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Hexing Your Insomnia

I. What is Not Insomnia?

- A. Sleep Disordered Breathing
- B. Restless Legs Syndrome
- C. Circadian Rhythm Disorder
- D. REM Sleep Behavior Disorder
- E. Shift Work
- F. Hypersomnia

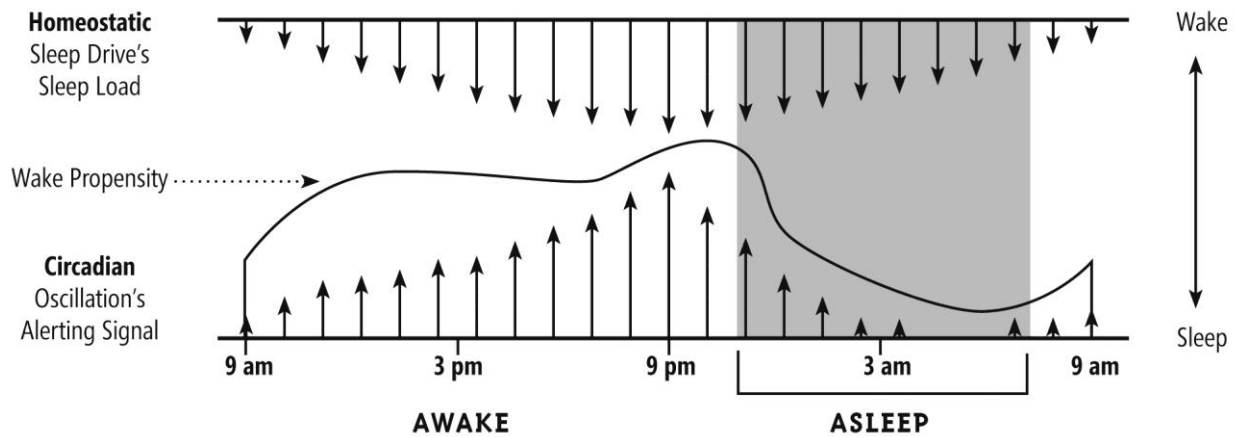
II. What is Insomnia?

- A. Difficulty falling asleep, sustaining sleep, or waking up too early
- B. Adequate opportunity and circumstance
- C. Daytime impairment

III. The Hex of Insomnia

- A. Circadian Rhythms
- B. Homeostat
- C. Life Style
- D. Arousal
- E. Associations
- F. Beliefs

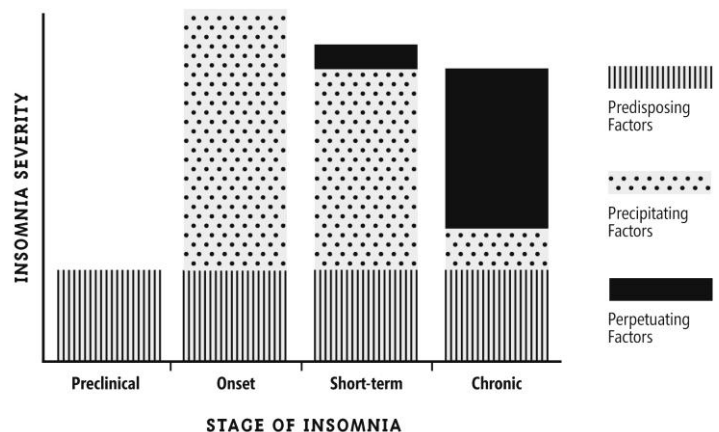
IV. Two Process Model



V. Sleep Hygiene Practices Scale

- A. Schedule = items 1 - 7
- B. Arousal = items 8 - 16
- C. Eating = items 17 - 22
- D. Environment = items 23 - 30

VI. Predisposing - Precipitating - Perpetuating Model



Perpetuating Factors of Insomnia

(from Perlis, ML, Jinquist, C, Smith, MT, & Posner, D. (2005).
Cognitive behavioral treatment of insomnia: A session-by-session guide. New York: Springer.)

Extending Sleep Opportunity

Go to bed early	Deprimes "sleep homeostat" leading to insomnia and shallow sleep. Possible circadian dysregulation
sleep in (wake up later)	Deprimes "sleep homeostat." Possible circadian dysregulation
Napping	Deprimes "sleep homeostat"

Counter Fatigue Measures

Increased use or inappropriately timed use of stimulants	Sleep-interfering arousal
Avoid or decrease physical activity	May deprime "sleep homeostat." Can lead to conditioned arousal if increased time is spent in bed or bedroom

Rituals and Strategies

Increase in nonsleep behaviors to "kill time"	Promotes a lack of stimulus control
Sleep somewhere other than the bedroom	Promotes a lack of stimulus control
Engage in "rituals" which are thought to promote sleep (herbs, teas, etc.)	Promotes a dependence on the behaviors Anticipatory anxiety when not available
Avoidance of behaviors thought to inhibit sleep (e.g., sex, going outdoors near bedtime, etc.)	Promotes anticipatory anxiety when behaviors occur

Self-Medication Strategies

alcohol qhs	REM suppression and rebound sleep fragmentation; Early morning awakenings; Decreased sleep-related self-efficacy
Marijuana use	Effects on sleep are poorly understood; Discontinuation may exacerbate insomnia; Decreased sleep related self-efficacy
OTC sedatives (antihistamines)	Increased dependence on medication to sleep; Decreased sleep related self-efficacy; Morning hangover
Melatonin as a hypnotic	Circadian phase shifts: may promote insomnia; Increased dependence on substance to sleep; Decreased sleep related self-efficacy; May have a within or across night withdrawal; Lack of FDA regulation

The following items are descriptions of common sleep habits, daily life activities, and sleep environments. Please circle the number to indicate how often the situations fit your personal experiences, with 1 indicating never and 6 indicating always.	Ne ver	Rar ely	Occ asi ona lly	So me tim es	Fre que ntl y	Al wa ys
1. Bedtime not consistent daily.	1	2	3	4	5	6
2. Get out of bed at inconsistent times.	1	2	3	4	5	6
3. Stay in bed after waking up in the morning.	1	2	3	4	5	6
4. Sleep in on weekends.	1	2	3	4	5	6
5. Napping or resting in bed for over an hour during the day.	1	2	3	4	5	6
6. Lack of exposure to outdoor light during the day.	1	2	3	4	5	6
7. Lack of regular exercise.	1	2	3	4	5	6
8. Unpleasant conversation prior to sleep.	1	2	3	4	5	6
9. Not enough time to relax prior to sleep.	1	2	3	4	5	6
10. Falling asleep with TV or music on.	1	2	3	4	5	6
11. Pondering about unresolved matters while lying in bed.	1	2	3	4	5	6
12. Check the time in the middle of the night.	1	2	3	4	5	6
13. Doing sleep-irrelevant activities in bed (e.g., watching TV, reading, etc.).	1	2	3	4	5	6
14. Worry about not being able to fall asleep in bed.	1	2	3	4	5	6
15. Worry about night-time sleep during the day.	1	2	3	4	5	6
16. Vigorous exercise during the 2 hours prior to sleep.	1	2	3	4	5	6
17. Drinking caffeinated drinks (e.g., coffee, tea, soda) within 4 hours prior to bedtime.	1	2	3	4	5	6
18. Drinking alcohol within 2 hours prior to bedtime.	1	2	3	4	5	6
19. Consuming stimulating substances (e.g., nicotine) during the 2 hours prior to bedtime.	1	2	3	4	5	6
20. Going to bed hungry.	1	2	3	4	5	6
21. Drinking a lot during the hour prior to sleep.	1	2	3	4	5	6
22. Eating too much food during the hour prior to sleep.	1	2	3	4	5	6
23. Sleep environment is either too noisy or too quiet.	1	2	3	4	5	6
24. Sleep environment is either too bright or too dark.	1	2	3	4	5	6
25. Sleep environment is either too humid or too dry.	1	2	3	4	5	6
26. Feeling too hot or too cold during sleep.	1	2	3	4	5	6
27. Poor ventilation of bedroom.	1	2	3	4	5	6
28. Uncomfortable bedding and/or pillow.	1	2	3	4	5	6
29. Too many sleep-unrelated items in bedroom.	1	2	3	4	5	6
30. Sleep is interfered by bed partner.	1	2	3	4	5	6

Sleep Schedule

Thinking of the past month , what is your ...	Work Days	Nonwork Days
Usual time to get in bed?		
Usual time to get out of bed?		
Usual time to fall asleep?		
Usual number of awakenings during the night?		
Average amount of sleep you get a night?		

Sleep Action Plan

Calculate your average sleep time per night

Choose an out of bed time

Sleep opportunity

To bed no earlier than

Sleep behaviors to change

Sleep Efficiency Table

TST	80%	85%	90%
4½ hrs	5 hr 38 min	5 hr 18 min	5 hr
5 hrs	6 hr 15 min	5 hr 53 min	5 hr 33 min
5½ hrs	6 hr 53 min	6 hr 28 min	6 hr 7 min
6 hrs	7 hr 30 min	7 hr 4 min	6 hr 40 min
6½ hrs	8 hr 8 min	7 hr 39 min	7 hr 13 min
7 hrs	8 hr 45 min	8 hr 14 min	7 hr 47 min
7½ hrs	9 hr 23 min	8 hr 49 min	8 hr 20 min
8 hrs	10 hr	9 hr 25 min	8 hr 53 min
8½ hrs	10 hr 38 min	10 hr	9 hr 27 min
9 hrs	11 hr 15 min	10 hr 35 min	10 hr
9½ hrs	11 hr 53	11 hr 11 min	10 hr 33 min