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## Stimulus Control Therapy

This therapy is particularly effective if your main sleep difficulty is Sleep Onset Insomnia. The aim of Stimulus Control Therapy is to have you falling asleep within about 10 to 15 minutes of going to bed. Your bed and bedroom will again be associated with falling asleep rather than with feeling anxious about being awake.

*Some helpful advice:*

### ✓ *Schedule some worry time into your day*

If you are often bothered by worrisome thoughts while lying in bed a surprisingly effective strategy is to schedule a 'worry time' in the evening before bedtime.

- ▶ Set aside about 15 minutes in the evening to think over any problem or concerns about the following day.
- ▶ Write down any issues that are currently worrying or bothering you.
- ▶ Decide how you can deal with these issues or decide that you will deal with them tomorrow. Simply deciding to do something about a troublesome issue can reduce concern and be relaxing.
- ▶ Write down anything you need to remember for the next day. Let the list be your reminder so that you can now clear it from your mind.
- ▶ While in bed, worry should be avoided. If you find your mind wandering back to these thoughts when you're in bed, remind yourself that you have already dealt with that problem. Trying to deal with it in bed will only disturb your sleep. Remember, bed should only be associated with sleep, not thinking or worrying. Relaxation therapies, described later, will help here.

### ✓ *Bed is only for sleep.*

Remember, the aim of this therapy is to associate bed more strongly with sleeping.

- ▶ Do not lie in bed thinking about your problems, or work, or about your life. Especially avoid working on your laptop computer, tablet or 'surfing the web' on your mobile phone or having conversations or arguments with a bed partner. These non-sleep activities will only weaken the association of the bed with sleep. While you have a sleep problem, it is also a good idea

to remove the television from the bedroom (Chapter 10).

- ▶ Then what about sex in bed? This is the one exception! Many people find that the physical and psychological satisfaction of sexual activity may actually help them relax and benefit sleep. Do avoid that clichéd post coital cigarette. Nicotine is a stimulant and fire is a danger.
- ▶ Many people get into the habit of frequent tossing and turning in bed. They convince themselves that they may fall asleep if they can just get more comfortable. They then find themselves changing their body position every few minutes. However, each 'toss and turn' increases alertness and will take another few minutes to settle back down. You may wish to change to a comfortable position occasionally throughout the night but avoid frequent tossing and turning. Most people change position across the night only 4 to 8 times usually once after each 90 minute sleep cycle. Your body is quite happy staying in the same position for more than an hour. Don't be convinced by the little mischievous voice in your head that you are still awake after 10 minutes because you need to change to a more comfortable position.

### ✓ *Don't have a fixed, early bedtime*

You may have seen the prescription to maintain a fixed bed period and hoped that if you went to bed at the same time every night, it would help you fall asleep more quickly. This usually does not work!

- ▶ Often people will choose an early fixed bedtime in the hope of getting more sleep. However, with sleep onset insomnia an early fixed bedtime will more likely lead to a lot of wakefulness before eventually falling asleep and that will strengthen the insomnia habit.
- ▶ Also remember that if you have a late timed body clock but try to go to bed early you will be going to bed in your alert zone. The resulting wakefulness, tossing and turning, and frustration will perpetuate the insomnia.

## *Stimulus Control Therapy Steps*

### *Step 1: Go to bed only when you feel sleepy*

It is important to wait to feel 'sleepy' before going to bed. Feeling fatigued or exhausted is different from feeling 'sleepy'. Feeling exhausted is not an indicator that you're ready to fall asleep.

- ▶ What if you feel 'tired'? Tired is a tricky word, it can mean sleepy or fatigued. We are suggesting that you go to bed only when you feel 'sleepy' tired not 'fatigued' tired. Many people with insomnia feel so fatigued and exhausted in the evening that they want to lie down and are lured to bed before feeling at all sleepy.

- ▶ You know when you are feeling sleepy – your eyes feel droopy, you find yourself yawning, nodding off or struggling to stay awake. These sleepy feelings will be an indication that sleep pressure is high and that your body clock is now set for sleep.

If are concerned that you never feel sleepy a good guide as to when you are likely to be starting to feel sleepy is from your one week of sleep diary. Look at your diary and see what time you think you usually fall asleep. This is probably the time you will start feeling sleepy.

### ***Step 2: Don't stay in bed if you do not fall asleep quickly!***

Waiting to go to bed when you are sleepy will increase your chances of falling asleep quickly but will not guarantee it.

- ▶ So if you go to bed feeling sleepy, but you are not asleep within about 15 minutes (guess – don't use the bedroom clock), get up, go into another room, and do something relaxing until you feel sleepy again.
- ▶ This is not an easy instruction to follow, especially if it is warm and comfortable in bed and cold out of bed. You might find yourself thinking “if you just stay in bed another few minutes I might fall asleep”. But don't cheat, stick to the quarter-hour rule.
- ▶ In the colder months, keep another room warm and have something warm ready to put on when you need to get out of bed after a quarter hour of wakefulness.
- ▶ Fully expect to be getting out of bed perhaps several times in the first few nights of therapy. Don't worry about these instructions – just do them!
- ▶ When you do get up, do some relaxing activity such as reading, watching television or listening to music but always under dim lighting. Avoid eating, smoking, alcohol, or caffeine drinks. The idea is to allow sleepiness to build up again.

### ***Step 3: Return to bed when sleepy again.***

- ▶ Once you feel sleepy again, go back to bed. If you still can't sleep, keep repeating the process until you fall asleep within a quarter hour. You will eventually fall asleep quickly at some point during the night.
- ▶ Gradually over several nights you will become sleepy earlier, you will have to get out of bed on fewer times on subsequent night, and you will fall asleep earlier and get more sleep.
- ▶ This can take some perseverance over a week or so. But stick with it, following these instructions produces improvement. The investment of some effort in the short term will be worth it in the long term.
- ▶ If you have a bed partner, tell them what you will be doing so in case they wake up they

understand why you are getting out of bed. It should be helpful for them to know that this is a therapy that will help your sleep but that it may take a week or two before getting out of bed is no longer necessary.

#### ***Step 4: Do have a fixed getting-up time.***

Getting up at the same time every day is probably one of the most important things you can do to help regulate your sleep pattern and help you to get to sleep earlier.

- ▶ Choose a consistent getting up time that will be suitable for you in the long term considering all your daytime commitments and life style.
- ▶ It is even more effective if you can get sunshine or other bright light soon after getting up. It then helps to keep your body clock set at the right time and stops the tendency to drift later (Chapter 4). If you tend to have a later timed body clock, this early light exposure helps to re-set your body clock to an earlier time.
- ▶ In the first days or weeks of Stimulus Control Therapy with a consistent 'out-of-bed' time you will get less sleep than usual. This will increase sleep pressure (Chapter 4) and help you gradually get to sleep earlier, get more sleep and feel more alert and energetic during the day. Some initial sleep loss and increased sleep pressure is central to the effectiveness of this therapy. Don't worry about the 'loss', it will only make you a bit sleepy. It will also strengthen the link between going to bed and falling asleep quickly.
- ▶ Many people look forward to the weekend to catch up on sleep. But during the first weeks of therapy it is most important to keep the same wake-up time. Don't sleep-in late on the weekend! 'Sleeping-in' will reduce that sleep pressure and reduce the effectiveness of the therapy.
- ▶ Furthermore, the weekend sleep-in can delay the body clock and again make it difficult to get to sleep for the next few nights. Instead, on Sunday morning go for that morning walk you never have time for, or get up early and read the newspaper before the rest of the family, or meet friends for breakfast (ideally al fresco in the sunshine).

#### ***Step 5: Do not sleep during the day.***

- ▶ Even though you will get less sleep in the first week or two of this therapy and may start to feel sleepy at times during the day or in the evening (such as when watching TV), avoid falling asleep. Stand up and stretch or become active doing something.
- ▶ As mentioned above the increasing sleep pressure in this therapy is important for it to work. Welcome the sleepiness, it will help you.
- ▶ Although a brief nap of less than 15 minutes should not undermine the sleep pressure, it may be difficult to ensure the nap is only brief. Better to avoid taking a daytime nap until your insomnia has resolved.