

FINDING THE WAY
OUT OF TRAUMA
INDUCED INSOMNIA

**CONQUER
INSOMNIA**

REBEKAH BROWN

Chapters

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M Y S T O R Y

02

H Y P E R A R O U S A L
& I N S O M N I A

03

H E A R T
B E L I E F

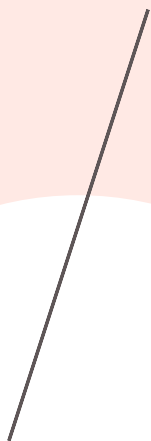
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H O W T O
C U R E
I N S O M N I A

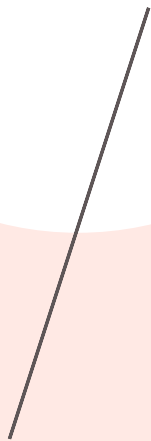
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01



C H A P T E R



01

My story

For decades, I stayed up nearly all night until exhaustion forced me to pass out the next day. My brain interpreted the setting of the sun as a cue to churn. Sometimes I could last as long as 4AM. Other times I'd finally pass out around 2. Waking multiple times in the night, nightmares and panic attacks were a constant struggle. During the day, if I got quiet or sat down to read or watch TV, I fell asleep. I felt as though I lived in a permanent fog of jet lag.

Looking back, the more trauma symptoms reared their ugly head, the worse insomnia symptoms grew. The two things required for sleep, relaxation and letting go of control, are two things trauma survivors do not do. As trauma pushes to the surface demanding to be processed, sleep becomes an adversary.

I began to dread going to bed. I knew what was waiting. Lying awake hour after hour, sifting through thoughts about the past, churning over regret, being afraid, grieving. My body would hurt. I could not get comfortable. My head ached. Sometimes I would pace the floor or go outside and listen to the night. Nothing helped. When you are sleep deprived AND exhausted you can't coherently cope with anything.

As a child, my brain was in overdrive. For my own survival, I was always on the alert for threat. This same pattern is responsible, at least in large part, for insomnia. As an adult, my brain continued to be devoted to ferreting out threat. And in response to the neural pathways laid down in childhood, I had trained myself to be an insomniac.

Insomniac's beliefs about sleep

1. **Worry** over sleep loss:

-My brain is broken. There is something wrong with me.

-What am I going to do if I can't sleep?

-I'm going to die from this

2. **Rumination** over consequences

-I'm going to have to cancel everything tomorrow

-I won't be able to go on that trip.

3. **Unrealistic expectations**

-I have to have eight hours of uninterrupted sleep

-I'm going to stay in this bed until I go to sleep. I don't care if I stay awake all night.

-I'm going to force myself to fall asleep.

Trauma survivors beliefs about sleep

1.Worry

-As soon as I lay down, my brain is going to bring up the past, over and over and over.

-Rumination and worry over something I said or did during the previous day

-Worry over a to do list.

2.Fear

-What if everything my abuser said is true? Worse, what if they come after me?

-I'm going to get in trouble

3.Anxiety

-Something terrible is going to happen to me.

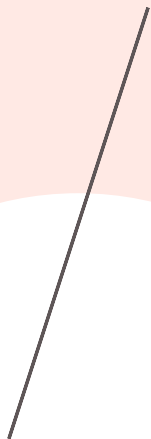
4.Flight

-I'm trapped.

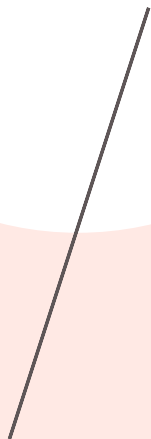
5.Fight

-I've got to do something about sleep but it's hopeless!

02



C H A P T E R



02

Hyperarousal & Insomnia

Hyperarousal is a primary symptom of CPTSD or Complex Post Traumatic Stress Disorder. One of a host of symptoms for long-term childhood trauma survivors, hyperarousal is one of the top reasons for insomnia. Hyperarousal occurs when a person's body suddenly kicks into high alert as a result of past trauma. Also known as fight, flight, freeze or fawn, it is an automatic response. Even though there may be no present danger, neural pathways in the brain laid down in the early years of life continue to operate. Let me begin with a story from my own childhood.

My brother and I were excited because it was Saturday, our favorite day of the week. Saturday morning cartoons, pancakes for breakfast and time to play with our best friends, Julie and Sally Smith.

The same age as we, they lived across the road and were kind and fun to be with. Julie and Sally were the oldest of five siblings, and their parents were always welcoming. Their family was an oasis of peace unlike my family which was a sea of constant threat.

Surrounded by broad fields of tobacco curing in the hot Virginia sun, Julie and Sally's house was not far from our own. Their parents were sharecroppers and as children, Julie and Sally worked in the fields alongside their parents harvesting tobacco. Working the fields gave their family the right to live in an old shack and enough money for food till the next planting season but not much else.

The neighbors often whispered about the Smith family's poverty. "At least they keep the kids clean," I heard one of my mother's acquaintances say. Poverty did not keep the Smith family from being kind to my brother and I. We loved them and we loved their pitiful broken down old house and their equally broken down yard dog that always wagged its tail in greeting.

We played all afternoon at Julie and Sally's house that long-ago Saturday. Our toes were as brown as the dust of their yard by the time the sun began to set. Knowing we would get in trouble if we stayed away too long, my brother and I hopped on our bikes and followed the dirt road next to the railroad tracks heading toward home.

“What is that?” I shouted as I slowed down. My brother’s eyes followed the point of my finger. There in the center of the railway tracks lay a lump of unmoving black fur.

“It’s an animal,” my brother yelled.

A terrible sinking feeling hit my stomach. Too distraught to work the pedals, I got off my bike and pushed as tears began streaming down my face. My brother followed suit. I knew without getting any closer that the animal laying on that track was our beloved English Shepherd, Smut, and I knew instinctively that she was dead.

A blood curdling scream left my brother’s throat. “Smut!” he cried in despair—gulping tremulous breaths of air between shouts. “It’s Smut.”

I joined in with his howls. We stood there screaming the screams of childhood panic and sorrow for several minutes neither of us daring to approach our precious friend. Poor old Smut. Such an awful name for such a wonderful dog, but that was how my mother did things.

“That dog is as black as the smut left by the ashes in the fireplace,” she said when Smut arrived as a puppy. We children were not allowed to name her. My mother alone had that honor.

Faithful and true, Smut would lean against you as you sat on the front steps, her brown eyes filled with empathy as you related your troubles. Good old Smut who never did my brother or I a bad turn. In a family filled with threat and turmoil, she had been our only ally.

Lying dead less than a mile away from home, it never entered our minds to call out to our parents. They were the last place we would have gone to for help.

Pushing our bikes, we finally made it to the house, the loveliness of summertime wildflowers obscured by our tears.

Emotionless, my mother sent my father to get Smut's body. He took a shovel and loaded her into his truck and brought her home. She told him to bury her underneath the willow tree in the front yard. It was the only empathy I ever saw my mother express, and it was reserved for the dog, not for us.

Filled with theories of what had happened, my mother offered her opinion. "She probably had a heart attack."

My father was annoyed. “It’s just a dog. You kids stop crying or you’ll get a whipping.”

Always made to be the problem, I looked at my brother and bit my lip. We both hid our tears, but neither of us ever got over the death of that poor old dog. Our childhood was filled with incidents like that. We were always either being ignored or being punished and threatened. You never knew which was coming next. When we told Julie and Sally about Smut, they stood beside us under the willow tree and wept. Our parents never noticed.

Childhood trauma is not about one incident. It’s not even about overt abuse. It’s not about normal parental mistakes or ordinary human frailty. It’s about feeling terrorized and confused every waking moment of every single day.

The Root of Insomnia

For childhood trauma survivors, the root of insomnia is found in the arousal system. We are all wired to have an arousal response. This system is part of your ‘threat scanner’ that alerts the brain and body there’s a need for a fight or flight (or freeze) response to help you in situations of danger or threat. If the arousal system ‘stays on’ it can impede sleep and can take the form of physiological arousal (difficulty relaxing), cognitive arousal (racing thoughts), or conditioned response (learned response).

The more I researched insomnia, the more I couldn’t believe what I was seeing. Trauma was why I had struggled with sleep for so long. The hyper-vigilance created by trauma was continuing to work without my knowledge or even consent.

It was so strange to see the neuropathways laid down in early childhood still operating on auto-pilot sixty years later, but there it was. For survivors, it is the axel of the wheel, the bulls eye, the target, the center of it all. And it comes from our old frenemy, the amygdala.

Ah...yes...the amygdala. That part of the brain mentioned so often in trauma work. The brain's major processing center for emotions linking memories, learning and senses. And listen to this, the part of the brain responsible for fight or flight! The part of the brain most damaged by the constant stress of early ongoing childhood trauma. I had never heard this about insomnia before, and frankly, having only arrived at the place where I felt I was well enough to work on my sleeplessness,

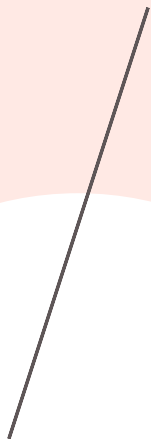
I am shocked at how bad it is, how long it has gone on, and what an impact it has had on my life. I knew it was related to trauma, I just didn't know how much.

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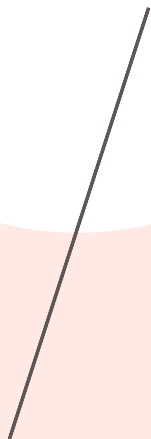
This also explains why I get so angry when someone tells me I've trained myself to be an insomniac or why I fly into a rage when my therapist suggests that part of the cure will require "sleep restriction." On the surface, cutting out naps and only getting into bed when sleepy sounds legit. To my ears it sounds like more abuse. To be "triggered" is to light up the amygdala to threat. These so-called common insomnia cures feel like a flame-thrower. This is why insomnia for trauma survivors is complicated. It involves much more than just changing a few bad sleep habits. Although it helps to know why insomnia is

so difficult for survivors, knowledge alone will not bring about change. When you begin, you are going to feel like giving up. The old frustrations and ensuing hopelessness will rear its ugly head. But there is hope. There are concrete things you can do to conquer insomnia and heal from trauma.

03



C H A P T E R



03

The Role of Heart Belief

In desperation, I went to a sleep therapist. She specialized in a technique called Cognitive Behavioral Therapy for Insomnia or CBT-I.

Cognitive behavioral therapy is a type of psychotherapy in which negative patterns of thought are challenged in order to alter behavioral patterns. My therapist valiantly tried to be encouraging. “One goal with Cognitive Behavioral Therapy for Insomnia (CBT-I) is for you to learn to catch the negative thoughts and change them before they can have an impact.” She also wanted me to keep a sleep diary.

As I worked with my therapist using CBT-I, I did become more aware of my negative thoughts about sleep, and I could catch them earlier on, but it only made me feel worse. I couldn't change them. Taking away naps did not make a dent in falling asleep. In fact, I now felt so sleep deprived, I didn't know how much longer I could go on.

Keeping a sleep diary created more anxiety. Though it was helpful in showing patterns, it also created great dread about the coming night. What was my sleep going to be like tonight? I knew I was going to have to write it down. As night approached, I became more and more anxious.

When sleep turned out to be as difficult as I thought it was going to be, my anger set to a constant low boil. Then the cycle would repeat itself. In desperation I read over my therapist's handouts yet again.

Common goals of CBT-I Treatment:

- A way of acting, like relaxing before going to bed
- A way of feeling, like feeling less anxious about sleep
- A way of thinking, like learning to keep worries outside of the bedroom
- A way of dealing with physical or medical problems, like relaxing muscles
- A way of adjusting, like avoiding compensating naps and setting up sleep schedules

What CBT-I Leaves Out

These goals sounded great, but the more I tried to follow the regimen, the more they slipped away. The usual suggestions like sleep hygiene, relaxation exercises, calm sleeping environments and avoidance of caffeine, nicotine, alcohol and cannabis did not translate into better sleep for me. Why?

Because CBT-I leaves out the core cause of insomnia for trauma survivors. Heart belief. And heart belief, the things you believe and have learned because of abuse are what drive hyper-arousal. And **hyperarousal overrides the sleep drive.**

My therapist blinked at me as I spoke. “I can catch these thoughts,” I told her.

“But I cannot change them because I believe them. They aren’t from somewhere outside of myself or something my brain just came up with. I believe them, deep down in my heart. So, now what am I supposed to do?” She had no answer because: **Insomnia for trauma survivors is not a sleep problem, it is an anxiety problem.**

What Childhood Trauma Teaches Us

In my childhood, the possibility of attack followed me everywhere. I never knew what my parents were going to do. Even when I was away at school, I remained terrified I would make some small mistake that would get reported to them.

Grades were a constant source of terror. I learned to read my parent's moods, but no one, not even me, could get it right 100% of the time. Inevitably, something would happen, or perhaps nothing would happen, and I would be the brunt of my mother's rage and my father's frustration and anger. Beatings, screaming, denigration, isolation all these and more would be my punishment. I learned the lessons of childhood well.

The Belief System of Childhood Trauma

The world is not a safe place

People are not safe

Something bad will always happen

My response? Control everything as much as possible. Always be on the alert. Don't trust anybody. Those lessons saved my life as a child, but as an adult, they wreaked all kinds of havoc not the least of which was insomnia. I didn't know how to explain to my sleep therapist that these were not just negative thoughts. These were survival mechanisms that had kept me alive and I could not turn them off just because I wanted to.

Survivors of childhood trauma do something called splitting or dissociating. Different parts of ourselves carry trauma from different times in our life. Mine was especially focused on me as a six-year-old.

I rejected her. In fact, I hated her. She was the cause of all my suffering. In a way, I was living as a six-year-old still stuck in that house of horrors with all the sorrow, fear, loneliness and powerlessness that accompanied it.

That's what CPTSD looks like and that was what was behind my insomnia. Over the years, I had a hard time embracing the little child that was me. She was too vulnerable, too powerless and too hurt. But as long as I refused to deal with her suffering, the more CPTSD symptoms took charge including insomnia. Healing this type of trauma is like peeling an onion, and I had now come to a very deep layer.

When insomnia kept me up at night, I often sifted through the past—grieving or just trying to make sense of it all. Problem solving is what the brain is supposed to do. But this was problem solving of a different kind. One that stayed in endless loops without resolution causing hyper-arousal to override my sleep drive night after endless night. I would google my abuser’s names and sometimes look at their pictures posted on Facebook. I would ask myself questions that had no answers and wonder if I had done something different would it have changed anything. If I wasn’t doing that, I would watch videos on the holocaust or other images of suffering trying to figure out the meaning of life. No wonder I couldn’t fall asleep.

All this activity was an expression of distress. The distress of a little child that needed tending to, and I was the only one who could do that. Sigh. Here I was, yet again. I had done so much work, I couldn't believe that there was still another layer that needed healing. All this revelation helped me to understand the problem, but understanding is only the first step to change. The structural tools for overcoming insomnia were not available to me as long as my heart belief thought that sleep was a threat. As long as the distress of the six-year-old was running the show, I was not going to conquer insomnia.

To sleep was to lose control. To sleep was to relax (danger!) The more I chased sleep, the

the more elusive it became. **Because sleep is a passive process.** You can't control it. It's a biological need built in to the body's system and the only way to let the system proceed is to stop trying to control it. To let go. In my opinion, we need a new category of insomnia therapy called Complex Insomnia Therapy.

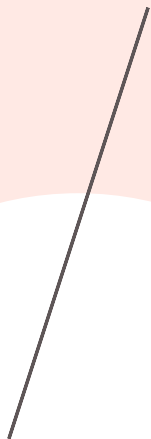
Beginning to Change

I kept all the concrete suggestions my sleep therapist gave me and then, I went back to the drawing board. The threat response had kept me in flashbacks for most of my life, but I had been able to make significant improvements. I was able to feel joy, I could participate in friendships and relationships without feeling terror.

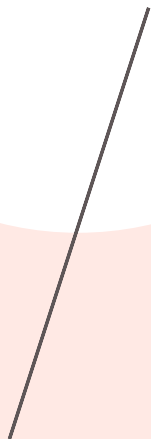
If those things could heal, I knew insomnia could get better as well. Already my heart belief was beginning to change.

I decided to stop trying to solve insomnia by working harder at it. If indeed it was a passive process, solving insomnia wasn't going to come by doing the structural suggestions better than anyone else. It was going to come by leaning into life not trying to control it. I divided the process into three categories: Body, Mind, Spirit.

04



C H A P T E R



04

How To Cure Insomnia

After researching and applying new techniques to cure insomnia for the last few months, I am finally seeing real progress. That's the good news. The bad news is, it takes time. Remember, I've had insomnia for nearly fifty years. Habits that have gone on that long aren't going to change overnight. But they are changing and that is what matters.

Body-The Physical Part of Insomnia

You cannot ignore the body if you want to cure insomnia, but as a trauma survivor, that is exactly what I have been trained to do. When chronic childhood abuse enters the picture, it makes an enemy of our body.

We had no control over what was done to it and so we separate from it and even turn against it. The body with its needs, wants and desires becomes part of the problem. We see it as an obstacle. How many times have I raged at myself for not being able to sleep? Too many to count. What is wrong with me? Is my brain broken? Why does my body refuse to cooperate? Why won't it sleep if sleep is an inherent need? And then, I am reduced to self-hatred, bitterness, frustration and anger. It's just like the encounter with the water park phone tree. I'm raging at an enemy that doesn't exist. ***If I am going to deal with insomnia, I do not need to conquer my body. I need to befriend it.***

I need to reframe the way I think about it. My body is sacred. It is what allows me to move around the world. It is what houses my thoughts, hopes and dreams. It is part of who I am—and it is good. I need to care for my body, not hate it. The physical part of curing insomnia is more than doing relaxation exercises. I must learn how to set the stage for sleep using something called sleep structure.

The goal is to make bed a cue for sleep. Insomnia makes the bed an enemy. Even if you're exhausted, the moment you get into bed, you suddenly become awake. You've spent so many hours frustrated in bed, your sleep environment has become a stimulus associated with insomnia. Another phrase that describes this phenomenon is negative sleep behavior.

Common types of negative sleep behavior:

- sleeping in
- going to bed too early
- spending too much time in bed awake
- sleeping pills
- putting too much effort in to sleep

Four main areas to address.

Both take time and consistency

- 1.The time you go to bed
- 2.How long you spend in bed
- 3.The time you wake up
- 4.What you do when you can't sleep

Mind-The Thought Process of Insomnia

Auto-Pilot

In trying to cope with insomnia, my mind has unconsciously formed habits that make it worse. Auto-pilot or splitting as some call it, is a way to go numb. I do it to get relief from spiraling thoughts. Late night numbing might include things like watching videos or eating. While these activities help in the short run, in the long run, they make insomnia worse. Instead of learning to let my mind wind down, I use high carb & sugary foods like a drug. Watching mind-numbing videos might anesthetize me until I'm exhausted, but it isn't teaching my mind how to let go and sleep.

Mind Sifting

I call this next bad sleep habit—mind sifting. Night is not the time to process the past or worry about a problem. Your defenses are down, and often, the body is in pain. The habit of sifting, whether you're going through the past or worrying about the future causes trauma thoughts to grow louder.

Negative Sleep Thoughts

Negative sleep thoughts create stress around sleep which then cause negative sleep behaviors. I'm not talking about working harder at insomnia. I'm talking about creating a structure that leads to sleep and the first place to start is with your beliefs.

Negative thoughts/beliefs about sleep:

I'm overtired and can't fall asleep

I'll never fall asleep again

I will always struggle with insomnia

The frustrating part is that these are normal responses to insomnia, but if you let them take over, they will make insomnia worse. They lead to hyper-arousal and all the behavior and destructive thought processes associated with trauma.

What to do

By shifting your beliefs (remember heart belief!) You recognize, then challenge, then replace those negative sleep thoughts with positive ones. I'm not talking about affirmations. I'm talking about shifting your beliefs to thoughts that are 100% true.

Positive facts about sleep:

My brain is not broken

I do not need to try harder to sleep. I need to create the possibility for sleep.

Sleep is a passive process

Spirit

The spirit. That deep, inner place where our thoughts, desires, hopes and dreams reside. The place most hurt by childhood trauma. Managing everyday stress has everything to do with managing insomnia. If I consistently go through my day aroused by every frustration and difficulty, it is a sure bet I am going to struggle with insomnia that night. My spirit will be upset. I will not be able to live in peace or hope to relax.

The more inner healing work a trauma survivor does, the better we get at managing insomnia.

I do things that intentionally feed my spirit in positive ways. Beginning the day with prayer, I use meditation, calming music and deep breathing at night.

Make A Plan

Screens -As night time approaches, begin to shut down screens. Give yourself time to unwind from the stress of the day.

Notebook - Keep a blank notebook handy. Write down any anxious thoughts that come to mind. You might have separate lists such as: Worries, To-Do List, Trauma Thoughts. Don't invite the thought to stay. Write it down and tell yourself you will deal with it first thing in the morning.

Meditation-Keeping your mind blank is impossible. Replace negative thoughts with restful, positive ones. I use scripture to help me do this. Prayer is another way. Perhaps

a restful poem. Anything that feeds your mind and spirit while helping you to relax. Whatever causes your mind to race and become aroused is something to save for the next day.

Mind/Body Relaxation Exercises - Such as those included with the downloads will help make a positive mind/body connection and prepare you for sleep.

When You Can't Sleep -choose an activity like a craft or book that is pleasurable but not stimulating. Listen to a sleepy story. Don't do things like clean out the refrigerator or plan a new painting. That may be fun, but it will keep you up even longer.

Shifts

Shift 1- Understand the real cause for insomnia. Don't concentrate on triggers ie: depression, stress. Triggers lead to the cycle of poor sleep. Example: negative sleep thoughts=negative sleep behaviors= more poor sleep etc. The problem isn't the trigger. It is our behavior in response to that trigger.

Shift 2- External sleeping pills do not treat insomnia. They only treat the symptoms and interfere with the normal sleep cycle and REM sleep. They are also addictive and come with side effects. Using external things to manage insomnia undermines self management.

Shift 3-Make your bed a cue for sleep. The bed has become an enemy for sleep instead of an ally. Our sleep environment has become a cue for arousal because of the hours we've spent tossing and turning.

Shift 4-Remove effort from trying to sleep. The conscious mind gets in the way of sleep. Sleep is an unconscious process. Trying leads to bad sleep behaviors. Effort causes hyper-arousal. The key is to create conditions that make effortless sleep possible.

Two ingredients are needed for effortless sleep:

1)Enough sleep pressure (ready for sleep)

2)Relaxed enough for sleep.

Some ideas taken from the following links
and resources:

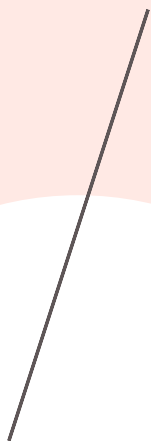
Dr. Steve Orma's "Put Insomnia to Sleep"
program

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Bed/featured](https://www.youtube.com/@PutInsomniaToBed/featured)

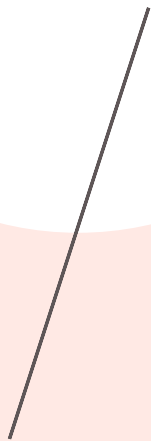
Beth Kendall

[https://www.bethkendall.com/mind-body-
sleep](https://www.bethkendall.com/mind-body-sleep)

01



A P P E N D I X



01

How to Cure Insomnia Modifying Behaviors

Behaviors that feed insomnia:

1. Lying awake in bed for hours frustrated and sleepless

Cure:

Sleep Structure (also known as sleep restriction)

Use a sleep diary for one week and record how much sleep you're actually getting. Don't watch the clock. Just give an estimate. When you determine how much sleep you are actually getting, for example, 4 hours a night, change your actual lie down time to reflect 5 hours per night. Gradually increase the time to 6, then 7 until you reach the optimum amount.

2. Stress

Cure: Whether it is stressful feelings about sleep, dread, anxiety, or anxiety habits that have formed because of childhood trauma, daytime stress must be managed otherwise, you will take it to bed with you. Begin to note the areas of stress that need improvement. Use mindfulness, relaxation, deep breathing and any other technique that works for you.

In order to keep your stress under control, avoid stress habits at night like watching stressful videos, over eating, numbing behaviors. Manage the stress. Don't let it manage you.

3.Sleeping during the day

Cure: Whether this means naps or sleeping in, sleeping too much during the day will destroy your body's natural need for sleep (sleep pressure). As long as you are taking away from sleep pressure during the day, the automatic need for sleep will not take over at night.

4. Chasing sleep

Cure: Working at making yourself sleep will only do one thing; keep you awake. Sleep is unconscious. If you approach the negative thoughts and behaviors around sleep instead of sleep itself, you will see an improvement.

Remember:

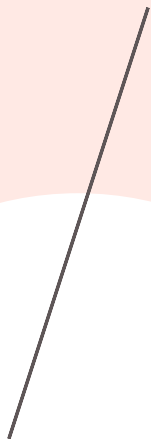
Sleep is passive. It is an unconscious process. You cannot force it.

You need to things in order to sleep.

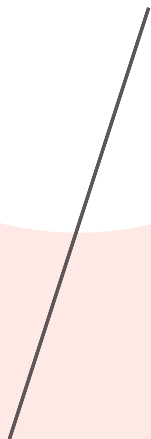
Relaxation

Sleep Pressure

02



A P P E N D I X



02

How to Invoke the Relaxation Response

**From: Forward Facing Trauma Therapy
by Dr. Eric Gentry**

The following exercises address concrete ways to relax the threat response in the body. They will not only help with insomnia, they will help with flashbacks and any automatic response to perceived threat. Use these about an hour before going to bed. Turn off screens and start to relax your body for sleep.

Method 1: Relaxation of the Core Muscles

In this exercise, your goal is to locate and then relax constricted muscles in your core

1. Sit comfortable and place a hand under each side of your bottom.

2. Now feel for the pointed bones that you're sitting upon. These mark the lower boundary of your core.

3. Next, find and touch the two bony points just above your waist on the right and left sides of your body. These mark the upper boundary of your core.

4. Now that you've made "touch" memory of these four points, imagine connecting them with lines to form a square that encircles your body. This is your core; the location of your muscles and ventral vagal nerve system.

5. Take a deep breath and concentrate on drawing air directly into the middle of this square while allowing it to expand.

6. As you breathe out, relax all of the muscles within the square. Repeat several times until the muscles of your core are completely relaxed.

Method 2: Soft Palate Relaxation

Here, your goal is to locate and then relax the muscles of your soft palate.

1. Sit down comfortably and shift your focus to the muscles along the roof of your mouth
2. Release all tension in this area.
3. Now expand your focus to include the muscles in your face and jaw.
4. Release the tension in these muscles too.

5. Next, with all of these muscles relaxed, silently say the letter “r” to yourself and try to gently maintain the subtle arch this creates in the roof of your mouth for five seconds.

6. Repeat this exercise five times.

7. Notice the relaxation in your body.

Method 3: Diaphragmatic or “Belly” Breathing

Diaphragmatic breathing offers another proven way to rapidly restore resilience.

1. Sit comfortably with your knees bent and your shoulders, head and neck relaxed.
2. Locate your diaphragm by placing one hand below your rib cage and the other on your upper chest. As you breathe, you will feel your diaphragm rising and falling.
3. Breathe in slowly through your nose so that your stomach moves outwards against your hand. Count in your head and make sure the inward breath lasts at least five seconds. Pay attention to the feeling of the air filling your lungs. The hand on your chest should remain as still as possible.

4. Tighten your stomach muscles, letting them fall inward as you exhale through pursed lips. The hand on your upper chest must remain as still as possible.

5. Repeat steps 1-4 five times.

6. Notice the relaxation in your body.

Method 4: Peripheral Vision

This method was originally developed by the US military to train snipers.

1. Find a spot at eye level that's located 5-10 feet in front of you
2. Focus your eyes for five seconds on that spot
3. Now soften your focus until the spot becomes blurry. Hold that for five seconds
4. Still facing forward and without moving your eyes, shift focus to your peripheral vision. Do this simultaneously with both eyes.

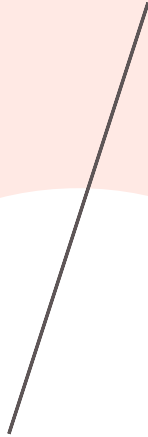
5. Maintain your peripheral focus for 10 seconds

6. Repeat steps 1-5 five times.

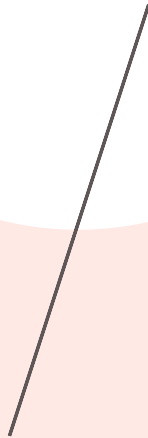
7. Notice the relaxation in your body.

If you're having difficulty shifting your focus from the center to the periphery, try extending your arms in front of you at an angle of roughly 75-80 degrees to your face. Now, when it's time to shift to your peripheral vision, wiggle your fingers to help you find the periphery. Make sure to keep your eyes facing forward while you do so.

03



A P P E N D I X



03

About Insomnia

What Is Insomnia?

Insomnia is a common problem affecting up to 30% of adults. Half of the people with insomnia think their problem is bad enough to seek professional help. Insomnia is perhaps the second most common health complaint after pain. It is twice as frequent in women as in men, and is more likely to occur as people get older.

Insomnia is not a minor problem. Chronic sleep disturbances may have a harmful effect on daytime functioning. It can cause great distress and impair one's quality of life. It can also lead to mood, memory, alertness, attention, and fatigue problems. These problems can put jobs and relationships at risk.

Clinical Characteristics

People with insomnia have problems falling asleep, waking up in the middle of the night, and/or waking up early in the morning. According to the American Sleep Disorders Association, these problems are different from other sleep disorders. Other sleep disorders involve being too sleepy during the day (narcolepsy, sleep apnea), disorders of the sleep-wake schedule (work shift, jet lag), and the parasomnias (nightmares, sleepwalking).

Sleeping fewer hours than others does not mean insomnia. People have different sleep needs. Some people who are short sleepers may not suffer from insomnia. Others who are long sleepers may complain of insomnia.

Changes in sleep patterns also occur with aging, but insomnia is not a usual fact of getting older. Almost everyone has insomnia at some time due to stressful life events. However, a person should consider seeking help if problems falling asleep or staying asleep last for more than 1 month. A person using sleeping pills for more than 2 to 4 weeks who cannot get a good night's sleep without using them should seek help.

Common Causes Of Insomnia

Insomnia may be caused by many medical or psychological factors or by a person's life situations. Among the most common medical factors are pain, breathing

problems (sleep apnea), restless legs, and repetitive leg twitches during sleep (nocturnal myoclonus). Some medications given for physical problems may lead to insomnia as a side effect. Examples are bronchodilators for asthma and diuretics for high blood pressure.

Use of sleeping medications for a long time makes insomnia worse. Sleeping medications can be addictive. People can end up relying on them to sleep. Caffeine and nicotine are both stimulants that lead to uneven and lighter sleep.

Although alcohol may help tense people to unwind and fall asleep faster, it leads to fitful and non-refreshing sleep.

Psychological problems, such as severe anxiety and depression, are common causes of insomnia. Chronic sleep disturbances may also lead to depression. Stressful life events, such as divorce, the death of a significant other, pending surgery in the near future, and job changes, can often lead to sleep problems. Most people resume normal sleep after adjusting to these life events. However, some continue having constant sleep problems over time. Chronic stress on the job or long-term conflicts with family members can maintain sleep problems or make them worse.

Behavioral or learned factors help lead to lasting insomnia. During the early point of their sleep difficulties, people who are prone to insomnia may develop conditioned reactions that cannot exist with sleep. For example, after several poor nights of sleep, a person may relate before bedtime routines and bedtime surroundings with worries and fear of being unable to fall asleep. With repeated occurrences, these negative associations lead to increased muscle tension, worries, and difficulty falling or staying asleep. This conditioning process leads to a cycle of insomnia, fear of sleep- lessness, more emotional, cognitive, and biological arousal, and more insomnia.

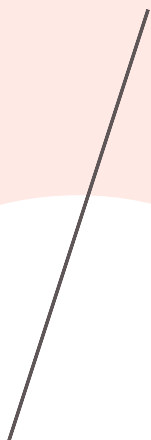
Some people with insomnia say that they sleep better away from home because these cues are no longer available. Some people with insomnia also say that they can fall asleep when not trying (e.g., while reading or watching TV). Some report that they can get very sleepy in the living room. However, as soon as they go to bed, they experience racing thoughts and become wide awake.

To cope with insomnia, people may also develop harmful sleep habits, such as uneven sleep/wake schedules, daytime napping, and too much time in bed. These attempts to adapt to insomnia may briefly result in increased sleep or improved alertness.

However, over the long run, they interfere with the adjusting effect of a regular and controlled sleep/wake rhythm.

Unrealistic sleep requirements, expectations, and false beliefs about insomnia and its impact on physical and psychological health can also make insomnia problems worse.

04



A P P E N D I X

04

What is Cognitive Behavioral Therapy for Insomnia - CBTI?

Cognitive-Behavioral Therapy for Insomnia (CBT-I) is a multi-component treatment that addresses patients' cognitions and behaviors that interfere with sleep. Lack of knowledge of the biological and psychological underpinnings of the sleep process prompts many patients to hold beliefs and engage in behaviors that negatively impacts their sleep. Thus, an important component of CBT-I is education regarding the biological and psychological processes that regulate sleep.

Patients who understand how sleep regulation relates to their unique experiences are better prepared to understand why their psychologist recommends certain changes to their habitual sleep-related behaviors and cognitions and are more likely to adhere to and benefit from treatment.

The goal of CBT-I is to explore the relationship between your thoughts, behaviors, and sleep habits. During treatment, a trained CBT-I psychologist helps you identify and address thoughts, feelings, and behaviors that could be negatively affecting your sleep.

Any sleep-related thoughts and feelings are thoroughly examined - to determine if your sleep-related fears and/or worries are realistic. If not, your therapist works with you to reframe how you see sleeping and remove any fears associated with sleeping - so you get a good night's rest.

The goal of your psychologist is to challenge any misconceptions that could be preventing you from getting a peaceful sleep. Treatment often takes 4 to 8 sessions to complete; however, the length of the therapy is largely dependent on your specific sleep issue(s). For instance, your treatment plan may be as short as 2 to 3 sessions or as long as 6 months, depending on your needs and goals.

Stimulus Control Therapy

Stimulus control therapy is currently the treatment of choice for most patients with difficulties initiating or maintaining sleep.

Specifically, it involves the following instructions:

- Go to bed only when sleepy.
- Get out of bed when unable to fall asleep or unable to return to sleep within 15 to 20 minutes.
- Use the bed/bedroom for sleep and sex only. No reading, eating, TV watching, working, or worrying.
- Get up at the same time every morning apart from the amount of sleep the previous night.
- Do not nap during the day.

Sleep Restriction Therapy or Time In Bed Compression

To get enough sleep, people with insomnia often spend a lot of time in bed. While this sometimes works for a time, it often makes the sleep problem worse. Sleep-restriction therapy limits the time spent in bed to the actual amount of time slept. For eXample, if you spend 8 hours in bed but are asleep for only 5 hours, the initial treatment will allow you to spend only 5 hours in bed. Time in bed will then be gradually increased until adequate sleep time is achieved. While the initial cutting of time in bed may lead to daytime sleepiness, this method will improve nighttime sleep.

Cognitive Therapy

For best results, it is often necessary to teach people with insomnia how to cope with their thoughts and beliefs about sleep. For example, beliefs such as “everyone needs eight hours of sleep” or “insomnia is bad for physical and mental health” only creates more anxiety about sleep. This worsens sleep problems.

It is also important, especially for older people, to understand some of the changes in sleep patterns that take place as we get older. Sleep education about the effects of diet, exercise, and substance use is usually an important part of most behavioral treatment programs for insomnia.

Stress Management

Stress or tension is often related to poor sleep. Thus, stress-reduction methods such as relaxation training, biofeedback, meditation, and guided-imagery are sometimes useful. These methods have common aims. They all decrease muscle and mental tension, and control excessive bedtime worries and intrusive thoughts, which interfere with falling asleep or returning to sleep.

Sleep Diary

The first step in getting started with CBT-I and improving your sleep is to begin tracking different aspects of how you sleep. Individuals often feel like they already know what their sleep patterns are and do not need this diary, however, research has found that people can recognize issues with their sleep patterns more clearly when they use a sleep diary. This sleep log will be used to help develop your treatment plan and to track your progress over time. The sleep diary is a crucial component of CBT-I and without it, treatment cannot occur. An email will be sent to you with several sleep tracking options and instructions on how to complete your sleep diary.

Sleep Hygiene Guidelines

In behavioral sleep medicine, we address “sleep hygiene” as an important set of factors related to sleep environment (temperature, noise, light), lifestyle (substance use, exercise, diet), personal habits, etc. that are known to affect human sleep behavior. These are often controllable factors and can be helpful to focus on creating good sleep hygiene habits at the start of CBT-I.

Sleep hygiene alone is not an effective treatment for insomnia; rather, it is a set of scientifically grounded recommendations for supporting your CBT-I treatment plan. Maintaining good sleep hygiene can help to prevent recurrence of insomnia.

Bed Is For Sleeping

Avoid using the bed for anything else besides sleep and sex. This will help your brain and body learn that bed is for sleep. Spending too much time in bed doing other things in bed besides sleep can make it harder for the brain to learn this relationship.

Sleep Rituals

Develop a set of behavioral rituals you can engage in every night before bed. Set aside 15-30 mins before bed to help you wind down and give you the opportunity to relax.

Get Consistent

A regular wake up time in the morning will help set your “biological clock” and lead to regular sleep onset.

Sleep Environment

Take a look around your sleep environment and try to limit any potential environmental barriers to sleep. For example, adjust the temperature, wear an eye mask, use black out curtains, wear ear plugs, or use a white noise machine. There are many creative ways to help adjust your sleep environment so it can become your sanctuary to sleep.

Stop Clock-Watching

Many people who struggle with insomnia tend to watch the clock too much during the night. When they can't sleep they often watch the clock and count down the hours left in the night for sleep. This behavior can reinforce negative thoughts about sleep which in turn reinforces the cycle of insomnia. Thoughts such as: "oh no! If I don't get to sleep now, I will only get 5 hours of sleep and I will be too tired and my day will be ruined."

Caffeine: Avoid Caffeine 4 - 6 Hours Before Bedtime

Caffeine disturbs sleep, even in people who do not subjectively experience such an effect. Caffeine is found in items such as coffee, tea, soda, chocolate, and some over-the-counter medications.

Nicotine: Avoid Nicotine Before Bedtime

Although some smokers claim that smoking helps them relax, nicotine is a stimulant. Thus, smoking, dipping, or chewing tobacco should be avoided near bedtime and during the night.

Alcohol

A small amount of alcohol often promotes the onset of sleep, but as alcohol is metabolized sleep becomes disturbed and fragmented impacting the quality of sleep.

Cannabis: Disruptive Effects on Sleep

In the last few years, many people are experimenting with cannabis products in an attempt to manage their insomnia. There is evidence that it can disrupt the REM stages of sleep.

Exercise

Regular exercise can help increase your sleep drive and promote good sleep.

However, for some individuals strenuous exercise right before bed can be activating and interfere with going to sleep. Avoid strenuous exercise right before bed.

Napping: Avoid Daytime Napping

Many individuals with insomnia “pay” for daytime naps with more sleeplessness at night. Thus, it is best to avoid daytime napping. If you do nap, be sure to schedule naps before 3:00pm and keep them short (15-30 mins).

Eating: A Light Snack at Bedtime May be Sleep Promoting

A healthy balanced diet will help with sleep, however, the timing of meals and snacks is important. An empty stomach at bedtime can be distracting and a heavy meal before bedtime can interrupt sleep. Having a light snack before bedtime can be helpful.

Avoid Excessive Liquids In The Evening

Reducing liquid intake will decrease the need for nighttime trips to the bathroom.