



# Good Habits Mean Better Sleep

Improve your **sleep** by night and your **well-being** by day

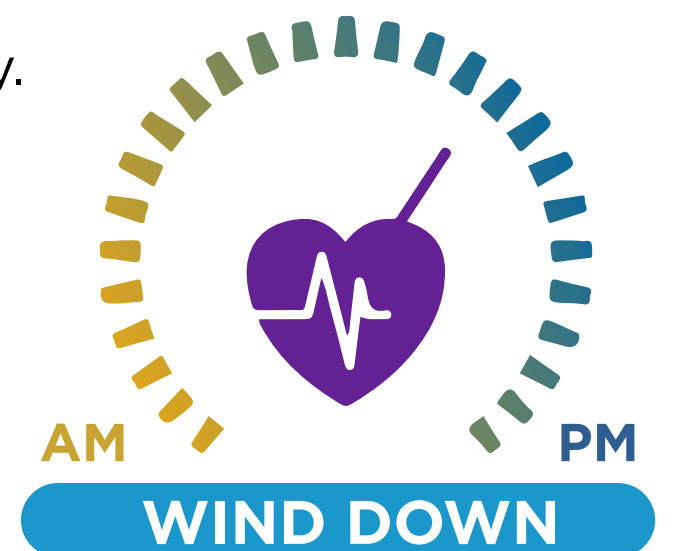
## By Taking A New Approach, You Can Teach Yourself to Sleep Better

- **Make Small Changes** - A key ingredient for better sleep is to make small changes in your behaviors. Some of these ideas may *feel* like big changes, at first. If poor sleep is a struggle for you, you'll benefit by learning to build most of these habits into your routine each day.
- **Grow Your Skills:** Practice these good habits for at least four weeks in a row to enhance your progress.
- **Try New Strategies:** We also provide you with three sets of guidelines to help you plan your new habits and behaviors:
  - 6 Things You Can Do for Better Sleep
  - 4 Things to NOT Do for Better Sleep, and
  - 3 Mental Strategies TO Do for Better Sleep

## 6 Things You Can Do for Better Sleep

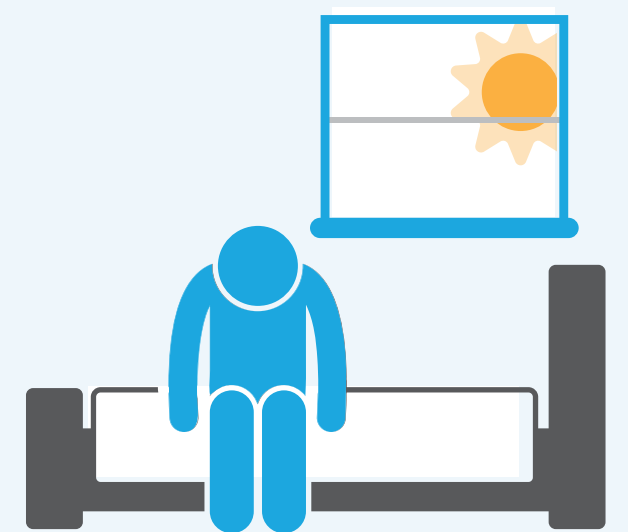
### 1 - Create a Wind-Down Routine Before Bed

- Spend one or two hours before bedtime enjoying a relaxing activity.
- Release physical tension and mental effort / alertness before bedtime.
- Plan active time to happen earlier in the day (before you start your wind-down). Create a cut-off time for:
  - Working
  - Studying
  - Arguing
  - Talking on the phone
  - Reading exciting books
  - Watching exciting television shows



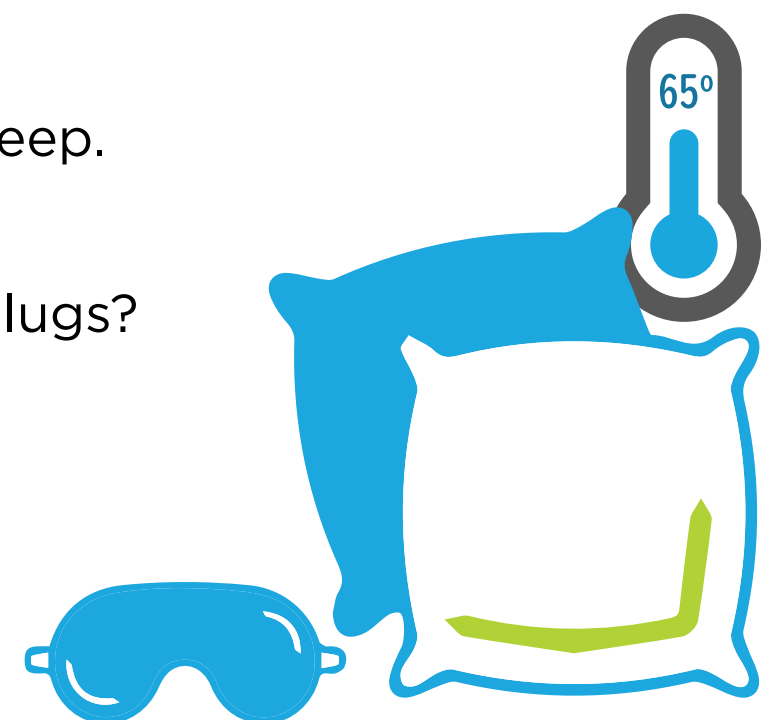
### 2 - Keep Yourself Awake During the Day

- In most cases, eliminate napping during your day.
- In general, napping solves only short-term fatigue. (Insomnia in the elderly would be one exception to this.)
- Napping can disrupt sleep-wake rhythms and can contribute to the long-term development of insomnia.



### 3 - Check Your Bedroom for Good Sleep Design

- A bedroom temperature of 65° F is recommended for good sleep.
- Ensure that your room is quiet and comfortable.
- Do a comfort check. Would it help to have a sleep mask? Earplugs? White noise? Or a new mattress or pillow?
- Reduce disruptive:
  - lights, sounds
  - temperatures
  - touchsensations





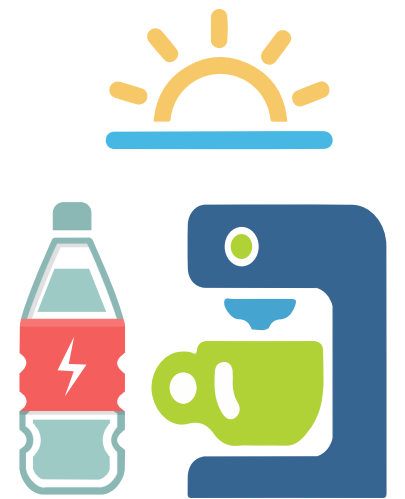
# Behavior Design For Better Sleep

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## 6 Things You Can Do for Better Sleep *(Continued)*

### 4 - Reserve Caffeine for Mornings Only

- Most clinicians advise skipping caffeine after lunch. Caffeine may be in coffee, tea, and carbonated beverages. Also be on the lookout for caffeine-like stimulants found in chocolate, cocoa, some weight-control aids, pain relievers, diuretics, and cold and allergy remedies.
- If you're highly sensitive to caffeine, you may want to cut it out entirely to protect your sleep.



### 5 ~ Get Natural Daylight

- It's good to spend at least 30 minutes per day outside, in natural sunlight.
- Get sun during the first hour or two each morning if you can. If you're unable to soak up natural sunlight, try a strong artificial light for a minimum of 30 minutes each day.
- Daylight is a powerful regulator of our circadian cycles, and lack of daily exposure to sunlight can play a part in sleep difficulty.



### 6 - Keep a Regular Sleep Schedule

- Try to keep the same bedtime and wake-up time throughout both the weekdays and weekends.
- Why? Staying up late can reset your internal biological clock to a later bedtime, leading to a circadian rhythm disorder called "delayed sleep phase syndrome."
- Even if you've slept poorly the night before, go ahead and get up at your usual wake-up time. It's especially important to avoid "sleeping in" the morning after a night of poor sleep. This can be difficult at first. Hang in there.
- Consider this when you're tempted to stay up late: after a few weeks, a regular sleep schedule will help normalize your sleep-wake rhythm. A great benefit is that your sleep efficiency will increase. You'll spend more of your sleep time getting good quality, restful sleep.





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## 4 Things to NOT Do For Better Sleep

### 1 - Avoid Exercise within Two Hours of Bedtime



- To improve sleep, finish exercise by early evening.
- Vigorous exercise within two hours of bedtime is usually not a good idea, because it tends to raise core body temperature and activate our nervous systems.
- As part of your circadian cycle, your core body temperature decreases in the late evening. This helps you fall asleep and stay asleep later.

### 2 - Avoid Alcohol within Two Hours of Bedtime



- Some believe that a “nightcap” promotes sleep, but research tells us that:
  - One or two drinks within two hours of bedtime may help with **falling asleep**, but
    - It makes waking up later during the night more likely.
    - It can cause bladder urgency.
    - And, alcohol before bedtime can relax throat muscles, which can make snoring and sleep apnea more likely – sometimes to the point of being life-threatening.

### 3 - Avoid Smoking within Two Hours of Bedtime



- Like caffeine, nicotine is a central nervous system stimulant. Evening smoking can:
  - Increase heart rate and blood pressure.
  - Stimulate brain activity in ways that lower sleep quality.
- Night-time nicotine withdrawal symptoms can contribute to wakefulness. But, people who stop smoking are likely to sleep better after 10 days.

### 4 - Avoid Big Meals and Drinks within Two Hours of Bedtime



- Greasy, heavy, or large meals can increase risk of night-time heartburn. A light snack before bed can help, but a large meal is too much.
- Also, drinking excessive fluids close to bedtime can disrupt sleep, causing bladder urgency and waking for trips to the bathroom.



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## 3 Mental Strategies TO Do for Better Sleep

### 1 – Make Sleep Easier to Do and Avoid Worrying, Clock-watching, “Trying”

- If you tend to worry about falling asleep, try to force sleep, or watch the clock, you know those generally only increase body tension and mental alertness. It makes sleeping harder to do.
- It’s better to conceal the clock from your view.
- What you do or don’t do in your bedroom can help make sleep easier.
  - Clinicians usually advise only two activities for the bedroom: sleep and sex.
  - Keep other activities in other rooms, during the night and by day.
  - Don’t use your bedroom for exercise, reading, answering emails, scrolling through social media feeds, etc.

### 2 – Leave the Bedroom When You Can’t Sleep

- Leave the bedroom if you’re awake for longer than 10 minutes (20 minutes for people age 60 and over.) This will help you stop mentally associating your bedroom with non-sleep activities, including “trying” to get back to sleep.
- In another room, watch television, read, or do anything that relaxes you, for as long as it takes to feel sleepy. Then return to your bedroom with positive thoughts of sleeping. This is known as the “stimulus control” technique.

### 3 – Associate Bedtime with Relaxing

- Good sleepers make sleep easier to do. How? They build strong mental associations of physical relaxation, mental calm, and good sleep with their bedtime, their bed and bedroom, and evening rituals (tooth brushing and setting the alarm clock...). You can learn to become a good sleeper by setting and strengthening these same connections.
- Holding a “now-moment” sense of acceptance and focusing on relaxing mental images, while in bed, can be very helpful. (See [guided resources](#) for help with this.)

### When Calming Down Isn’t Easy...

- The ten behavioral strategies mentioned earlier (the 6 Do’s and the 4 Don’t’s) may seem easier to begin and use, than the “3 Mental Strategies” mentioned above. You may doubt that you’ll ever be able to calm down in bed, to feel less “keyed up” mentally and physically.
- If so, you’re not alone. More than 10% of Americans suffer chronically from psychophysiologic insomnia – where “psycho” refers to psychologically conditioned alertness and anxiety, and “physiologic” refers to physical activation during unwanted wakefulness in bed.



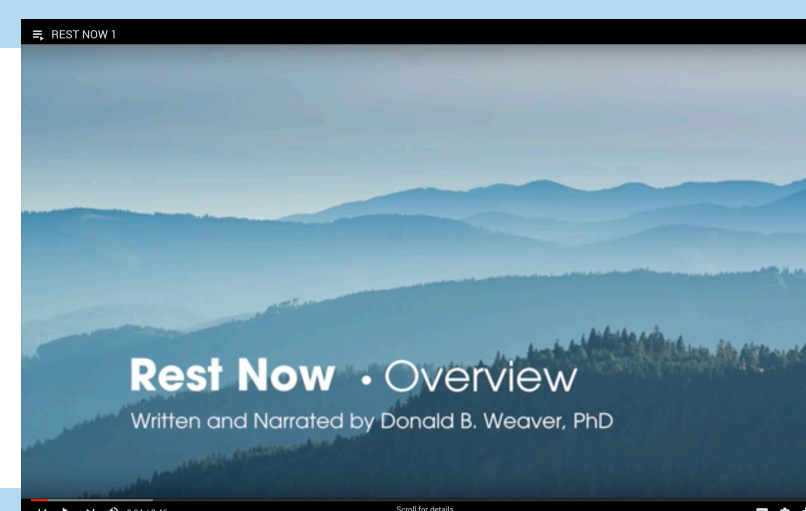
## The main symptoms of psychophysilogic insomnia are:

- Mind racing in bed (thinking rapidly, in seemingly unstoppable fashion, about what went wrong in the past and what could go wrong in the future)
- Feeling physically keyed up (such as having elevated heart rate, elevated core body temperature, or tense muscles)
- Feeling negative emotions (such as frustration about your inability to sleep now and anxiety about the likelihood of feeling overly tired tomorrow)
- Hypersensitivity to lights or sounds (being easily roused from sleepiness or sleep by insignificant lights or sounds)
- Sleeping better elsewhere (falling asleep and staying asleep more easily when away from your usual sleeping place).
- Most insomniacs use conscious “willpower” strategies to fight their sleeplessness, like forcefully counting sheep or trying to force upsetting thoughts out of their minds. But, this approach has little positive impact on sleep and in fact often makes matters worse. (To illustrate, try not thinking about a pink elephant for 10 seconds...)
- Instead, sleep experts recommend these far more helpful ways of dealing with being awake when you’d rather be sleeping:
  - Become fully present (fully aware of your present moment experience);
  - Detach from your past memories and future fantasies of poor sleep and other stressors;
  - Accept (notice without judgment) being awake in the present moment; and as a result,
  - Rest more fully even if you remain awake while also increasing the likelihood that you’ll fall asleep sooner and stay asleep better.

### Guided Resources

[Guided meditation](#) for better rest - [Rest Now](#)

*More Resources Coming Soon*



### Sleep Expert, Clinical Psychologist



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Clinical Psychologist and Sleep Specialist (retired, 2017)  
Practiced in Dallas, Texas, and specialized in the mindfulness-based care of people with chronic insomnia and other stress disorders.

A member of the American Academy of Sleep Medicine, he is former Director of and Consultant to the Insomnia Program at Sleep Medicine Associates of Texas. He is a co-developer, with Philip M. Becker, M.D., of Multi-Modal Therapy for Insomnia (MMTI).

Dr. Weaver was active for more than 37 years as a practitioner, writer, public speaker and conference presenter on cognitive-behavior therapy, guided imagery and mindfulness techniques for the treatment of stress disorders. He earned his doctorate in psychology at Northwestern University and has been a member of the teaching faculties of the University of Texas Southwestern Medical Center at Dallas, the University of Texas at Dallas, and the University of Ghana in West Africa.