"It will help me a lot if I can get a very detailed picture of what the awakenings are like for you. Thinking back to this night <point to the sleep diary>

Focus the initial discussion on this episode but check to what extent it is typical. Sometimes about halfway through it becomes obvious that the night or day is not typical or was not very distressing. You should stop as soon as you realize this and start again with a typical night.

It helps to begin by getting some of the context around the episode being discussed (i.e., when reviewing an episode that happened during the night, I briefly ask about the preceding day and evening to set the context and to determine whether anything that happened then might have had a bearing (e.g., a big fight with husband in the evening will, quite likely, impact the sleep obtained that night).

The aim of this initial discussion is to help obtain a VERY detailed description of *exactly* what happened and the consequences of it. Here is an example for the patient who woke at 2 AM:
Therapist: What woke you up?
Patient: Don't know.
Therapist: How did you know what time it was?
Patient: I looked at my clock and saw it was 2 AM.
Therapist: When you looked at the clock and noticed it was 2 AM what ran through your mind?
Patient: I thought 'oh my goodness' <ask questions to unpack the meaning in this statement>
Therapist: Ok, so you looked at the clock and noticed it was 2 AM and you thought 'oh my' Could you tell me more…what do you meant by 'oh my?' ….
Patient: Oh my, I won't cope tomorrow, I've got such a big day ahead with so much to do.
Therapist: So when you thought 'oh my I've got such a big day ahead with so much to do,' how did you feel?
Patient: Really anxious.

<u>What if the patient doesn't come up with a thought?</u>

1. When patients don't come up with a thought, work at getting the implicit meaning/general theme (then they don't have to commit to having that specific thought – this may be uncomfortable for them, or difficult for them to do). For example, ask a question such as 'what do you think would happen the next day?', 'what implications would that have?', and then 'was that at the back of your mind in [situation]'. Then unpack with a question like 'what do you think would be so bad about that' (always try to get at meanings). The main objective is to encourage/help the patient to articulate the reason for their negative mood (anxiety/frustration, etc.). Simple questions such as '*what do you think made you anxious/frustrated/sad?*' can be helpful for identifying thoughts.
2. Sometimes patients don't come up with a thought when you ask 'and what went through your mind?' If so, ask very general questions and work with what they give you. 'So you looked at your clock and noticed it was 2 AM', 'what happened next?', 'what happened then?', etc. Get a very detailed, blow-by-blow account and you'll eventually get to a thought.

3. If the patient starts with a sensation[1] (eg. 'I noticed my heart was racing') you could ask 'when you noticed your heart racing what went through your mind?' or 'when you felt your heart racing, what did you notice next?' Also, note that thoughts and feelings are different sides of the same coin, so start with whichever the patient identifies and move on.

As you ask questions to draw out the contents of the model, complete the vicious cycle on the piece of paper in front of you.

Helpful tips

If it is difficult for the patient to remember an aspect of the situation of interest try creating a role-play or create an analogue of the situation in order to identify the key information.

Useful questions when deriving the model:

For identifying negative thoughts ask…

1. What went through your mind/what were you thinking before getting into bed/on waking, as you got into bed/as you got ready for the day, and as you noticed you weren't getting to sleep/weren't performing well?
2. What was the worst you thought could happen?
3. What would that mean? What would be so bad about that?

For identifying safety behaviors…

1. When you thought (feared event) might/was happen(ing), did you do anything to try to prevent it from happening?
2. Is there anything you do to ensure you get to sleep/perform well during the day?

For identifying feelings…

1. When you are afraid that X will happen, what do you notice happening in your body? What sensations so you experience?`
2. How about your energy level?

For identifying monitoring…

1. How did you know/ensure that <thought/feared event> would happen?
2. How did you determine or measure how close to falling asleep you were/ what the time was/ that you were feeling so tired?
3. How do you monitor/measure when the insomnia is back?

For drawing in the arrows …

It is important for the therapist to ask questions to show the vicious cycle aspect of the model. These questions focus on the arrows. It's relatively easy to draw the arrows from 'thoughts to feelings' and from 'feelings to monitoring' and from 'feelings to safety behaviors'. But harder to draw the last two arrows (from 'monitoring to thoughts' and from 'safety behaviors to thoughts'), so here are some questions that will help:

1. When you are concentrating on (give examples of monitoring types like 'the clock' and 'whether your mind is blank' or safety behaviors), what thoughts occur to you ? Anything run through you mind?'

[1] This is possible, if there are enough matching triggers in the environment

2. When you are concentrating on (give examples of monitoring types or safety behaviors), what is the impact on you getting back to sleep?
3. When you monitor these things (when you cope by XX) does that help you worry less or does it trigger more worries?

Drawing out the consequences…

1. (from measure/monitor box) Does watching out for fatigue and tension have any consequences for your day?
2. (from emotion box) Were there any consequences of these emotions for how the rest of your day went? / for getting back to sleep?
3. (from the safety behaviours box) Were there any consequences of these behaviors for how the rest of your day went? / for getting back to sleep?
4. (from the thoughts box) Were there any consequences of thinking this way for how the rest of your day went? / for getting back to sleep?'

<u>In summing up, make the following points:</u>

1. When the model is completely derived, share the *personalized version* of the model with the patient, asking for feedback about whether it fits for them or not. When presenting the model be sure to do so tentatively and invite their feedback ... For example: 'OK, this has been very helpful ... let me show you what I have been scribbling here ... and ask you to give me feedback about which parts I understand and which parts I have got wrong ... '. Then go ahead and review each part of the vicious cycle.

2. For the nighttime model you could say something like: 'OK, so this is so similar to what we very often find … these kinds of thoughts (name some) seem to lead to these kinds of feelings (name them). Both put together make it difficult to sleep. On top of that, the thoughts and feelings can put us into a state of vigilance. Then we start monitoring the environment and our bodies (name some examples of the kinds of monitoring they engage in … always aim to personalize) … these often trigger more thoughts, which trigger more feelings. Then, very understandably, we try to cope by doing things like (name some of the safety behaviors). Now some of these really are likely to be helpful in getting us back to sleep, but sometimes during the treatment we will test out the extent to which they are helpful by doing an experiment … just to double check. That's why we call them safety behaviors. Safety behaviors are things that people do in order to try and fix the problem they have but which, inadvertently, sometimes contribute to the problem. When you look down this list (point to the safety behaviors section of the insomnia), do you see any behaviors that you think might have negative effects or make it more difficult to get back to sleep? (If they don't come up with an example feel free to offer one).' (Note: in the above we have started to introduce the cognitive model, given an initial explanation of what a safety behavior is and primed them that we will be doing behavioral experiments.).

And after this, ask something like 'How does that fit for you?'. If they say you have understood fully, then go on to point 2 below. If not, listen carefully to their feedback and try to adjust the model accordingly.