

*A Self-Management Program  
For Restful and Restorative Sleep*

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## *A Message From Dr. Nassar*

You are not alone! Insomnia is the most common sleep disorder. The causes are many and often relate to our fast paced and stressful lives. Finding our pathway to restful sleep becomes possible as we develop awareness of the events that disrupt this simple and natural process.

As a child I vividly remember being corrected after saying “This **MAKES** me feel this way”. Although we often cannot control a stimulus or stressor in our lives how we process and respond is our choice. We have the control to change.

You have decided to be pro-active in addressing the factors that are interfering with your getting a good night’s sleep. In this manual you’ll be guided in developing healthy strategies for increasing restful and restorative sleep.

Modifying strategies and behaviors IS possible and takes time. Our patterns weren’t created in a day and won’t shift in a day, so please be patient with yourself. Developing new strategies and skills is an on-going process that may have many benefits for you, in addition to increasing your restful sleep.

Please use the NOTES pages in the back of this manual for your comments and questions

Let’s begin!

Peter A. Nassar, MD



## Chapter 1

## Getting Started

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Sleep is a natural process.

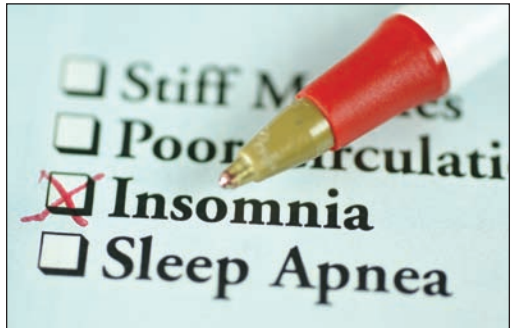
When we're faced with difficulty letting ourselves sleep, it's not that our body-mind needs to be taught how to sleep, it's that we need to discover and examine what may be getting in the way of this natural process.

Your partners on this journey of discovery - your sleep specialist and this workbook --will guide you in identifying patterns of behavior and ways of thinking that may be interfering with a restful and restorative night's sleep. Once identified, it then becomes a matter of making the kinds of changes that will support and enhance the natural process of sleep.

### *Occasional Problem or Insomnia?*

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We live in an active, over-stimulating society - T.V., the Internet, cell phones, iPods, and most recently Twitter - which makes it challenging to disengage enough to quiet our body-mind for restful sleep.



It is both normal and common for us to have nights when it's difficult to fall asleep or stay asleep. The diagnosis of insomnia is made by sleep medicine specialists when difficulty falling asleep or staying asleep (taking more than 15 or 20 minutes to fall asleep) occurs at least three times a week over a period of a month or longer, and negatively affects daytime functioning.

## *Causes of Insomnia*

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Arthur Spielman, PhD, noted sleep specialist, and his sleep medicine colleagues developed the accepted model that describes the causes of insomnia as falling into the following three categories:

### *Predisposing Factors*

These factors are neither well understood nor well researched. They refer to rather general personality characteristics like a person's level of excitability and reactivity. This category is not particularly useful for our purposes; instead we focus on current life situations and the changes needed to increase restful and restorative sleep.

### *Precipitating Factors*

The most common precipitating causes of insomnia are changes in our daily life: traveling and jet lag, change in work hours - especially shift work –and disruption of other behavior patterns such as eating, exercise and leisure activities.

In addition, on-going daily stress of work, relationships and family life that is not processed and attended to can result in a build up of anxiety that can lead to depression.

And, of course, there are the unexpected and difficult – sometimes traumatic - events in our lives like the death of a close relative, the loss of a job, a relationship break-up, a car accident, or a serious injury or illness that can seriously affect our sleep. Often, once the intensity of the experience has lessened or the problem has been resolved, we are able to go back to our lives and our normal sleep pattern. But when sleep difficulty persists well beyond this time, it is important to look at what may be keeping the sleep difficulty going.

### *Perpetuating Factors*

Perpetuating factors are those thoughts, beliefs and behaviors that maintain insomnia after the precipitating factors are no longer present.

In addition, we often develop strategies to fall asleep that inhibit sleep. For example, we may “try to sleep”, which creates a focused, active mental and physical state that is the opposite of the relaxed state that invites sleep.

### *Identifying Your Sleep Patterns*

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Before you can decide on meaningful changes, you'll need to identify and understand the effects of your present sleep patterns. The first step in identifying your sleep patterns is to record your present sleep and awake times in your sleep log over a two-week period. You'll find the Sleep Log forms in the Appendix.





## **Chapter 2** *Preparing For A Good Night's Sleep*

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Sleep Hygiene is the term applied to the environmental and lifestyle factors that affect sleep. As you read through the following, compare your present practices and sleep environment with those recommended for maximizing sleep; then decide where you'd like to make changes.

### *Change Your Day to Maximize Sleep*

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1. Establish regular sleep patterns; go to bed at the same time each day and get up from bed at the same time each day, regardless of how long you slept.
2. Get regular exercise each day, preferably in the morning, but don't exercise within two hours of bedtime. There is good evidence that regular exercise – both stretching and aerobic exercise- improves restful sleep.
3. Limit intake of stimulants such as alcohol, caffeine, and tobacco products. Either eliminate caffeinated beverages or limit your last beverage to 10 a.m. It takes your body at least four hours to eliminate half the caffeine from your last beverage.
4. Have your last meal no later than 2 to 3 hours before bedtime.
5. Eliminate napping.
6. Deal with the thoughts that intrude at night and interfere with your sleep. Take at least 10 minutes to sit down and review your day in order to process your feelings and plan ahead.

## *Create the Best Possible Sleep Environment*

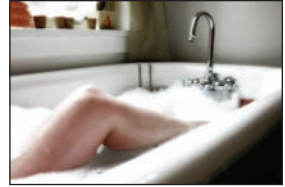
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1. Use a comfortable mattress and pillow.
2. Keep your bedroom quiet, dark, and at a cool temperature.
3. Remove electronics like computers and televisions from your room.
4. Use the bed only for sleep and intimacy.

## *Prepare for Sleep*

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1. Establish a relaxing routine: take a warm bath; read a book; listen to soothing music; or meditate before bed.
2. Hide the clock - it can cause anxiety about sleep.
3. Help the mind-body relax and surrender to sleep. Here are some suggestions:



### *Body Scan*

As you lie in bed, scan your entire body beginning at your toes, moving up your legs into your torso, your hands and arms, your shoulders, neck and head, noticing any place of tightness or tension and then letting that place soften and loosen around the edges. Imagine that you can breathe through these places and notice how they continue to soften and open as you inhale and exhale. Continue with this process until your body is relaxed and comfortable. Notice what it's like to fully release your weight into your bed, feeling fully supported.

### *Breathe consciously to quiet the mind-body*



Focusing on our breath is the simplest and most effective way to quiet the mind-body. It's the central practice of most, if not all, forms of meditation and relaxation; it's a capacity you always have, whenever you want, wherever you are. Here's a simple form:

Put your awareness and attention on your breath - letting yourself follow your breath, noticing the in-breath and the out-breath. Counting your outbreaths from 1 to 4 helps keep your attention on your breath.

When you become aware that your mind has wandered, gently bring your attention back to the breath. Even using this natural de-stressor for a minute or two can be very effective. You might use it in the daytime as well: when you're stopped at a red light or waiting in the dentist's office or drifting off to sleep at night or most anywhere. It can feel like a mini mind vacation!

### *Listen to Relaxing Guided Imagery*

The CD "Invitation to Sleep" that accompanies this book is designed to help you disengage while quieting your mind-body.

### *Disengage From Thoughts*

You are not your thoughts, but you can observe them. Imagine that your thoughts are like distant scenery that passes before your eyes as you look out a train window. Just notice the thoughts as they pass by. (Ways to deal with troubling and intrusive thoughts are in chapter 4.)

Get out of bed and do something relaxing and quieting like reading if you don't fall asleep within 15 or 20 minutes. But don't watch TV or surf the Internet; the bright light is stimulating and will perpetuate wakefulness.

Return to your bed when you are sleepy.



### *Thoughts About "Trying To Sleep"*

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Asking yourself to "try to sleep" is similar to being asked to "try to be happy" or "try to be spontaneous". It doesn't work, and often creates the opposite effect because we can't be making an effort and relaxing at the same time. Sleep Specialist Dr. Michael Perlis suggests a useful analogy: Think of sleep like surfing. You can have your surfboard, a lovely beach and the desire to surf. But you can't make it happen; you

can only get into the water and be prepared for the wave to come. You can do everything to be ready -right place at the right time- but you can't will the wave to come; rather, you can only wait for the wave just as one relaxes and waits for sleep to come.

People often report falling into a deep and restful sleep - the best they've had all night- as the time to get up in the morning nears. Thinking they don't have time to sleep, they let go of trying to sleep.

*May sleep envelope you as a bed sheet floating gently  
down, tickling your skin and removing every worry.  
Reminding you to consider only this moment.*

**Jeb Dickerson**

## Chapter 3

## *Readjusting Sleep Patterns*

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Most people who've been dealing with chronic insomnia have created patterns that, over time, have inadvertently conditioned their bodies in ways that get in the way of sleep. For example, trying to increase sleep by extending time in bed, when accompanied by anxiety about not sleeping, pairs bedtime with anxiety and frustration. So the following intervention is designed to interrupt unhelpful patterns, creating more desirable ones that increase the probability of restful and restorative sleep. It's a process that is often difficult in the beginning, but bodes well for long-term success.

### *Determining How Much Sleep You Need*

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Looking back over the two weeks of your sleep log, you'll be able to calculate the average amount of time that you were asleep and the average amount of time you were in bed and not asleep. If, for example, you were asleep for an average of 4.5 hours and were in bed awake for an average of 8 hours, you were awake in bed for an average of 3.5 hours. While staying in bed when not asleep provides more opportunity for sleep, it may have the effect of increasing insomnia: when distress about not sleeping increases, the likelihood of sleep decreases. On the other hand, limiting time in bed to when we're sleeping or engaged in sex gives our brain an important message, connecting intimacy and sleep with bedtime.

### *Readjusting Your Sleep Time To Time In Bed*

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Using the example above, you were asleep, on average, for 4.5 hours a night. To readjust your time in bed to match your time asleep and to awaken at 6 in the morning, you would need to go to bed at 1:30 a.m. Continue with this sleep schedule for one week, recording sleep and wake times in your sleep log. When you are sleeping the full 4.5 hours, add 15 minutes to your sleep schedule for the next week, retiring at

1:15a.m. And continue in this way, in 15-minute increments until your time in bed and time sleeping meet your sleep needs. Notice how you feel during the day as an indication of how much more sleep your body-mind needs, increasing gradually, week to week, by 15-minute increments.

On the other hand, if you are not sleeping for 4.5 hours, decrease your allotted time in bed by 15 minutes for the next week, using a similar process. When your time in bed equals your time sleeping, you may increase your time in bed in 15-minute increments until your time in bed and time sleeping meet your sleep needs. It's important to stay with each 15-minute increment for a week before making further adjustments.

**Calculations:** From your sleep log, add the number of hours you were asleep each night for the week, then divide by 7 to get your average sleep time; this is the number of hours to use as you begin your intervention.

Average sleep requirement is 7.4 hours with normal still considered between 5 and 12 hours if rested and functional. The tool is to remove the anxiety from laying in bed awake and allow a gradual readjustment of sleep time until the number of hours is reached where the person feels fully rested and refreshed. In a sense, going backward to go forward.



## Chapter 4

## *The Effect Of Thoughts*

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Our thoughts have a powerful effect on our well-being. In fact, it is our thoughts that determine our feelings. Our feelings are always in keeping with our thoughts and follow logically from what we think. We know that pleasant thoughts about a remembered experience produce good feelings while disturbing thoughts produce the opposite response. And this isn't only about thoughts and beliefs about past events; it applies to our thoughts about the future as well. Our body-mind has the same neurophysiological response whether we're imagining something or living it in real time. That's the basis of "imagery rehearsal" used in sport's training, which has proven to be so effective in improving performance.

### *The ABCs Of Emotions*

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Here's a simple little story that demonstrates how our thoughts – or our beliefs-- affect our emotions. It's also demonstrates how we can seem to have the same experiences as others in our lives, but react to them very differently. This is the "A B Cs" of emotions where A is the event, B is the belief (thought), and C is the emotional response.

**A JACK WAS WALKING DOWN THE STREET AND SOMEONE HE KNOWS PASSED HIM WITHOUT ACKNOWLEDGING HIM.**

Imagine telling this story to several people and then asking them, "HOW WOULD YOU FEEL?" You'd likely get responses similar to the following:

<b>C</b>	<b>B</b>
I'd feel guilty	because I'd think "I must have done something really bad."
I'd feel sad	because I'd think "I've just lost another friend."
I'd feel angry	because I'd think "he's snubbing me."
I'd feel shame	because I'd think "I just wasn't good enough. "
I'd feel amused	because I'd think "there she goes again with her head in the clouds."





## Chapter 5

## *Thoughts, Emotions and Sleep*

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The changes you have made in your sleep environment, sleep schedule and lifestyle may have put you on track to getting the restful and restorative sleep you are seeking. If, however, you find worries and intrusive thoughts interfering with your sleep, it will be important to learn how to identify and challenge these thoughts. This process involves developing some basic skills that can be used in an unlimited number of other life situations.

We've separated the kinds of thoughts and worries that interfere with sleep into two categories:

1. Thoughts about sleep
2. Thoughts about life concerns such as problems at work, financial concerns, family and relationship issues.

### *Identifying and Evaluating Thoughts about Sleep*

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When insomnia is chronic, anxiety about not sleeping is often pervasive. Associated with this anxiety are fearful thoughts about the imagined consequences of not sleeping. Upon examination, they are usually unfounded or “irrational” and only serve to perpetuate insomnia. Dr. Maxie Maultsby created a simple yet very effective way of evaluating our thoughts to discern whether they are rational or irrational –that is based in reality or not. His approach is part of what's known as Cognitive Behavior Treatment. The late Dr. Carl Simonton applied Maultsby's approach in his work with cancer patients as a way to decrease distress by changing unhealthy thoughts and beliefs to healthy ones.

We can apply this approach to sleep in the following way: Imagine this distressful thought: “**I can't sleep**”, and then evaluate your thought with the following questions:

1. Is this thought based on Facts?
2. Does my thought help me protect my life and my health?

3. Does my thought help me achieve my short and long term goals?
4. Does my thought help me avoid unwanted conflict with others?
5. Does my thought help me feel the way I want to feel?

If your answer is NO to at least three of these questions, the thought is considered to be neither true nor health-supporting. In this case we'd get a NO response to at least 4 questions and, more likely, 5.

After determining that the thought is untrue and unhealthy (irrational), the next step is to create an incompatible true and healthy (rational) thought or belief: **“I can (it is possible) sleep and I am learning ways to promote healthy sleep.”** (See more examples on the following page.)

### Form for Identifying & Challenging Thoughts

Unhealthy/Irrational Thoughts	Emotion 1-10	Healthy/Rational Thoughts	Emotion 1-10
I can't sleep!		I can sleep and I know things I can do to help me relax.	
I can't function tomorrow if I don't sleep now.		I've had nights of poor sleep before and I've managed to meet my responsibilities.	
I'll get sick if I don't sleep.		I will probably be just fine. But, if I should get sick, I'll get well.	

## *Make Your Own List*

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First, using the “Form for Changing Thoughts and Beliefs”, write down your distressing thoughts in the lefthand column. Keep going until you have five or more. Write them as they come without censoring them, even if they sound silly to you. These thoughts and beliefs are most accessible when we’re feeling distressed.

On a scale of 1 to 10, rate your level of distress, where 1 is the least distressful and 10 the most distressful. Then apply Dr. Maultsby’s questions to each thought you recorded. If you determine that the thoughts are irrational/unhealthy, create an incompatible, rational/healthy thought for each irrational/unhealthy thought and write it down in the opposite right-hand column. Then, evaluate your new thoughts using Maultsby’s questions to make sure you can honestly answer YES to all or most of the questions. Rate your level of distress again. Keep this paper in your pocket during the day so that you can refer to it when the old, irrational thoughts arise, and on your bedside table should the thoughts arise at night.

### *A Challenging Process!*

We’re usually aware of the event and response to the event, but often unaware of the thoughts about the event that create our emotion; we often believe it is the event, rather than our thoughts, that created our response.

Identifying and challenging thoughts and beliefs is the most challenging part this program for a couple of reasons:

1. We often believe that our irrational thought is the Truth - the way things really are - and don’t realize it’s just a thought.
2. The new rational, healthy thought or belief feels phony because we had accepted the irrational belief as the Truth.

At first they’re often unbelievable! However, after about 21 days of practicing new thoughts or beliefs, they become part of us.

*Thoughts about life concerns such as problems at work, financial concerns, family and relationship issues.*

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We can more easily ignore or distract ourselves from problems or worries during the day, but when our mind is less busy and we want to relax and sleep, they often come back with a vengeance and intrude on our sleep. The more we attend to our “worries” during the day, the less they will disturb us at night.

*Write Them Down*



In the later afternoon or a few hours before bedtime, take out the “Form for Concerns & Solutions” and write down the problem or concern in the first column, noting the level of emotion on a scale of 1 – 10. In the second column write down possible solutions. Or if not solutions, write down the steps you might take to find a solution - perhaps some information you may want to gather, or a conversation you might initiate about the problem. Here is an example of using the form for “Concerns and Solutions.”

### Problems, Concerns and Solutions

Problem or Concern	Emotion 1-10	Possible Solutions	Emotion 1-10
What if I can't pay my mortgage?		<ol style="list-style-type: none"> <li>1. Tomorrow I'll talk over the problem with my spouse/partner.</li> <li>2. I'll check to see where we could cut expenses.</li> <li>3. Plan to contact the mortgage company to negotiate payments.</li> <li>4. Consider other ways to generate income.</li> </ol>	

If you don't see any steps in that direction as you write, tell yourself that you'll take out the list tomorrow and address it again; tell yourself that you've done as much as you can for now.

If, as you deal with “worries” or “problems”, disturbing thoughts arise, apply the form for identifying, evaluating and changing thoughts and beliefs described in the previous section.

**Remember the common saying that “...things will look better in the morning”** -and often they do. For reasons we don't understand, our view of things tends to be more negative and we're more inclined to worry during wakeful times in the night. Perhaps our rational daytime thinking is lessened at night or has already dozed off. If you find that you can't set a problem aside until the morning, get out of bed and write it down, including possible solutions. It's now out of your head and on the paper, ready to be understood and dealt with in the light of day!

### *Worry as “protection”... or maybe an insurance policy?*

As irrational and totally ineffective as the idea of worry as protection is, it is often our unrecognized belief that underlies worry and keeps it going. For example, it's not uncommon for people who fear air travel to worry about the plane crashing during the entire flight as if the worry somehow would keep the plane aloft. Worry is thinking about what we DON'T want and is about past or the future. It also increases our emotional distress and strengthens the image of what we don't want to happen.



Here's a rather silly example to make the point:  
Tell yourself NOT to think of an elephant with purple spots.

You probably noticed that you automatically got a picture of an elephant

with purple spots –and then told yourself not to think of it. Whenever we think about what we don't want, we get a picture of what we don't want! The same thing happens when we think something like “ I'm never get to sleep tonight” and, in our mind's eye, we create the picture of ourselves tossing and turning all night -or whatever our picture is of not sleeping. When we “worry”, we get a picture of what we don't want happening - perhaps over and over – which ironically strengthens what we don't want. For example, telling a child “don't spill you milk” creates the picture of spilling the milk in the child's mind, which probably increases the likelihood of spilling. Better to suggest a different image- the image of what you want- by saying something like, “be careful with your glass of milk.”

Likewise, we might want to think about what we do want -- in this case, seeing the desirable outcome – ourselves sleeping - in our mind's eye.

### *Bad Dreams and Nightmares: Changing the Story*

Bad dreams and nightmares are like movies in your head. Know that you are the director of this movie and you can change the way the characters behave and create the outcome you want. Spend some time creating the new movie in your mind. It's your creation, you are in charge and the only requirements are that it be your story and end in a way that is satisfying for you – or if not satisfying, no longer distressing. If your new scenario needs reinforcement, write it down. Once you have your story line and desired outcome, mentally rehearse it several times a day until it is the only story.

## Chapter 6

### *Using Pleasant Memories To Shift Your Inner State*

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We know that when we remember a pleasant, happy time, we feel good. In fact, scientists who measure our physiological response have demonstrated that the physiology of our body changes for the better; muscle tension decreases, fewer stress hormones are present and more of the feel-good brain chemicals are released.

This is a natural process; we do it all the time. Now we want to use this natural process strategically to change our inner state and promote feelings of contentment and joy.

#### *Here's How:*

Remember a time and place when you had feelings of satisfaction or contentment or gratitude or just warm, happy feelings. Maybe it happened when you felt close to nature... a beautiful sunset or a walk in the woods... or a day on the beach... or perhaps special moments with people you love... or your pet greeting you with devotion and delight. It's important that you choose a specific time rather than a relationship or a general activity so that the experience is not affected by times in the relationship or the general activity that were not so joyful. Life is a mixed bag and we want you to choose a moment in time that was purely joyful and deeply fulfilling.



When you've chosen an experience from your memory bank, close your eyes and let yourself be fully present with that memory in your imagination. Experience yourself there with all your senses, noticing what you see and hear and especially what you feel. Let yourself enjoy the feeling and let it become full and strong. Stay with the image and the feeling until the experienced feels complete. By





## Chapter 7

## *Summing Up*

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### *Congratulations!*

In working through this program you are on your way to becoming your own sleep expert.

You have learned how to manage your sleep environment, sleep schedule and the lifestyle factors that affect sleep. And, perhaps most importantly, you have developed strategies for dealing with intrusive thoughts and worries that interfere with sleep.

Remember that it is natural and normal to have occasional periods of disrupted sleep. When this happens, refer back to this workbook and apply the strategies that have been helpful to you. And feel free to contact the Sleep Center to confer with your sleep specialist if you need a 'booster'.

*And if tonight my soul may find her peace in sleep,  
and sink in good oblivion, and in the morning  
wake like a new-opened flower, then I ... (am)  
new-created.*

*-D.H. Lawrence*



# Appendix

# Sleep

Sunday

Monday

Tuesday

Daytime Activities & Pre-Sleep Ritual

## Exercise

What did you do?  
When? Total time?

## Naps

When? Where? How long?

## Alcohol & Caffeine

Types, amount and when?

## Feelings

Happiness, sadness, stress, anxiety; major cause?

## Food & Drink

(Dinner/snacks)  
What and when?

## Medications or Sleep Aids

Types, amount and when?

## Bedtime Routine

Meditation/Relaxation?  
How long?

## Bed Time



# Sleep

Sunday

Monday

Tuesday

Sleeping & Getting Back to Sleep

**Wake-up Time**

**Time Spent in Bed Not Sleeping**

What did you do?  
(e.g., stayed in bed with eyes closed, meditated, etc.)

**Sleep Breaks**

Did you get up during the night? If so, what did you do?

**Quality of Sleep & Other Comments**

**Total Sleep Hours**

	Sunday	Monday	Tuesday
<b>Wake-up Time</b>			
<b>Time Spent in Bed Not Sleeping</b> What did you do? (e.g., stayed in bed with eyes closed, meditated, etc.)			
<b>Sleep Breaks</b> Did you get up during the night? If so, what did you do?			
<b>Quality of Sleep &amp; Other Comments</b>			
<b>Total Sleep Hours</b>			

# Log

Wednesday

Thursday

Friday

Saturday

(Fill in each morning)


# Sleep

Sunday

Monday

Tuesday

Daytime Activities & Pre-Sleep Ritual

## Exercise

What did you do?  
When? Total time?

## Naps

When? Where? How long?

## Alcohol & Caffeine

Types, amount and when?

## Feelings

Happiness, sadness, stress, anxiety; major cause?

## Food & Drink

(Dinner/snacks)  
What and when?

## Medications or Sleep Aids

Types, amount and when?

## Bedtime Routine

Meditation/Relaxation?  
How long?

## Bed Time





# Sleep

Sunday

Monday

Tuesday

Sleeping & Getting Back to Sleep

**Wake-up Time**

**Time Spent in Bed Not Sleeping**

What did you do?  
(e.g., stayed in bed with eyes closed, meditated, etc.)

**Sleep Breaks**

Did you get up during the night? If so, what did you do?

**Quality of Sleep & Other Comments**

**Total Sleep Hours**

	Sunday	Monday	Tuesday
<b>Wake-up Time</b>			
<b>Time Spent in Bed Not Sleeping</b> What did you do? (e.g., stayed in bed with eyes closed, meditated, etc.)			
<b>Sleep Breaks</b> Did you get up during the night? If so, what did you do?			
<b>Quality of Sleep &amp; Other Comments</b>			
<b>Total Sleep Hours</b>			

# Log

Wednesday

Thursday

Friday

Saturday

(Fill in each morning)


# Form for Identifying & Challenging Thoughts

Unhealthy/Irrational  
Thoughts

Emotion  
1-10

Healthy/Rational  
Thoughts

Emotion  
1-10

# Form for Identifying & Challenging Thoughts

Unhealthy/Irrational  
Thoughts

Emotion  
1-10

Healthy/Rational  
Thoughts

Emotion  
1-10

# Problems, Concerns and Solutions

Problem or Concern

Emotion  
1-10

Possible Solutions

Emotion  
1-10

# Problems, Concerns and Solutions

Problem or Concern

Emotion  
1-10

Possible Solutions

Emotion  
1-10











