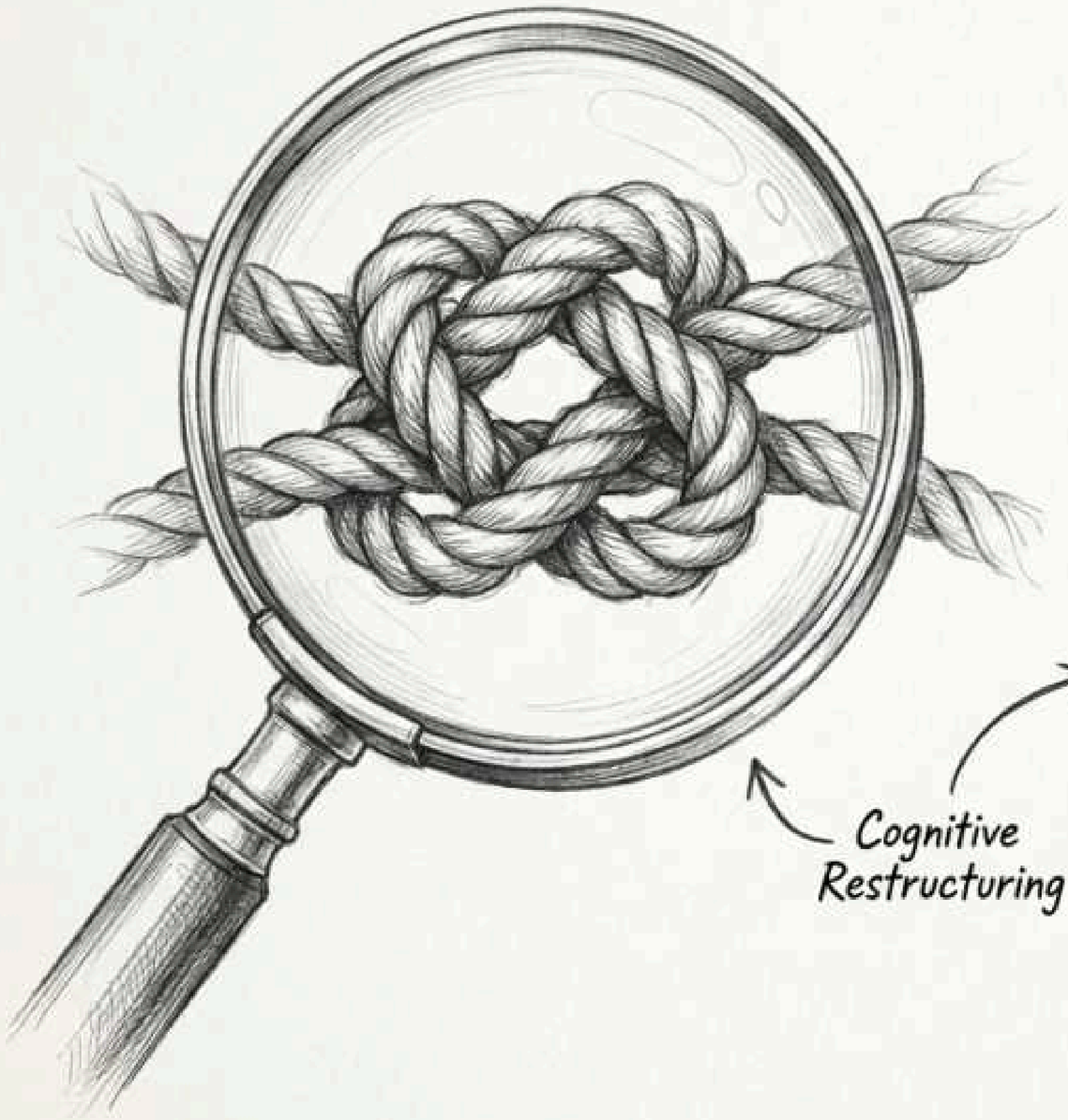
Examining Beliefs Beyond Schedule Changes

Behavioral schedule changes do not exhaust treatment; many patients hold rigid, frightening beliefs requiring intervention (Morin & Edinger).



Cognitive Restructuring

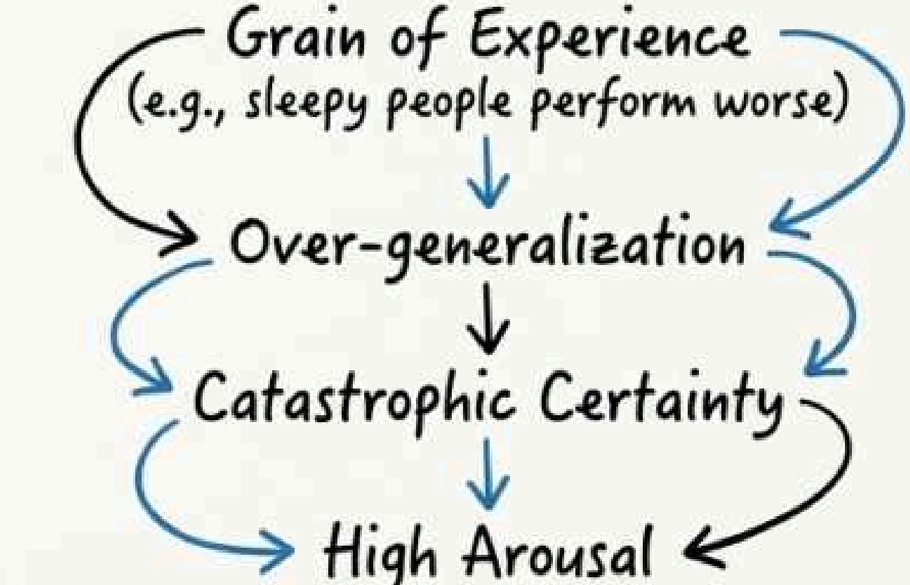
WHAT IT IS NOT	WHAT IT IS
- A command to "think positively"	- A structured examination of rigid beliefs and defensive daytime habits
- An argument that the distress of insomnia is imaginary.	- Evaluated strictly in the light of the patient's own evidence.

Evidence-Based Evaluation

The Architecture of Cognitive Arousal

Common Unhelpful Beliefs:

- "8 hours are strictly required"
- "A single poor night wrecks tomorrow"
- "The body cannot recover"
- "Only medication helps"





Therapeutic Stance:

The therapist tests the fear rather than ridiculing it. Unexamined beliefs will continue to organize the night.

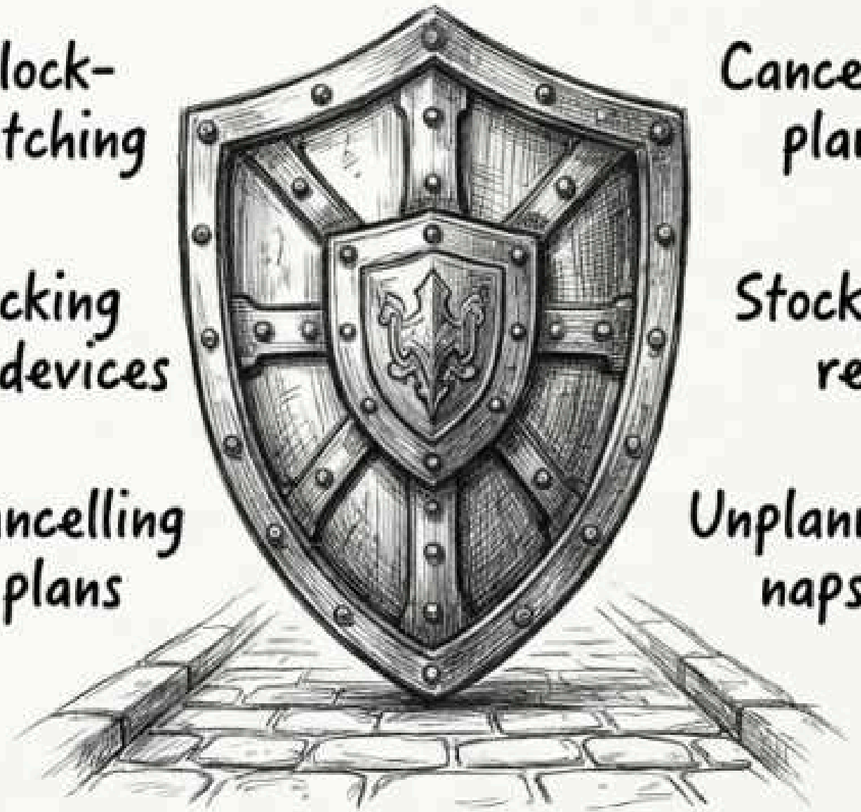
Safety Behaviours: The Illusion of Protection

The Cost
Maintains the underlying fear.

Clock-watching

Checking sleep devices

Cancelling plans



Cancelling plans

Stockpiling rest

Unplanned naps

The Cost
Prevents learning (blocks realization that a manageable day is still possible).

The Cost
Weakens sleep regularity (referencing Lecture 2).

Therapeutic Stance: Cognitive wichiteratic behavior
Notice the behavior without assigning blame; gently alter it to test the actual outcome.

Mechanics of Cognitive Work



1. Tracking:
   Documenting thoughts both at night and during the day.
2. Weighing:
   Balancing the evidence for and against a specific belief.
3. Experimenting:
   Designing behavioral tests (e.g., testing if a daytime task is actually impossible after a short night).

Core Insight

Beliefs are the disorder's machinery, rather than a mere commentary on it.

Relaxation: A Tool, Not a Command

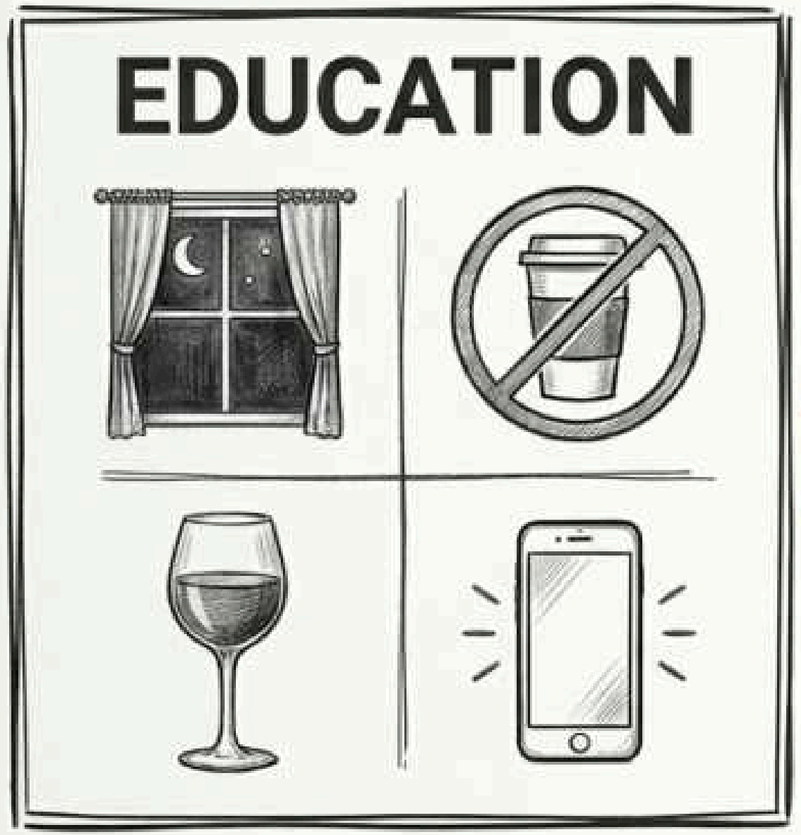
Methods: Breathing practices, progressive muscle relaxation.



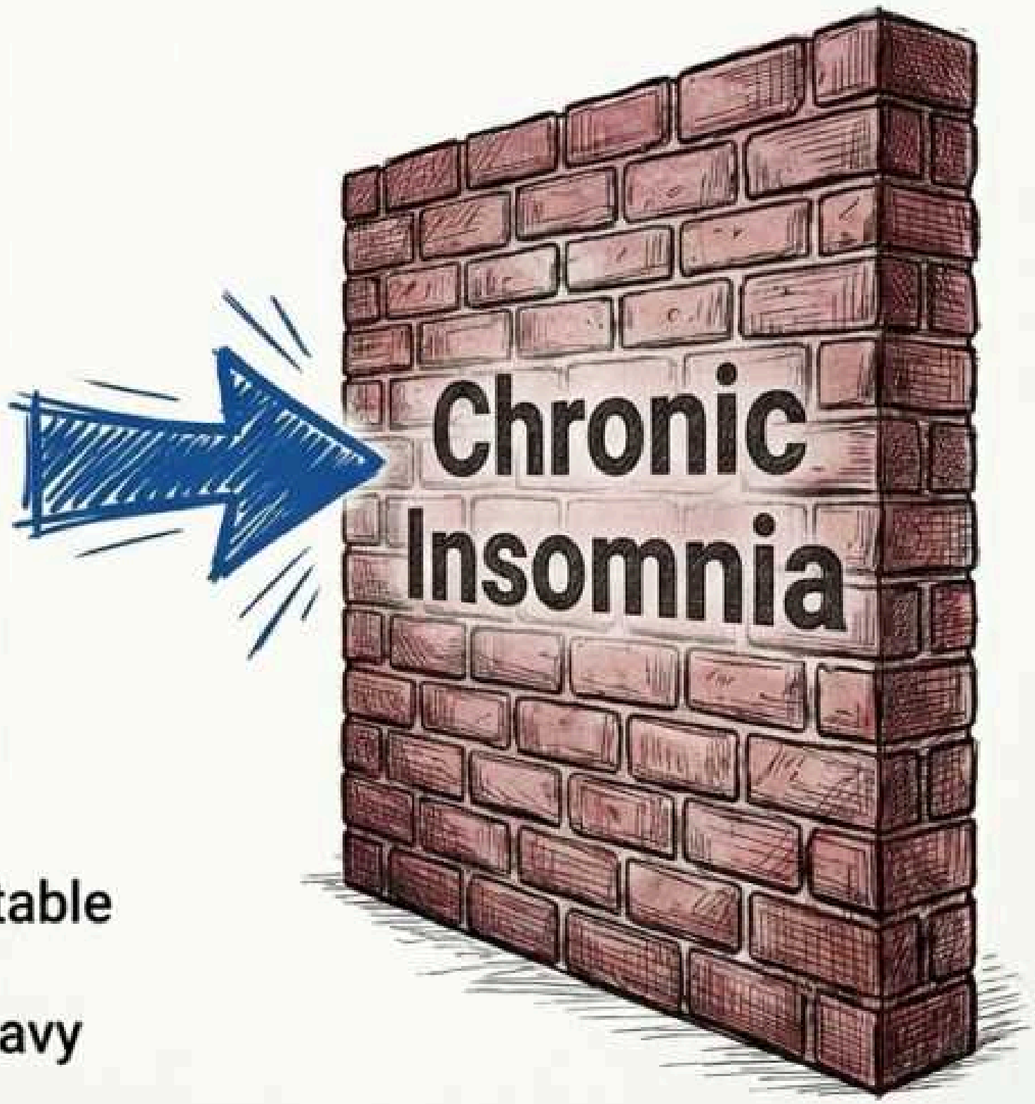
Pros	Risks
Effectively reduces physical/bodily tension.	Can mutate into a desperate effort to force sleep ("trying too hard") or become a new ritual upon which sleep depends.

Clinical Verdict:
A weaker level of guidance than multicomponent therapy. Not a complete substitute for schedule, context, and belief work.

Sleep Hygiene is Education, Not a Cure



The Basics: Dark/quiet/comfortable room, caffeine/alcohol caution, regulating late-evening light, heavy meals, and screen time.



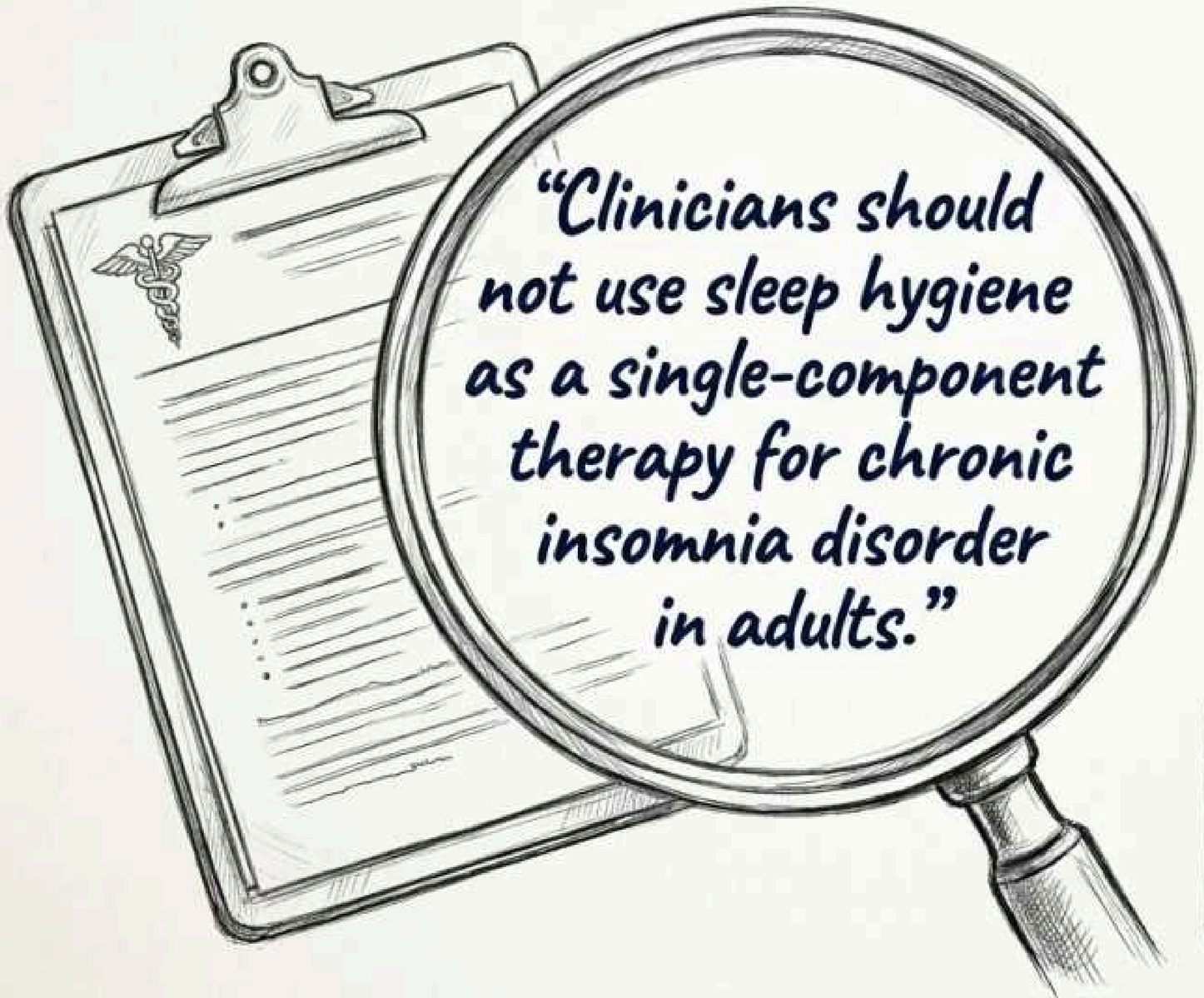
The Reality Check:

Poor record as a sole treatment for chronic insomnia disorder.

The Reason:

Patients have usually already tried these tips. The maintaining factors of the disorder are not corrected by a new bedside lamp alone.

The 2021 AASM Guideline Directive



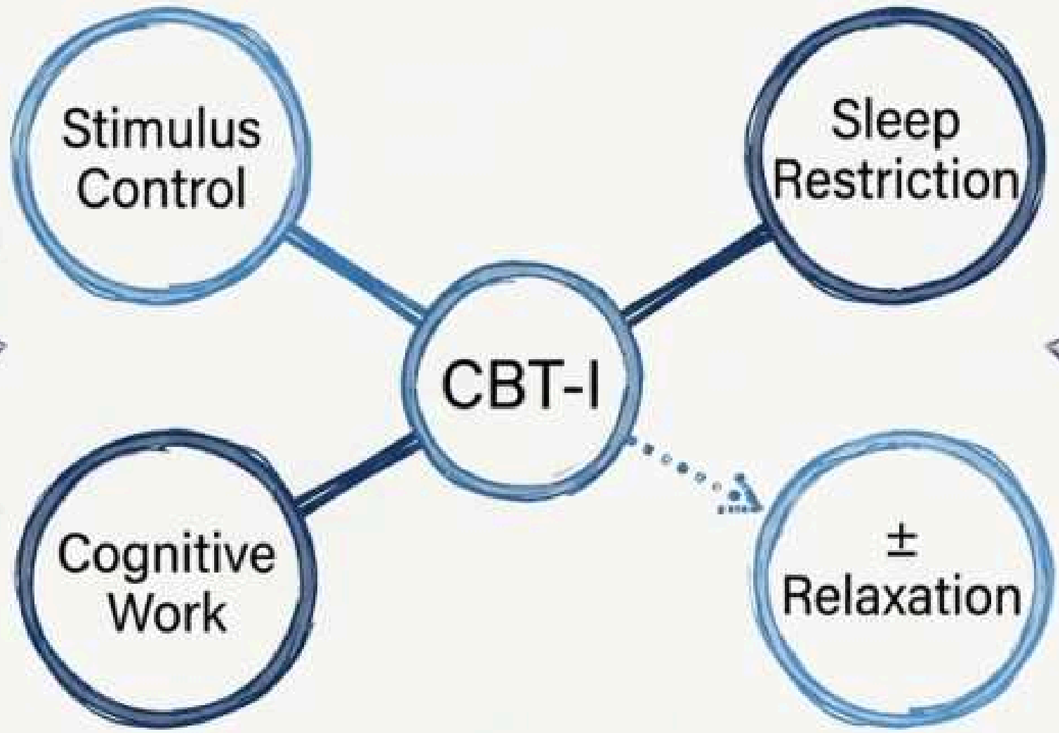
Crucial Nuance

- This is a conditional recommendation against hygiene alone.
- ✓ It is not a claim that the advice is harmful or worthless.

Key Rule: Good conditions for sleep = baseline education, not first-line treatment.

Reassembling the Pieces: Multicomponent CBT-I

The Literature: Reflects the tailoring models of Edinger & Carney, Morin, and Perlis.



Application: The exact mix is highly (e.g., balancing belief work vs. cautious narrowing of time in bed).

CBT-I = Stimulus Control + Sleep Restriction + Cognitive Work ± Relaxation

A supervised clinical combination—NOT an isolated pamphlet offering the same three hints to every reader.

Defining the Scope of Treatment

What CBT-I is NOT

- ✗ - A general course of psychotherapy for every life problem.
- ✗ - A promise that sleep will become perfect.
- ✗ - A guarantee against ever having a bad night again.

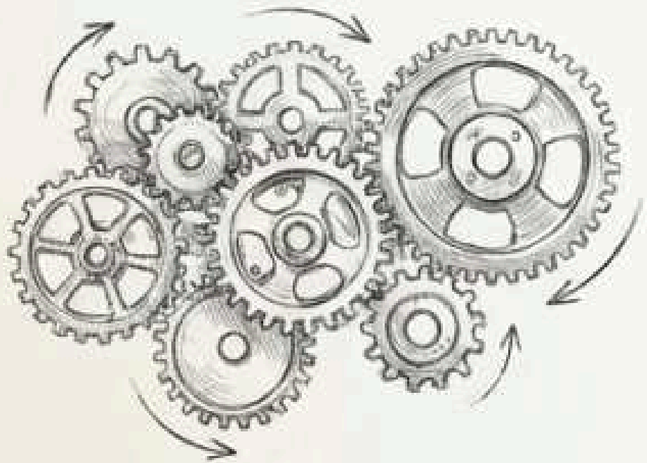
What CBT-I **IS**

- ✓ - A targeted treatment for a specific sleep disorder.
- ✓ - Aimed at consolidating sleep.
- ✓ - Aimed at reducing fear of the night.
- ✓ - Aimed at creating a more workable day.

The Mechanics of Wakefulness (Espie & Bootzin)

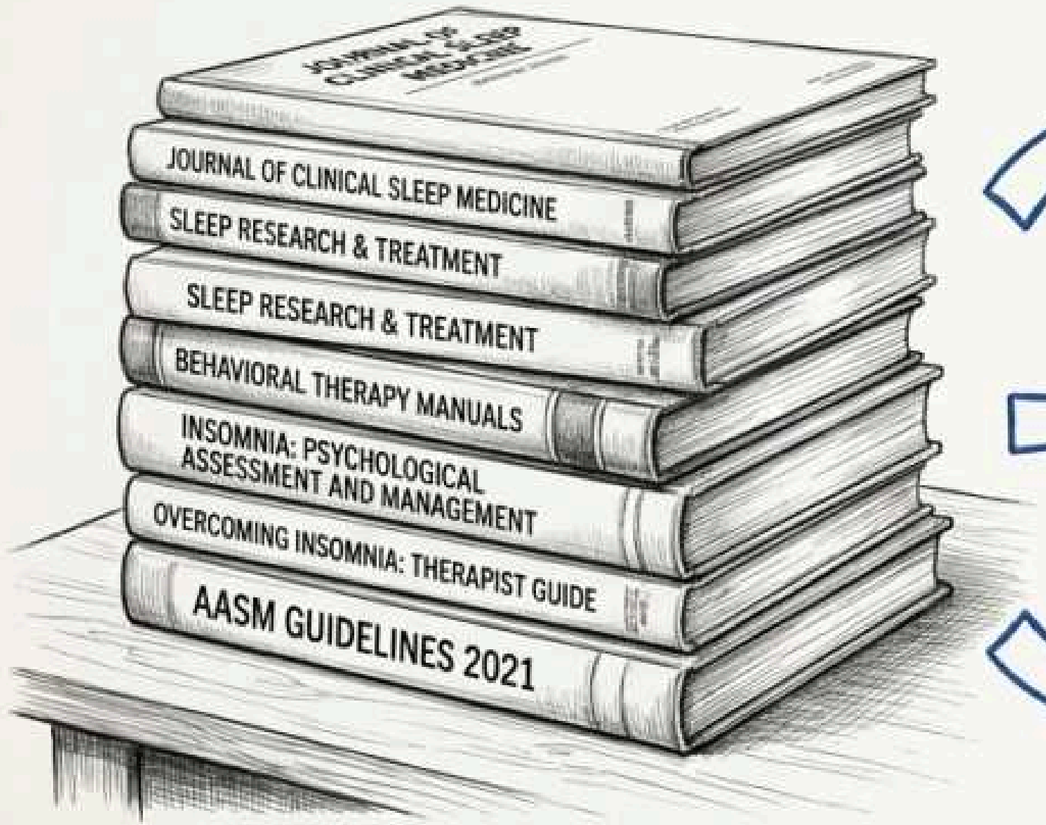
Attention + Intention + Effort → Waking Stance

- Falling asleep is a usually automatic process.
- Monitoring and striving are inherently forms of wakefulness (aligns with Bootzin's conditioned arousal and Morin's belief work).



Clinical Implication: Explains why forced relaxation exercises fail if used as a device to command sleep, rather than to step out of the struggle. Therapy must work on process, not just timetable.

Foundational Literature & Authorities



Charles Morin: Insomnia: Psychological Assessment and Management (Classic account of beliefs and behavioral factors).

Edinger & Carney: Overcoming Insomnia (Session-structured therapist guide and workbook).

2021 AASM Guideline: (Formal standing of relaxation and sleep hygiene).

Cautionary Note

Compare popular internet "hygiene lists" against the 2021 guidelines before treating them as settled science.

Lecture 4 Synthesis

