



The Better Sleep Programme for Caregivers

Week 5 Handout:

Creating Strategies for Behaviours That Challenge Sleep

These notes support what we explore together in the session. You may find it helpful to jot down a few reflections as you go. There's no "right way" to do this. The aim is simply to notice what helps, what doesn't, and what you want to experiment with next.

A Gentle Reminder

Sleep difficulties are rarely just about sleep. They are often shaped by:

- what happens in the hour before bed
- what happens when we wake in the night

- what happens in our minds (worry, pressure, alertness)
- how supported (or depleted) we feel as carers

This week is about building a kinder, more workable relationship with sleep — by adjusting behaviour, thought patterns, and self-care in small, realistic steps.

What We'll Cover Today

We will:

- Check in and reflect on what you've noticed so far
- Revisit behaviours that make sleep harder (without judgement)
- Introduce Sleep Compression (a CBT-I strategy for improving sleep efficiency)
- Explore how thoughts and feelings can keep insomnia going
- Practise a mindful pause: the Signal Breath
- Learn CBT tools for working with unhelpful sleep thoughts
- Emphasise the importance of making time for yourself as a carer
- Finish with take-home messages and a simple home practice plan

Part 1: Behaviours that Challenge Sleep

What does your brain associate with bed?

Over time, the brain learns what bed “means.”

Helpful associations (what an effective sleeper’s brain tends to learn):

- Bed = sleepiness, rest, settling, safety, “off duty”

Unhelpful associations (what can develop with insomnia or caring stress):

- Bed = worry, alertness, clock-watching, frustration, planning, vigilance

This isn’t your fault - it’s a learned pattern. The good news is: learned patterns can change.

Non-stimulating activities (before bed or after waking at night)

Choose activities that are quiet, familiar, and calming - not “rewarding” in a way that wakes the brain up.

- Reading something light
- Listening to relaxing music, a gentle podcast, or an audiobook
- Warm shower or bath
- A short mindfulness practice
- Slow breathing / Signal Breath
- Gentle stretches

- A comforting scent (e.g., lavender) if you like it

If you wake in the night and can't settle, the aim is: calm + dim light + low stimulation.

Part 2: Managing your sleep with Sleep Compression

What Sleep Compression is (and what it isn't)

Sleep Compression is a gradual way to reduce the amount of time you spend awake in bed, so that bed becomes more strongly linked with sleep again.

It is not about suddenly restricting sleep or pushing you to exhaustion.

It is about making small, steady adjustments - usually 10–20 minutes per week - to improve sleep efficiency and reduce fragmented sleep.

Sleep Compression in 5 gentle steps

Use your sleep diary to estimate your usual pattern.

Step 1: Calculate time in bed

Time between getting into bed and getting out of bed.

Example: 10:00pm to 7:00am = 9 hours

Step 2: Estimate total sleep time

How much you were actually asleep.

Example: asleep 11:00pm–1:00am (2h) and 2:00am–5:00am (3h)

Total sleep time = 5 hours

Step 3: Find the “surplus” awake time

Time in bed – total sleep time.

Example: 9h – 5h = 4 hours awake-in-bed surplus

Step 4: Reduce time in bed gradually

Choose a small weekly change: 10–20 minutes.

You can reduce time in bed by:

- going to bed slightly later, or
- getting up slightly earlier, or
- (for some people) spending less time in bed awake during night wakings

Step 5: Keep rise time steady where possible

A consistent wake time helps the body clock stabilise.

If sleep compression feels hard

It's normal to feel uncertain at first. Common barriers include:

- worry about daytime sleepiness
- caring responsibilities disrupting plans
- wanting to “rush” the process
- difficulty staying up later
- reluctance to get up during the night

If you get unwanted side effects (e.g., heavy daytime sleepiness, irritability), you can:

- slow the change (10 minutes rather than 20)
- hold steady for a week (don't reduce further yet)
- move where the reduction happens (bed later vs. up earlier)
- use a planned short nap (max 30 minutes, early afternoon) if needed

If delaying bedtime is the hardest part, it often helps to build a stronger evening “buffer” of non-stimulating activity.

Part 3: Thoughts and Feelings That Keep Sleep Going

Many people with insomnia describe:

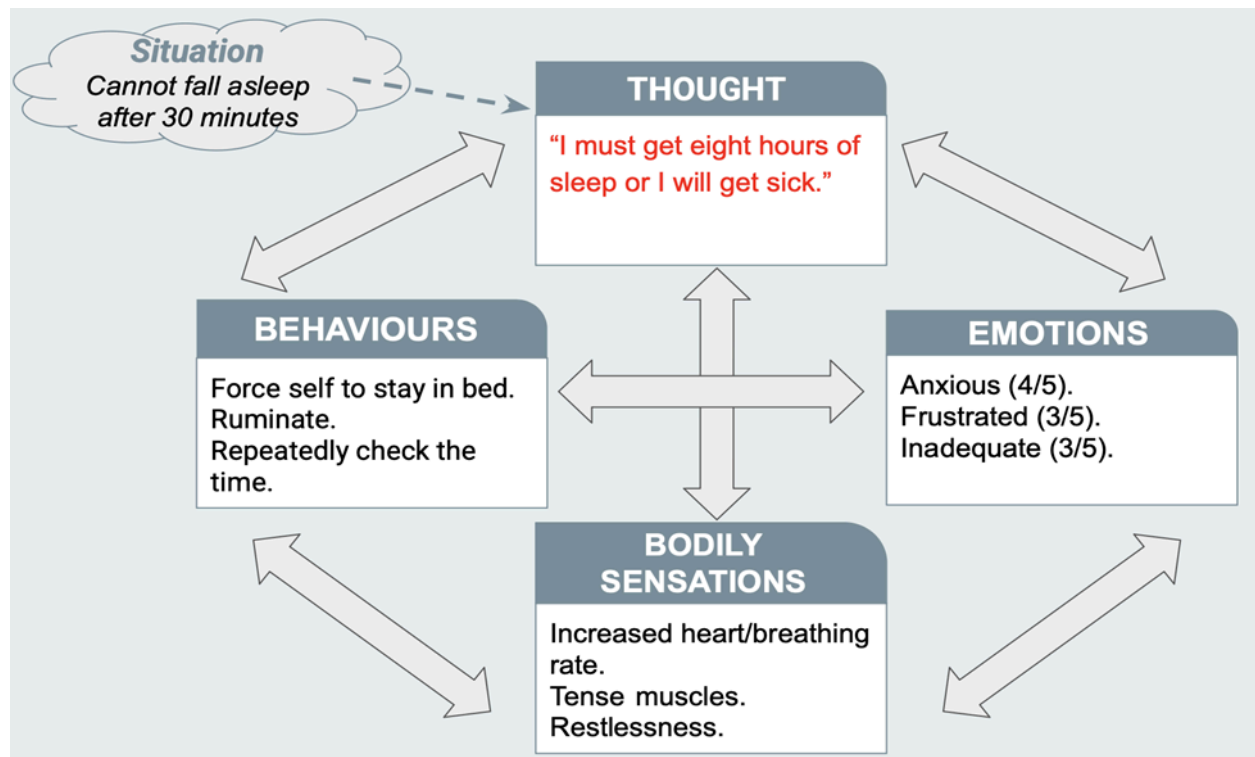
- an “active mind” at night
- pressure to sleep
- worry about the consequences of poor sleep
- frustration and threat-alertness (“why is this happening again?”)

CBT helps by making these patterns visible - and gently changing them.

The “Hot Cross Bun” model (thoughts–feelings–body–behaviour)

It demonstrates how our thoughts, emotions, bodily sensations and behaviours

can all interact and influence one another, to maintain sleep difficulties.



In this example:

- The situation of not being able to fall asleep after 30 minutes provoked the thought "I must get eight hours sleep or I will get sick".
- This thought led to emotions of anxiety, frustration and inadequacy (with intensity ratings of 3-4 out of 5).
- As a result, this created the bodily sensations of an increased heart rate, muscle tension and restlessness (e.g., tossing and turning in bed).

This further led to the behaviours of remaining in bed in the hope of eventually falling asleep, ruminating (repeatedly worrying) about this thought, and repeatedly checking the time to see how much sleep time has been 'lost'.

Each part reinforces the others - and the whole system becomes more awake.

The aim is not to “think positively.”

The aim is to reduce threat and create conditions where sleep becomes more likely.

Common unhelpful sleep thoughts (very normal)

Our unhelpful thoughts can come in many different forms/styles. Typically, these thoughts will be ‘automatic’ in nature - they occur quickly, and seemingly instinctively.

It is very natural to experience these types of thoughts - it is part of human nature.

Common ‘signs’ of a negative automatic thought include “if...then...” statements, or involve language such as “must/must not” and “should/should not”.

You may recognise some of these:

“I must get eight hours of sleep to properly care for my relative”

“If I don’t get a good night’s sleep, my medical condition will worsen.”

“If I sleep, something will happen to my relative”

“My sleep system is broken and cannot be fixed because of my age.”

“I’m tired during the day and have difficulty concentrating solely because my sleep is so poor.”

“I can’t go to bed until every caring task is ticked off my list”

“I should be able to sleep as I did when I was 30”

“If I spend enough time in bed, I will eventually get the sleep/rest I need.”


“I always wake 3-4 times in the night to go to the toilet”.

These thoughts often arrive quickly and automatically - especially at night. That doesn't make them true.

Other common unhelpful 'thinking styles' can be seen in the diagram on the next page:

Unhelpful Thinking Styles

All or nothing thinking




Sometimes called 'black and white thinking'

If I'm not perfect I have failed


Either I do it right or not at all

Over-generalising



Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw


Mental filter



Only paying attention to certain types of evidence.

Noticing our failures but not seeing our successes


Disqualifying the positive



Discounting the good things that have happened or that you have done for some reason or another

That doesn't count

Jumping to conclusions

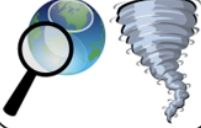


There are two key types of jumping to conclusions:

- **Mind reading** (imagining we know what others are thinking)
- **Fortune telling** (predicting the future)


$2 + 2 = 5$

Magnification (catastrophising) & minimisation



Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important

Emotional reasoning



Assuming that because we feel a certain way what we think must be true.

I feel embarrassed so I must be an idiot


should

Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed

must

If we apply 'shoulds' to other people the result is often frustration

Labelling



Assigning labels to ourselves or other people

I'm a loser

I'm completely useless

They're such an idiot

Personalisation

"this is my fault"

Blaming yourself or taking responsibility for something that wasn't completely your fault. Conversely, blaming other people for something that was your fault.

Reframing thoughts: gentle prompts

It can be helpful to document and monitor your negative automatic thoughts.

We would encourage you to do this using a thought record.

You can also then refer back to these when you notice negative, unhelpful thoughts reoccurring.

Here is an example of how you might complete one:

Better Sleep Program Thought Record Example



Situation	Emotions (intensity rating 0-5)	Bodily sensations	Unhelpful thought/ image	Evidence that <i>supports</i> the thought	Evidence <i>against</i> the thought	Alternative, more realistic or balanced perspective	Outcome (re-rate the emotion intensity 0-5)
Cannot fall asleep after 30 minutes	Anxiety (4/5) Frustration (3/5)	Increased heart/ breathing rate. Tense muscles. Restless.	"I must get eight hours of sleep or I will get sick."	I slept badly last month and I had a cold for one week	Not everyone needs eight hours of sleep to be healthy. My body repairs itself even at rest.	Any amount of sleep is better than no sleep. A night of poor sleep doesn't guarantee illness.	Reassured (3/5) Calm (3/5) Anxious (2/5) Was able to get out of bed and engage in some mindfulness, felt less restless.

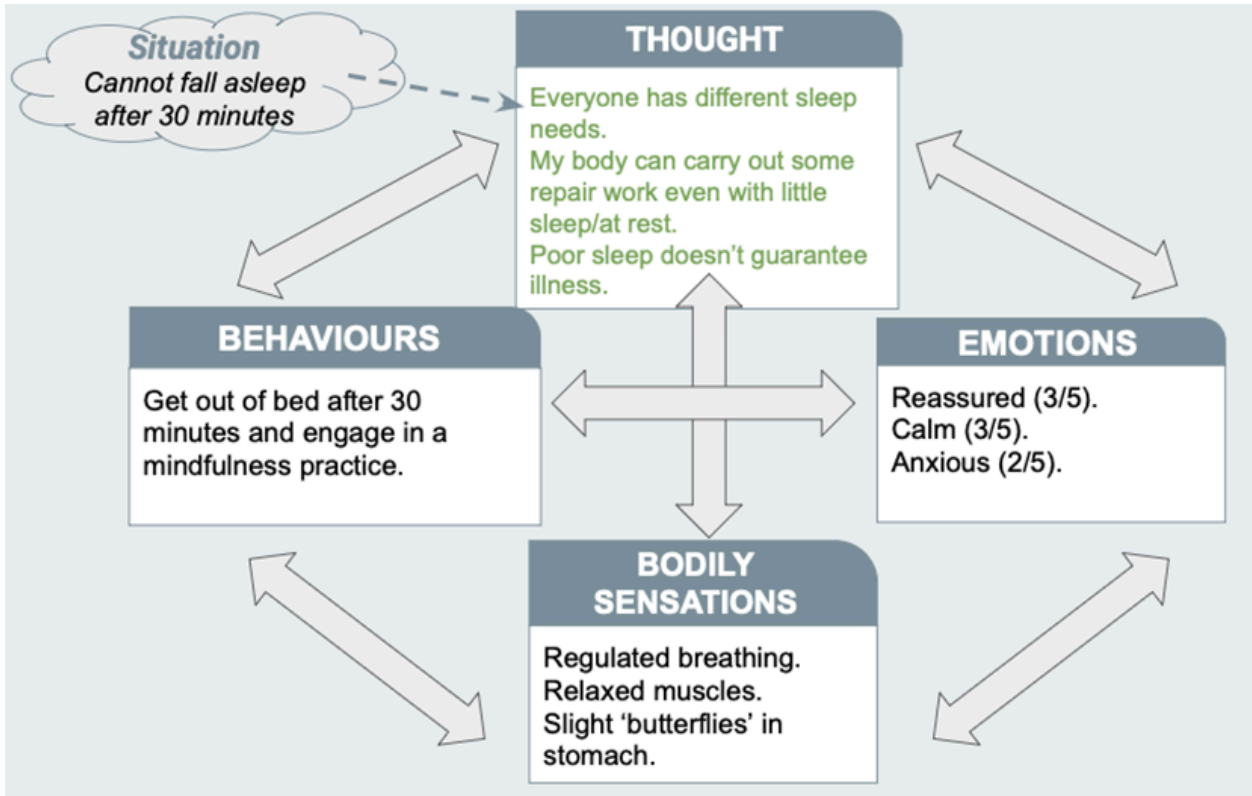
Alternatively, when you notice a sleep thought, try one or two questions:

- Is this thought fact or fear?
- What evidence supports it - and what evidence doesn't?
- Am I treating a difficult night as a catastrophe?
- What would I say to someone I care about if they had this thought?
- Is there a more balanced version that reduces pressure?
- What is the kindest, most realistic next step?

Returning to the example from earlier, even though the situation is the same, by changing the thought, you can also change:

- The emotions you experience in relation to the thought
- Your bodily sensations
- Your behaviours

The above diagram changes to become the one below:



Part 4: Making Time for Yourself (Pleasant Events)

When caring is intense, your system can become permanently “on.”

Pleasant events are not a luxury - they are part of restoring balance.

Pleasant events can be for you alone, or for you and your relative. It is important to have pleasant activities to do, but this can be hard since you will have many tasks to do as a carer, but it is valuable if you can continue to enjoy your own company, as well as each other's.

A pleasant event can be:

- something small and everyday
- something you do alone
- something you do alongside your relative

Even one or two pleasant moments a day can shift mood and resilience.

It is worthwhile to develop a list of pleasant events that you can enjoy together, but also things you can enjoy by yourself.

Below are some examples of pleasurable events. Take a few moments to look over this list and think of the activities you would enjoy on your own, or also with your relative.

Activities	You	You and your relative
Listen to music		
Go to the shops		
Go for a walk		
Go out for coffee or to eat with friends or family		
Drawing, painting, doing crafts		
Exercise, e.g., jogging, yoga, cycling, football		
Go for a drive		
Go to the park for a picnic		

Be with children/grandchildren		
Watch your favourite TV programme		
Be around animals or pets		
Have a leisurely bath		
Get you hair or nails done		
Have a glass of wine or beer		
Look through photos		

Highlighting these activities, or doing 2 or 3 of them each day, can make a huge difference to how you feel.

How To: Create a List of Pleasant Events

1. Start small and simple: The most important thing to remember is to choose events that you can do everyday or a few times per week. It can be helpful to plan activities or events that are manageable and achievable. You may enjoy travelling, but realistically you cannot take a

trip every day. A small and more realistic activity would be going to the shops, the hairdressers, or going for a rural walk.

2. Focus on events you want to do more often.

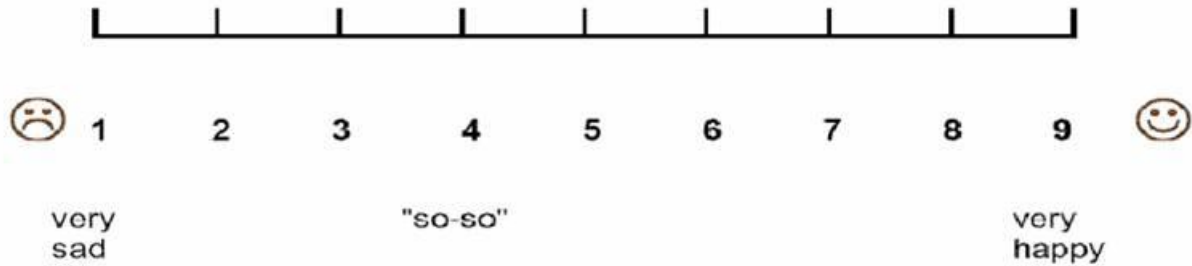
How To: Pleasant Events Planning

Some activities require more planning than others. Because we want you to be successful in planning pleasant events, below is a list of questions you may ask yourself beforehand so that things will go as smoothly and stress-free as possible. It may be that planning beforehand will help you manage to do more pleasant activities. Take a look at these questions:

- What materials or preparation is needed?
- When will it take place?
- How often can it be done?
- How much time will it take?

Monitoring Your Mood

In order to understand the difference pleasant events make to you, it may be useful to keep track of how you are feeling each day. By keeping a daily record of your feelings, this will allow you to identify whether your mood follows a particular pattern.



The number 1 represents the lowest you could possibly feel.

The number 9 represents the best you could possibly feel.

When you fill in this number at the end of each day, think about how you felt overall. Most of us have lots of ups and downs over the course of the day, so try to take an average of this.

Home Practice for Week 5

Choose what feels doable:

1) Sleep Compression (if appropriate for you)

- Choose a small adjustment: 10–20 minutes
- Keep wake time steady where possible

My plan:

Bedtime: _____ Wake time: _____

Weekly change: 10 mins 20 mins

2) Thought Record

Complete one Thought Record this week for a sleep-related thought (you will find a template below)

3) Pleasant Events

Plan one pleasant event per day (tiny counts).

Thought record template:

Situation	Emotions (intensity rating 0-5)	Bodily Sensation s	Unhelpful thoughts or images	Evidence that supports the thought	Evidence against the thought	Alternative, more realistic or balanced perspective	Outcome (re rate emotion intensity 0-5)

Take-home Messages

- Sleep behaviours can be reshaped — gently and consistently
 - Sleep Compression improves sleep efficiency by reducing awake time in bed
 - Thoughts, feelings, body sensations and behaviours interact — and we can change the cycle
 - Thought records and reframing prompts reduce pressure and threat at night
 - Pleasant events matter: anything you enjoy counts, and it supports resilience
-

Next week (final session)

We'll review what has helped most, and create an action plan to keep it going for the following:

- Light and dementia
- Daytime activity
- Sleep routine:
- Night-time behaviours
- Unhelpful thoughts

- Relaxation
- Your ongoing plan (you and your relative)

See you for the final week.