



# CBTi



## WEEK 5

Welcome Back !



just be in the moment...



# AGENDA

1. Introduction to CBT/ACT approach
2. Cognitive distortions and sleep
3. Thought experiments
4. Willingness
5. Mindfulness/ relaxation

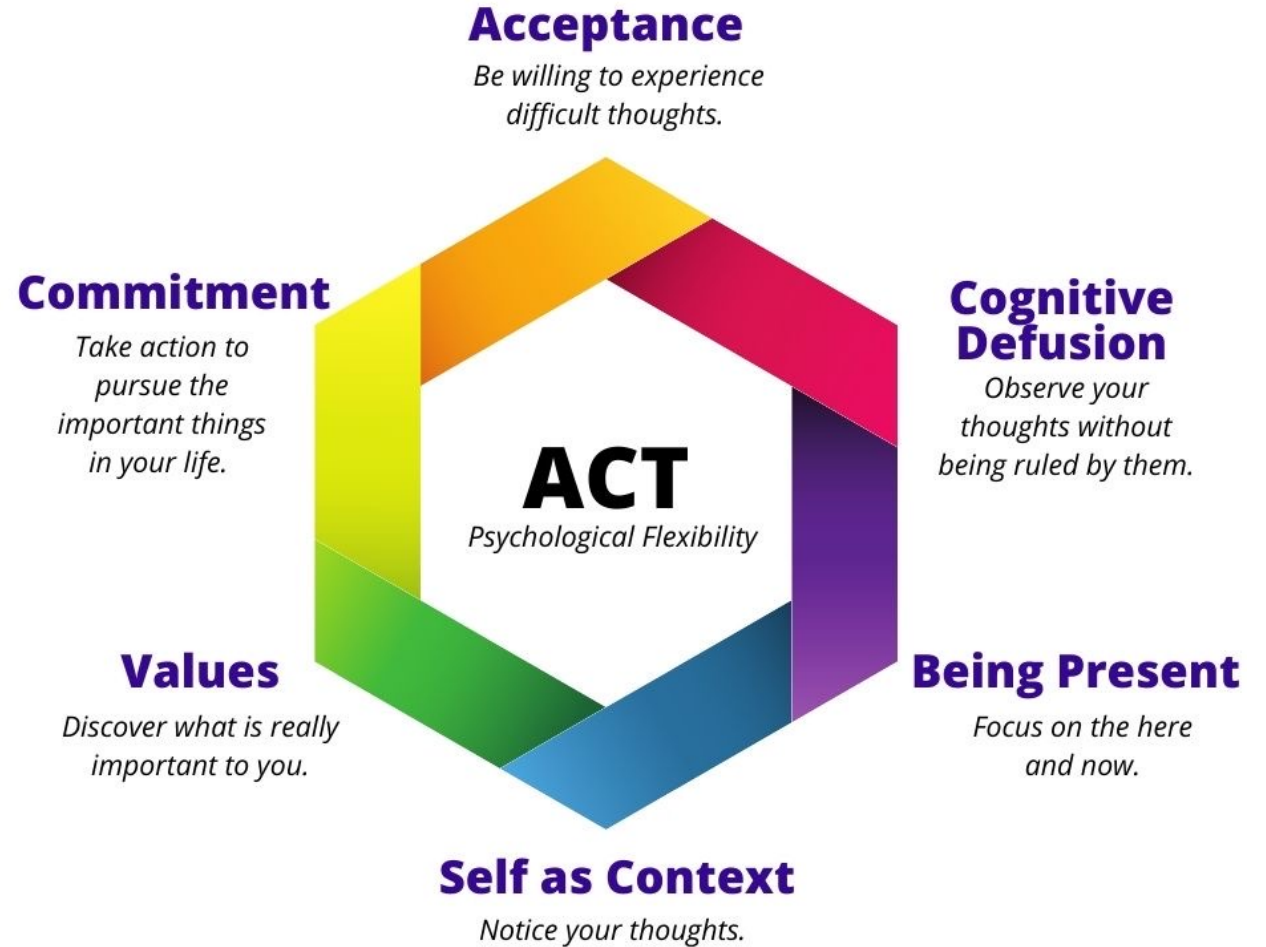
# CBT VERSUS ACT

- As we discussed CBT stands for Cognitive Behavioural Therapy (CBT)
- The way we think impacts the way we behave and feel



# CBT VERSUS ACT

- ACT stands for Acceptance and Commitment therapy and is pronounced as “act” (Not A-C-T) because the idea is to act in line with our values



# ACT VERSUS CBT

## CBT

- Focused on change of negative thoughts, emotions, and behavior
- Therapist plays a large role
- The goal is to eliminate symptoms of depression and anxiety
- Often a short-term treatment
- (More) difficult to adapt as group therapy
- Targets specific psychological problems
- Gradual process
- Changing/ challenging thoughts around sleep
- Learning strategies for sleep



## ACT

- Focused on accepting that negative thoughts, feelings, emotions, memories, and behaviors are a part of life
- Control over the therapy is divided between the therapist and patients
- Eliminating symptoms of depression and anxiety are a side-effect
- Treatment can be short-term or long-term
- Effective as individual, couple, and group therapy
- Giving up the struggle to sleep
- Changing relationship with sleep

***Both are considered “CBT” therapies and both have a focus in mindfulness***

# Cognitive Distortions

## Unhelpful Thinking Styles

### All or nothing thinking



Sometimes called 'black and white thinking'

*If I'm not perfect I have failed*

*Either I do it right or not at all*

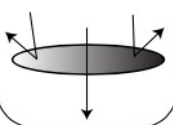
### Over-generalising

*"everything is always rubbish"*

*"nothing good ever happens"*

Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw

### Mental filter



Only paying attention to certain types of evidence.

*Noticing our failures but not seeing our successes*

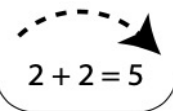
### Disqualifying the positive



Discounting the good things that have happened or that you have done for some reason or another

*That doesn't count*

### Jumping to conclusions



There are two key types of jumping to conclusions:

- **Mind reading** (imagining we know what others are thinking)
- **Fortune telling** (predicting the future)

$2 + 2 = 5$

### Magnification (catastrophising) & minimisation



Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important

### Emotional reasoning



Assuming that because we feel a certain way what we think must be true.

*I feel embarrassed so I must be an idiot*

**should**  
**must**

Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed

If we apply 'shoulds' to other people the result is often frustration

### Labelling



Assigning labels to ourselves or other people

*I'm a loser  
I'm completely useless  
They're such an idiot*

### Personalisation

**"this is my fault"**

Blaming yourself or taking responsibility for something that wasn't completely your fault. Conversely, blaming other people for something that was your fault.

**All-Or-Nothing-** Either I am going to get to sleep now or I am not going to get any sleep

**Overygeneralization** – I never get any sleep ever

**Mental filter** – Ignoring the times you slept well and only paying attention to when you don't

**Disqualifying the positive-** Sleeping well one night and saying "That doesn't count"

**Jumping to Conclusions- Mindreading** – Everyone else is sleeping well except me

**Jumping to conclusions- fortune telling** – I know I will not be able to sleep well

**Emotional reasoning** – I feel like I can't get a good night sleep therefore I am not getting a good night sleep

**"Should" and "Must"** – "I should be sleeping better" "I must go to bed at exactly 9 pm"

**Labelling-** I am a bad person

**Personalization** – It is all my fault that I can't get enough sleep. I am not trying hard enough.

# THOUGHT EXPERIMENTS

## Changing your Thinking About Sleep

Looking at the feelings, intensity, and thoughts that are showing up around sleep

The next is labeling the thought as a cognitive distortion/ unhelpful thinking style (eg. Catastrophising, labelling, emotional reasoning, etc.)

After that it is looking at a counter-statement to your original thought and coming up with a new adaptive thought around your sleep

Situation	Mood	Thoughts	Evidence that the thought is true	Evidence that the thought is not true	Alternative thought	Rate mood now
What was the situation in which you were started thinking about sleep?	Describe mood in one word and rate the intensity (0-100%)	What were you thinking about? Circle the thought that bothers you the most.	Write why you think the circled thought is true, but stick to factual evidence only.	Write down why the circled thought might not be true.	Considering the evidence for and against the thought, write an alternative, more helpful thought.	What is your mood now and how intense is the mood?



# IDEAS FOR COUNTERSTATEMENTS

## Problematic Thoughts

Everyone needs 8 hours a day to function during the day

If you've had a good sleep, you should feel refreshed

If you wake up a couple of times during the night, even though you fall back to sleep pretty quickly, it must be having a negative effect

If you spend more time in bed, you'll get more sleep and feel better the next day

## Alternative Thoughts

There is a wide range of sleep needs

After waking, it is natural to feel groggery for up to 30 minutes

Brief arousals are a normal part of the sleep process

Sleep quality is more important than quantity

# WILLINGNESS

A big part of ACT is “**accepting**” emotions for as they are. We often refer to this as “**willingness**” because its not about agreeing or liking the thoughts or feelings, it is able a willingness to experience them.

- It is a conscious choice to step back from our opinions and assumptions and view the situation through a lens of objectivity
- Willingness to try and learn new things, like you are in this course
- The idea is to try to approach your sleep struggle thoughts with “willingness” to notice the struggle, lean into the discomfort of not knowing how the night will go.
- This acceptance/willingness lessens the brain’s level of nocturnal arousal, thus encouraging a state of rest and sleepiness rather than a state of arousal and insomnia.

# ACT : Defusion

## Defusion

*(noun)*

A skill or technique that is primarily used to *detach, separate, or get some distance* from our thoughts and emotions.

@thepsychologygroup

## Cognitive Defusion Techniques to Try

- Naming your thoughts
- Thought bubbles
- Mindful observation
- Singing your thoughts
- Metaphor creation
- Word repetition
- Thank you, mind
- Teflon mind
- Silly voice
- Observing self

# MINDFULNESS/ RELAXATION

- John Kabat-Zin defines it as “Practice paying attention, on purpose, in the present moment, and without judgement”



Examples of these are all the mindfulness we have done thus far :  
Leaves on a stream  
Loving kindness meditation  
Progressive muscle relaxation

# MINDFULNESS/ RELAXATION

- Mindfulness is really about being in the present moment and “noticing”.
- It may be things such as really paying attention to drinking your tea before bed- what does it taste like? Smell? Is it hot or cold? What do you notice in bed – is your bed soft or hard, etc.
- Could be a guided meditation or breathing technique
- It could be eating a snack before bed slowly and paying attention



**NOTE** – *Although most people find themselves more relaxed after a mindfulness exercise, the goal isn't about relaxation, it's about being present. If you feel relaxation then it is an added bonus.*

# OTHER CBT AND ACT STRATEGIES

- Worry box
- Scheduling time to worry
- Keeping a note pad by your bed to write down your worries
- Drop the anchor
- Grounding techniques such as 54321
- Boxed breathing
- Body scan



54321

**RIGHT NOW**

# HOMEWORK

- Continue with sleep diaries and new bedtimes
  - Adjust bedtimes as needed
  - Try one or more CBT/ACT skill



TRY



SEE YOU  
NEXT WEEK