

# PRACTICE GOOD SLEEP HABITS

*To Improve Your Sleep by Night  
and Your Well-Being by Day*

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## Good Sleep Habits Mean Better Sleep



A key ingredient of the *Rest Fully Present* Program for improving your sleep is the regular practice of **ten behavioral strategies** and **three mental strategies** that are described below.

Your progress in sleeping can be enhanced by cultivating each of these good sleep habits for at least four weeks in a row.

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## Ten Behavioral Strategies

### 1 ~ Wind Down Before Bed

Enjoy a relaxing activity for one to two hours before bedtime.

- Release physical tension and mental alertness, before bedtime.
- Save working, studying, talking on the phone, arguing, or watching exciting television shows and reading exciting books, for earlier in your day.



### 2 ~ Avoid Daytime Napping

With some exceptions (for example, insomnia in the elderly), napping solves only short-term fatigue.

And, it can contribute to the long-term development of insomnia, by interfering with sleep-wake rhythms.

In most cases, eliminate napping during your day.

### 3 ~ Make Your Bedroom Quiet and Comfortable

Does your bedroom promote sleep? Could it be more quiet or comfortable? Check for any disruptive:

- lights
- sounds
- temperatures, or
- touch sensations.

Do whatever you can to eliminate any discomforts (for example: a sleep mask, earplugs, white noise, or a new mattress or pillow).

A bedroom temperature of 65° F is recommended for good sleep.



### 4 ~ Avoid Post-Lunch Caffeine

Most clinicians advise skipping caffeinated coffee, tea, and carbonated beverages after lunch. That goes as well for caffeine-like substances in chocolate, cocoa, some weight-control aids, pain relievers, diuretics, and cold and allergy remedies.

If you're highly sensitive to caffeine, you may want to skip it entirely.

### 5 ~ Get Enough Daylight

Lack of daily exposure to sunlight can play a part in sleep difficulty (daylight is a powerful regulator of our circadian cycles).

It's good to spend at least 30 minutes per day outside, in natural sunlight. The first hour or two each morning is best. If you're unable to soak up sunlight, try for a minimum of 30 minutes each day in strong artificial light.



### 6 ~ Avoid Exercise within Two Hours of Bedtime

As part of your circadian cycle, your core body temperature decreases in the late evening. This helps you fall asleep and stay asleep later.

Vigorous exercise within two hours of bedtime is usually not a good idea, because it tends to raise core body temperature and activate our nervous systems.

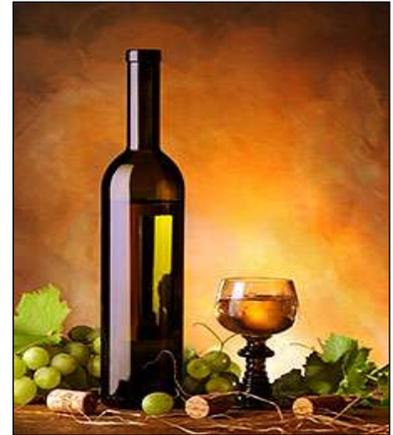
To improve sleep, it's best to finish exercise by early evening.

### 7 ~ Avoid Alcohol within Two Hours of Bedtime

Some believe a “nightcap” promotes sleep. Research tells us that:

- one or two drinks within two hours of bedtime may help with falling asleep, but
- alcohol tends to break up sleep by increasing later wakefulness.

Also, alcohol before bedtime can relax throat muscles, which can make snoring and sleep apnea more likely...sometimes to the point of being life-threatening.



### 8 ~ Avoid Smoking within Two Hours of Bedtime

Like caffeine, nicotine is a central nervous system stimulant. Evening smoking:

- tends to increase heart rate and blood pressure, and
- stimulate brain activity in ways that do not support sleep.

Night-time nicotine withdrawal symptoms can contribute to wakefulness. But, people who stop smoking are likely to sleep better after 10 days.

### 9 ~ Avoid Excessive Food/Fluids within Two Hours of Bedtime

A light snack before bed can help, but a large meal is too much. Digesting greasy, heavy, or large meals can increase night-time risk of heartburn.

Also, drinking excessive fluids close to bedtime can lead to urinary urgency and getting up during the night.



### 10 ~ Maintain a Regular Sleep Schedule

Try to maintain a regular bedtime and arise time on weekdays and weekends.

Why? Staying up late can reset your internal biological clock to a later bedtime, leading to a circadian rhythm disorder called “delayed sleep phase syndrome.”

It’s especially important to avoid “sleeping in” in the morning after a night of poor sleep. Instead, arise at the same time every morning, on both weekdays and weekends, even if you’ve slept poorly the night before.

This can be difficult at first. Hang in there.

After a few weeks, a regular schedule will help normalize your sleep-wake rhythm. A great benefit: your **sleep efficiency**, the percent of time in bed that you’re asleep, will increase. Consider this when you’re tempted to stay up late.

## Three Mental Strategies

### 1 ~ Avoid Worrying, Clockwatching, Trying

What you DO or DON'T DO in your bedroom can impact your sleep.

Clinicians usually prescribe only two activities for the bedroom: sleep and sexual activity. Connecting reading, exercising, etc. with your bedroom is not helpful. Keep other activities in other rooms, both by night and by day.

If you tend to worry about falling asleep, watch the clock, or try to force the onset of sleep, you know those generally only increase body tension and mental alertness.

It's better to conceal the clock from your view and to...



### 2 ~ Leave the Bedroom When You Can't Sleep

To stop mentally associating your bedroom with non-sleep activities, try leaving the bedroom after 10 minutes (20 minutes for people age 60 and over) of sleeplessness.

In another room, watch television, read, or do anything that relaxes you, for as long as it takes to feel sleepy. Then return to your bedroom with positive thoughts of sleeping. This is known as the "stimulus control" technique.

### 3 ~ Associate Your Bedroom with Relaxing

Good sleepers make sleep easier. How? They build strong mental associations of physical relaxation, mental calm, and good sleep with their bedtime, their bed and bedroom, and evening rituals (tooth brushing and setting the alarm clock...). You can learn to become a good sleeper by setting and strengthening these same connections.

Holding a now-moment sense of acceptance and focusing on relaxing mental images, while in bed, can be very helpful.



## When Calming Down Isn't Easy...

These ten behavioral strategies may seem easier to begin and use, than the three mental ones. You may doubt that you'll ever be able to calm down in bed, to feel less "keyed up" mentally and physically.

If so, you're not alone. More than 10% of Americans suffer chronically from **psychophysiological insomnia** – where "psycho" refers to psychologically conditioned alertness and anxiety, and "physiologic" refers to physical activation during unwanted wakefulness in bed.

The main symptoms of psychophysiological insomnia are: **mind racing in bed** (thinking rapidly, in seemingly unstoppable fashion, about what went wrong in the past and what could go wrong in the future); **feeling physically keyed up** (such as having elevated heart rate, elevated core body temperature, or tense muscles); **feeling negative emotions** (such as frustration about your inability to sleep now and anxiety about the likelihood of feeling overly tired tomorrow); **hypersensitivity to lights or sounds** (being easily roused from sleepiness or sleep by insignificant lights or sounds); and **sleeping better elsewhere** (falling asleep and staying asleep more easily when away from your usual sleeping place).

Most insomniacs use conscious "willpower" strategies to fight their sleeplessness, like forcefully counting sheep or trying to force upsetting thoughts out of their minds. But, this approach has little positive impact on sleep and in fact often makes matters worse. (To illustrate, try not thinking about a pink elephant for 10 seconds...)

The *Rest Fully Present* Program is designed to help you reduce psychophysiological insomnia by showing you how, while in bed, to:

- **become fully present** (fully aware of your present moment experience);
- **detach** from your past memories and future fantasies of poor sleep and other stressors;
- **accept** (notice without judgment) being awake in the present moment; and thereby
- **rest more fully** while awake and increase the likelihood of your falling asleep sooner and staying asleep better.




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A member of the American Academy of Sleep Medicine, he is former Director of and now Consultant to the Insomnia Program at Sleep Medicine Associates of Texas. He is a co-developer, with Philip M. Becker, M.D., of Multi-Modal Therapy for Insomnia (MMTI).

Dr. Weaver has been active for more than 38 years as a practitioner, writer, public speaker and conference presenter on cognitive-behavior therapy, guided imagery and mindfulness techniques for the treatment of stress disorders. He earned his doctorate in psychology at Northwestern University and has been a member of the teaching faculties of the University of Texas Southwestern Medical Center at Dallas, the University of Texas at Dallas, and the University of Ghana in West Africa.