concentrating on what you have to do because of lack of sleep?</p>	days/week
<p>12. ¹Circle the number of the statement which best describes how sleepy you are on most days and enter it in the column "YOU".</p> <ol style="list-style-type: none"> 1. Feeling active and vital; alert; wide awake 2. Functioning at a high level, but not at peak; able to concentrate 3. Relaxed; awake; not at full alertness; responsive 4. A little foggy; not at peak; let down 5. Foggy; beginning to lose interest in remaining awake; slowed down 6. Sleepy; prefer to be lying down; fighting sleep; woozy 7. Lost struggle to remain awake <p><small>¹Stanford Sleepiness Scale - Modified from Hoddes, E., Zarcone, V., Smythe, H., Phillips, R., & Dement, W.C. (1973). Quantification of sleepiness: A new approach. <i>Psychophysiology</i>, 13, 213-214, 222. Reprinted with the permission of Cambridge University Press.</small></p>	

Listed below are the same questions which you have just answered. This time, the answers under the heading **OTHERS** will give you an idea of how Good sleepers, Medium Quality sleepers and Poor sleepers answer. You can now compare your own answers with the ones in these three categories and get an idea about where you fit.

USUAL SLEEP PROFILE	OTHERS		
	Good Sleepers	Medium Quality Sleepers	Poor Sleepers
1. How many hours do you usually sleep per night?	7 hr	6½ hr	5½ hr
2. At bedtime, how long does it usually take you to fall asleep?	10 min	30 min	60 min
3. How many times do you usually wake up during the night?	0 to 1 time / night	1 to 2 times / night	2 times / night
4. After you have fallen asleep for the first time, when you wake up during the night, approximately how long are you usually awake?	5 min	1 hr	2 ½ hr
5. During a typical week, how often do you have difficulty falling asleep or getting back to sleep?	0 to 1 day/week	2 days/week	4 to 5 days/week
USUAL SLEEP LIFESTYLE PROFILE			
6. What is the usual time you go to bed?	11:10 p.m.	11:10 p.m.	11:15 p.m.
7. What is the usual time you get up?	7:15 a.m.	7:15 a.m.	7:15 a.m.



USUAL SLEEP RELATED FEELINGS PROFILE	OTHERS			
	Good Sleepers	Medium Quality Sleepers	Low Distress Poor Sleepers	High Distress Poor Sleepers
8. How distressed are you by an insomnia problem? not at all 1 2 3 4 5 6 7 8 9 10 very much	1	3	2 to 3	8
9. When you are lying in bed trying to fall asleep, on a scale of 0 to 100, how tense do you usually feel? not at 0 10 20 30 40 50 60 70 80 90 100 very tense all tense	20	30	30	60
USUAL DAYTIME PROFILE				
10. How often do you feel tired during the day because of lack of sleep?	1 day/week	1 to 2 days/week	2 days/week	4 to 5 days/week
11. How often do you have difficulty concentrating on what you have to do because of lack of sleep?	0 to 1 day/week	1 to 2 days/week	1 to 2 days/week	2 days/week
12. Circle the number of the statement which best describes how sleepy you are on most days ¹ . 1. Feeling active and vital; alert; wide awake 2. Functioning at a high level, but not at peak; able to concentrate 3. Relaxed; awake; not at full alertness; responsive 4. A little foggy; not at peak; let down 5. Foggy; beginning to lose interest in remaining awake; slowed down 6. Sleepy; prefer to be lying down; fighting sleep; woozy 7. Lost struggle to remain awake	1 to 2	2	2	3
¹ Stanford Sleepiness Scale - Modified from Hoddes, E., Zarcone, V., Smythe, H., Phillips, R., & Dement, W.C. (1973). Quantification of sleepiness: A new approach. <i>Psychophysiology</i> , 13, 213-214, 222. Reprinted with the permission of Cambridge University Press.				

Now that you have an idea about how your sleep/wake profile compares to that of others, go on to the next page and evaluate your **thoughts** during the night.

Usual Thoughts Profile

This is a measure developed by our research team to examine the kind of thoughts you have when you are awake during the night. Your scores will indicate the balance between your positive and negative thoughts. You will also be able to compare your scores to the average scores of Good, Medium Quality and Low Distress and High Distress Poor sleepers.

Choose a number (0 to 4) from the list below and write it in the space beside the question number.

SELF-STATEMENT TEST: 60+

WHEN YOU ARE TRYING TO FALL ASLEEP OR GET BACK TO SLEEP, GENERALLY, HOW OFTEN DO YOU HAVE EACH OF THE FOLLOWING THOUGHTS? You can have both pleasant and unpleasant thoughts about the same topics.

Answer according to this scale:

0 = never or hardly ever
1 = rarely
2 = sometimes
3 = often
4 = very often

Put your answer here

N

-
-
- ___ 1. How tense I am feeling
 - ___ 2. Something I enjoyed reading or watching on TV
 - ___ 3. Bad things happening in the world
 - ___ 4. Unpleasant thoughts about my activities (housework, projects, job, volunteer work, etc.)
 - ___ 5. How I'm going to get a really good night's sleep and feel refreshed tomorrow
 - ___ 6. Unhappy times I have had long ago
 - ___ 7. Good things happening to my family or friends
 - ___ 8. How soothing the sounds of my bedroom are
 - ___ 9. Generally pleasant, positive thoughts
 - ___ 10. Unpleasant thoughts about things I need to do during the next few days
 - ___ 11. How lucky I am to be in good health
 - ___ 12. Pleasant thoughts about my future (vacation plans, start of golf season, etc.)
 - ___ 13. Poor health of family members or friends

Answer according to this scale:

0 = never or hardly ever
1 = rarely
2 = sometimes
3 = often
4 = very often

Put your answer here

N

-
-
- ___ 14. If I don't get to sleep soon, I will feel very tired tomorrow
- ___ 15. Good things happening in the world
- ___ 16. How quickly time passes when I'm trying to fall asleep
- ___ 17. Positive thoughts about myself, in general
- ___ 18. Unpleasant things I did during the past few days
- ___ 19. Happy times I have had long ago
- ___ 20. How relaxed I am feeling
- ___ 21. Generally unpleasant, distressing thoughts
- ___ 22. How disturbing the sounds of my bedroom are
- ___ 23. Enjoyable things I did during the past few days
- ___ 24. When will I fall asleep?
- ___ 25. How fortunate my family or friends are to be in good health
- ___ 26. Upset about my own health
- ___ 27. How pleasant it feels to be drifting off to sleep
- ___ 28. Something unpleasant I read about or saw on TV
- ___ 29. Unpleasant thoughts about my future (how will I manage when I'm older, how long do I have to live, etc.)
- ___ 30. Pleasant thoughts about my activities (housework, projects, job, volunteer work, etc.)
- ___ 31. How time drags when I'm trying to fall asleep
- ___ 32. Negative thoughts about myself, in general
- ___ 33. Problems of family members or friends
- ___ 34. Pleasant thoughts about things I plan to do during the next few days
-
-



Write your three scores in the spaces in the column **YOU**. Your scores will be useful in determining if your sleep problem is related to how you think at night.

USUAL THOUGHTS PROFILE	YOU
1. Positive Thoughts (add your score on the following items: 2, 5, 7, 8, 9, 11, 12, 15, 16, 17, 19, 20, 23, 25, 27, 30, 34).	
2. Negative Thoughts (add your score on the following items: 1, 3, 4, 6, 10, 13, 14, 18, 21, 22, 24, 26, 28, 29, 31, 32, 33).	
3. Sleep Adjustment: Thinking Score (Balance of Positive to Negative Thoughts) Add your Positive and Negative scores together. Divide the number of Positive Thoughts by this number [Positive / (Positive + Negative)].	

Our research has shown that the **balance** of positive to negative thoughts is important. People who suffer from insomnia generally have more unpleasant thoughts than pleasant thoughts.



On this page, you will see this same **USUAL THOUGHTS PROFILE** with a column labelled **OTHERS**. You can compare your own scores with those obtained by Good sleepers, Medium Quality sleepers and Poor sleepers to get an idea of which category of thinking style best fits you.

USUAL THOUGHTS PROFILE	OTHERS			
	Good Sleepers	Medium Quality Sleepers	Low Distress Poor Sleepers	High Distress Poor Sleepers
1. Positive Thoughts	28	30	28	30
2. Negative Thoughts	18	25	26	33
3. Sleep Adjustment: Thinking Score (Balance of Positive to Negative Thoughts)	.61	.55	.52	.48

As you can see, Good sleepers and Low Distress Poor sleepers have relatively few negative thoughts overall as well as a good balance between positive and negative thoughts.





PART 4

COPING WITH

INSOMNIA

If your insomnia has not been alleviated by dealing with the physical causes, you should look at this next section carefully.

By now, you are aware that insomnia is a complex experience. It has daytime as well as nighttime components. You experience an insomnia problem when a process of negative thinking goes on during the time you are awake at night.

Each individual's insomnia experience is characterized by a specific pattern of feelings, behaviors and evaluations.

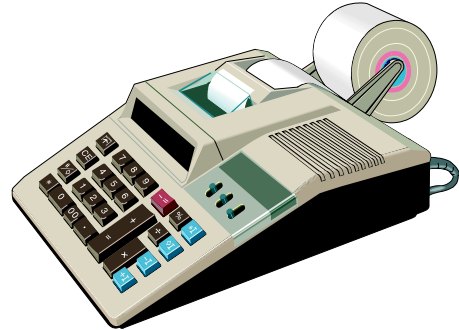
In Chapter 6, we present a variety of intervention options. We propose that you select a "basket" of several of the intervention options we describe which seem to suit your pattern, and which best fit into your lifestyle.

We know that each of these options can help improve a sleep problem. We also know that if you feel that a proposed option is difficult to follow, or that it is unpleasant or inconvenient, you will not continue with it - and therefore it cannot work. So choose some possibilities which suit you and make them work for you.

Chapter 5

RECORD KEEPING

One way you can evaluate how well the intervention package is working for you is by completing one week's worth of the **Daily Sleep Lifestyle Profile** and the **Daily Nocturnal** and **Daytime Profiles** before you try any of the options, as well as throughout your program. At the end of each week, complete one or more of the charts on the following pages. In this way, you can observe your own rate of improvement.



You should make at least seven copies of the next two forms and complete one each morning for one week (2 weeks is even better). At the end of the week, your completed diaries will give you a good picture of your particular sleep pattern, of your level of tension, your mental activity, as well as how you feel during the day.

Daily Sleep/Wake Profile

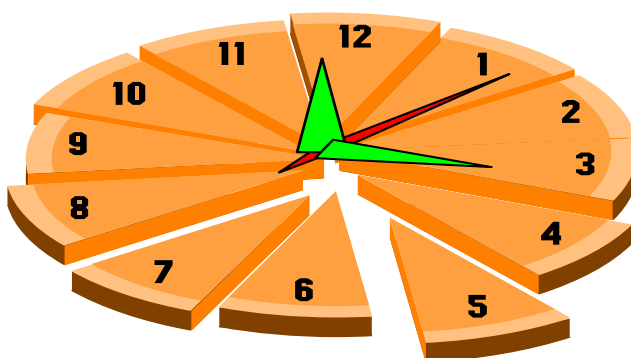
DAILY SLEEP PROFILE	YOU
1. Roughly how many hours did you sleep last night?	___ hr ___ min
2. How long did it take you to fall asleep last night?	___ hr ___ min
3. How many times did you awaken during the night?	times per night
4. After you have fallen asleep for the first time, when you woke up during the night, approximately how long were you awake?	___ hr ___ min
5. Did you have difficulty falling asleep or getting back to sleep?	___ yes ___ no
6. Did you take anything to help you sleep?	___ yes ___ no
7. What time did you go to bed last night?	
8. What time did you get up this morning?	

DAILY NOCTURNAL AND DAYTIME PROFILE	
<p>9. What was your level of physical tension when you went to bed last night (example: jittery, nervous feeling, tight, tense muscles)? Enter the number in the column "YOU."</p> <p>very tense 1 2 3 4 5 very relaxed</p>	
<p>10. Rate your level of mental activity when you went to bed last night (example: worry, can't shut off your thoughts). Enter the number in the column "YOU."</p> <p>very active 1 2 3 4 5 very quiet</p>	
<p>11. How rested did you feel this morning? Enter the number in the column "YOU."</p> <p>very poorly rested 1 2 3 4 5 very well rested</p>	
<p>12. How well do you think you were functioning yesterday? Enter the number in the column "YOU."</p> <p>very poorly 1 2 3 4 5 very well</p>	
13. What day is it (e.g., Monday, Tuesday)	
14. What is today's date?	



You can now compare your own weekly averages with those of other people in different sleep quality categories.

DAILY SLEEP PROFILE	OTHERS - WEEKLY AVERAGE			
	Good Sleepers	Medium Quality Sleepers	Low Distress Poor Sleepers	High Distress Poor Sleepers
1. Roughly how many hours did you sleep last night?	6 $\frac{3}{4}$ hr	6 $\frac{1}{2}$ hr	5 $\frac{3}{4}$ hr	5 hr
2. How long did it take you to fall asleep last night?	15 min	30 min	40 min	50 min
3. How many times did you awaken during the night?	1 to 2 times	2 times	2 to 3 times	3 times
4. After you have fallen asleep for the first time, when you woke up during the night, approximately how long were you awake?	$\frac{1}{2}$ hr	1 hr	1 $\frac{3}{4}$ hr	2 $\frac{1}{2}$ hr
5. Did you have difficulty falling asleep or getting back to sleep?	0 to 1 days/week	2 days/week	3 to 4 days/week	4 to 5 days/week
6. Did you take anything to help you sleep?	no	1 time/4 weeks	1 time/5 weeks	1 time/week
7. What time did you go to bed last night?	11:15 p.m.	11:10 p.m.	11:05 p.m.	11:00 p.m.
8. What time did you get up this morning?	7:15 a.m.	7:10 a.m.	7:05 a.m.	7:00 a.m.



DAILY NOCTURNAL AND DAYTIME PROFILE	OTHERS: WEEKLY AVERAGE			
	Good Sleepers	Medium Quality Sleepers	Low Distress Poor Sleepers	High Distress Poor Sleepers
9. What was your level of physical tension when you went to bed last night (example: jittery, nervous feeling, tight, tense muscles)? very tense 1 2 3 4 5 very relaxed	4.5	4.0	4.0	3.5
10. Rate your level of mental activity when you went to bed last night (example: worry, can't shut off your thoughts). very active 1 2 3 4 5 very quiet	4.5	3.5	3.5	3.0
11. How rested did you feel this morning? very poorly rested 1 2 3 4 5 very well rested	4.5	3.5	3.0	3.0
12. How well do you think you were functioning yesterday? very poorly 1 2 3 4 5 very well	4.5	4.0	4.0	3.5

Notice that on the **Daily Sleep Profile**, there is relatively little difference between Low Distress Poor sleepers and High Distress Poor sleepers in their **sleep patterns** (how much time they sleep during the night). Sleepers in all categories seem to go to bed and get up at similar times.

However, when we consider the nighttime and daytime **feelings** on the **Daily Nocturnal and Daytime Profile**, the Low Distress Poor sleepers resemble the Good sleepers.

This illustrates that suffering from an insomnia problem has less to do with sleep and wake times and more to do with how one feels during the night and during the day.

Sometimes people find that just the process of keeping track of their sleep patterns day after day improves their sleep. This may be due to the chance to look at "reality." For example, you will probably see that some nights are bad, but some nights are not so bad. Some nights may even be pretty good.

This is in contrast to simply being asked the question, "How many hours do you usually sleep?" - to which you may be inclined to think "my sleep is terrible every night," and answer accordingly.

In fact, you will notice, for example, that the score of Good Sleepers on Question 1 of the **USUAL SLEEP PROFILE** is not exactly the same as their answer to the same Question 1 on the **DAILY SLEEP PROFILE**. This illustrates that people respond differently when the same question is asked in two different contexts.



Lifestyle Activity Record

This measure was developed by our research team to examine the nature of your daytime experiences and how you evaluate what you do during the day.

You should make seven copies of this form and complete one each day of the week. Fill in your activities in the appropriate squares. Rate the overall pleasantness of each day on a scale from 1 to 5, with 1 meaning **very unpleasant** and 5 meaning **very pleasant**.

DAILY LIFESTYLE ACTIVITIES RECORD	
Day and Date: _____	
	Put your answer here N
When do you have breakfast?	
What are you doing from breakfast to lunch?	
What time do you have lunch?	
What are you doing from lunch to supper?	
What time do you have supper?	
What are you doing from supper to sleep?	
Rate the overall pleasantness of the day <div style="display: flex; justify-content: space-between; align-items: center;"> very unpleasant 1 2 3 4 5 very pleasant </div>	

Our research shows that Good sleepers and High Distress Poor sleepers differ not in **what** they do, but in how they **evaluate** what they do. This means that people who suffer from insomnia tend to perceive their daily lives in a more negative light than people who sleep badly but are not suffering from this.

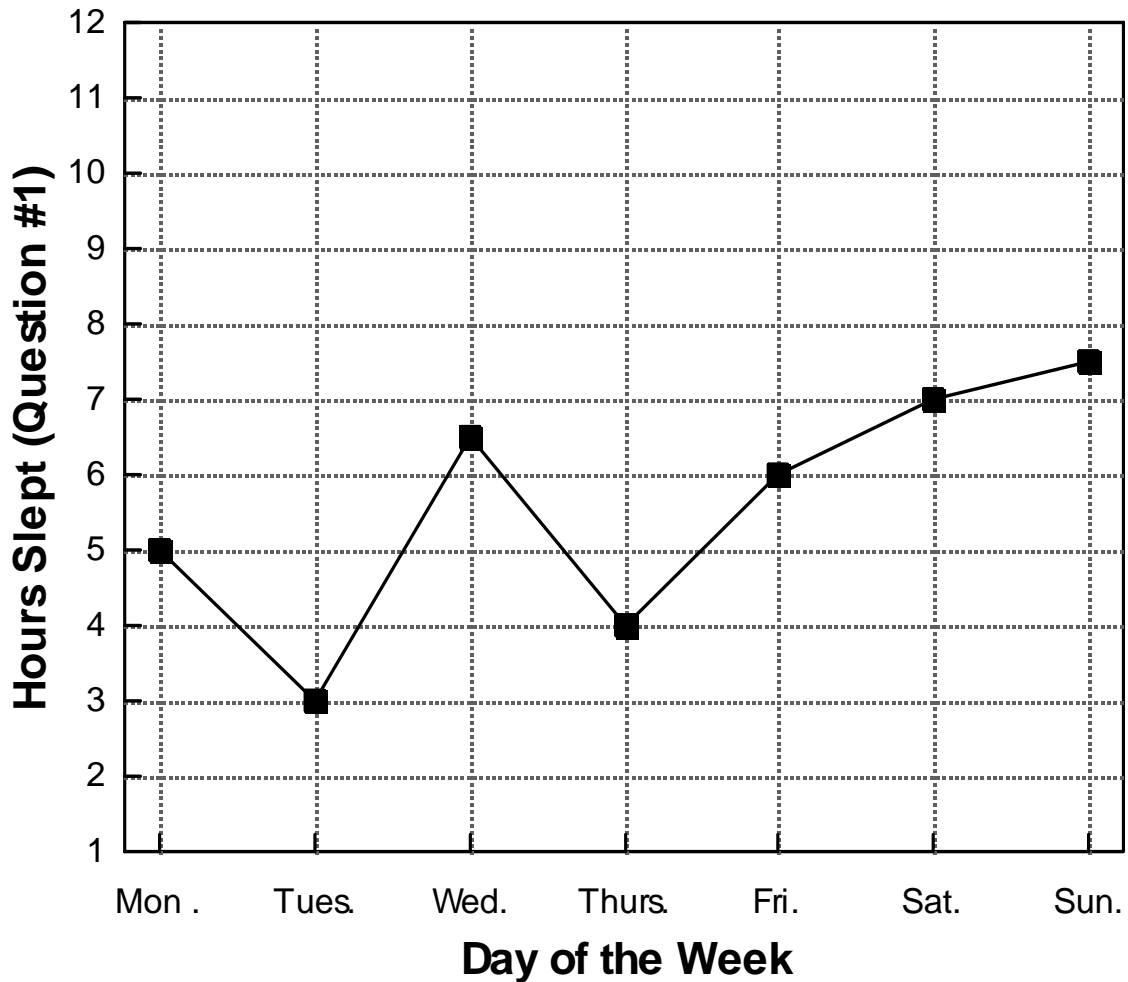
Charting Your Daily Sleep/Wake Profile

Charting important items on your **Daily Sleep Profile** will give you a notion of how your week looks. After you have completed 7 days of the Daily Sleep Profile recording, choose one or more of the items which you wish to track and enter your scores on the appropriate chart.

For example, if you wanted to chart how long you slept (Question #1), your chart may look like this (e.g., Monday, you slept 5 hours; Tuesday, 3 hours; Wednesday, 6½ hours; Thursday, 4 hours; Friday, 6 hours; Saturday, 7 hours; Sunday, 5 hours).

Example:

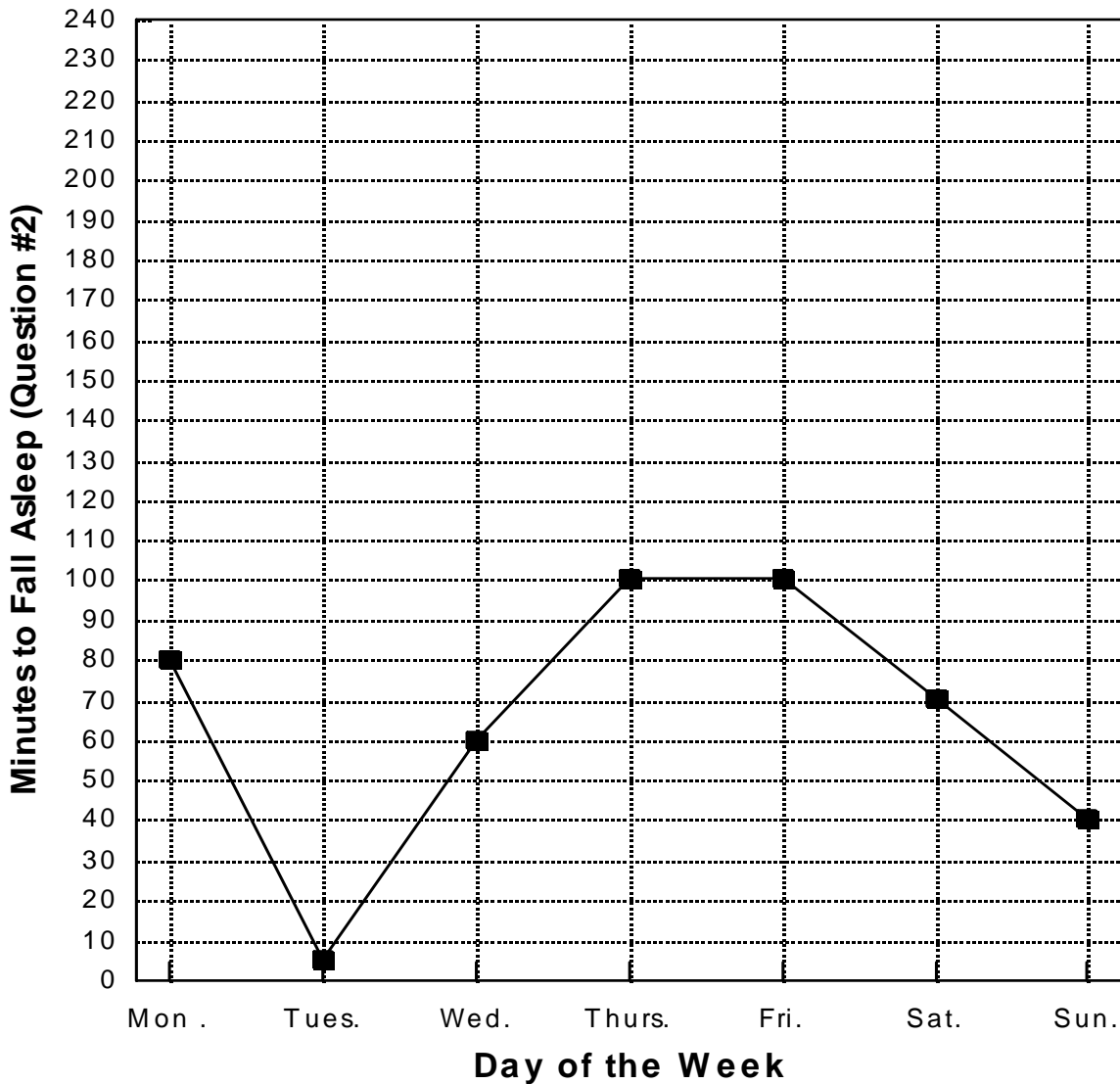
Hours Slept



As another example, if you wanted to chart how long it takes you to fall asleep (Question #2), your chart may look like this (e.g., on Monday you were awake 80 minutes, on Tuesday only 5 minutes, on Wednesday it was 60 minutes, on Thursday and Friday, you were awake 100 minutes, on Day 6 you were awake 70 minutes, and on Day 7 you were awake for 40 minutes).

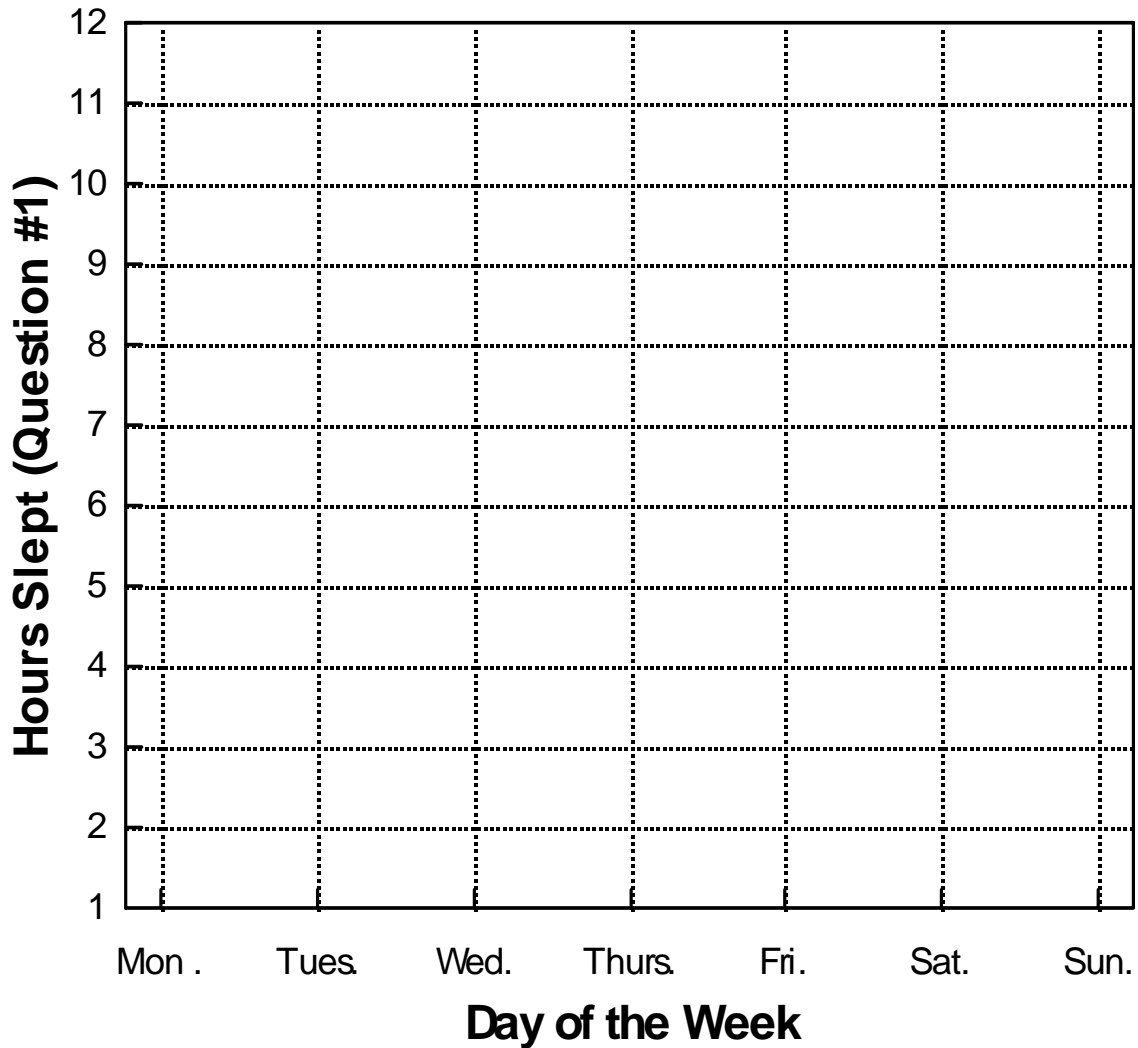
Example:

Minutes to Fall Asleep



If you wish to chart how many hours you sleep, make several copies of this page. At the end of each week, chart your answers to Question 1 of the **Daily Sleep/Wake Profile**.

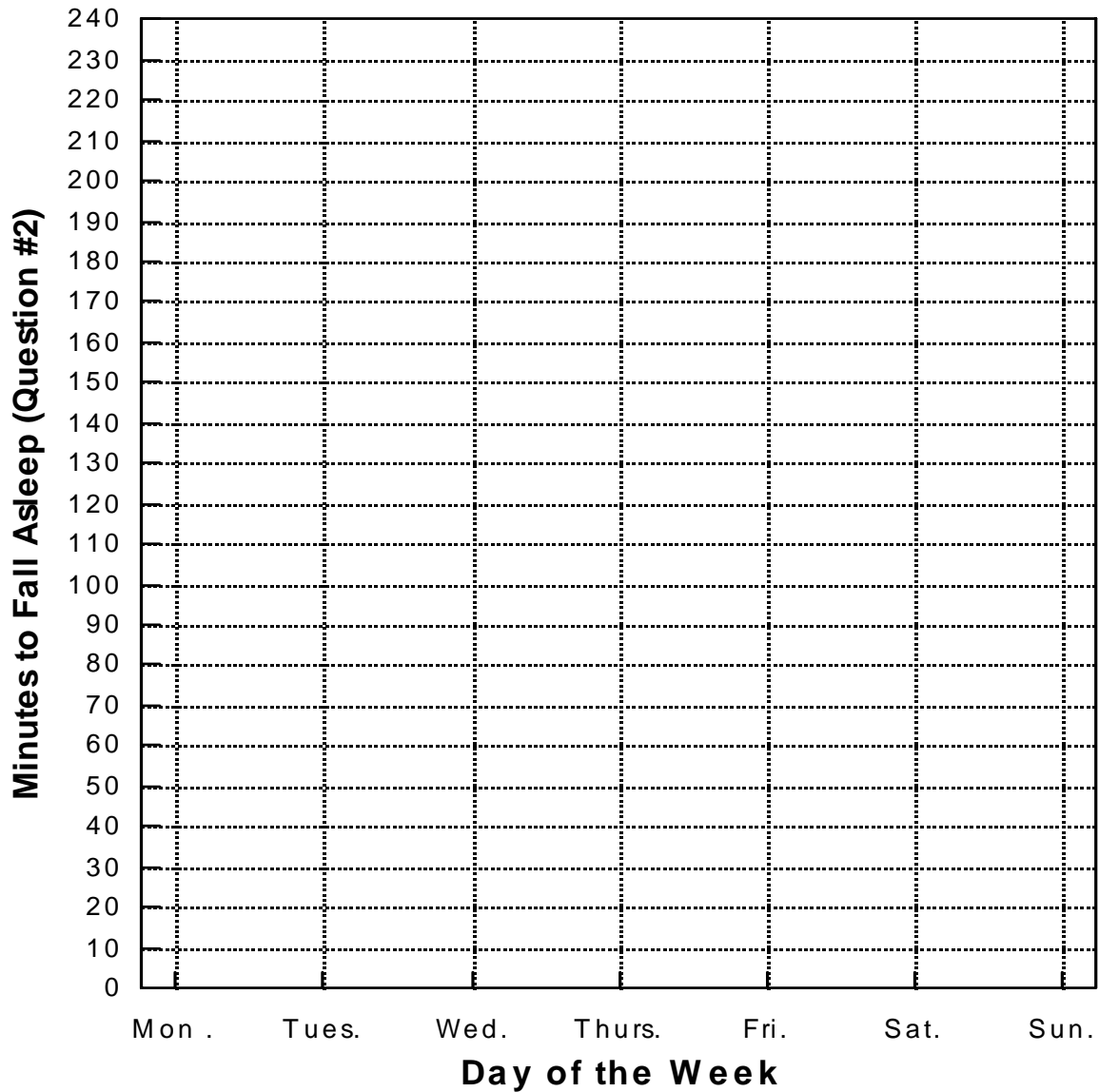
Hours Slept



Start Date: _____

If you wish to chart how long it takes you to fall asleep (Question #2 on the **Daily Sleep Profile**), make enough copies of this page.

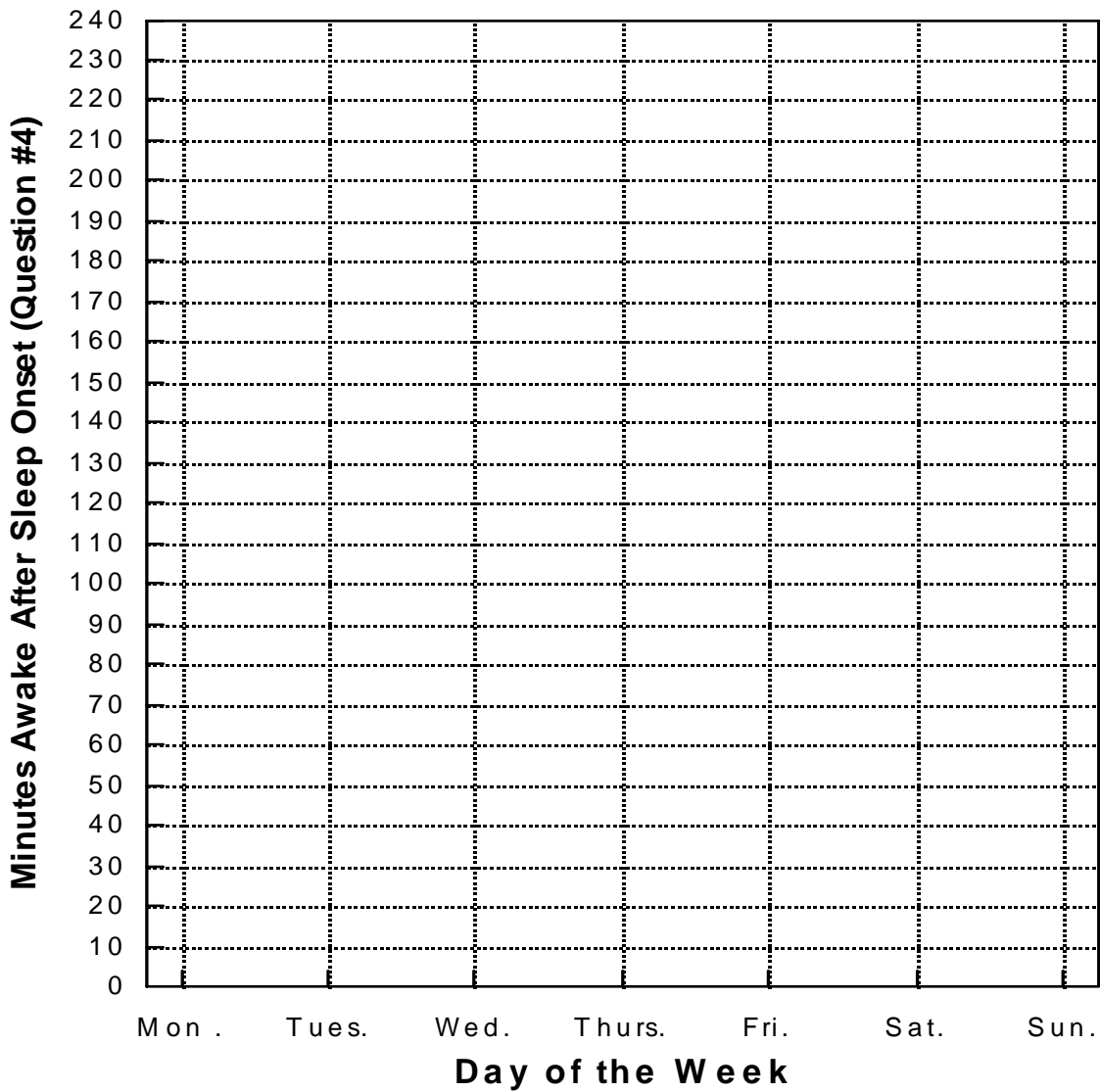
Minutes to Fall Asleep



Start Date: _____

If you wish to chart how long you are awake after you have fallen asleep for the first time, make several copies of this page.

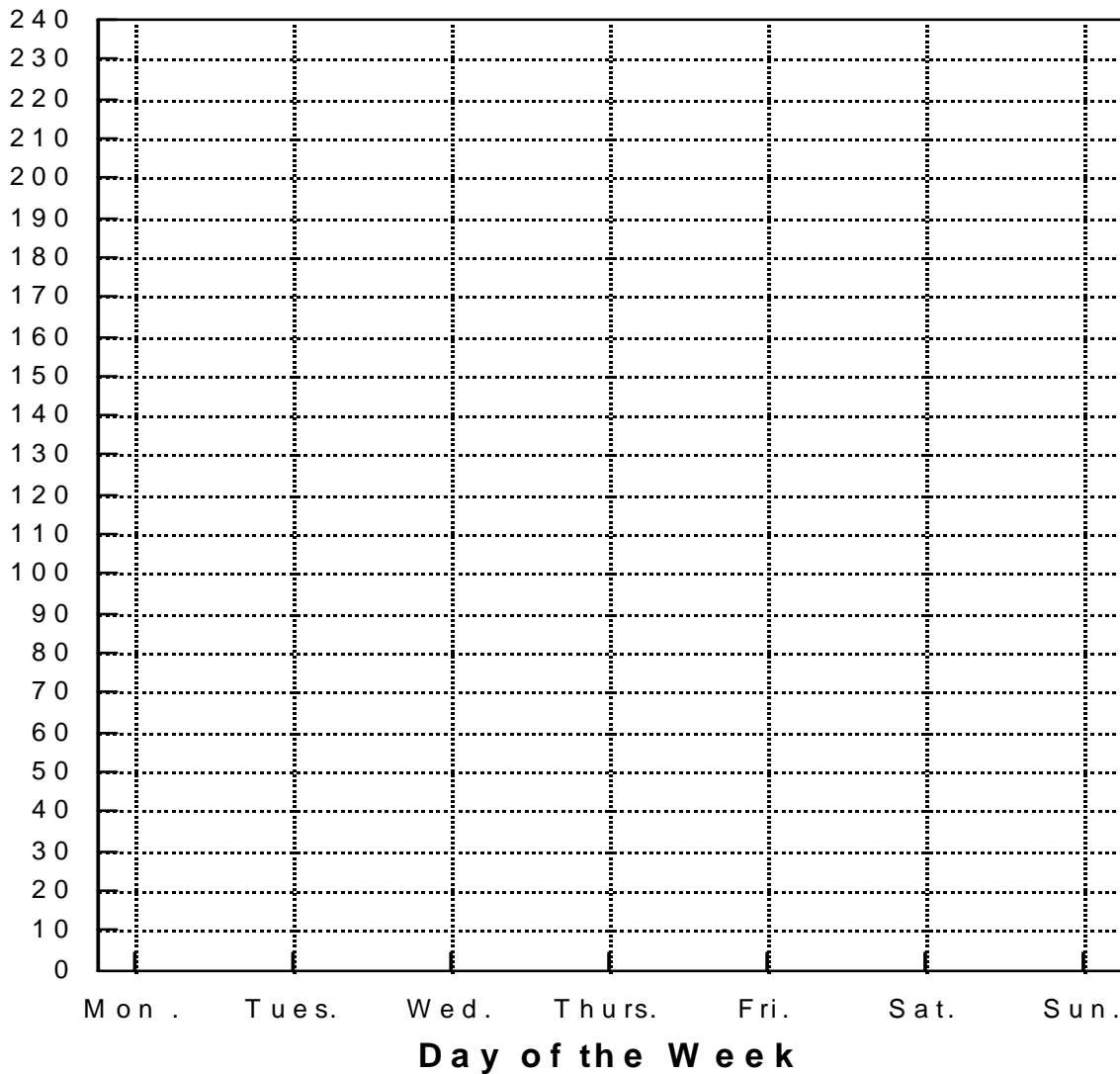
Minutes Awake After Sleep Onset



Start Date: _____

Blank Chart - Choose Your Own Item to Chart

You may want to record one or all of the sleep parameters for which we provided charts on the previous pages. If you want to chart some other aspect of your sleep experience, use this blank chart and fill in the name of the Question on the left hand side.



Start Date: _____

Chapter 6

DEALING WITH INSOMNIA

L TECHNIQUE #1: SLEEP HYGIENE RULES

Our research has shown that good sleepers and poor sleepers do not differ with respect to following these rules. What this means is that you are not suffering from insomnia because you violate the rules. However, once you have a sleep problem, failure to follow these rules might help maintain the insomnia.

Therefore, it is worthwhile to consider including some selected rules in your daily and nightly routine.

Exercise, But Do So About 6 Hours Before Bedtime

- C Sleep occurs when body temperature is lower
- C Insomniacs' temperature falls less than good sleepers' while they sleep
- C Intense exercise (at least 20 minutes) first causes an increase in core body temperature, followed by a rebound decrease in temperature about 6 hours later. This decrease can help you to fall asleep.
- C If you do not wish to exercise, you may try passive raising of your core body temperature by sitting in a hot bath or lying on a heating pad or electric blanket for 20 minutes. The best time for this is **2 hours** before bedtime; this is because rebound cooling occurs faster with these external heat sources than with exercise.



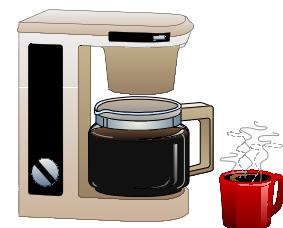
Establish a Regular Sleep Schedule



- C If you have problems falling asleep, get up early and at the same time every morning
- C If you wake up too early, go to bed later

Avoid Coffee

- C Some people are extremely sensitive to caffeine
- C If you are one of these sensitive individuals, avoid all beverages containing caffeine (including tea and cola) from lunch on



Avoid Alcohol After Dinner



- C Although alcohol helps many people to fall asleep, it causes them to wake up more often during the night
- C To avoid waking up in the middle of the night and having difficulty getting back to sleep, do not drink alcohol after dinner

Tobacco

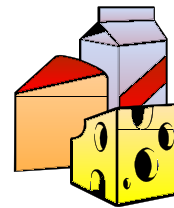
- C Smoking (nicotine) disturbs sleep
- C Stopping smoking may also disrupt sleep temporarily



Eat a Light Snack

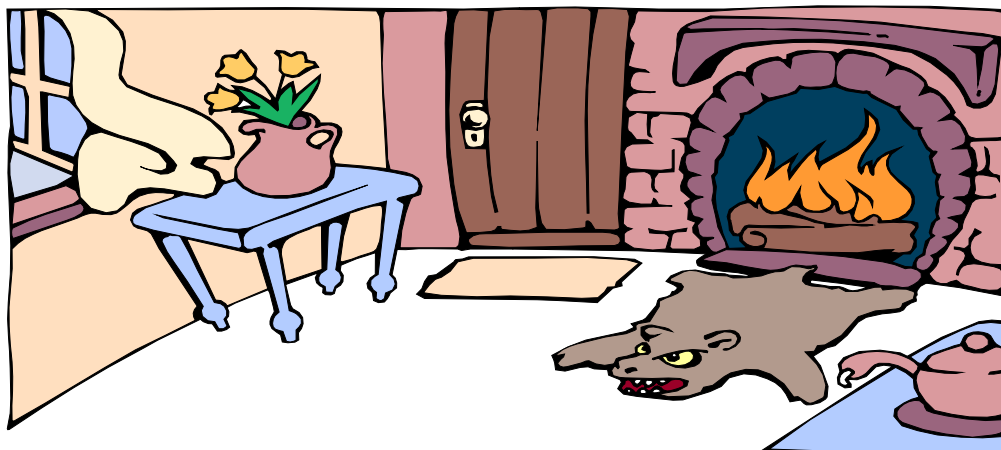


- C Hunger interferes with sleep
- C A light snack taken before bedtime can improve sleep



Adjust Bedroom Environment

- C The ideal environment is that which is most comfortable for you
- C Experiment with curtains, a steady noise (e.g., an air conditioner, a change in room temperature)



L TECHNIQUES #2 and #3: RELAXATION EXERCISES

Select this technique if your Distress score (Question 8) on the USUAL SLEEP RELATED FEELINGS PROFILE in Chapter 4 is high or if you know that you have an anxious, tense and worrying style (see also Question 9 on the USUAL SLEEP RELATED FEELINGS PROFILE).

We describe 2 relaxation techniques on the pages which follow. These take 5 to 10 minutes to do. Things to remember about this technique are:

- , Practice relaxation once or twice a day
- , Practice your relaxation skills daily for 2 to 3 weeks before trying to use them to help you fall asleep
- , You will know you have become skilled at relaxing when you feel some new sensations at the end of the exercise - like a feeling of lightness, heaviness, or warmth
- , This can make you feel more calm in the daytime as well



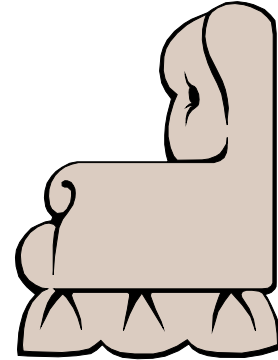
L TECHNIQUE #2: RELAXATION EXERCISES - BREATHING

Do this exercise when you will not be disturbed.

Sit comfortably in a recliner or in an easy chair with a footstool. Alternately, lie down comfortably on a couch or a bed. Your head, body, arms and legs should be supported. You may use a carpeted floor with a pillow under your head if you prefer.

Place your hand just below your ribs with the little finger just above your navel.

Close your eyes. Take a deep breath, trying to get it to the bottom of your lungs. Breathe out and try again. You will know you have it right when you feel the breath reach the place under your hand, making it move up. Your upper chest should move as little as possible.



After 5 practice breaths (or when you feel you know how to take a slow, deep breath), begin the exercise. Take a breath to the bottom of your lungs and, as you do this, say inside your head "One." Breathe out through your nose, letting the air out gently and completely. As you breathe out, say inside your head "Relax."

Breathe in again, the same way as before. As you breathe in, say inside your head "Two." Breathe out through your nose, gently and completely. As you breathe out, say inside your head "Relax."

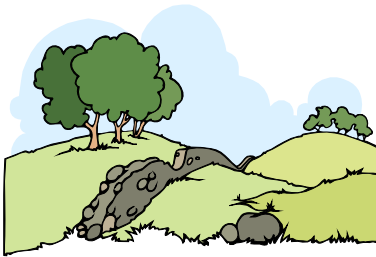
Repeat this sequence up to a count of 10. When you reach 10, continue counting backward as you breathe in and out (e.g., "9" and "Relax," "8" and "Relax") until you get back to "1."

You may find that thoughts pop into your head to distract you, or that you become aware of outside noises. This is normal, particularly at the beginning, when you are learning. Simply instruct yourself to sweep the distracting thought out of your mind and refocus your attention on your breathing exercise.

After you have done the exercise up to 10 and back to 1, remain comfortably reclining. Notice how it feels when your body feels comfortable, warm, relaxed. Savour that feeling for 5 minutes.

Each time you practice this exercise, you will learn to become more and more relaxed. The goal is for your body to be totally relaxed and your mind to be peaceful.

L TECHNIQUE #3: RELAXATION EXERCISES - IMAGERY

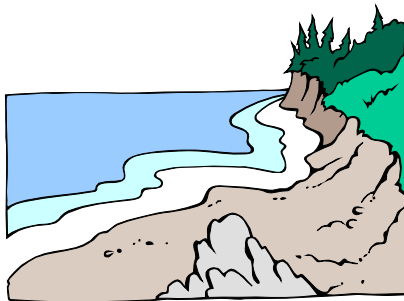
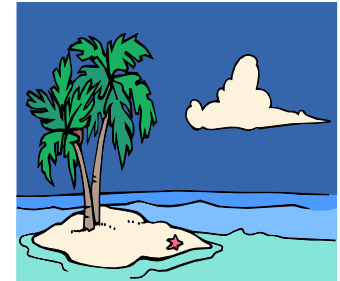


Do this exercise when you will not be disturbed.

Sit comfortably in a recliner or in an easy chair with a footstool. Alternately, lie down comfortably on a couch or a bed. Your head, body, arms and legs should be supported. You may use a carpeted floor with a pillow under your head if you prefer.

Once you are comfortable, visualize yourself as part of a pleasing image.

We have given you a sample image. You can use this one, or make up your own.



Practice Image

You are sitting by the window in the sun. Try to picture all the objects in the scene as vividly as you can. Try to feel with your body what you would actually feel.

The open window is big and square. The sheer, ivory curtains on the sides move slightly in the gentle breeze coming through the window. You are sitting in a soft chair; you feel comfortable and relaxed. Through the window, a lake sparkles in the sunlight. There are two tiny sailboats with white sails in the distance. The sun is streaming through the window. You feel the sun on your face, your arms, your chest. You feel warm, the light is bright. When you close your eyes, you feel the sun warming your body. You feel warm, relaxed, peaceful.



Try to hold the image and feel the warmth for five minutes. With practice, you will eventually feel your body totally relaxed, your mind peaceful.



L TECHNIQUES #4 and #5: FOCUS AWAY FROM INTRUSIVE THOUGHTS

Select this techniques if you experience a high frequency of thoughts, particularly negative thoughts, when trying to fall asleep. Check your scores on the USUAL THOUGHTS PROFILE in Chapter 4 to find out where you stand.

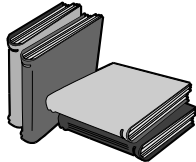
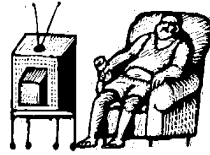


One or more of these refocusing techniques will be useful any time you experience a lot of thoughts crowding into your head at bedtime or when you are awake during the night. These techniques work by redirecting your attention away from the negative intrusive thoughts. This is another way to help your body relax, to reduce tension, anxiety and racing thoughts in order to allow sleep to come.

L TECHNIQUE #4: REFOCUS YOUR ATTENTION ON SOMETHING ELSE

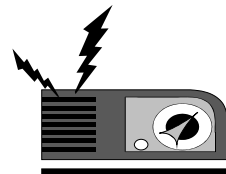
When you are trying to go to sleep or trying to get back to sleep during the night, if you do not feel sleepy after about 15 minutes, do one of the following:

Watch TV

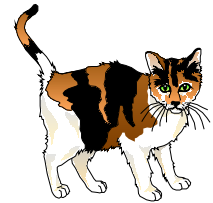


Read

Listen to the radio (talk shows, **not** music)



Listen to an audiotape of verbal material, **not** music (books, plays, relaxation instructions)



Get out of bed and do something else (e.g., knit, bake, sew, paperwork, play with cats)

In our research, we used a tape recorder and pillow speaker (a small speaker that fits under your pillow instead of earphones). We found it helped improve sleep to listen to commercially available audiotaped books or relaxation instructions. This technique has the advantage of not requiring you to have the light on or your eyes open. You can lie comfortably in bed in the dark. Not only can this be soothing for you, but your bed partner will also thank you, since he or she does not get to hear it.

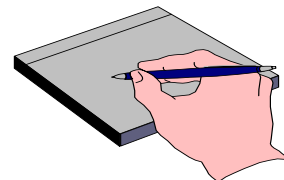
L TECHNIQUE #5: DEAL WITH YOUR WORRIES BEFORE BEDTIME - MAKE AN APPOINTMENT TO WORRY

If you are prone to worry in bed, reserve 30 minutes during the early evening to be alone



Write down your worries, think about each of them and write down what you will do about each particular worry tomorrow

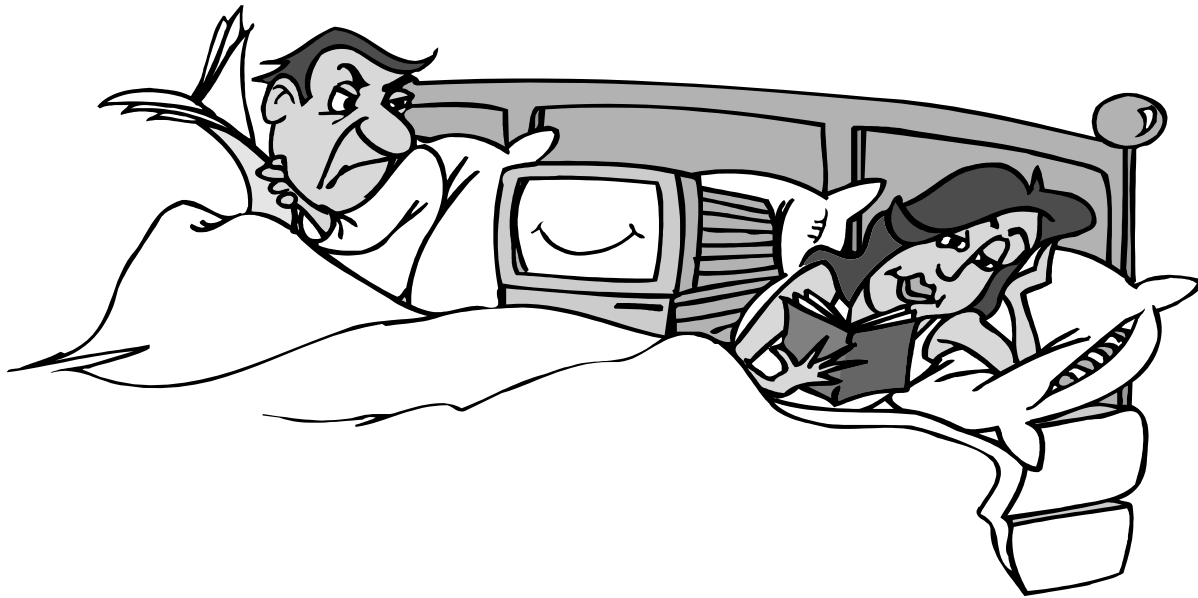
If nothing else can be done about a particular problem for several days, pick a date and tell yourself that you will deal with the problem on that date. Plan not worry about it before, when nothing can be done anyway.



L TECHNIQUE #6: STIMULUS CONTROL

The purpose of this technique is to break the negative association between being in bed and being unable to sleep.

- , Only go to bed when you feel sleepy
- , If you don't fall asleep within 15 minutes, get out of bed and don't go back to bed until you feel sleepy enough to fall asleep. If you go back to bed and still can't fall asleep, get out of bed again. Repeat this until you can fall asleep within a few minutes
- , Get up at the same time every morning
- , Use your bed only for sleeping or cuddling with your partner. Do not use your bed as a place to do other things like paper work, reading exciting books, eating, etc
- , Do not nap during the day



You may find that the first few days of trying this technique, you are sleepy and tired. However, if you persevere with this technique 3 to 4 weeks, you should have little difficulty sleeping at night.

L TECHNIQUE #7: SLEEP RESTRICTION

This technique is based on the observation that spending a lot of time in bed leads to fragmented sleep. The idea is to spend less time in bed, but sleeping more continuously.

Stay in bed only for the amount of time you think you sleep each night, plus 15 minutes. For example, if, on your **Daily Sleep Profile** (Question 1 in Chapter 5) you report sleeping 5 hours per night, you are allowed to be in bed for 5 hours and 15 minutes.

Get up at the same time each day. If you sleep for 5 hours and generally get up at 7:00 am, you are allowed to be in bed from 1:45 am to 7:00 am.

Do not nap during the day.



When you are asleep for 85% of the time you spend in bed, you may increase the amount of time in bed by going to bed 15 minutes earlier. You must still get up at the same time in the morning.

Repeat this process until you are sleeping the desired number of hours. (Remember: the older good sleepers in our studies slept a little less than 7 hours on average - so be realistic).

L **TECHNIQUE #8: COGNITIVE THERAPY - CHANGING YOUR EXPECTATIONS**

The goal of this technique is to alter beliefs, expectations and attitudes about sleeplessness which may be contributing to your sleep problem, and to replace them with more adaptive thinking. If you reported a high score on distress and tension in your **Usual Sleep Related Feelings Profile** in Chapter 4, this technique may help bring down your level of psychological distress - and ultimately improve your sleep pattern.

Identify faulty sleep-related thoughts such as,

“Everyone needs 8 hours of sleep in order to feel refreshed and functioning well during the day.”

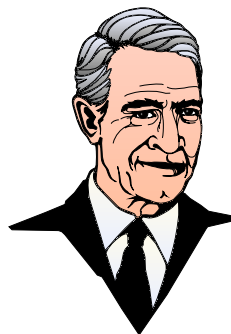
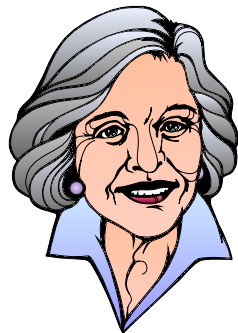
“Waking up 2 or 3 times during the night means you have insomnia.”

“I have no control over my insomnia problem because it is caused by old age or some physical disorder.”

Explore the actual facts related to your faulty beliefs. For example, the following are true:

"There is a wide range of individual differences in how many hours of sleep are necessary."

"Frequent brief awakenings are normal in older adults (it is only a lot of difficulty and distress over getting back to sleep which is not normal). There are many techniques which can be used to improve sleep quality, whatever physical and experiential factors may be operating."



Chapter 7

DAYTIME FATIGUE AND IMPROVED FUNCTIONING

We have found in our research that if:

- C you have high scores on Daytime Fatigue on the **Usual Daytime Profile** in Chapter 4 (Question # 10), and/or
- C you generally feel sleepy (Question #12) and have difficulty concentrating most days (Question #11),

these unpleasant feelings are sometimes related more to anxiety and depression than to a major sleep problem.

To help bring down mild **daytime anxiety** levels:

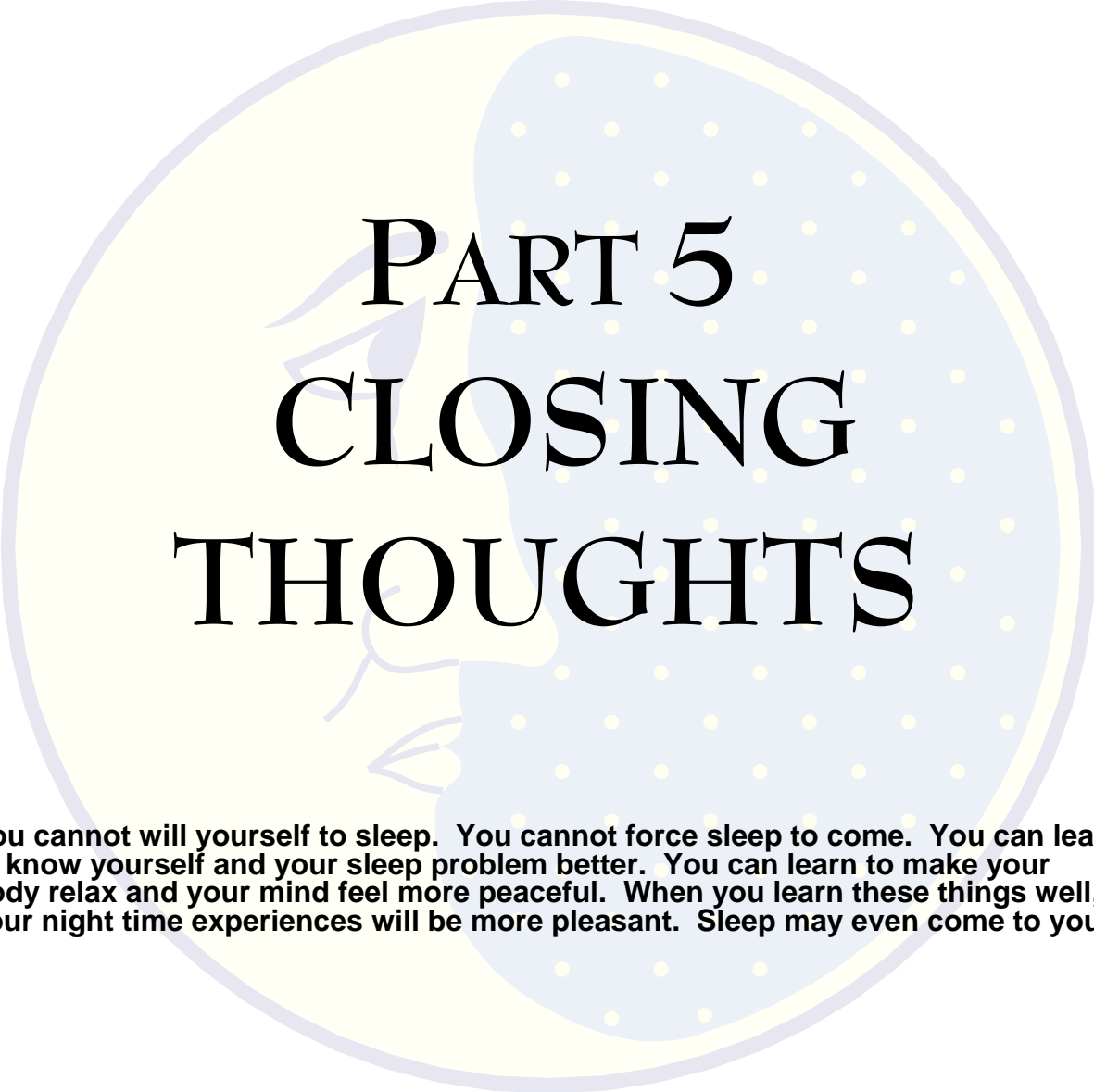


- L Do Relaxation Exercises (Techniques #2 and #3 in Chapter 6) twice per day
- L Instruct yourself to stop anxious, worrying type of thinking when you recognize you are doing this - distance yourself by focusing your attention on something pleasant or neutral (check out Technique #4 in Chapter 6)
- L Make a 30-minute appointment with yourself to write down your worries, think about each of them, and write down what you will do about each particular worry tomorrow. You will soon learn that many worries are concerned with problems about which you can do nothing (see Technique #5 in Chapter 6)
- L For more serious anxiety problems, consult your family physician or a mental health professional

To help you alleviate mild **depression**:

- L** Try to put more "fun activities" into your day
- L** Look for a "bright side" to neutral or unpleasant tasks
- L** Practice replacing a negative thought which comes into your head with a positive or neutral one. For example, if you are thinking about unhappy times you had long ago, practice replacing that with memories of happy times you had long ago, or with pleasant or neutral thoughts about a future vacation or something you saw on TV
- L** For more serious depression problems consult your family physician or a mental health professional





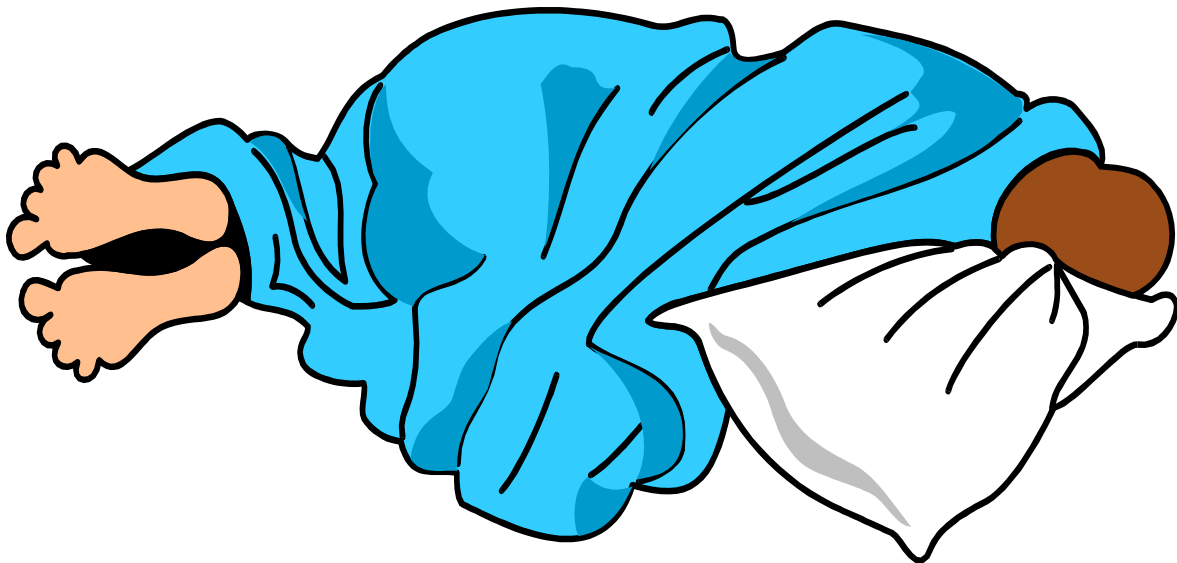
PART 5 CLOSING THOUGHTS

You cannot will yourself to sleep. You cannot force sleep to come. You can learn to know yourself and your sleep problem better. You can learn to make your body relax and your mind feel more peaceful. When you learn these things well, your night time experiences will be more pleasant. Sleep may even come to you.

IF YOU NEED FURTHER HELP

At this point, you probably understand your sleep problem better and you may have tried some of the suggestions in this manual. However, you may still feel that the problem is too big and too painful to manage on your own. If this is the case, we recommend that you contact a Behaviour Therapy Service at one of the bigger hospitals in the city. Ask for a consultation with a psychologist who is knowledgeable in the area of evaluating and treating insomnia. He or she will help you to understand your problem more fully and will either treat you or recommend that you see another appropriate health professional.

On the following pages, we provide you with additional information.



FURTHER INFORMATION

For more information on insomnia, ways of coping with it and other resources we direct you to the following:

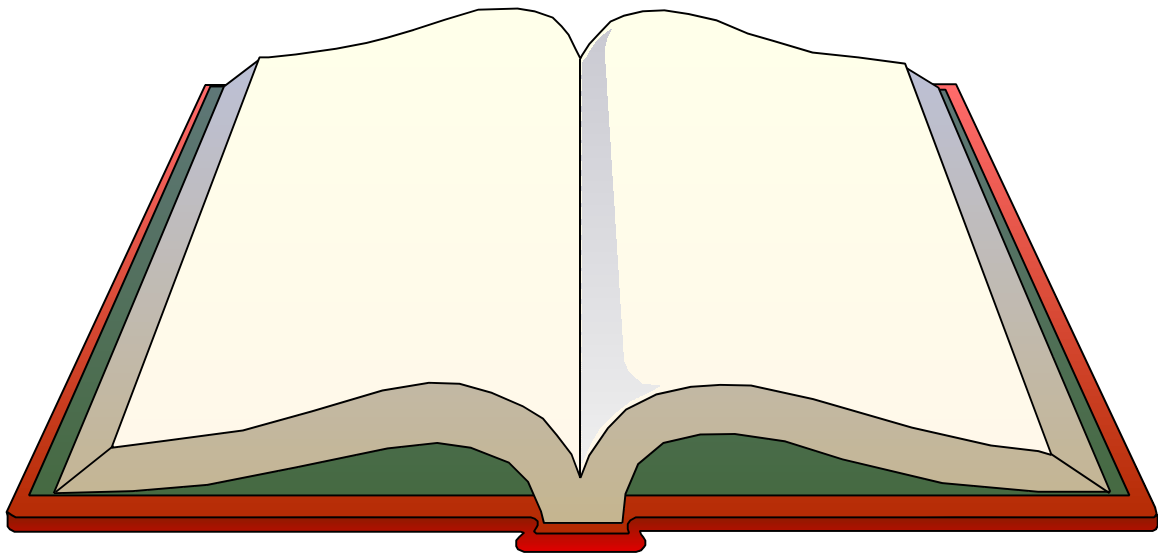
RECOMMENDED READINGS

Ancoli-Israel, Sonia (1996). **All I want is a good night's sleep.** Toronto: Mosby.

Coleman, R. (1986). **Wide awake at 3am.** New York: W.H. Freeman & Co.

Hauri, Peter J., & Linde, S. (1990). **No more sleepless nights.** New York: John Wiley.

Morin, Charles M. (1996). **Relief from insomnia: Getting the sleep of your dreams.** Toronto: Doubleday.



HELPFUL ORGANIZATIONS

Sleep/Wake Disorders Canada

3089 Bathurst Street
Suite 304
Toronto, Ontario
Canada
M6A 2A4

Phone (416) 787-5374
(800) 387-9253

National Sleep Foundation

1367 Connecticut Avenue, NW
Suite 200
Washington, DC .
USA
20036

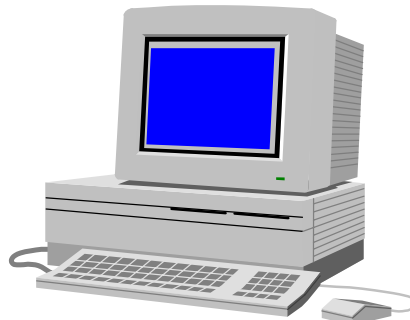
Phone (202) 785-2300

These two organizations can be contacted for information and reading materials about any aspect of sleep or sleep disorders. They can also provide you with a list of the accredited sleep centers closest to your area.

ON THE INTERNET

World wide web site for information on all aspects of sleep:

<http://www.websciences.org>



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