

Sleep During Stressful Times

CRISIS-ADAPTED CBT-I PRINCIPLES · STRESS-RELATED INSOMNIA

Simple, evidence-based steps for sleep during hard times

Poor sleep is one of the most common reactions to stress, loss or crisis. It's the body's alert system doing its job, and for many people it settles as life settles. What we do in response to bad nights, though, can either help sleep recover or keep the problem going.

Evening 	Night 	Morning 
Wind down An hour or so of quieter, dimmer time. Screens down, lights low. Write worries and tomorrow's tasks on paper, then set them aside. <i>Try: a warm shower, reading, gentle stretching.</i>	Bed is for sleep Go to bed when sleepy, not just tired. If you're awake and frustrated for what feels like a while, get up and do something quiet until sleepy again. <i>Try: keep a dim lamp and a book ready.</i>	Same wake time Get up at the same time every day, even after a bad night. Get some daylight early. This steadies your body clock. <i>Try: ten minutes outside before 10am.</i>

01 Four anchors

the core of CBT for insomnia, adapted for hard times

Anchor 1	Anchor 2	Anchor 3	Anchor 4
A steady wake time The single most useful habit. Sleeping in after a bad night can make the next night harder. <i>Even on weekends, within an hour.</i>	Bed for sleep Keep the bed for sleep and intimacy, so your brain relearns: bed means sleep, not worry. <i>Scroll, plan and worry elsewhere.</i>	A buffer zone A calm wind-down routine gives your mind time to shift out of problem-solving mode. <i>The same steps, most nights.</i>	Sleep will come back Sleep pressure builds naturally. Trying hard to sleep backfires; letting sleep come works better. <i>Rest is still rest.</i>

02 If you're awake in the night

a gentle sequence

1 Notice without checking the clock.	2 Get up if you're wide awake or frustrated.	3 Dim light , another room if you can.	4 Something quiet and a little dull.	5 Worries onto paper, for tomorrow.	6 Back to bed when sleepy. Repeat if needed.
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03 What can keep poor sleep going

understandable habits that often backfire; tick any that apply

☐ Lying in bed awake for long periods	☐ Sleeping in to catch up	☐ Long daytime naps	☐ Going to bed early to "get more"	☐ Clock-watching
☐ Alcohol to help sleep	☐ Caffeine after midday	☐ Screens in bed	☐ Trying hard to sleep	

04 Thoughts that help sleep, and ones that don't

worry about sleep can keep you awake

The Worry	A More Balanced View
"If I don't get eight hours, tomorrow is ruined."	Tomorrow may be harder, and I've coped after poor nights before.
"I'll never sleep properly again."	Sleep problems during stress often improve as things settle.
"I need to try harder to sleep."	Sleep tends to come when I stop chasing it.

05 My sleep plan

keep it simple and repeatable

My wake-up time, every day My wind-down routine My caffeine cut-off time 	If I'm awake at night, I'll go to and do something quiet, like A kind thought for sleepless nights
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Understanding Sleep Under Stress

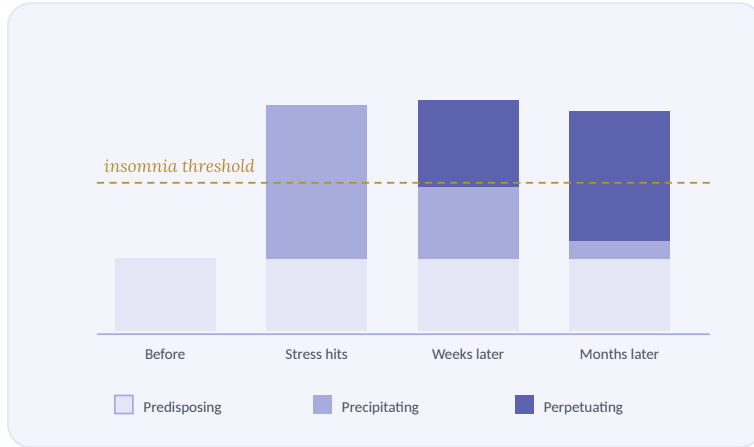
CLINICAL NOTES · THE 3P MODEL AND CBT-I

Why sleep goes wrong, what keeps it going, and what the evidence supports

Clinicians often explain insomnia with the “3P” model. It helps show why a stressful event can trigger poor sleep, and why well-meant habits can keep it going after the stress has eased.

06 The 3P model of insomnia

after Spielman and colleagues



Predisposing

Traits that make some people lighter or more reactive sleepers, such as a tendency to worry.

Precipitating

The trigger: loss, separation, illness, work or legal stress. Often temporary.

Perpetuating

Habits and worries that keep poor sleep going, like spending longer in bed. This is where CBT-I works.

07 What the evidence supports

clinical practice guidance

CBT-I is *first-line*

Clinical guidelines strongly recommend cognitive behavioural therapy for insomnia (CBT-I) for chronic insomnia in adults. It's usually delivered over several sessions.

Sleep hygiene *alone*

Tips about caffeine and bedrooms are useful, but on their own are not recommended as a treatment for chronic insomnia.

Sleep *restriction*

Limiting time in bed is effective, but should be clinician-guided. It needs care in bipolar disorder, seizure disorders and safety-critical work.

08 My sleep diary

fill in each morning; estimates are fine

Day	Into bed	Lights out	Time to fall asleep (approx.)	Times awake	Out of bed	Sleep quality 0-10	Naps
Mon						/10	
Tue						/10	
Wed						/10	
Thu						/10	
Fri						/10	
Sat						/10	
Sun						/10	

When to talk to your GP or psychologist

- Poor sleep three or more nights a week, for three months or more
- Loud snoring, gasping or pauses in breathing at night
- Needing very little sleep with unusually high energy
- Relying on alcohol or medication to sleep

To bring to my next session

SOURCES

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