Six Steps to Simple Sleep Education

**Step 1—Two Things Required for Sleep**

Slow rhythmic breathing and resting heart rate are requirements for sleep onset and maintenance. By sharing this with patients it helps them understand why sleep hygiene practices are useful in promoting sleep. Additionally, it helps patients monitor their own sleep related behaviors and the impacts of these behaviors.

Step 2—Dispel Myths and Provide Basic Sleep Education

Myths of sleep abound around us and often prove unhelpful in establishing good sleep habits. Some myths include statements such as these: everyone requires 8 hours of sleep per day; naps make up for lost sleep; more sleep is better; my body gets used to less sleep; alcohol is helpful to good sleep; if you remember a dream you slept well.

We can provide basic education about the importance of all stages of sleep to our health. The quality of sleep is as important as quantity in energy rejuvenation. Though naps do not provide the same restorative effects as a good night of sleep, there are proven benefits to napping for most adults.

Step 3—Teach Basic Sleep Hygiene

When teaching sleep hygiene it is often helpful to use the 2 R’s—Rule then Reason. A significant barrier to sleep hygiene application is not understanding the importance of the rule or the reasoning behind it. A few examples follow below.

*Some people can’t sleep because they have insomnia, I can’t sleep because I have internet connection*

**Rule:**  No caffeine after 2:00 pm.

**Reason:** The half-life of caffeine is roughly 5 hours, it’s a stimulant, and raises heart rate.

**Rule:** Don’t stay in bed if you can’t fall asleep after 15-20 minutes.

**Reason:** The inevitable tossing/turning increases frustration and blood pressure.

**Rule:** Have a regular bed time routine which includes some form of relaxation.

**Reason:**  Routine prepares the body for sleep by slowing both breathing and heart rate.

**Rule:** No electronic use 20 minutes before bedtime.

**Reason:**  The blue light and particularly media content stimulates cognitive and emotional arousal, which then increases heart rate and breathing to some degree

**Rule:** Keep room dark, cool, and quiet, except for white noise if needed.

**Reason:**  These are the optimal conditions for deep, regenerative, continuous sleep.

Step 4—Teach Pre-Bed Relaxation Techniques

Relaxation is a critical, behavioral component of an effective bedtime routine. Too many adults think bedtime routines are only for children, but adults benefit from and even grow to look forward to a good bedtime routine. These relaxation techniques can each be useful in preparing the body and mind for a successful night of sleep. Experimentation may be required to find the best combination.

Deep breathing and stretching or yoga

Rhythmic movement and exercise Progressive muscle relaxation

Mindfulness, meditation, or prayer

Guided imagery or visualization

Reading calm materials or sound therapy

Worry journal or notepad nearby

Step 5—Support Positive Sleep Talk

Positive sleep talk represents the cognitive component of sleep education and training. It is label positive sleep talk because of the nature of the intended appraisal and the purpose for which this internal dialogue takes place—sleep. One can also see an opposite cognitive distortion and each helps the person reduce frustration thereby lowering heart and breathing rate.

Problem Solving - I can sleep well tonight, I just need to relax.

Positive Anticipation - I can’t wait to relax in my bed.

Objective Projection - Even without much sleep, I have just enough energy.

Spectrum Mindset - That was decent sleep, it’s getting better

Step 6—Discuss Appropriate Use of the Bed and Components of a Bedtime Routine

A vital component of simple sleep education is teaching the patient about the use of their bed. If they engage in activities other than sleeping and sex, such as homework, TV, video games, talking on the phone, and reading the body becomes conditioned to not sleep in bed.

A bedtime routine should include at least three components: 1) stress reducers, 2) quiet, unrushed, pleasurable activities to slow heart and breathing rate, and 3) a plan for dealing with restlessness or interrupted sleep. Stress reducers are methods of specifically addressing the stress in one’s life and includes things such as journaling and generating a to-do list for the following day. Quiet activities can certainly include relaxation techniques and should not involve use of social media or watching movies or television. The restlessness plan is simply a pre-developed plan by the patient for them to do when they are not sleeping and which reduces heart rate and breathing.

Sleep Resources

**Sleep Websites:**

<https://www.cbtiweb.org/> Resources including measures/handouts

<https://mysleepwell.ca/cbti/> CBT-I basics, sleep diary, sleep calculator, tools

<http://freecbti.com/> Downloadable sleep diary, multiple languages

<http://healthysleep.med.harvard.edu/> Good overview of sleep, interactive videos

<https://www.sleepfoundation.org/> Broad level of sleep information

<https://sleepeducation.org/> Resources for parents, educators, and patients

<https://changethatmatters.umn.edu/node/16> Handout in English/Spanish, related modules

<https://deploymentpsych.org/content/insomnia-tools> Simple tools and resources

**Related Websites:**

<https://www.mindful.org/>

<https://mindfulness.com/>

<https://www.helpguide.org/articles/stress/relaxation-techniques-for-stress-relief.htm>

<https://www.nccih.nih.gov/health/relaxation-techniques-what-you-need-to-know>

**Apps:**

Breathe2Relax

CBT-i Coach

Headspace

Insomnia Coach

Mindfulness Coach

Pillow

Power Nap Tracker

Reflectly

Relax Melodies

Sleep Cycle

Slumber

SnoreLab

Tide

Twilight: Blue light filter