

**Session 1: Introduction, Sleep Hygiene and CBT for Depression**

*(Handouts 1-2)*

1. Introduce participant to treatment

A. Explain the limits of confidentiality to the participant and explain the value of ID#s.

   - The first thing that I want you to know is that keeping your information private is very important to us. Therefore, any information that you have provided us (such as your name, address or phone number) and the material that we will discuss throughout the sessions will be kept private. All identifying forms have been stored in a locked filing cabinet within a locked office at The University. From this point on, all your information will be identified by a code (you are Participant ____). Your name and information will not be used on any of the forms and no one other than the researchers will be able to access your information. The only time we would not keep your information private is if:

   1. You gave us reason to believe you would either harm yourself or someone else.
   2. We had reason to believe that you were being abused.

B. Review Skype and assess participant’s comfort level/ability with the technology.

   - All our sessions will be on Skype Video, so it is important that you begin to feel comfortable with using the computer. I’d like to take a few minutes to go over the directions and answer any questions you may have about Skype.

   - Is this your first time using something like Skype?

   - Did you have any trouble with the directions?

   - Go over the problems that may arise with Skype, such as lag in video and sound interferences. Explain to participant that if for any reason the connection gets disconnected that we will call them back.
• Explain the option of wearing headphones.

• Explain how to adjust the monitor.

• If any difficulties come up, please feel free to call us at 205-348-1963.

C. Discussing expectations with participants

• **We will plan to meet for 10 sessions.** Each session occurs once a week and will last about an hour. Part of the time will be spent on helping you sleep better and part of the time on helping you feel better.

• **The type of therapy that we will be using does well if we work together.** This may be a new experience for you, so your initial thoughts and questions are very important to the success of this work. If you have not had a chance, take a few moments to think about your hopes and thoughts about working together.

• **Practice is one of the best ways to make therapy skills a part of your daily life.** We cannot put enough stress on the importance of practicing new skills in between each session. We may ask you to complete “homework,” fill out forms and practice new skills outside of sessions. However, these “homework” activities are not for a grade like in school. They are to help you understand new ideas and skills. Sometimes homework is hard to do because of time limits, a difficult task or the fear that you may be doing it “wrong.” There is no way to do homework “wrong” and you will not know if it helps you unless you try it. If something seems too difficult, circle that part, continue with the rest if you can, and ask me to help during the next session. Please work at your own pace. Not doing homework can get in the way with feeling better, so remember, if something is hard please ask me for help!

• Any step that takes you closer toward the change you want is a step of positive change. So remind yourself that change does not happen right away. Often times it is difficult to learn a new way of thinking and new behaviors that we have rarely or never tried before. And, some days making the effort and showing progress is easier than others.
2. Assess participant insomnia and depression

- **Therapy works best when you explain some of the most important things bothering you, and share them with me.**

A. Devote 5-10 minutes for a structured interview to assess participant insomnia and depression.

Identify target complaints for mood and sleep problems.
- *In what situations does this occur?*
- *What do you think causes this difficulty?*
- *Has this happened before?*
- *What strategies have been used in the past to cope with this problem*
- *Rate the severity of this problem from 1 (least severe) to 10 (most severe).*

B. Administer GDS-4

*[Therapist Note: If participant asks about medication direct them to talk to their primary care doctor]*.

3. Insomnia component

A. Introduce basic rationale (see box below) that attitudes and behaviors may have disruptive effects on sleep.

We know that many different things can affect a person’s sleep. To start with, some people are more likely to develop sleep disturbances. For example, someone may be an especially light sleeper and easily awakened during the night.

We also know that stress can affect our sleep. For example, having money problems, losing a job, or dealing with the death of a loved one can all disrupt our sleep in the short-term. Other things like schedule changes or medical problems can affect our sleep as well. For example, if you are in pain and can’t get comfortable in bed, or you are in the hospital with nurses coming in and out all night, you’re probably not going to sleep as well as you normally do.
Usually this type of sleep disturbance is short-term, meaning that it only lasts a few days or a week or two. At that point, the stressful situation has gotten better or we’ve learned how to deal with it better and our sleep returns to normal. However, sometimes the insomnia keeps on and becomes a chronic problem, like in your case. When this happens, we have found that other factors come into play that keeps the insomnia going. The insomnia seems to develop a life of its own.

Now, what happens when you have had trouble sleeping for several nights? Most people find it very frustrating and they often make changes in their behavior as a result. They may sleep in the next morning or take naps to try and recover their lost sleep. They may drink more caffeine during the day. They may go to bed earlier the next night to try and make sure they get enough sleep. People with insomnia may also start to worry about their sleep.

While people do these things to try and fix their sleep problem, it can actually end up affecting the insomnia over time. We are going to focus on many of these things with our treatment. We will talk in more detail about how they can bring about sleep problems.

- Ask for Questions. Ask for examples if time permits. (e.g., “Does any of this sound like it applies to you? Have you noticed yourself doing any of these things?”)

B. Introduce Sleep Hygiene. “Today we’re going to start by talking about some basic things you can do to improve your sleep…”

- Ask participant to find ‘Handout 1- Sleep Hygiene’ and follow along.

- Read Sleep Hygiene Instructions (below) verbatim. To encourage compliance, discuss with the participant the rationale for each instruction (the rationale follows each instruction in the therapist manual).

- After each item, ask participant whether or not they engage in that specific behavior. If not, ask if the rule is something they would be able to follow. If you get resistance ask if they are willing to try it for this week. You can also try negotiating (e.g. “Could you stop using caffeine by 1:00 PM?”). Write any difficulties down in your progress
note/treatment folder; this will help remind you of what the problems were and you will be able to discuss them at the next session.

SLEEP HYGIENE

Sleep hygiene names everyday behaviors that may help or hurt sleep. Following the instructions below will increase the chances that you will sleep well. Not following any of these instructions may lead to poor sleep.

1. **Avoid caffeine after noon.** Caffeine is a stimulant. It can lead to increased arousal at night and lead to difficulty falling and staying asleep. Some people are very sensitive to the effects of caffeine, and use of caffeine after noon may disrupt their sleep at night. (Note: remember that some soft drinks, tea, chocolate and some medications contain caffeine)

2. **Avoid exercise within 2 hours of bedtime.** Exercising too close to bedtime may put your body in an aroused state when you need to be relaxing. However, participation in regular exercise that occurs earlier in the day may improve your sleep.

3. **Avoid nicotine within 2 hours of bedtime.** Nicotine, like caffeine, is a stimulant that can make it difficult to fall and/or stay asleep.

4. **Avoid alcohol within 2 hours of bedtime.** Although you may initially feel sleepy after drinking alcohol, alcohol use near bedtime usually leads to more awake time during the night.

5. **Avoid drinking a lot of liquids in the evening.** Drinking lots of liquids typically leads to needing to get up and use the bathroom at night, causing disruption in sleep.

6. **Eat regular meals and do not go to bed hungry.** Being hungry or very full can disturb sleep. A light snack at bedtime may help some people, but avoid greasy or “heavy” foods within 2 hours of bedtime. Heavy meals close to bedtime put a strain on your digestive system while you are trying to sleep.
7. Keep your bedroom at a comfortable temperature and try to make it as dark and quiet as you can.

8. Avoid naps during the day. Naps meet some of your sleep need, but they can throw your body rhythm off schedule. This can make it harder to fall asleep and sleep soundly at night. If you must nap, keep it short (less than half an hour) and do it early in the day (before 2 pm). Always take naps in your bed.

   a. Discuss whether participant currently naps.

   b. Explore whether she is willing to give up naps. Discuss other activities she might use to replace naps (e.g., afternoon walks, run errands, visit with a friend.)

**THERAPIST NOTE:** If participant is already a “napper” and is resistant to giving naps up, tell them to incorporate a regular, brief nap (less than 30 minutes) into their daily schedule sometime before 2 pm. Participant should always nap in their bed.

- Ask participant to choose at least three Sleep Hygiene instructions to focus on for the next week. Ask her to mark these items on their handout as a reminder. (Make yourself a note in their treatment folder.) Suggest to the participant to place handout in a place that is visible (such as on bathroom mirror or fridge) to serve as a reminder.

4. Discuss how insomnia and depression are linked.

   A. Briefly review evidence on relationship between insomnia and depression.

   - **Insomnia and depression are connected:**
     i. Insomnia is a high risk factor for later depression.
     ii. Three out of 4 people with depression also have insomnia.
     iii. Treating either one creates some improvement in the other.
     iv. But treating just one of them often leaves left-over symptoms of the other. These left-over symptoms are a risk factor for relapse of the other.
     v. Both disorders are common and are risk factors for negative outcomes including suicide.
B. Encourage participant to identify personal examples of how their insomnia and depression are related.

Example script: “Can you think of some ways your mood affects your sleep? Or how your sleep problem affects your mood? For example, people are more likely to keep an irregular sleep schedule when they are feeling down and depressed. They often spend more time in bed during the day, which can make it harder to sleep at night.”

5. Introduce Cognitive-Behavioral Therapy for depression

By now, you may be asking, “What exactly is this treatment that I am starting?” I am going to explain to you the type of therapy that we use, which is called cognitive behavioral therapy. So you can follow along as I explain, pull out Handout 2-CBT Model and look at the square at the top of the page. I would like to explain how our thinking is related to the way we feel and react to events.

It will be useful to describe the four important parts of the cognitive-behavioral approach and how they interact with one another to explain your depression. The first one is your body. The way our body works and our physical well-being have a great deal to do with how we feel. For example, if you have ever had the flu, you know that is has an effect on you. What was your mood like the last time you had the flu? (Prompt: Did you feel happy? Did you feel like you had energy? Was your mood up?). Usually, if you have the flu, you feel tired, a bit down and perhaps grouchy. So it is clear that they way your body feels and works has something to do with how you function. Draw a connection between body and feelings.

What kind of thoughts might you have when you have the flu? (Prompt: Some people with the flu may think, “I’m going to die.” “I will never get better.”). Draw a connection between body and thoughts.

What did you do when you think these thoughts? (Prompt: Did you stay home? Did you have to go to work? Did you need to take care of the household?). Draw a connection between thoughts and behaviors.

What feelings did you have about what you were able to do? If you lay in bed with the blankets over your head for a day, you would feel how? Right. You would feel (down, sad, blue). Draw a connection between behaviors and feelings.
Now, if you were feeling sad and blue, what kind of thoughts might you have? (Prompt: Did you feel hopeless?) Draw a connection between feelings and thoughts.

It is also possible for your behaviors to affect your body. (Note: Some psychoeducation may be appropriate here.) You may have heard how people who are under stress for long periods of time tend to become sick. So it is clear that your behavior, (e.g., giving up pleasant activities), can affect how you feel as well as your physical health or your body. Draw a connection between behaviors and body.

Environment surrounds the model. Environment refers to the events and the people around you that affect what you do and think, as well as how you and your body feel.

In our sessions we will focus on how to change your negative feelings, but this model also works for positive feelings.

<table>
<thead>
<tr>
<th>THOUGHTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEHAVIORS</td>
</tr>
<tr>
<td>FEELINGS</td>
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<tr>
<td>BODY</td>
</tr>
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</table>

People usually come to therapy because of their feelings! The person does not feel good emotionally for one reason or another. Sadly, it is not possible for me to “reach in” and change how you feel. Also, we do not usually try to change how your body works in order to help you feel better. So, we will not be trying to change how your body works. If we can’t directly work with emotions/feelings or how your body works, that leaves us with two options: thoughts and behaviors. This is very good because we can help you change what you do. Also, you can learn how to change your thoughts so that you are not as upset or down. We can also help you learn to build in more pleasant activities or eliminate unpleasant activities as much as possible.
Ask participant to continue to follow along on ‘**Handout 2- CBT model**’. 

“Let’s choose an example of your own to illustrate the Cognitive Behavioral Therapy (CBT) model. Can you recall your last stressful situation? It can be about your sleep, mood or other problems in your life.”

**Behavior:** How does the stressful situation make you *act* or *behave*?

________________________________________________________________________

________________________________________________________________________

**Thoughts:** How does the stressful situation make you *think*?

________________________________________________________________________

________________________________________________________________________

**Feelings:** How does the stressful situation make you *feel* (feeling word or an emotion word)?

________________________________________________________________________

________________________________________________________________________

**Body:** How does the stressful situation make your body *feel* (physical aches or pains)?

________________________________________________________________________

________________________________________________________________________

- Have participant write example into the CBT model on Handout 2.
6. Conclude Session

   A. Remind the participant to practice sleep hygiene changes they agreed to focus on this week. Ask them to mark those items on their *Handout 1-Sleep Hygiene* list so they will remember.

   B. Schedule next session: Set up the next appointment for about a week later.
**Session 2: Sleep Compression & Behavioral Activation**  
(Handouts 3-6)

[THERAPIST NOTE: Prior to session, use participant’s baseline Sleep Diaries to complete first part of ‘Therapist’s Sleep Compression Worksheet.’ A copy of this worksheet is at the end of Session 2, on p.18]

1. Ask participant if they had any questions after the last session about their expectations and understanding of psychotherapy.


3. Insomnia component.

   A. Ask participant what they remember from the last session. Encourage them to ask questions. Review the model of how behaviors and attitudes can perpetuate insomnia over time.

   B. Ask participant to pull out **Handout 3- Sleep Hygiene** and discuss participant’s progress on the Sleep Hygiene changes identified in session 1. *(How did it go with the sleep hygiene behaviors we talked about last time?)*

   • Remind them of the 3 specific behaviors they chose to work on. If necessary, explore and address barriers to compliance. *(If necessary, have the participant identify additional sleep hygiene behaviors to work on the next week.)*

4. Introduce Sleep Compression therapy.

   A. Explain rationale for Sleep Compression *(see below- Read Verbatim.)*

   "Now we’re going to talk about one of the main treatments to help your sleep, called Sleep Compression. This treatment is based on the idea that most people with insomnia spread their sleep too thin. For example, maybe you go to bed early because you’re worn out, but it takes you awhile to fall asleep. Then, you wake up a lot during the night or too early in the morning, so you try and sleep in as much as possible to make up for your
poor night of sleep. Your total time in bed may be 9, 10, even 11 or 12
hours. But it is not actually possible for anyone to consistently sleep solidly
through such a long period. If you go to bed at ten and don't get out of bed
until nine the next morning, gaps in your sleep are bound to happen! The
more time in bed you spend trying to sleep, the more broken up your sleep
becomes so it will spread out and fill the time period.

Many people with insomnia get the idea of going to bed at a steady time,
but rarely worry about wake-up time. They often stay in bed as long as
possible the next morning or take naps to try and recover from the bad
night of sleep. Sadly, this simply stretches out your time in bed (TIB). A
longer time in bed makes it more likely that you will continue to wake up in
the middle of the night.

With Sleep Compression treatment, we will slowly limit the amount of time
you spend in bed. That way you will begin to sleep more soundly during
the period of time you are in bed... the goal is to compress your sleep.”

- Ask if participant has any questions [Q].

B. Review participant’s current TST (Total Sleep Time) & TIB (Time in Bed).
(Use Therapist’s Sleep Compression Worksheet.)

i. Remind participant about the sleep diaries they filled out at the
beginning. Explain how we calculated their average TST and TIB from
their diaries. Emphasize discrepancy between TST and TIB. (See
example script below.)

Example script to discuss participant’s TST and TIB:
“We can look at your sleep diaries and see about how much sleep you’re
getting each night. Although it varies from night to night, on average,
you’re getting about ___ hours sleep a night. Does that sound about right?

Then we can look and see how much time you’re spending in bed, which is
about ___ hours. So, on average, you are spending ___ hours in bed trying to
sleep, but only sleeping about ___ hours. We’re going to look at this total
sleep time (TST) as your current ‘sleep ability.’ Because no matter how
much time you spend in bed, you are only able to sleep ___ hours right
now.”
C. Tell participant the goal of Sleep Compression is to reduce their time in bed so it matches their current sleep ability (which is their average TST). Tell them we will do this by limiting the amount of time they spend in bed. Assure participant that we will do this slowly over the course of several sessions. Remind them that we are not reducing their sleep time, but taking out the time they spend in bed NOT sleeping. Review the goal of this treatment which is to compress their sleep so they sleep more soundly within the time frame they spend in bed.

- Set wake-up time: Negotiate with participant to set a consistent morning wake-up time. Write this time down on Therapist’s Sleep Compression Worksheet! Instruct participant to set an alarm for every morning.

- Set minimum bedtime: Explain how we used the new prescribed TIB to work backwards from the morning wake-up time to set their new bedtime. Instruct participant not to go to bed before this time. However, they can go to bed later than this time if not sleepy yet.

- Trouble-shoot: Ask the participant what they will do during this extra time. (“Will it be hard for you to fill your time in the morning/evening?”)

- Warn participant that they will not see immediate results.

(If participant is resistant, ask questions to help them realize that extending their sleep opportunity by spending more TIB has not helped improve their sleep so far. Review the rationale (see A, above) and goals (see C, above) for Sleep Compression treatment.

D. Ask participant to find the **Handout 4- Sleep Practice Log**. Explain how to fill it out. Tell participant they will fill out a new Sleep Practice Log each week.

- This Sleep Practice Log will help you keep track of your new sleep schedule. At the top, you will see a place to write down the bedtime and wake-up times we decided on for this week. The rest of the log is like a sleep diary, just shorter. After you wake up each morning, you will write in the time you got in bed last night and the time you woke up/ got out of bed this morning. Bring this log back with you next week so we can look at it together.
[THERAPIST NOTE: Make sure participant records their prescribed bedtime and morning wake-time at the top of this log!]

5. Depression component

A. Review the CBT rationale/model for depression by going over the four components (e.g., behaviors, thoughts, feelings, body).

   • Ask participant to pull out ‘Handout 5- Increasing Pleasant Events’ and follow along.

   Last session we began to talk about how the CBT model works. Remember that the four important parts of the CBT approach are your thoughts, behaviors, body and feelings. Keep in mind an important idea of CBT is that these four parts have an effect on one another. A negative thought coming from a bad event can affect your behavior or feelings, which in turn can affect new thoughts and behaviors. In some cases these four parts can start a downward spiral of negative changes that can throw you into a “tailspin,” leading you to feel down or depressed.
Look at the picture on Handout 5. This picture shows that “giving in” to the “slowed down” feeling that often comes with depression leads to a downward spiral (do less—feel worse—do even less, etc). Notice that the figure on the right shows you can “pull out” of a tailspin.

B. Introduce Behavioral Activation.

One way to reverse a “tailspin” is to do things that bring you a sense of pleasure and/or accomplishment. This method is referred to as behavioral activation.
Behavioral activation targets changes in your behavior as a way to improve your thoughts, mood, and overall quality of life. Although the focus is on changing your behavior, we are not ignoring your thoughts and feelings. Instead, we suggest that your negative thoughts and feelings often will change only after you begin to frequently engage in positive events. Said more simply, it is difficult to feel down if you are doing things that you enjoy.

We believe that the best way to stop the downward spiral of feeling down is to become active. Doing things you enjoy will then produce positive changes in thoughts and feelings. More positive ways of responding to stressful events requires you to act in a way that may initially feel awkward. However, hard work and time will produce favorable results.

i. Preparing for Behavioral Activation

   • “It is important to develop a clear picture of your current depressive symptoms and the ways these symptoms interfere with your everyday functioning.”

ii. Monitoring already occurring activities

   • “As the main focus of this treatment is increasing your frequency of pleasurable events, it is important to get an accurate assessment of your daily schedule of activities.”

Although you may believe that you have a good idea of how you are spending your time, we would like you to spend 2-3 days recording your current activities. This may be useful for several reasons. First, it provides a beginning measurement to compare your progress when you have increased your activity level later in treatment. Second, looking at your current level of activity may allow you to realize that you are less active than you thought (Seeing evidence of this reality may provide motivation for you to increase your activity level). Lastly, a close
look at your daily routine might lead you to develop some ideas as to what activities you have time for and might enjoy.

Ask participant to pull out ‘Handout 6- Daily Activity Record.’ Tell them to complete the activity schedule as homework this week.

- “Keep a detailed record (every two hours) of all activities that you engage in for 2-3 days, including those that seem not important such as watching television. You do not have to record the hours that you are asleep. Just leave those boxes blank.”

- Help the participant complete an example activity record during the session to give them experience with the form (see below). Do not move on until participant seems able to complete the task on their own.

### Example Activity Record

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM: 12-1</td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td></td>
</tr>
<tr>
<td>2-3</td>
<td></td>
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<tr>
<td>3-4</td>
<td></td>
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<td>4-5</td>
<td></td>
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<tr>
<td>5-6</td>
<td></td>
</tr>
<tr>
<td>6-7</td>
<td></td>
</tr>
</tbody>
</table>

6. Concluding Session

A. Remind the participant to complete Handout 6- Daily Activity Record (2-3 times) and Handout 4- Sleep Practice Log (every morning). Remind the participant to continue practicing good Sleep Hygiene and review their target behaviors (these can be ongoing Sleep Hygiene goals that were identified in the first session or new ones).

B. Schedule next session: Set up next appointment for about a week later.
THERAPIST’S Worksheet:
Sleep Compression Procedure (5 sessions)

NOTE: Complete top section before administering Session 2!

1. Calculate from baseline sleep diaries:
   
   Avg TST =
   
   Avg TIB =

2. Calculate discrepancy:
   
   TIB – TST = ______________

3. Subtract 30 minutes from this discrepancy to determine Target for compression.
   
   Discrepancy – 30 min. = ______________

4. Divide Target amount by 5 to arrive at compression amount for each session.

   Compression amount per session = __________ minutes*

   *At each subsequent session, you will reduce the participant’s TIB by this amount.

Session 2:

Calculate Prescribed TIB = ______________

(Original TIB from above – compression amount per session)

Set morning wake-up time: ______________

Prescribed Minimum Bedtime (based on prescribed TIB): ______________
**Session 3:**
New Prescribed TIB = ______________
New Bedtime: ______________

**Session 4:**
New Prescribed TIB = ______________
New Bedtime: ______________

**Session 5:**
New Prescribed TIB = ______________
New Bedtime: ______________
*Give new sleep diaries*

**Session 6:** (FINAL STEP)
Calculate new values from recent sleep diary.

\[
\text{TST} = \\
\text{TIB} = \\
\text{Discrepancy (TIB - TST)} =
\]
Adjust prescribed TIB accordingly. Set new minimum bedtime: ______________
Session 3: Bedtime Habits and Monitoring Mood
(Handouts 7-10)

1. Administer GDS-4.

2. Continue Sleep Compression therapy.
   
   A. Discuss participant’s progress on the Sleep Hygiene changes from session 1.
   
   B. Review completed Handout 4- Sleep Practice Log. Ask participant about previous week’s experience with sleep compression. Address barriers to compliance.
   
   C. Review goal of sleep compression (i.e., to limit their time in bed until it matches their TST; this will compress their sleep and eventually let them sleep more soundly during the time they are in bed.)
   
   D. Continue with next step of Sleep Compression according to Therapist’s Worksheet. (Subtract next amount from participant’s baseline time in bed (TIB) and give them new prescribed bedtime.)
   
   E. Ask participant to pull out the NEW Handout 7-Sleep Practice Log and make sure they write their new prescribed bedtime on this log!
   
      • Point out that this week’s Log has a new item added at the bottom. Tell them we will discuss that next.

3. Introduce Bedtime Habits. Explain rationale (see below- Read VERBATIM)
   
   A. Rationale:

   Now we will go over a set of Bedtime Habits that will increase the likelihood that you will sleep better. These Bedtime Habits are about what we call “making associations.” In other words, sometimes we smell a rose and it reminds us of our grandmother’s backyard. That is an association; we associate the smell of the rose with our grandmother’s backyard (you can also ask the participant if she can come up with an example - like why they may return to a certain vacation spot; they associate that spot with a fun or relaxing time).
1. Now how does this relate to insomnia? Well, a person's bedroom should be a room that invites sleep. A person's body should automatically associate getting into bed with going to sleep.

2. Sometimes people develop habits that can make the bedroom a non-sleep promoting place. For example, using the bed or bedroom for other activities, such as reading or watching TV, or spending too much time awake in bed, may cause a person's body to associate getting into bed with being awake. This may cause difficulty falling asleep and difficulty staying asleep.

3. Bedtime Habits help a person to break those associations between being in bed and being awake. Following the Bedtime Habits will also help strengthen the connection between the bed and sleep, so you will become more likely to actually fall asleep when you get in bed.

B. Ask participant to find Handout 8- Bedtime Habits in case they want to follow along with you.

C. Go over the six Bedtime Habit instructions at length, until the participant understands them and understands how to follow them. Explain that some instructions will be more applicable to their situation than others and, if needed, you will spend more time on those specific instructions.

THERAPIST NOTE: The participant’s handout only has the basic Bedtime Habits. The therapist manual has the six (6) basic instructions along with a detailed explanation of the rationale for each. It is very important that the participant understand the rationale behind each instruction. When the rationale for an instruction is understood, the instruction is more likely to be followed. (Read everything in bold VERBATIM!)

BEDTIME HABITS

“As you can see on your handout, it says “We need to make an association between being in bed and sleeping. Following healthy bedtime habits will help strengthen this connection and improve your sleep.”

There are 6 instructions on your page. We’re going to look at each of these instructions one at a time. Be sure to stop me if you have any questions.”
(If participant seems concerned about the amount of information you are covering, assure them that you will take your time to make sure they understand everything that you are asking them to do. Also, remind them that they do not have to remember every single detail you are telling them, because they will have the handout to take home with them that lists the instructions.

[Instruction 1]

1. Don't use your bed or bedroom for anything (at any time of the day) but sleep (or sex).

Doing other things in bed is “misusing” the bed.

(1) There is an appropriate time and place for everything.

(2) Doing other things in bed strengthens the idea that a variety of activities are suitable for the bedroom. For example, if you often watch television in bed, going to bed will become a cue to begin thinking about things related to what you have seen on television.

(3) If the bed is reserved for sleep alone, then climbing into bed will be a strong cue for you to fall asleep.

Have participant discuss other activities they currently carry out in bed. Be sure to include thinking, worrying, feeling frustrated about not falling asleep, or important discussions and arguments with spouse. Write any problems down in your progress note/treatment folder; this will help remind you of what the problems were and you will be able to discuss them at the next session.

[Now, Instruction 2]

2. Go to bed only when you feel a strong urge to sleep.

Let your body tell you when it is sleepy.

(1) If you go to bed when you are sleepy, you are more likely to go to sleep right away; this will strengthen the association between bed and sleep.
(2) If you are not sleepy when you go to bed, you might toss and turn and you might get mentally and physically aroused and more wide awake. That would only strengthen the old habit patterns we are trying to eliminate.

(3) But, if you follow these Bedtime Habits, your body can determine how much sleep you need to function well. Your body will let you know the right bedtime by getting tired when it is time for you to go to bed.

For example, if you establish a fixed time for getting up in the morning and allow your bedtime to vary depending on when you get sleepy, then your body can determine how much sleep you need to function well.

Discuss how participant decides when they will go to bed now (they should be keeping the minimum bedtime from sleep compression). Discuss how sleepy or awake they feel when they go to bed. Again, emphasize that they should not go to bed before this set bedtime, but wait until they feel a strong urge to sleep (anytime after their bedtime).

Discuss how participant can tell when they feel sleepy (for example, yawning, rubbing eyes, etc.). Tell them this is a little different for everyone. Have participant become aware of their own feelings and signs of sleepiness and tell them to use these feelings as a cue to go to bed. (Many people are unaware of their own signs of sleepiness when they begin this treatment.)

[Now, Instruction 3]

3. If you do not fall asleep within about 15-20 minutes, leave the bed and do something in another room. Go back to bed only when you feel sleepy again.

(1) Clock watching for this 15-20 minute rule is not recommended. [It is important to discourage clock-watching; clock-watching stimulates arousal. Suggest turning clock away from participant if this is a common difficulty.] If you do not fall asleep within about 20 minutes after returning to bed, repeat this instruction. Repeat it as many times as needed throughout the night.
(2) The idea of getting out of bed to promote better sleep might seem surprising or strange, (Emphasize that) the reason for following this rule is to strengthen the association of the bed and the bedroom with sleep. By getting out of bed when you are still awake after 15-20 minutes, you can promote this association. (And, you weaken the association of the bed with being awake [by getting out of bed].)

a. Elaborate:

(1) Return to bed when you feel sleepy. Pay attention to the signs of sleepiness and don’t fall asleep in a room other than the bedroom.

(2) The goal is for you to more strongly associate the bed and the bedroom with sleeping.

Often, the bed becomes a cue for non-sleep activities because the poor sleeper would watch television or eat or read, or do other things, as a way to distract herself from her main concern—not falling asleep.

(3) If you stay in bed when you cannot sleep, the bed becomes a cue for worrying about insomnia and a cue for all the anxiety and frustration of not falling asleep. As a result, the insomnia sufferer “fights the bed.” (In other words, you waste your time lying in bed awake, and upset about it.)

[NOTE: Those who report worrying and planning during the night, should be encouraged to set aside some time prior to bedtime to make plans or list worries and possible solutions.]

(4) If you stay in bed awake, the bed becomes a cue to stay awake.

(5) This is why some people who suffer from insomnia fall asleep better in places other than their own beds (for example, in a chair while watching television). See if participant has had this experience, and discuss it briefly.

b. Plan what the participant will do to follow Instruction 3:
(1) **Discuss with participant** what they do now when they cannot fall asleep. Elicit concrete examples. Again, make a note of this for your records.

(2) **Discuss where they could go and what they could do** when they cannot fall asleep. Again, make a note of this for your records.

**THERAPIST NOTE:** Discuss safety precautions for getting up during the night. For example, remind them to clear a path beside the bed and suggest the use of a nightlight to prevent falls during the night. (If they use a cane or walker, keep these near bed.) If falls are a significant concern for the participant, discuss the possibility of alternative seating beside the bed (instead of getting up and going into another room), if necessary.

(3) Begin with activities they are doing now (e.g., reading), and help them find another place to do it.

   (a) **Encourage** participant if they are already following this rule at times. Shape their behavior to conform to the instruction more completely and consistently.

   (b) **Discourage** exercise, or anything else that might make feeling sleepy more difficult.

   [Any materials needed to perform the behavior planned for after leaving the bedroom, should be prepared before bedtime.]

(4) **Do not continue until** the participant has some concrete alternatives for what to do if they do not fall asleep right away.

[Now, Instruction 4]

4. If you wake up during the night and do not fall back to sleep within 20 minutes, follow rule 3 again (leave the bed and do something in another room, go back to bed only when you feel sleepy).

   a. Elaborate:

   (1) **These new Bedtime Habits will come only with repeated practice.**
(2) When first beginning this treatment, it is common to have to get up a number of times each night before falling asleep.

(3) Encourage the participant by noting that it takes “good sleepers” 10 to 20 minutes to fall asleep.

(4) This procedure is to be followed any time you wake up during the night.
   
b. Discuss what they do now if they wake up during the night.
   
c. Review the strategies developed under instruction 3.
   
d. Review safety precautions as discussed in instruction 3.

[Now, Instruction 5]

**THERAPIST NOTE:** Participant should already have a consistent morning wake-up time from Sleep Compression treatment.

5. Use your alarm to leave bed at the same time every morning regardless of the amount of sleep obtained. Now, this one should be easy for you because we already set a morning wake-time with sleep compression! But let’s go ahead and review why we want you to keep a consistent wake-up time.

This will help your body acquire a consistent sleep rhythm.

Your body has an “internal clock” that regulates certain body functions such as body temperature and the sleep/wake cycle.

Maintaining a consistent sleep schedule will help your body’s internal clock to establish a more stable and consistent pattern of sleeping and waking. An inconsistent sleep schedule may upset the rhythm of your internal clock, making you feel alert when you want to be asleep and sleepy when you want to be awake.

[Some therapists refer to the participant’s diary during this discussion.]

a. Elaborate (Some therapists read these items verbatim)
It is important to help your body to establish a regular body rhythm for the daily pattern of sleep time and awake time.

Describe the 24-hour sleep-wake cycle, and the circadian rhythm of “peaks” and “valleys” of high alertness and low alertness that occur each day (for example, the low alertness that typically occurs some time each afternoon).

A routine is needed to establish a sleep rhythm and a rhythm of peaks and valleys.

By varying the time you get up you are shifting your rhythm each day so that it is not in stable harmony with clock time. Make an analogy to jet lag. (For example, if you fly to England, their clock time is 6 hours later than your home time and English clock conflicts with your body’s rhythm.)

Do not get up later on weekends. If you do not follow this instruction now, you will not be able to establish a consistent rhythm.

First, you must get a consistent rhythm.

Once you have established a consistent sleep rhythm, probably by the end of treatment, you can vary your sleep schedule within careful limits.

Discuss when they get up now. (THERAPIST NOTE: Participant should already be getting up at their prescribed wake-time. Use this time to assess compliance and trouble-shoot.)

How consistent are they, including weekends?

Avoid napping. We already discussed this one as well, so we will just review why it is important….

Naps meet some of your sleep need and make it less likely that you will fall asleep quickly at bedtime. By not napping, you also help to
ensure that any sleep loss you feel today because of a bad night you had last night will increase your likelihood of falling asleep quickly tonight.

a. Elaborate: **Napping throws your body rhythm off schedule and makes it more difficult for you to sleep at night.**

b. Discuss their current napping routine. If participant is a “napper,” be sure they are following these 3 guidelines: 1) keep naps brief (less than 30 minutes); 2) nap early in the day (before 2 pm); & 3) always take naps in bed.

**THERAPIST NOTE:** In all cases, if the participant is going to nap, stimulus control should be followed during naps (i.e., if not asleep within 15 to 20 mins, they should get out of bed).

D. Conclude Bedtime Habits presentation by asking participant if they have any questions about the instructions or about the rationale for these instructions.

E. **Emphasize** the importance of following these Bedtime Habits and strongly encourage participants to truly adhere to **ALL** the instructions.

F. Ask participant to look back at their new **Handout 7-Sleep Practice Log**. Explain how participant will keep track of whether they followed the Bedtime Habits each day by marking ‘Yes’ or ‘No’ in the last row on the log.

4. **Continue Behavioral Activation.**

A. **Review completed Handout 6- Daily Activity Record.** Ask participant about previous week’s experience completing activity log. Address barriers to compliance. If participant does not complete homework, probe participant to describe activities of the prior day and fill out form together.

B. Highlight relations between activities and mood.
In general, I think you would agree that doing things you like has a positive effect on your mood. One popular theory about the causes of feeling down stresses this relationship between feeling down and the things you do throughout the day. The theory states that when we run into an event or maybe a string of events that reduces our level of pleasure, our mood will be lowered. Remember the downward spiral we talked about last session? When mood is lowered, then amount of things that you do also goes down. When the amount of things that you do goes down, then you are less likely to do things that you enjoy. This tends to lower your mood even further, which in turn continues to reduce your activity level, and so on until you are in a vicious tailspin. This tailspin leads to long-drawn-out trouble with your mood and the increase of many other symptoms of depression. This “tailspin” pattern occurs with many depressed older adults. We have found that if those whom are feeling down increase the amount of things they enjoying doing, then they start to feel better and their symptoms of depression are reduced. Even more importantly, by doing this people begin to realize they have a tool, so to speak, to help combat their bad feelings.

You may think that increasing things you enjoy doing is “easier said than done,” particularly if you are feeling down and hopeless. Yet, we have found that if you approach this problem with a plan, you can and will develop the skill of increasing the things that you enjoy when life is stressful and your mood is low.

C. Teaching participant to monitor their mood

- Ask participant to pull out ‘Handout 9- Daily Mood Rating Form’.

- When you focus on your mood you think of yourself as being happy or sad or maybe “just so-so,” without noticing the degrees in between. Noticing the “in between” can help you pay attention to changes in your mood or what you’re doing at those times when your mood gets better or worse.”

- An example daily mood rating form will be partially completed to give the participant experience with the form. Under __________ (day of the week of session) circle the number for how you rate your mood today, with 9 being “very happy” and 1 being “very depressed”.
For homework, participant should complete 2-3 daily mood rating forms at the end of the day. Tell them to pay attention to the events that surround these moods.

D. List of enjoyable activities

- Ask participant to pull out ‘Handout 10- List of Enjoyable Activities’.

- In order to obtain information about events that you enjoy, for homework I would like for you to look over the list of enjoyable activities. (Encourage participant to use the list to inspire their own personal list of activities to add to their life.) As you look through the list, circle activities that catch your interest or that you enjoy doing.

5. Concluding Session

A. Remind the participant to complete Handout 7- Sleep Practice Log (each morning), as well as complete 2-3 daily mood ratings (Handout 9- Daily Mood Rating Form’), and look through the list of enjoyable activities (Handout 10- List of Enjoyable Activities’).

B. Schedule next session: Set up next appointment for about a week later.
Session 4: Trouble-shooting & Identifying Pleasurable Activities  
(Handouts 11-13)

1. Administer GDS-4.

2. Review completed Handout 7-Sleep Practice Log to assess compliance with Sleep Compression and Bedtime Habits.

A. Continue Sleep Compression as needed. Subtract another half-hour from participant’s baseline time in bed (TIB) and give them new prescribed bedtime. Ask participant to pull out a new Handout 11-Sleep Practice Log and make sure they write their new prescribed bedtime on this log.

B. Review participant’s experience with Bedtime Habits, in particular the 15-20 minute rule. Spend as much time as needed reviewing these instructions to ensure participant is following them correctly. Explore barriers to adherence and modify instructions as needed. (i.e., brainstorm new activities to do when getting out of bed for the 15-20 minute rule or ways to overcome difficulty getting out of bed in the mornings after awakening, or if getting out of bed during middle of the night awakenings is difficult, discuss alternative seating beside the bed instead of going into another room, etc.)

3. Review completed Handout 9-Daily Mood Rating Form. Ask participant about previous week’s experience completing daily mood rating forms. (Participant was asked to complete 2-3 ratings). Address barriers to compliance.

4. Identify rewarding and pleasurable activities
   A. Determine activities participant likes to do:

   Some people that feel down often neglect doing things that they enjoy because of their negative feelings. Then again, some people may want to do more pleasant activities, but are unsure about how to start. In either case, it is important for you and I to learn about the kinds of activities you like as well as those you would find quite enjoyable if you had the time.
• Have the participant talk about some of the events they circled from *Handout 10- List of enjoyable activities*. Look for activities the participant really enjoys but does not do often.

• Ask the participant if there are any other activities that were not on the list that would bring them a sense of pleasure and/or accomplishment?

• Ask the participant to choose 2-6 activities that they would like to begin building into their day. Write down these activities on the list below:

  **ACTIVITIES THAT INTEREST ME**

  __________________________________________  __________________________________________
  __________________________________________  __________________________________________
  __________________________________________  __________________________________________
  __________________________________________  __________________________________________
  __________________________________________  __________________________________________
  __________________________________________  __________________________________________
  __________________________________________  __________________________________________
  __________________________________________  __________________________________________

  B. Rate the difficulty of each activity.

  • **Sometimes it is tempting to select very difficult activities. I suggest that you pick at least one easy activity that you are already doing regularly. Then you may work toward more difficult activities.**

  • Read the list of activities back to participant and have them rate the difficulty level of each activity: Easy, Medium, or Hard

  **Activity Ranking**
Hard:
  a) 
  b) 
  c) 

Medium:
  a) 
  b) 
  c) 

Easy:
  a) 
  b) 
  c) 

- Refer participant to *Handout 12- Behavior Checkout*

Now you are ready to record your progress on a daily basis, using the weekly behavior checkout (*Handout 12- Behavior Checkout*). Choose a minimum of three activities (a difficult, medium and easy activity). This form should be completed each day. You may want to do it at the same time every day.

**Step 1:** Under Activity, you will fill in some of the activities we just talked about. (*Read these back to the participant from the Activity Ranking List.*)

**Step 2:** Under #/Time, write how many times per week you want to do the activity.

**Step 3:** Yes: For each day of the week, circle Yes if you did the activity.

Sometimes you will not plan to do an activity every day, so it is fine if you did not do an activity on some days. *For Example:* You may only have an exercise class twice per week. If you attend it on Tuesday and Thursday, you would circle Yes on Tuesday and Thursday.

- Help participant fill activities into *Handout 12-Behavior Checkout* Form for the upcoming week.
• Make participant aware that there is another Daily Mood Rating form (Handout 13) and that they should rate mood DAILY.

5. Concluding Session

A. Remind participant to complete the Handout 11-Sleep Practice Log each morning. Participant should also complete Handout 12-Behavior Checkout and Handout 13-Daily Mood Rating everyday for the next week.
B. Schedule next session: Set up next appointment for about a week later.
**Session 5: Relaxation and Monitoring Mood/Activities:**

(Handouts 14-17, & Relaxation CD)

1. Administer ISI and GDS-4.

2. Review sleep treatment progress. Trouble-shooting may prompt tailored modifications.
   
   A. Review previous week’s **Handout 11-Sleep Practice Log**. Address issues with adherence (especially regarding Bedtime Habits).
   
   B. Continue Sleep Compression. Reduce TIB again and give new prescribed bedtime. Make sure participant writes this down on the new **Handout 14-Sleep Practice Log**. Address compliance issues with previous schedule.  
      
      - Point out how this week’s Sleep Practice Log is different (participant will also be completing a sleep diary (see C- below) and there is a new section added to the log (for relaxation), which will be discussed next.)

   C. Assign new **Handout 15-Sleep Diary**: Tell participant they will also fill out a sleep diary this week to assess their progress. Discuss with participant how a recent sleep diary will allow us to adjust their treatment procedures and update their sleep schedule to get maximum benefits. Review instructions for completing the Sleep Diary (attached to participant’s new Sleep Diary).  
      
      [**Therapist Note:** review participant’s file and address any difficulties they had with completing sleep diaries at the initial baseline assessment.)

3. Introduce **Relaxation** procedure.

   A. For this technique, you will discuss the rationale *thoroughly* before teaching the technique. As with the introduction of Bedtime Habits, participant understanding of the rationale for relaxation is important. Discussion of the participant’s first-hand experiences with difficulty relaxing (when having difficulty sleeping) can help increase the participant’s acceptance of learning relaxation.

   B. Explain rationale for relaxation treatment (see **BOLD** section below). Go over each point with the participant. Ask questions to elicit the participant’s experiences and potential difficulties with relaxation.
(The basic rationale is that worrisome thoughts and physical arousal will delay or interrupt sleep. Relaxation can help to overcome these obstacles by calming the mind and easing bodily tensions.)

Rationale: How does relaxation help people with insomnia?

1. People with insomnia often report difficulty relaxing, either physically or mentally, when they are attempting to sleep. Some people with insomnia will report that they experience both physical and mental tension. (For example, the body is not ready to sleep, or the mind is too active.)

2. Some people will report a general feeling of physical tension throughout much of their body. Others will feel tension in certain areas of their body (e.g., neck, head, legs). [Q]

3. Other people with insomnia do not experience physical tension. Instead they have difficulty relaxing their mind when they need to sleep. [Q]

4. Some people with insomnia worry about things when trying to fall asleep. For example, they may worry that they won't sleep well, or they may worry about other problems in their life. [Q]

5. Other people with insomnia do not worry much. However, they report difficulty "shutting off" their minds. Instead of mentally "winding down" and falling asleep these people report that they think about things that happened during the day, think about what they need to do tomorrow, etc. [Q]

6. If people have difficulty relaxing their body or their mind, insomnia can result. [Q]

7. Relaxation techniques are an effective way to reduce the physical or mental tension that typically accompanies insomnia. Therefore, using relaxation on a consistent basis typically improves sleep.

C. Ask the participant if they have any questions about the rationale for relaxation treatment. When it appears that the participant has an adequate understanding of the rationale, move to the next step.
D. Guide participant through in-session relaxation procedure:

Now, I’m going to talk you through a relaxation procedure in session. This relaxation procedure involves deep breathing and passively relaxing your muscles. It will last about 10 minutes. (Ask if participant has any questions or concerns before you begin.)

RELAXATION PROTOCOL

Verbatim text is given in **bold print**, instructions to the therapist in *italics.* Proceed at a slow pace with a soothing voice. If the client is wearing contact lenses, glasses, or distracting jewelry, ask if they would like to remove them.

“I will help you achieve a deeper level of relaxation. Most people find this is a pleasant experience. It is not hypnosis. You will not lose consciousness and you will not lose control. You will simply begin to feel more relaxed, more comfortable. We will use a combination of several different, proven breathing techniques and focusing methods.

Take a minute or so to find a comfortable position in the chair. *(Optional statement: You want to find a position that will continue to be comfortable as we practice relaxation.)*

Please close your eyes. Keep your eyes closed throughout the procedure and focus your attention on my instructions. *(If the client's arms or legs are crossed, ask them to uncross them.)*

Relaxed Attitude

To begin, you should adopt an attitude of relaxation. A relaxed ... participant ... passive ... attitude. If there are distracting noises, that's OK. Just let them pass. If your mind wanders away from relaxation to other matters, that's OK. Don't force it to come back. Allow your mind to wander and in time it will wander back to relaxation. Maintain a relaxed attitude about your mind wandering. You cannot hurry or force relaxation. Just allow yourself to gradually slip into relaxation and allow it to happen at it's own pace.
Deep Breaths
I want you to take a deep breath, hold it for 5 seconds and say "relax" softly as you slowly exhale. You may go ahead and do this now. (If the timing is off or they are rushing, insert a reminder like, "next time hold the breath a little longer," or "next time take a longer, slower exhale.")

Go ahead and take four more deep breaths, hold each one for 5 seconds and say "relax" softly as you slowly exhale. (Pause about a minute while the participant takes breaths. Give further hints if timing is off.)

Passive Relaxation
I'm going to help you focus attention on different parts of your body. And when you focus on a part of your body, I want you to let go ... relax. Release whatever tension you find in that part of your body and seek out comfortable feelings of relaxation in its place.

*Body Parts:* Remember, the focus on each body part should take about 45 seconds.

Right Arm
Let's begin with your right arm. Your hand ... forearm ... and upper arm. Let the tension drain from your arm. In your mind, seek out sensations in your arm that are peaceful and comfortable ... tranquil and soothing. Let the relaxation in your right arm grow deeper and deeper. (The focus on the right arm should take about 45 seconds. (P)

Left Arm
Let's continue with your left arm. The left hand ... forearm ... and upper arm. Just let them go loose and limp ... soft and calm ... Let the comfortable feelings of tranquility grow deeper and deeper ... deeper and deeper. (The focus on the left arm should take about 45 seconds. (P)

Face and Neck
Focus your attention on your face and your neck. Let all those muscles go. Forehead ... jaw ... tongue ... and the many muscles in your neck.
Let the tension in those muscles melt away. Dwell upon the comfortable feelings of relaxation that are growing there ... The peaceful, tranquil feelings of relaxation are growing deeper and deeper. *(The focus on the face and neck should take about 45 seconds. (P)*

Chest, Back, and Abdomen

**Now I want you to focus on your chest, your back, and your abdomen.** Let go of those muscles. Allow your breathing to slow down and relax. Feel the muscles becoming soft and loose ... soft and loose ... Focus on calm, soothing sensations in your chest ... your back ... and your **abdomen.** *(The focus on the chest, back, and abdomen should take about 45 seconds. (P)*

Right Leg

**Now focus on your right leg.** Your right foot ... calf ... thigh. Let go ... let the tension drain away and focus on the pleasant relaxing sensations, growing deeper and deeper ... Let the warm, comfortable feelings of relaxation grow in your right leg ... deeper and deeper. *(The focus on the right leg should take about 45 seconds. (P)*

Left Leg

**Let's continue with your left leg.** Your left foot ... calf ... thigh. Just let them go loose and limp ... soft and calm ... Let the comfortable feelings of tranquility grow deeper and deeper ... deeper and deeper. *(The focus on the left leg should take about 45 seconds. (P)*

Autogenic Phrases

**Now I want to suggest some phrases that you can repeat slowly in your mind to help expand the sensations of relaxation.** The phrases go:

I am at peace ... my arms and legs are heavy and warm ... I am at peace ... my arms and legs are heavy and warm ... I am at peace ... my arms and legs are heavy and warm.

Repeat this slowly in your mind and try to **feel** the peacefulness ... the heaviness ... and the warmth in your arms and legs.
Repeat one last time for the participant. “I am at peace ... my arms and legs are heavy and warm. Go ahead and repeat this slowly in your mind and feel those sensations.”

Pause 1 minute. “Okay. This relaxation session is concluded. You can open your eyes whenever you are ready and sit up.”

-END OF RELAXATION INDUCTION-

E. Ask participant if they have questions about the relaxation procedure or experienced difficulty with any particular part of the procedure (e.g., difficulty relaxing certain area of her body). Explore solutions to any difficulties (e.g., increased practice on difficult to relax areas).

F. Explain to the participant that they will combine this Relaxation technique with the 15-20 minute rule of Bedtime Habits. When they go to bed at night, they should perform the Relaxation procedure first. Then, if they do not fall asleep within 15-20 minutes, they should get out of bed as described in the Bedtime Habits (#3). Likewise, if they awaken during the night, they should run through the relaxation procedure once. If they do not fall back asleep within 15-20 minutes, they should get out of bed.

G. Ask participant to look at Handout 16- Relaxation, which outlines the basic procedure we just went through. Ask if they have any questions about it.

- Tell participant to use the handout at home to take them through the relaxation procedure on their own. Tell participant to use the handout as a guide to help them get started (i.e., they do not have to follow it word for word). Reassure participant that there are many different ways to do relaxation.

- Tell participant that there is also a relaxation CD that they can use at home if they choose, to help them practice. Tell the participant the guided practice on the CD can be helpful for beginners who are unsure of the procedure or have a hard time focusing, but they should also try practicing relaxation on their own, without the CD. (Use the analogy of training wheels on a bicycle if necessary.)

H. Emphasize the importance of home practice of the procedure and strongly encourage participants to practice the procedure at least twice daily.
(Tell them the relaxation CD can guide them through a practice). Help the participant plan their home practice schedule. Emphasize that relaxation practice done at times other than bedtime should be done at a time when participant is not tense. The “non-bedtime” practice is an opportunity for skill development. (Participant should stay awake during daytime practice. It is OK to fall asleep during bedtime practice.)

I. Ask participant to look back at the new **Handout 14-Sleep Practice Log**. Explain how to fill out the Relaxation section:

- Tell participant they will answer the question on the log- “How many times did you practice relaxation yesterday?” The participant will write down **how many times they practiced** that day (including daytime, bedtime, and any middle of the night practices).

- Then, tell the participant they will write down about **how many minutes each practice lasted**. Tell the participant they can list out each separate time. (For example, if they practiced two times yesterday for 10 minutes in the daytime and 15 minutes at night, they would write down “2 times” and list out “10 min, 15 min.”) Remind them that we do not need the **exact** number of minutes that they practiced relaxation; just write down their best guess of how long it took.

- Sometimes people have a hard time remembering if and when they practiced relaxation during the day. Tell the participant that they can choose to write down their practice time on the log immediately after the daytime relaxation practice, or wait and write down all the practices at once when they complete the whole log in the morning.

- To practice using the log, remind participant that they can go ahead and fill in one relaxation practice for today. Remind them that they should practice again tonight at bedtime and add that practice to the log when they fill it out in the morning (so tomorrow morning, they should have the number two, or two marks written on the log, and two times).

J. Tell the participant THIS PROCEDURE SHOULD TAKE ABOUT 10 minutes. People have a tendency to rush it. This may feel like a long time.
4. Review participant’s *Handout 12-Behavior Checkout* from past week. Ask participant about previous week’s experience engaging in more pleasant activities. Address barriers to compliance.

5. Integrate monitoring mood with identifying pleasant events

   - By this time, we have introduced how to monitor your mood and have identified activities that you enjoy doing. Let’s combine these two steps:

     A. Tracking Pleasant Events: Behavior Checkout Form

     - It is important for you not only to identify things that you like to do more often, but you must try to actually fit them into your day. You have done this by completing the Behavior Checkout (Handout 12).

     B. Monitoring Mood: Daily Rating

     - At this point, when people start increasing their enjoyable activities, we have found it useful to rate your mood at the end of the day (Handout 13).

     C. Daily Mood Rating with Activities

     - Refer participant to ‘*Handout 17-Tracking and Mood’*

     - For homework, participant should complete *Handout 17-Tracking/Mood* form everyday for one week.

     - An example daily mood rating form will be partially completed to give the participant experience with the form. Under ___________ (day of the week of session) circle the number for how you rate your mood today, with 9 being “very happy” and 1 being “very depressed”. Now after the statement “Why I think I feel this way” let’s list some of the activities or things that you’ve done that you feel may have contributed to this rating.
6. Concluding Session

A. Remind the participant to complete the *Handout 14-Sleep Practice Log*, *Handout 15-Sleep Diary*, and *Handout 17-Tracking and Mood*.

B. Schedule next session: Set up next appointment for about a week later.
Session 6: Relaxation Follow-up & Unhelpful Thought Diary
(Handouts 18-19)

1. Administer GDS-4.

2. Review participant’s recent Handout 15-Sleep Diary and complete Sleep Compression.
   
   A. Calculate average TST and TIB (ask participant to read each day aloud as you enter data into Excel spreadsheet). Compare current TST and TIB with participant’s baseline sleep diaries. Discuss changes with participant.
   
   B. Complete final step of ‘Therapist’s Sleep Compression Worksheet.’ Adjust TIB prescription to match new sleep diary values (allowing for 30 minutes leeway). Adjust prescribed bedtime as needed.
   
   C. Ask participant to record these times on the new Handout 18-Sleep Practice Log.

   THERAPIST NOTE: Be sure to provide encouragement if participant’s sleep has not improved like they wanted. Remind participant that treatment is a process and improvement takes time. Explore the possibility that participant is holding unrealistic expectations about their sleep. Review treatment procedures to ensure participant is following them correctly.

3. Review past week’s Handout 14-Sleep Practice Log for compliance with Bedtime Habits. Follow-up on previous issues.

4. Follow-up on Relaxation
   
   A. Review Relaxation adherence on Sleep Practice Log. Address any problems (i.e., difficulty with procedure, difficulty finding the time or place to practice). Ask questions to ensure participant is using proper procedures.
      
      • Discuss the length of each practice. Remind participant that it should take about 10 minutes each time.
• Ask if the participant has used the CD to practice. Ask if they have tried relaxation by themselves (without the CD). Have the participant discuss these experiences and how well each method worked.

• Discuss the importance of self-guided practice and the benefits. For example, self-induced relaxation is portable and can be used anywhere, at any time. By doing it on their own (without a CD), participants can tailor the relaxation to meet their individual needs and preferences (e.g., spend more time on the deep breathing, or use a different relaxing and calming phrase at the end.) They can also incorporate imagery into their relaxation by envisioning a favorite place or soothing images.

B. Guide participant through another relaxation induction (use script from session 5). Follow-up on their experience compared to last session. Tell participant to continue daily relaxation practice (twice a day) and record this on the Sleep Practice Log.

C. Explain to participant that the next session will include a self-induction. (i.e., “To help you get better at relaxation, during next week’s session, you will take yourself through the relaxation on your own, without me talking. That way you can practice relaxing yourself in a different setting and I will still be here to give you pointers or suggestions.”

5. Review completed **Handout 17-Track/Mood Form**. Ask participant about previous week’s experience engaging in more pleasant activities and whether there was an association between the number of activities and mood. Address barriers to compliance.

  • As you increased the number of pleasant events did you mood increase?

  • Did you find that some pleasant events boosted your mood more than others?

  • It is not only important for you to pay attention to the number of pleasant activities you do, but also how different types of activities enhance your mood more than others.
6. Introduce Unhelpful Thought Diary (UTD)

A. Rationale for UTD

• I’m going to give you an example of how you think about things affects how you feel.

   Suppose that you are going up on an elevator when suddenly you receive a sharp poke in the ribs. What goes through your mind? (wait for response) Good! So you think to yourself, “This person is going to mug me,” and you feel “scared,” or you might think “what a rude person,” and feel “angry.” Now assume that you turn around and you notice the person who poked you is blind. How do you feel now? What is different in these two situations? (Try to get client to explain some variation of “I learned something new about the situation.”) Right! You turned around and gained information that you didn’t have before in order to have a more comfortable reaction.

   That is a small example of CBT therapy. You will learn various ways to “turn around” your thoughts, assumptions, and views in order to gain new insights and more helpful beliefs that will lead to more helpful emotions.

As we have discussed before, a key part of CBT is understanding that your bad thoughts create negative emotions. Yet, this process happens so quickly that we are often unaware that we have thoughts that occur between a stressful event and our uncomfortable emotions. Sometimes these thoughts are called “automatic thoughts,” because they appear so fast that unless we make a conscious effort to notice them, we’ll never know what they are. Thus, it becomes important to slow down your thought processes in order to identify the thoughts in between the stressful event and the intense negative feelings that you are experiencing. The way to slow down your thoughts is by actually keeping track of what you are thinking once you have noticed a strong emotional reaction. This idea brings us to a core tool of cognitive therapy: the Unhelpful Thought Diary (UTD).

B. Present 3-Column UTD

• Ask participant to pull out ‘Handout 19-Unhelpful Thought Diary’
• Identify the three columns with participant:
  i. A brief description of the stressful event
  ii. A list of the automatic thoughts they had in connection with this event
  iii. A list of the emotions that they experienced as a result

• By recording these three pieces of information on this form will help you practice noticing and monitoring the thoughts that immediately follow a stressful event. You cannot make any changes in your mood or thoughts unless you know what to change!

C. Strength of emotions

• It is important to measure the strength of your emotional consequences as you record the situation.

• Refer participant back to the mood rating scale at the bottom of the Unhelpful Thought Diary (Handout 19).

• Go through an example of the unhelpful thought diary filling in the 3-columns and rating mood.
  • Can you recall your last stressful or bothersome situation? (Have participant write that under Event).
  • Now what were you thinking during this stressful situation? (Have participant write these automatic negative thoughts).
  • How does the stressful situation make you feel? (Have participant write their emotions and then have them rate the intensity of that emotion from 1-9 on the scale below the 3-column UTD).

[Therapist Note: If participant experiences a lot of sleep-related distress, use a sleep example for the UTD (see box below)]

• For homework, participant should complete three 3-column Unhelpful Thought Diaries.
Session 6

Sleep-focused UTD example:

Ask the participant to recall the last time they had difficulty falling asleep. Ask participant to describe the situation in detail (e.g., what time of night it was, how long they had been lying in bed, etc) to help them identify related thoughts and emotions. Suggested prompts are: What was running through your mind as you laid there unable to fall asleep? What were you thinking? How did you feel at this time?” Particularly in this instance, the client may identify bodily sensations (i.e., sweating, rapid heartbeat) and behaviors (i.e., tossing and turning) accompanying their emotions.

Examples of automatic thoughts:
- “Oh no, I only have 3 hours left to sleep until my alarm goes off! I must get some sleep tonight or I will not be able to make my doctor’s appointment tomorrow!”
- “This has to stop! I can’t go on living like this!”
- “I will never be able to sleep like a normal person again! Nothing helps!”

Examples of related emotions:
- Helpless, anxious, hopeless, irritable/angry
5. Concluding Session

A. Remind the participant to complete *Handout 18-Sleep Practice Log* and at least three *Handout 19-Unhelpful Thought Diaries*. Tell the participant it is okay if they cannot complete all three columns of the UTD on their own. Ask them to do as much as they can (try to fill in the event and/or emotion columns) during the week and then we can help them finish it in the next session.

B. Schedule next session: Set up next appointment for about a week later.
Session 7: Identifying Unhelpful Thought Pattern
(Handouts 20-22)

1. Administer GDS-4.

2. Review completed Handout 18-Sleep Practice Log and sleep progress.
   
   A. Conclude Sleep Compression treatment. Discuss compliance with final sleep schedule. Encourage participant to stick closely to the schedule in order to maintain sleep gains and/or continue improving their sleep.
   
   B. Review Relaxation adherence on Practice Log. Discuss progress and address lingering difficulties.
   
   C. Relaxation Self-induction.
      
      • “To help you get better at using your relaxation skills, today I’m going to have you go through the relaxation procedure on your own. This will give you a chance to practice relaxing yourself in a different setting, and I will still be here to give you pointers or suggestions. So sit back, close your eyes, and go through the relaxation procedure like you would at home if I wasn’t here.”
      
      • Observe participant during the self-induction. Do not interrupt, but make note of behaviors such as excessive fidgeting, rigid or tense body posture, shallow breathing, etc. Time the relaxation procedure.
      
      • Following the self-induction, ask the participant about their experience and how it compares with their at-home practice and the guided relaxation from previous sessions (or using the CD). Ask the participant how long they thought the procedure took them and then tell them the actual length of time. Discuss any observations you made during their self-induction and trouble-shoot.
      
   D. Tell participant to continue filling out a new Handout 20-Sleep Practice Log each day.
3. Review participant’s 3-column UTDs from previous week (*Handout 19-Unhelpful Thought Diary*). Ask participant to talk through events they completed in their unhelpful thought diary. Discuss and help participant fill in any sections of the UTD they left blank. Encourage participant to provide insight into the exercise. Address barriers to compliance.

4. Introduce techniques for changing participants negative thoughts

   A. Changing negative thoughts:

   Once you become aware of your unhelpful thoughts, it is time to challenge their truth and decide if they can be replaced with more helpful thoughts. We will begin to study whether your thoughts are actual facts or exaggerations based on incomplete information. These skills will teach you to explore the causes and solutions to difficult feelings and unhelpful thoughts.

   - Tell participant to pull out *‘Handout 21- Changing Your Thoughts’* and follow along as you read through the methods.

   **ACTION:** Do things to obtain extra information in challenging negative thoughts. This may include asking friends about their thoughts about certain situations or practicing smaller behaviors before trying a larger task.

   **LANGUAGE:** A lot of the negativity in our thoughts may come from the tough or cruel language we use in talking to ourselves. Changing your language from negative to positive or from harsh to compassionate will help replace negative thoughts with more positive ones.

   **AS IF:** When you are talking to yourself in a negative way, consider changing the tone of your talk as if someone whose opinions you really respected was talking to you.

   **CONSIDER ALTERNATIVE/ IN-BETWEENS:** When you only think about the extreme results (either very bad or very good), the in-between often get ignored. Think of our mood rating scale and all the rating in-between 0 and 10.
SCALE TECHNIQUE: This technique is used when you feel “stuck” on a particular thought or feeling. It is designed for you to weigh the pros and the cons of keeping your thought (or feeling, or behavior).

<table>
<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not feeling guilty</td>
<td>depression</td>
</tr>
<tr>
<td></td>
<td>Increased anger/ guilt</td>
</tr>
<tr>
<td></td>
<td>Isolation/ loss of frustration</td>
</tr>
<tr>
<td></td>
<td>Poor health</td>
</tr>
</tbody>
</table>

EXAMINE CONSEQUENCES: We have learned that the overall result of keeping your negative thoughts is feeling down. Yet, specific thoughts also have specific consequences. As you examine the specific consequences for each belief, you may find that you have less interest in keeping it.

CREDIT POSITIVES: When you have negative thoughts, you tend to forget about the good events, thoughts, or feelings that occur. Therefore, spend some time thinking about the more pleasant results of events, positive thoughts you’ve had, and the good feelings that result.

POSITIVE AFFIRMATIONS: Along with crediting your good accomplishments and qualities that you experience, you may want to develop positive personal statements. You can say these positive personal statements to yourself when you are feeling down or having bad thoughts. (“I deserve good things!”)

THOUGHT STOPPING/ SUBSTITUTION: This is a good skill to use when you can’t get rid of a bad thought. When you find yourself repeating the bad thought over and over, try shouting “STOP” to yourself out loud. Then replace your bad thought with a good thought.

B. Using one of the UTDs the participant completed for homework the past week, have the participant look through the list on Handout 21 and begin to think about which methods they would be likely to use.

- For homework, participants should practice and complete another UTD Handout 22-Unhelpful Thought Diary. “You should practice completing a UTD with a stressful event that you experienced this week.”
• Explain again to participant that in the 3-column UTD they should:
  i. Identify the distressing event
  ii. Identify your thoughts
  iii. Identify and rate your emotions.

5. Concluding Session

A. Continue filling out Handout 20-Sleep Practice Log. Remind the participant to complete at least one more 3-column UTD (Handout 22-Unhelpful Thought Diary) and encourage them to look over the list of changing your thoughts (Handout 21-Changing Your Thoughts) to begin to think about which strategy they could see themselves using.

B. Schedule next session: Set up next appointment for about a week later.
Session 8: Challenging Unhelpful Thoughts & 5-column UTD
(Handouts 23-25)

1. Administer GDS-4.

2. Review completed *Handout 20-Sleep Practice Log* from previous week.
   
   A. Briefly review compliance with final sleep schedule and Bedtime Habits. Encourage participant to continue following these instructions to maintain sleep gains and/or continue improving their sleep.

   B. Review Relaxation adherence on Practice Log.

   - Discuss when participant is practicing relaxation during the day. *(What time of day? Where? What is their mood before and after?)*

   - Discuss differences in daytime and nighttime relaxation. *(Does the participant typically fall asleep during bedtime relaxation? Do they use relaxation if they awaken in the middle of the night?)* Make sure participant is not falling asleep during daytime relaxation practice.

   C. Discuss other ways to use Relaxation

   - Explain how to use relaxation as a preventative strategy (i.e., relaxing before going into a high-stress situation, such as a doctor’s appointment or visit with certain family members).

   - Explain how participant can shorten relaxation and use cue-controlled relaxation to help them stay calm in the moment.

   - Have participant come up with personal examples of how they will incorporate relaxation further into their life.

   D. Ask participant to continue filling out the new *Handout 23-Sleep Practice Log* each day.

3. Review the participant’s completed *Handout 22-Unhelpful Thought Diary*
• Participant should talk about the stressful event described in their unhelpful thought diary.

• Have the client identify their related thoughts and emotions.

• Discuss with the participant the ease or difficulty they had in completing the UTD. If it was difficult for the participant, reassure them. Remind them that most people have trouble in the beginning. “Don’t be too alarmed; remember you are being asked to slow down your thought process to find thoughts that have become automatic for you.”

• Explain to participants that they should begin to recognize that stressful events are fueled by negative thoughts, and it is important for them to learn to identify such thoughts as soon as they occur.

4. The 5-column UTD

• Remind the participant of the techniques for changing their unhelpful thoughts and have them take out the copy of ‘Handout 24- Changing Your Thoughts’
  
  o Discuss with participant their reactions to the techniques and ask which of the methods they could see themselves using.

• Introduce the 5-column UTD. Tell participants to follow along as you explain ‘Handout 25- 5-Column UTD’.

<table>
<thead>
<tr>
<th>The Unhelpful Thought Diary that you have been using has had 3 columns to write your stressful event, your automatic, unhelpful thoughts, and your emotional consequences. As you begin to challenge your unhelpful thoughts, you will find that you need to use the expanded version of the UTD, which now contains the following information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A brief description of the stressful event you experienced</td>
</tr>
<tr>
<td>b. A list of the automatic thoughts you had in conjunction with this event</td>
</tr>
<tr>
<td>c. A list and rating of the emotions that you experienced as a result</td>
</tr>
<tr>
<td>d. A list of the more realistic thoughts to replace the unhelpful thoughts in the 2nd column</td>
</tr>
<tr>
<td>e. A list and rating of your emotions (or new emotions that result)</td>
</tr>
</tbody>
</table>
Session 8

- Work together with participant to help them complete a 5-column UTD in-session using the steps below:
  1. **Identify a distressing event that occurred this week.**
  2. **Identify your automatic negative thoughts that occurred as a result of this stressful situation.**
  3. **Identify and rate your emotions** (Initial Mood Rating).
  4. **Review ‘Changing Your Thoughts’ Handout** and begin to ask if your thoughts are realistic.
  5. **Now try to replace your negative thoughts with more helpful responses.**
  6. **What are your emotions now? Rate these emotions** (Revised Mood Rating).

<table>
<thead>
<tr>
<th>Event</th>
<th>Automatic Thoughts</th>
<th>Emotion</th>
<th>Alternative Thoughts</th>
<th>New Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. very depressed
2. so-so
3. happy

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• Ask client to work through ONE more example of *Handout 25- 5-Column UTD* on their own for homework. Re-read through the 6 steps above and ask participant if they have any questions. Explain to participant that if they find the technique useful and want to complete more than the one assigned for homework they can easily recreate the table.

5. Concluding Session

A. Remind the participant to complete *Handout 23-Sleep Practice Log* and one *Handout 25- 5-Column UTD* for homework.

B. Schedule next session: Set up next appointment for about a week later.
Session 9: Unhelpful Thought Diary Cont.
(Handouts 26-28)

1. Administer GDS-4.

2. Review completed **Handout 23-Sleep Practice Log** and assess sleep treatment progress.
   - Review rational for sleep schedule and Bedtime Habits as needed. Troubleshoot any lingering issues.
   - Follow-up on relaxation discussion from previous session. Ask participant about relaxation experiences this past week. Be sure to ask participant about new ways they incorporated relaxation into their daily life (as a follow-up to section 2-C in session 8).
   - Ask participant to continue filling out the new **Handout 26-Sleep Practice Log** each day.

3. Review participant’s homework- **Handout 25- 5-Column UTD.**
   - Participant should talk about the stressful event describe what they had written in their unhelpful thought diary.
   - Have the client identify their thoughts and emotions.
   - Discuss with the client the fine tuning skills they used to make thoughts more realistic.
   - Have client give an example of the more helpful response.
   - Did your emotions change?
   - What did you learn from this exercise?
• Explain to participants that it is quite common for people to have difficulty with the first 5-column UTD they complete. **It is also true that even if you were able to come up with helpful responses to your negative thoughts, you may not have a great deal of confidence in these new thoughts.**

• **It takes time for the newer, more helpful thoughts to “sink in.”** You also may be challenging thoughts that you have had for a very long time, and I do not expect you to fully erase them from one completed UTD. At this point, it is more important that you become aware that beliefs you thought would stay with you forever can be changed; and the way that you can make these changes is practice!!

4. Practice a 5-column UTD collaboratively.

• Tell participants to follow-along and fill out *Handout 27- 5-Column UTD* as you work through an example together.
  1. **Identify a distressing event that occurred this week.**
  2. **Identify your automatic negative thoughts that occurred as a result of this stressful situation.**
  3. **Identify and rate your emotions** (Initial Mood Rating).
  4. Review *Handout 28- Changing Your Thoughts*, and begin to ask if your thoughts are realistic.
  5. **Now try to replace your negative thoughts with more helpful responses.**
  6. **What are your emotions now? Rate these emotions** (Revised Mood Rating).

• When appropriate, use a sleep-focused example (see example at the end of this session).
Explain to the participant that they should get into the habit of completing a UTD each time they are experiencing a stressful event.

For homework, participants should practice and complete a **Handout 27-5-Column UTD** with their own example. **You should practice completing a UTD with a stressful event that you experienced this week.**
5. Concluding Session

A. Remind the participant to complete *Handout 26-Sleep Practice Log* and one example for *Handout 27- 5-Column UTD*.

B. Schedule next session: Set up next appointment for about a week later. Remind participant that next week will be their last treatment session.

**Sleep example of 5-column UTD:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Automatic Thoughts</th>
<th>Emotion</th>
<th>Alternative Thoughts</th>
<th>New Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wide awake in middle of night at 3:00AM</td>
<td>“Oh no, not again! I’m wide awake and have to wake up in 4 hours to babysit the grandkids! I won’t have any energy to watch after them if I don’t get right back to sleep!”</td>
<td>Anxious.</td>
<td>“There is no point in laying here worrying about how much sleep I’ll get… I can’t force myself to sleep anyway… worrying about it will only make me more tense and wide awake so it will be even harder to fall back asleep. Even if I’m tired and more irritable with the kids tomorrow, I’m usually able to do fine with them. We can find quiet activities to do.”</td>
<td>Less anxious, More hopeful</td>
</tr>
</tbody>
</table>

Suggestions for the example above:

- Ask “*What’s the worst that could happen if you did not fall back asleep that night?*”
- Help participant recall a time when he/she had a horrible night of sleep but was still able to function adequately the next day.
Session 10: FINAL SESSION
*(Remember to administer the ISI!)*

1. Administer GDS-4 and ISI.

2. Review Handout 26-Sleep Practice Log if needed. (However, the majority of this discussion will occur when creating the Maintenance Guide in section 4-C.)

3. Review participant’s Handout 27-5-Column UTD
   - Participant should describe the stressful event they recorded in their unhelpful thought diary.
   - Have the client identify their automatic thoughts and emotions.
   - Discuss with the client the fine tuning skills they used to make thoughts more realistic.
   - Have client give examples of more helpful responses.
   - Did your emotions change?
   - What did you learn from this exercise?

4. Final Stage of Treatment: Termination and Maintenance
   A. What does the ending mean?
      i. “What does ending therapy mean to you?”
      ii. Ask participant what was more helpful and what was less helpful about treatment
      iii. Ask participant how they felt about having a relationship with you and meeting each week.
B. Review Treatment Goals

- Emphasize that the goal of treatment was not to ‘cure’ their depression or insomnia, but to improve these problems and teach the participant new ways to deal with these issues when they arise.

C. The Maintenance Guide

- Create a Maintenance guide with the client. “This is a guide summarizing your therapy experience. This guide will help you face the future with more confidence and less likelihood of your depression and sleep problems coming back.”

INSOMNIA

- Discuss how the participant’s sleep has changed since the beginning of treatment (For example, fewer nighttime awakenings or less WASO). Therapist may want to refer to the participant’s baseline sleep diary for comparison.

- Discuss what changes the participant made in their sleep schedule and related behaviors. Review sleep tools they learned: Sleep Hygiene, Sleep Compression (limit time in bed), Bedtime Habits, and Relaxation.

- Make sure the participant understands the importance of continuing to practice the strategies they have learned. If they revert to old habits, it is likely that sleep difficulties will return.

- Also remind the participant that insomnia is often a recurrent problem, so it is not uncommon for people to have occasional sleep problems. For someone who has had problems with insomnia, an occasional night’s sleep might result in fears that insomnia has returned. Such occasional poor nights’ sleep should be seen as natural or resulting from identifiable causes (e.g., stress), rather than as evidence that chronic insomnia has returned. Encourage the participant to develop greater tolerance to these few bad nights and stick to the new sleep behaviors and bedtime habits that they learned in treatment.
DEPRESSION

- Review skills the client has learned to help with their mood:
  - CBT, Behavioral Activation (pleasant activities), and the Unhelpful Thought Diary.

- Have participant explain which specific skills they feel are going to be useful to them in the future for combating negative moods.

- Ask the client to think about and make a list of the situations that are likely to arise in the future that may exacerbate symptoms and result in depression. Explain that certain situations are likely to arise in the future that will tend to make you feel down again.
  
  i. *What kinds of high risk situations might you experience that would send your thoughts and emotions into a downward spiral?*

  ii. *How will future stressful situations be handled?*

- Know Danger signals

5. Review research procedures and schedule post-treatment assessment.

  A. At post-treatment assessment…ask participant to pull out the post-treatment packet. Review contents of packet and instruct them to begin the 2 week Sleep Diary right away (i.e., the next morning).

  B. Remind them about the follow-up assessment.
SESSIONS & RELATED HANDOUTS:

**Session 1:** (p.1 of manual)
Handout 1 - Sleep Hygiene
Handout 2 - CBT Model

**Session 2:** (p.11 of manual)
Handout 3 - Sleep Hygiene (copy)
Handout 4 - Sleep Practice Log (SPL; HW)
Handout 5 - Increasing Pleasant Events
Handout 6 - Daily Activity Record (start one in session, + 2 copies for HW)

**Session 3:** (p.20)
Handout 7 - SPL (HW)
Handout 8 - Bedtime Habits
Handout 9 - Daily Mood Rating (HW), 2-3 more ratings as HW
Handout 10 - List of Enjoyable Activities (HW)

**Session 4:** (p.31)
Handout 11 - SPL (HW)
Handout 12 - Behavior Checkout (HW daily)
Handout 13 - Daily Mood Rating (HW) - (this time the ratings are daily)

**Session 5:** (p.35)
Handout 14 - SPL (HW)
Handout 15 - Sleep Diary (HW)
Handout 16 - Relaxation + Relaxation CD!!
Handout 17 - Behavior Tracking/ Mood (HW daily)

**Session 6:** (p.44)
Handout 18 - SPL (HW)
Handout 19 - UTD (one in session, + 3 copies for HW)

**Session 7:** (p.50)
Handout 20 - SPL (HW)
Handout 21 - Changing Your Thoughts
Handout 22 - UTD (one in session, + 1 copy for HW)

**Session 8:** (p.54)
Handout 23 - SPL (HW)
Handout 24 - Changing Your Thoughts (copy)
Handout 25 - 5-Column UTD (one in session, + 1 copy for HW)
**Session 9:** (p.58)
Handout 26- SPL (HW)
Handout 27- 5-Column UTD (one in session, +1 copy for HW)
Handout 28- Changing Your Thoughts (copy)

**Session 10:** (p.62)
Give extra UTDs
Give post-treatment packet