OMNIPSYCHE

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How to Finally Sleep

A step-by-step guide for people who have struggled to sleep their whole lives · based on Cognitive Behavioral Therapy for Insomnia (CBT-I)

Why you can't sleep, and why this works

Your brain has learned, over years, to associate your bed with being awake, frustrated, and alert. Sleep can't be forced; the harder you try, the more awake you become. CBT-I works by retraining your brain to see your bed as a place for sleep, rebuilding the natural sleep pressure your habits have been draining, and quieting the thoughts that keep you up. Follow these steps in order.

Read this before you start

Talk to a doctor before step 3 if you have bipolar disorder, seizures or epilepsy, sleep apnea (or loud snoring with gasping or pauses in your breathing), a high risk of falling, or a job where sleepiness is dangerous, such as driving or running machinery. Cutting your time in bed can be unsafe for you, and the plan needs adjusting.[1]

Expect to feel sleepier during the day for the first week or two. Do not drive or use machinery while drowsy.[4]

Taking a sleep medicine? Keep taking it as prescribed. Never stop or cut down on your own; ask the person who prescribed it.

THE SIX STEPS

1 Keep a sleep log for one week

Before you change anything, write down how you are sleeping now. Each morning, within an hour of getting up, note when you got into bed, when you tried to fall asleep, about how long it took, how long you were awake in the night, when you woke up for the last time, and when you got out of bed. The free OmniPsyche Sleep Log at omnipsyche.org/bettersleep has a column for each night and shows the math.[2]

Best guesses are fine. **Do not check the clock during the night** to make the log more exact. At the end of the week, work out your average time asleep and your average time in bed. Step 3 uses those numbers.

2 Pick one wake time and never deviate from it

Choose a wake time you can stick to every single day, including weekends. Set an alarm. Get up when it goes off, no matter how little you slept. This is the most important thing in this entire guide.

Your body has an internal clock, and a consistent wake time is its anchor. Sleeping in after a bad night feels logical but resets the clock and sets up another bad night. Protect your wake time like a non-negotiable appointment.

3 Set your sleep window (sleep restriction)

Limit your time in bed to about how much you are actually sleeping, not how long you lie there hoping. This feels backwards, but it builds up your sleep drive so that the sleep you get comes faster and holds together.[1] Read the safety box above before you start.

- **Your starting window** is your average time asleep from your log, but **never less than 5 hours**, however little you are sleeping.
- **Count back from your wake time** to find your bedtime. Wake at 6:00 AM with a 5 hour 30 minute window: 6:00 AM minus 5 hours 30 minutes is a 12:30 AM bedtime.
- Do not go to bed before your set bedtime, no matter how tired you feel. Keep logging every morning.
- **At the end of each week**, divide your average time asleep by your average time in bed and multiply by 100. That is your sleep efficiency.

- **90% or more:** move bedtime 15 minutes earlier. **85 to 89%:** keep the same window; after two steady weeks, if you are still sleepy in the day, add 15 minutes. **Under 85%:** move bedtime 15 minutes later, never giving yourself less than 5 hours. Your wake time does not move.
- Go by the number, not by how tired you feel. When you feel rested during the day and the number has stayed at 85% or more for two weeks in a row, you have likely found your window.
- **Still under 7 hours in bed?** Most adults need at least 7.[8] Test for more: move bedtime 15 minutes earlier. If your number stays at 85% or more, keep the extra time and try again. If it drops below 85%, go back to your last window. That one fits you.

4 Use your bed only for sleep

Starting today, stop doing anything in bed other than sleeping (and sex). No phones, no TV, no reading, no worrying, no scrolling. If you are not asleep within what feels like about 20 minutes, get out of bed. Go to a dim, quiet room and do something calm (light reading under a lamp, gentle stretching) until you feel genuinely sleepy, then return. Repeat as many times as needed.

Do not time it. Turn the clock away from the bed and leave your phone outside the room. Checking the time keeps your mind on how much sleep you are losing.[3] The cue to get up is noticing that you are awake and frustrated, not a number of minutes.

This rule breaks the link your brain has built between your bed and being awake. The urge to stay in bed and "try harder" is the trap; leaving is the cure. If getting up at night is not safe for you (a fall risk, for example), sit up in bed with a lamp on and do something calm instead.[1]

5 Stop fighting your thoughts at night

Lying awake and thinking "I have to sleep" or "I'll be useless tomorrow" keeps you awake; these thoughts set off the same stress response as a threat. Instead:

- **Stop trying to sleep.** Trying is effort, and effort keeps you awake. If you are lying in bed calm and drowsy, stay there. If you are awake and wound up, that is your cue to get up (step 4), not to try harder.
- **Do your worrying earlier.** In the early evening, spend 10 to 15 minutes writing down what is on your mind and one next step for each. The bedtime routine below includes this. If a worry turns up in bed, tell yourself: "I wrote that down. It is handled for tonight."
- If your mind is busy but you feel calm, try the cognitive shuffle: think of a random, neutral word (e.g., "apple") and picture unrelated things that start with each of its letters. It gives your mind something dull to do.
- **Practice slow breathing during the day first** (in for 4 counts, hold 4, out for 6), when sleep is not on the line. Then use it in the chair when you have gotten up at night, not as a way to force sleep in bed.[1]

6 Protect your sleep drive during the day

Your sleep drive is like a hunger that builds all day. These habits drain it:

- No naps longer than 20 minutes, and no napping after 3 PM. If you are too sleepy to drive safely, a short nap is the safer choice.
- No caffeine in the 6 hours before your bedtime (coffee, tea, energy drinks, some sodas). Earlier is better.[7]
- Avoid alcohol, especially near bedtime. It can help you fall asleep, then breaks up sleep later in the night. If you drink heavily every day, talk to a doctor before you stop.
- Get bright light (ideally sunlight) within 30 to 60 minutes of waking to set your body clock
- Dim lights and avoid bright screens 1 hour before your scheduled bedtime
- Avoid large meals in the 2 to 3 hours before bedtime

BEDTIME ROUTINE

The routine must start at the same time every night, not just when you feel tired. Consistency is what trains the brain. The window before bed should be treated like a decompression chamber: you're gradually lowering arousal, not switching off a light switch. Nothing in the routine should be stimulating, goal-oriented, or screen-based. The purpose is to signal safety and downshift to your nervous system, not to "make" yourself sleep. Keep it simple enough that you'll actually do it even on hard nights.

Suggested routine, starting 60 minutes before your set bedtime.

60 min out	**Lights down, screens off.** Dim every light in your home to a warm, low level. Put your phone in another room or on Do Not Disturb. This is the single most important environmental shift: bright light suppresses melatonin and keeps your brain in daytime mode.

55 min out	**Write tomorrow down.** Spend 5 to 10 minutes with a notebook. Write your top 3 tasks for tomorrow and anything that's on your mind, with one next step for each. This offloads the mental "open tabs" that tend to activate once your head hits the pillow. Close the notebook and mentally close the day.
45 min out	**Warm shower or bath.** The drop in body temperature after a warm shower mimics the natural thermal drop that comes before sleep. Even 10 minutes helps. If a shower isn't possible, washing your face and hands with warm water has a similar but milder effect.
30 min out	**Calm, non-stimulating activity.** Light reading under a lamp (physical book or e-reader on warm, dim settings, not a phone), gentle stretching, or quiet conversation. Nothing suspenseful, nothing work-related, nothing that requires decisions.
15 min out	**Relaxation practice.** Sit comfortably, out of bed, and do one of the following for 10 minutes: slow breathing (4 counts in, hold 4, 6 counts out), progressive muscle relaxation starting from your feet upward, or simply let your mind drift without directing it anywhere.
Bedtime	**Get into bed only when sleepy, and not before your set bedtime.** Not tired, sleepy. Eyes heavy, body ready. If you get into bed and find yourself alert, follow step 4: get back up, go to a dim room, do something calm, and return only when you feel the pull of sleep.

The whole routine should feel gentle and slightly boring; that's the point. With practice, the start of the routine becomes a signal that sleep is coming.

WHAT TO EXPECT

Week 1 is often the hardest. You will likely feel more tired as your body adjusts to the new schedule; that is expected. CBT-I is usually done over 4 to 8 weeks, with the window adjusted each week, so judge it on your log over several weeks, not on any one night.[5]

If things stall, return to the basics. Is your wake time truly the same every day? Are you getting up when you can't sleep? Are you staying up until your set bedtime? Are you moving the window by the number on your log?

Get help sooner if your mood drops sharply, you feel unusually wired and full of energy on very little sleep, you nod off while driving, or nothing has changed after several weeks of steady practice. A doctor or a clinician trained in CBT-I can adjust the plan.[1]

Give it several weeks before you judge it. CBT-I asks for more than a sleep tip does, and sleep and physician groups recommend it as the first treatment for chronic insomnia.[5,6] If insomnia is significantly affecting your life, working through this with a clinician tends to go better than going it alone.

Sources: 1. Perlis ML, Jungquist C, Smith MT, Posner D. *Cognitive Behavioral Treatment of Insomnia: A Session-by-Session Guide*. Springer; 2005. 2. Carney CE, et al. The Consensus Sleep Diary. Sleep. 2012;35:287-302. 3. Tang NK, Schmidt DA, Harvey AG. J Behav Ther Exp Psychiatry. 2007;38:40-55. 4. Kyle SD, et al. Sleep. 2014;37:229-37. 5. Edinger JD, et al. J Clin Sleep Med. 2021;17:255-62. 6. Qaseem A, et al. Ann Intern Med. 2016;165:125-33. 7. Drake C, et al. J Clin Sleep Med. 2013;9:1195-200. 8. Watson NF, et al. Sleep. 2015;38:843-4.

Michael C. Shedrick, M.S., PLPC, NCC. This guide is for educational and informational purposes only. It is not therapy, not a substitute for professional diagnosis or treatment, and reading it does not create a counselor-client relationship. If you are in crisis, call or text 988 (Suicide and Crisis Lifeline). Free mental health education and tools: omnipsyche.org