FIGURE 5.1. Depression Spiral Handout (*continues*)

Depression Spiral

Depression often involves feelings of sadness, irritability, or ambivalence (e.g., "I don't care"), doing fewer enjoyable activities (e.g., withdrawing from others), and thinking more negatively (e.g., "I'm worthless," "Why bother?"). As the spiral downward on the left represents, negative thoughts and withdrawal can lead to feeling "depressed." As shown on the right, focusing on valued thoughts and engaging in valued activities can reverse that spiral, leading to living the life that you choose. Use the blocks on the left spiral to write the thoughts that are leading to a downward spiral and feeling depressed. Use the blocks on the right spiral to write the thoughts and activities that could lead you to live a more valued life.

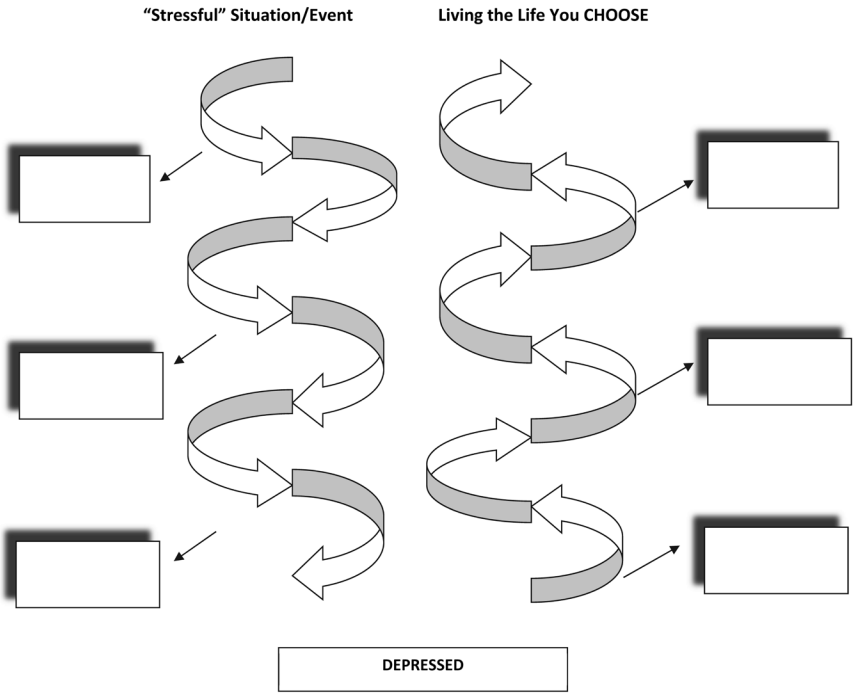


FIGURE 5.1. Depression Spiral Handout (*continues*)

Recognizing Depression

How do you know when you or someone else is depressed? What are the signs? Some signs include the following:

Physical	Behavioral	Cognitive	Emotional
Tired/fatigued	Doing less	Difficulty concentrating	Sadness
Appetite change (increase or decrease)	Sleeping more/less	Expecting the worst	Anger/irritability
More aches and pains	Withdrawing from others	Thoughts of suicide	Guilty feelings

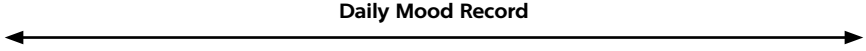
What are the physical, behavioral, cognitive, and emotional signs of depression that you have noticed in yourself?

Physical	Behavioral	Cognitive	Emotional

Improving Your Mood

To identify the situations that affect your mood, it can be helpful to monitor how your mood changes. Consider using this diary to track how your mood changes from day to day and try to identify patterns that occur.

Daily Mood Record



−5 −4 −3 −2 −1 0 +1 +2 +3 +4 +5

Very Sad Neutral Very Happy

1. Using the scale above, rate your general level of sadness/happiness at the end of each day.
2. This rating is based on how you felt on average over the course of each day.
3. If you felt great, mark "+5."
4. If you felt really bad (e.g., the worst you have ever felt or can imagine feeling), mark "−5."
5. If you felt "so-so" or neither sad nor happy, mark "0."

FIGURE 5.1. Depression Spiral Handout (*continued*)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Average
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								
Week 6								
Week 7								
Week 8								

Increasing Activities

When we perceive ourselves as overwhelmed or not feeling well, we often choose to avoid activities that we once enjoyed, but by not spending time on those activities, we have fewer opportunities for enjoyment. One of the most important steps to help reduce depressive symptoms is to engage in potentially enjoyable/meaningful activities

Setting Enjoyable/Meaningful or Physical Activity Goals

1. Is the goal realistic?
2. Is a target date set for completion?
3. Is the goal measurable?
4. Is the goal broken down into small, realistic parts?
5. Once accomplished, what rewards will you use?
6. Is the goal personally meaningful?
7. Is a relapse plan clearly established?
8. Example of goal setting:

Week 1: Walk 8 mins/day, 3 days/week.
Week 2: Walk 10 mins/day, 3 days/week.
Week 3: Walk 12 mins/day, 3 days/week.
Week 4: Walk 12 mins/day, 4 days/week.
Week 5: Walk 14 mins/day, 4 days/week.
Week 6: Walk 16 mins/day, 4 days/week.
Week 7: Walk 16 mins/day, 5 days/week.
Week 8: Walk 18 mins/day, 5 days/week.
Week 9: Walk 20 mins/day, 5 days/week.
Week 10: Walk 20 mins/day, 5 days/week.

FIGURE 5.2. Resources for Patients With Depression: Websites, Mobile Applications, and Books

Depression Resources

Type	Location	Descriptions
Websites	Anxiety and Depression Association of America (http://www.adaa.org/)	Provides information and resources for patients about anxiety and depressive disorders; professional organization for researchers and therapists who specialize in these areas
	National Institute of Mental Health (https://www.nimh.nih.gov/health/topics/depression/index.shtml)	Provides information for patients about depression
Mobile application	ACT Coach (https://mobile.va.gov/app/act-coach)	Supplements interventions using acceptance and commitment therapy
Books	*Mind Over Mood: Change How You Feel by Changing the Way You Think*, 2nd edition (Greenberger & Padesky, 2015)	Uses principles of behavior and cognitive therapies to help patients improve their mood
	The Mindfulness and Acceptance Workbook for Depression: Using Acceptance and Commitment Therapy to Move Through Depression and Create a Life Worth Living, 2nd edition (Strosahl & Robinson, 2017)	Uses principles of acceptance and commitment therapy to help patients target depressive symptoms
	Overcoming Depression and Low Mood: A Five Areas Approach, 4th edition (C. Williams, 2017)	Uses cognitive and behavioral methods to target negative mood and depressive symptoms

FIGURE 5.3. Mnemonic to Screen for Generalized Anxiety Disorder

Letter	*DSM-IV-TR* symptoms[a]	Screening questions
A	**A**nxious, nervous, or worried	Do you feel anxious, nervous, or worried most of the time? Do you worry about several things?
N	**N**o control over worry	Do you find it difficult to control the worry?
D	**D**uration of 6 months	How long has worrying been a problem for you?
I	**I**rritability	Do you find that you are more irritable than usual? Do you find that you are more easily frustrated by others than usual?
C	**C**oncentration impairment	Are you having any troubles with concentration? Do you find your mind going blank at times?
R	**R**estlessness	Are you feeling restless, fidgety, or that you can't sit still?
E	**E**nergy decreased	Are you feeling more tired than usual? Do you find that you are tiring more easily?
S	**S**leep impairment	Are you having any difficulties with falling asleep or staying asleep?
T	**T**ension in muscles	Do your muscles feel tense? Do you feel wound up like a spring?

Note. Adapted from "Screening Mnemonic for Generalized Anxiety Disorder," by D. P. Seitz, 2005, *Canadian Family Physician*, *51*, p. 1342. Copyright 2005 by College of Family Physicians of Canada. Adapted with permission.

[a]The mnemonic designed to screen for generalized anxiety disorder (GAD) based on diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, text revision (*DSM-IV-TR)* remains relevant for diagnostic criteria in the *DSM-5-TR*. The diagnostic criteria for GAD have not substantially changed between these diagnostic manuals.

FIGURE 5.4. Anxious Worry Handout

Common Symptoms of Anxious Worry

Anxiety is a normal human emotion that is experienced by everyone at one point or another. Anxiety is an adaptive function that motivates us to correct or flee situations that may be stressful or hazardous. Because of its protective function, the body is designed to experience anxiety. The body is also designed to counteract this response in time, once the danger is over.

Here are some signs that worrying may be a problem for you:

- Worrying more often than not for at least 6 months
- Difficulty falling or staying asleep
- Worrying interfering with some aspect of your life
- Chronic muscle tension
- Feeling restless, on edge, or "keyed up"
- Feeling irritated
- Getting fatigued easily
- Difficulty controlling your worries
- Difficulty concentrating, mind going blank

Is Worrying Bad?

The anxiety associated with worry can be helpful. We can be motivated by worry. If we have deadlines or goals that we want to meet, anxiety can be useful. But, once anxiety gets too high, our performance can begin to decline, so the goal is to keep worrying and anxiety in a healthy range.

Barriers to Treatment

Sometimes the way we think can affect whether we can change our worry. Here are some examples of worried thoughts:

> *My worries are perfectly justified because of all the stress in my life. Since the stress will never go away, I will never stop worrying.*

No one could realistically guarantee you that all of the stress in your life could possibly be removed. You can change the way that you interpret and deal with the events in your life. A fact of life is that some worry is justified. However, individuals experiencing difficulties with anxious worry often overestimate the amount of justifiable worry in their lives and stand to gain from skills aimed at improving this judgment.

> *Worrying about things is how I prepare. If I don't worry about how I will handle different situations beforehand, I won't be prepared when situations arise and I'll be overwhelmed.*

For those with anxiety, worrying does serve a purpose. It can serve as a form of avoidance for the worrier because of the distraction it provides. For others, worrying is a coping strategy, a form of busywork that provides the worrier a small degree of control over the situation. You've probably had some experience with successfully handling one or two of these unexpected crises, even though you had no time to worry about it beforehand. Treatment for anxiety replaces worry with more adaptive ways of coping.

> *My life is so stressful. I don't have time to relax.*

When crises arise, we often sacrifice personal time to meet deadlines. For individuals with chronic anxiety who spend most of their time worrying, even small "time-outs" for relaxation can be beneficial. Most people can find just 15 minutes a day to devote to relaxation.

> *I'm afraid to focus on my anxiety because I think it might be a sign that I'm going crazy.*

People experiencing difficulty with anxious worry often report that it is difficult to stop worrying once they get started. This perceived loss of control is very disturbing. Difficulty controlling anxious thoughts or feelings is different from an inability to control one's behavior or perceptions of reality. There is very little evidence to suggest that anxiety disorders can develop into the various thought disorders that people often think of when they describe "going crazy."

FIGURE 5.5. Worry Management Handout

Worry Management

1. **Worry Place and Time:** Set a 30-minute worry period that will take place at the same time and same place each day. Your worry place and time will be:

   _____

2. **Worry Log:** Record all your worries during your worry time on the Worry Log, then take time to categorize these worries. You can choose categories that are helpful for you. You might organize them by "Big Concerns," "Medium Concerns," and "Small Concerns." Another option would be to categorize them by content area, such as "Work Concerns," "Family Concerns," "Financial Concerns," and "Relationship Concerns." Any means of categorizing can be used; however, it is important not to use too many categories. Usually between three and seven works best. In the next column of your worry log, you can write how you will manage the problem. If the problem is something you have absolutely no control over, you might write down, "*I'm not going to worry about this problem because there is nothing I can do about it right now.*"
3. **Delay Worry:** If you notice you are worrying outside of your scheduled worry time, tell yourself, "*I have plenty of time to focus on this later. Right now I'm just going to be in the moment and notice what I'm doing, what others are doing, the environment, and other things I see, hear, or smell.*"

Worry Log

Worrisome Thought	Category	Management Strategy

FIGURE 5.6. Anxiety Questions

Questions About Anxiety From the PHQ

	No	Yes
In the last 4 weeks, have you had an anxiety attack—suddenly feeling fear or panic?	❑	❑
Has this ever happened before?	❑	❑
Do some of these attacks come suddenly out of the blue—that is, in situations where you don't expect to be nervous or uncomfortable?	❑	❑
Do these attacks bother you a lot or are you worried about having another attack?	❑	❑
During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, or nausea or upset stomach?	❑	❑

Panic disorder may be indicated if all questions are endorsed with "Yes."
Note. PHQ = Patient Health Questionnaire. Data from Spitzer et al. (2016).

FIGURE 5.7. Panic Disorder Handout (*continues*)

Panic Disorder

What Is a Panic Attack?

Sometimes we experience a sudden and severe onset of symptoms that can be scary. These symptoms can include some or all of the following:

Pounding heart or increased heart rate	Feeling dizzy, unsteady, lightheaded, or faint
Sweating, nausea	Feelings of unreality or being detached from yourself
Trembling or shaking	Fear of losing control or going crazy
Shortness of breath	Fear of dying
Feeling of choking	Numbness or tingling
Chest pain	Chills or hot flashes

Although we don't fully understand why some people experience panic attacks and other people don't, we do know that these symptoms are related to a very normal response called the fight-or-flight response. This response allows our body to react quickly when we think that something is dangerous, like being attacked or someone cutting us off when we are driving.

How Do Panic Attacks Affect Our Lives?

Because these symptoms come out of the blue, we can become worried about the symptoms and we may begin to avoid situations that we think will result in these panic symptoms, like crowded stores, public transportation, or driving. What situations have you avoided because of panic attacks?

_____

_____

_____

Changing Thinking Patterns

One of the most important changes associated with panic attacks is changing how we think. The fear associated with having a panic attack may increase the likelihood of having an attack. Therefore, a willingness to experience a panic attack, knowing that the symptoms, while uncomfortable, will not harm you, is an important aspect of managing the symptoms of panic.

Thinking that increases panic	Thinking that decreases panic
I'm having a heart attack!	This is not an emergency.
I'm going to die.	This doesn't feel good, but it won't hurt me.
I can't stand this.	I can feel uncomfortable and still be okay.
I have to get out of here.	This will go away with time.
Oh no, here it comes!	I can handle this.

What are the things that you say to yourself that may increase panic symptoms?

_____

_____

_____

What could you say to decrease panic symptoms?

_____

_____

_____

FIGURE 5.7. Panic Disorder Handout (*continued*)

Breathing Retraining

People who have panic attacks show some signs of hyperventilation or overbreathing. When people hyperventilate, certain blood vessels in the body become narrower, which can contribute to numbness or tingling in the hands or feet or the sensation of cold, clammy hands and increased heart rate. You can help overcome overbreathing by learning breathing control.

Instructions for Breathing Retraining

1. Find a comfortable, quiet location.
2. Count "1" on breath in and think "relax" on breath out.
3. Focus attention on breathing and counting.
4. Maintain a normal rate and depth of breathing.
5. Expand abdomen on breath in and keep chest still.
6. Count up to 10 and back to 1.
7. Practice twice per day, 10 minutes each time.

Decreasing Avoidance

Regardless of whether you can identify why you began having panic attacks or whether they seemed to come out of the blue, the places where you began having panic attacks often can become triggers themselves.

To break the cycle of avoidance, it is important to first identify the places or situations that are being avoided and then to do some relearning. Just as the negative experience of a panic attack can result in learning to avoid certain locations, having positive, successful experiences can result in learning that the location is nothing to be afraid of.

Which item on your list of avoided locations or situations would you like to target first?

Please list this situation here: _____

Now, you can develop a hierarchy for this situation or location. This hierarchy will help guide you as you gradually begin to expose yourself to this situation or location that you have been avoiding.

FIGURE 5.8. Situational Exposure Hierarchy Handout (*continues*)

Situational Exposure Hierarchy

Example: Fear of driving List situations from least to most anxiety provoking. 1. Visualizing driving to the store 2. Sitting in car in the driveway, with car off 3. Sitting in car in the driveway, with car idling 4. Driving to end of driveway and back 5. Driving to end of street and back 6. Driving from driveway to main street and back 7. Driving car from house to store	Your fear: _____ List situations from least to most anxiety provoking. 1. 2. 3. 4. 5. 6. 7.

Situational Exposure Rating Form

Date	Number of times practiced	Exposure situation	Maximum anxiety (0–10)

FIGURE 5.8. Situational Exposure Hierarchy Handout (*continued*)

Interoceptive Exposure

Activities That Can Produce Feared Body Sensations

Activity	Physical sensation
Hold breath as long as you can	Tight chest, out of breath
Overbreathe, take short and shallow breaths with chest going out for 60 seconds	Numb, racing heart, tingling fingers
Spin in a chair for 90 seconds	Dizzy, nauseous
Breathe through a straw for 2 minutes	Increased heart rate, breathless
Shake head from side to side for 30 seconds	Blurred vision, dizzy
Tense all muscles in body while sitting in a chair for 60 seconds	Trembling, shaky
Swallow six times quickly	Sore, uncomfortable throat
Clear throat six times quickly	Sore, uncomfortable throat
Jog in one place for 3 minutes	Racing heart, tight chest

Feared Physical Sensation Exercise

Physical activity	Feared prediction/ belief about the physical sensations of the activity	Alternative/ rational prediction/ belief about the sensations of the activity	Physical sensations produced by the activity	How similar were the sensations to what you experience naturally 0–10	Anxiety in response to the sensations 0–10

FIGURE 5.9. Resources for Patients With Anxiety: Websites, Mobile Applications, and Books

Type	Location	Descriptions
Websites	Anxiety and Depression Association of America (http://www.adaa.org/)	Provides information and resources for patients about anxiety and depressive disorders; professional organization for researchers and therapists who specialize in these areas
	National Institute of Mental Health (https://www.nimh.nih.gov/health/topics/anxiety-disorders?rf=32471)	Provides information for patients about anxiety
Mobile applications	Breathe2Relax (Apple iOS and Android)	Guides patients through deep breathing exercises
	Self-Help for Anxiety Management (Apple iOS and Android)	Provides self-help information for patients to manage anxiety
Books	*The Mindfulness and Acceptance Workbook for Anxiety: A Guide to Breaking Free From Anxiety, Phobias, and Worry Using Acceptance and Commitment Therapy*, 2nd ed. (Forsyth & Eifert, 2016)	Uses acceptance and commitment therapy techniques to help patients target a broad range of anxiety symptoms
	The Anxiety and Phobia Workbook, 7th ed. (Bourne, 2020)	Provides practical guidance for patients to target anxiety and phobia symptoms
	Face Your Fears: A Proven Plan to Beat Anxiety, Panic, Phobias, and Obsessions (Tolin, 2012)	Provides step-by-step guidance for targeting a range of anxiety symptoms

FIGURE 5.10. Primary Care PTSD-5 Screen (*continues*)

PC-PTSD-5

Description
The Primary Care Posttraumatic Stress Disorder Screen for *DSM-5* (PC-PTSD-5) is a five-item screen designed to identify individuals with probable PTSD. Those who screen positive require further assessment, preferably with a structured interview.

Scoring
The measure begins with an item designed to assess whether the respondent has had any exposure to traumatic events. If a respondent denies exposure, the PC-PTSD-5 is complete with a score of 0. If a respondent indicates a trauma history—experiencing a traumatic event over the course of their life—the respondent is instructed to answer five additional yes/no questions (see below) about how that trauma has affected them over the past month. Respondents can score a 0–5, which is a count of "yes" responses to the five questions below. Research in a large sample of VA primary care patients found that a cut point of 4 ideally balanced false negatives and false positives for the overall sample of men. However, for women, a cut point of 4 resulted in high numbers of false negatives. Practitioners may consider a lower cut point for women in some settings if evaluation resources are available. In contrast, a higher cut point may be preferable if resources are such that false positives will substantially decrease clinician availability. Because performance parameters will change according to the sample, clinicians should consider sample characteristics and screening purposes when selecting a cut point.

Example
In the past month, have you . . .

had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
been constantly on guard, watchful, or easily startled?	YES	NO
felt numb or detached from people, activities, or your surroundings?	YES	NO
felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?	YES	NO
Total score is sum of "YES" responses in items 1–5.	TOTAL SCORE	

PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example,

- a serious accident or fire,
- a physical or sexual assault or abuse,
- an earthquake or flood,
- a war,
- seeing someone be killed or seriously injured, or
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES NO

If no, screen total = 0. Please stop here.

FIGURE 5.10. Primary Care PTSD-5 Screen (*continued*)

If yes, please answer the questions below.

In the past month, have you . . .

had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
been constantly on guard, watchful, or easily startled?	YES	NO
felt numb or detached from people, activities, or your surroundings?	YES	NO
felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?	YES	NO
Total score is sum of "YES" responses in items 1–5.	TOTAL SCORE	

Note. Adapted from *The Primary Care PTSD Screen for* DSM-5 *(PC-PTSD-5)*, by A. Prins, M. J. Bovin, R. Kimerling, D. G. Kaloupek, B. P. Marx, A. Pless Kaiser, and P. P. Schnurr, 2015, U.S. Department of Veterans Affairs (https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp). In the public domain.

FIGURE 5.11. Resources for Patients With PTSD: Websites, Mobile Applications, and Books

Type	Location	Descriptions
Websites	National Center for PTSD (https://www.ptsd.va.gov/)	Provides information and resources about PTSD for individuals and family members
	National Institute of Mental Health (https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd)	Provides information about PTSD for patients
Mobile applications	PTSD Coach (https://mobile.va.gov/app/ptsd-coach; Apple iOS and Android)	Helps patients manage symptoms associated with PTSD
	CPT Coach (https://mobile.va.gov/app/cpt-coach; Apple iOS and Android)	Intended as a supplement for those involved in CPT treatment with a provider
	PE Coach (https://mobile.va.gov/app/pe-coach; Apple iOS and Android)	Intended as a supplement for those involved in PE treatment with a provider
Books	*Overcoming Trauma and PTSD: A Workbook Integrating Skills From ACT, DBT, and CBT* (Raja, 2012)	Incorporates trauma-related interventions from ACT, DBT, and CBT
	The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms, 3rd ed. (M. B. Williams & Poijula, 2016)	Provides self-help tools to assist those exposed to trauma

Note. PTSD = posttraumatic stress disorder; CPT = cognitive processing therapy; PE = prolonged exposure; ACT = acceptance and commitment therapy; DBT = dialectical behavior therapy; CBT = cognitive behavior therapy.

FIGURE 5.12. Insomnia Severity Index

The Insomnia Severity Index

1. Please rate the current (i.e., last 2 weeks) severity of your insomnia problem(s).

		None	Mild	Moderate	Severe	Very
a.	Difficulty falling asleep	0	1	2	3	4
b.	Difficulty staying asleep	0	1	2	3	4
c.	Problem waking up too early	0	1	2	3	4

2. How satisfied/dissatisfied are you with your current sleep pattern?

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
0	1	2	3	4

3. To what extent do you consider your sleep problem to interfere with your daily functioning (e.g., daytime fatigue, ability to function at work/daily chores, concentration, memory, mood)?

Not at all interfering	A little	Somewhat	Much	Very much interfering
0	1	2	3	4

4. How noticeable to others do you think your sleeping problem is in terms of impairing the quality of your life?

Not at all noticeable	A little	Somewhat	Much	Very much noticeable
0	1	2	3	4

5. How worried/distressed are you about your current sleep problem?

Not at all worried	A little	Somewhat	Much	Very much worried
0	1	2	3	4

Guidelines for Scoring/Interpretation
Add scores for all seven items (1a + 1b + 1c + 2 + 3 + 4 + 5) =
Total score ranges from 0–28; if total score falls between:

0–7 = No clinically significant insomnia
8–14 = Subthreshold insomnia
15–21 = Clinical insomnia (moderate severity)
22–28 = Clinical insomnia (severe)

Note. From *Insomnia: A Clinical Guide to Assessment and Treatment* (p. 137), by C. M. Morin and C. A. Espie, 2003, Springer Nature. Copyright 2003 by Springer Nature. Reprinted with permission.

FIGURE 5.13. Improving Sleep Through Behavior Change Handout

Improving Sleep Through Behavior Change

Stimulus Control Procedures

Go to Bed Only When You Are Sleepy
The longer you are in bed, the more the bed is associated with a place to be awake instead of asleep. Delay bedtime until sleepy.

Get Out of Bed When You Can't Fall Asleep or Go Back to Sleep in About 15 Minutes
Get out of bed if you don't fall asleep fairly soon. Return to bed only when you are sleepy. When you feel sleepy return to bed. The goal is to reconnect your bed with being asleep.

Use the Bed for Sleep and Sex Only
Do not watch TV, listen to the radio, eat, or read in your bed or bedroom.

Sleep Hygiene Guidelines

Caffeine: Avoid Caffeine 6 to 8 Hours Before Bedtime
Caffeine disturbs sleep. Thus, drinking caffeinated beverages should be avoided near bedtime.

Nicotine: Avoid Nicotine Before Bedtime
Nicotine can keep you awake. Avoid tobacco near bedtime and during the night.

Alcohol: Avoid Alcohol After Dinner
Alcohol often promotes the onset of sleep but interrupts your natural sleep pattern. Do not consume it any closer than 4 hours before going to bed.

Sleeping Pills: Sleep Medications Are Effective Only Temporarily
Sleep medications lose their effectiveness in about 2 to 4 weeks when taken regularly. Over time, sleeping pills can make sleep problems worse and withdrawal from the medication can lead to an insomnia rebound. Keep use of sleep pills infrequent, but don't worry if you need to use them on an occasional basis.

Regular Exercise
Do not exercise within 2 hours of bedtime, as it may elevate nervous system activity and interfere with your ability to fall asleep.

Bedroom Environment: Moderate Temperature, Quiet, and Dark
Noises can be masked with background white noise (such as the noise of a fan) or with earplugs. Bedrooms may be darkened with blackout shades, or sleep masks can be worn.

Eating
A light bedtime snack, such a glass of warm milk, cheese, or a bowl of cereal, can promote sleep. Avoid snacks in the middle of the night since awakening may become associated with hunger.

Avoid Naps
Avoid naps. The sleep you obtain during the day takes away from your sleep need that night. If you must nap, schedule it before 3:00 p.m. and do not sleep more than 15 to 30 minutes.

Allow Yourself at Least an Hour Before Bedtime to Unwind
Find what works for you in winding down. Give yourself perhaps an hour to do so.

Regular Sleep Schedule
Keep a regular time each day, 7 days a week, to get out of bed. Keeping a regular awaking time helps set your circadian rhythm so that your body learns to sleep at the desired time.

Set a Reasonable Bedtime and Arising Time and Stick to Them
Set the alarm clock and get out of bed at the same time each morning, weekdays and weekends, regardless of your bedtime or the amount of sleep you obtained on the previous night. This guideline is designed to regulate your internal biological clock and reset your sleep–wake rhythm.

FIGURE 5.14. Sleep Restriction Handout

Sleep Restriction

One of the Keys to Changing Your Sleep Behavior

What Is It?
Sleep restriction involves restricting the amount of time you spend in bed and the amount of time that you currently spend asleep.

Why Would This Be Helpful?
Research has shown sleep restriction to be an effective technique for improving sleep. In general, most people notice their sleep improves within just a few weeks. Sleep restriction initially produces a mild state of sleep deprivation, which helps people fall asleep faster, stay asleep longer, and improve their overall quality of sleep.

How Do I Do It?
Example: Your usual bedtime is 10:00 p.m., and you get out of bed in the morning at 6:00 a.m. (8 hours in bed). However, if it takes you 1 hour to fall asleep and you wake up for 30 minutes during the middle of the night and spend 30 minutes awake before you get out of bed, you are spending 6 hours sleeping and 2 hours awake. Your sleep efficiency (the percent of time you are actually asleep during the time period you are trying to sleep) is 75%. Sleep restriction in this case would mean decreasing time in bed (8 hours) to the estimated time actually spent sleeping (6 hours).

In this example you would adjust either your bedtime or the time you get up in the morning so that the maximum amount of time you spend in bed is 6 hours. You could go to bed at 12:00 a.m. (midnight) and get up at 6:00 a.m. or continue to go to bed at 10:00 p.m. and get up at 4:00 a.m. After sleep efficiency reaches 85% or greater, time in bed can be increased in 15- to 20-minute blocks. Time in bed each week is increased if sleep efficiency is 85% or greater until sleep efficiency starts to fall below 80%, then time in bed is decreased in 15- to 20-minute blocks. This process of increasing or decreasing time in bed is done until sleep efficiency falls between 80% and 85% on a regular basis.

FIGURE 5.15. Resources for Patients With Insomnia: Websites, Mobile Applications, and Books

Type	Location	Descriptions
Website	National Sleep Foundation (https://sleepfoundation.org/sleep-disorders-problems)	Provides information and resources about insomnia and other sleep disorders for patients and professionals
Mobile application	CBT-i Coach (https://mobile.va.gov/app/cbt-i-coach; Apple iOS and Android)	Designed to supplement care for those receiving cognitive behavior therapy for insomnia
Books	*Overcoming Insomnia: A Cognitive-Behavioral Therapy Approach, Workbook (Treatments That Work)*, 2nd ed. (Edinger & Carney, 2014)	Provides guidance to patients for targeting insomnia and has a complementary therapist book
	The Insomnia Workbook: A Comprehensive Guide to Getting the Sleep You Need (Silberman, 2008)	Provides guidance to patients about sleep and how to improve sleep using cognitive behavior therapy for insomnia techniques

Panic Disorder Assist Phase Script—Chapter 5

Your doctor has ruled out any significant medical problems at this point, so we think that the physical symptoms you are experiencing are related to what we call the fight or flight response, a reflex that helps all of us to react to potentially dangerous situations. This response does everything possible to allow us to respond as quickly as possible to these situations, including increasing our heart rate, tightening our muscles, and slowing down our digestive system, so that we can fight or flee from something that is potentially dangerous. In individuals who have panic attacks, this system seems to activate for no reason, and people notice an intense unexpected physiological response. The symptoms can feel as if they are life-threatening, and all you want is for those symptoms to stop.

When we experience these physical symptoms, often our first instinct is to want them to go away. Sometimes we may leave the situation, we may try to gain control of our breathing, we may try to distract ourselves, but if the symptoms don't go away, we get more worried. Sometimes our attempts to control these symptoms may make the symptoms worse. For example, have you ever played with Chinese finger cuffs? [Explain that you put one finger of each hand into each end of a woven tube-like device; when you try to quickly pull your fingers out of it, the tube holds your fingers in place.] If you try to quickly pull your fingers out of the finger cuff, the cuff gets tighter. Panic symptoms can be very similar to that finger cuff; the harder we try to control the symptoms, the "tighter" or the more intense the symptoms can become. So instead of trying to make the symptoms go away, maybe it would be possible to let the symptoms occur, and relax our fingers in the cuff, knowing that, in time, the symptoms will go away.

Insomnia Advise Phase Script—Chapter 5

In the short-term, sleep medications can be very useful for helping people to get sleep when they really need to sleep. However, we know that for most people with sleep problems, there are things that they can do differently that can significantly improve their sleep if they stick with those changes for about a month. By making these changes, most individuals don't need sleep medications.

There are several things you might consider doing to improve your sleep. I'd like to tell you what those are and how they might work, and then you can tell me whether you think you want to do them. Going to bed when you are not sleepy and lying in bed awake is a sure way to make your sleep problem worse. The longer you stay in bed awake, the more you associate your bed with a place to be awake; the bed becomes a signal to be awake instead of asleep. I'd suggest you stop watching TV in bed as well. Watching TV is not compatible with sleep, so your bed becomes your couch or easy chair and is a reminder to watch TV, not sleep. I would also recommend stopping your 2-hour nap in the afternoon. That nap interrupts your sleep-wake cycle so you are not sleepy at night or, if you do fall asleep, your sleep is light and you wake frequently. Increased stress and worry is also a target for change. Stress and worry are not compatible with sleep, and, in fact, you have experienced this so much, that often when you are sleepy and get into bed, you immediately become alert and start worrying about the next day. Your bed has become your worry place. Learning relaxation strategies and getting out of bed when worry starts can help improve sleep and allow the bed to become a place to sleep and not be awake.