



CBT-I Quick Reference

Cognitive Behavioral Therapy for Insomnia
Your At-a-Glance Guide

Better Sleep Project

Evidence-Based Sleep Education

What Is CBT-I?

CBT-I is the **recommended first-line treatment** for chronic insomnia, endorsed by the American Academy of Sleep Medicine (AASM) and the American College of Physicians (ACP). It works by changing the behaviors and thoughts that perpetuate poor sleep. Unlike medication, the benefits are **lasting**. Most people improve within **6–8 weeks**.

The Core Techniques

1 — STIMULUS CONTROL RULES

1. Go to bed **ONLY when sleepy** (not just tired).
2. Use the bed **only for sleep** — no reading, screens, eating, or worrying.
3. If not asleep within ~20 minutes, **get up**. Go to another room. Do something quiet in dim light. Return only when sleepy.
4. Wake at the same time **EVERY day** — including weekends.
5. No napping (or limit to 20 min before 3 PM if absolutely needed).

2 — SLEEP RESTRICTION

- Calculate your **average total sleep time** from your sleep diary (e.g., 5.5 hours).
- Set your **Time in Bed (TIB)** to match this — never less than 5 hours.
- Fix your wake time. Count backward to set your bedtime.
Example: Wake 6:30 AM, sleep 5.5 hrs → Bedtime 1:00 AM
- When **sleep efficiency reaches 85%+** for 5 days, advance bedtime by 15 minutes.
- Repeat until desired sleep duration is reached.

Important: This WILL feel harder at first. Temporary increased sleepiness is expected and means it's working.

Key Insight: Sleep restriction is the most powerful component of CBT-I. It builds sleep pressure and retrains your brain that bed = sleep.

Cognitive Techniques & Sleep Hygiene

3 — COGNITIVE RESTRUCTURING

Common unhelpful thoughts → realistic alternatives:



Technique: When an anxious thought appears, write it down, then write the evidence for and against it.

4 — SLEEP HYGIENE ESSENTIALS

- **Bedroom:** cool (65–68°F), dark, quiet
- **Caffeine:** stop by early afternoon
- **Alcohol:** avoid within 3–4 hours of bed
- **Exercise:** regular, but not within 2–3 hours of bed
- **Screens:** off 30–60 minutes before bed
- **Consistent wake time** — the #1 most important habit

Tracking Progress & When to Seek Help

5 — TRACKING YOUR PROGRESS

$$\text{Sleep Efficiency} = (\text{Total Sleep Time} \div \text{Time in Bed}) \times 100$$

- **Target:** 85% or higher.
- Check weekly, not nightly — **trends matter more** than individual nights.
- It's normal to feel worse in weeks 1–2 (sleep restriction is working).
- Most people see significant improvement by **weeks 4–6**.

6 — WHEN TO TALK TO YOUR PROVIDER

- If you suspect **sleep apnea** (loud snoring, gasping, excessive daytime sleepiness).
- If you have **restless legs syndrome** (uncomfortable urge to move legs at night).
- **Severe depression or anxiety** alongside insomnia.
- If symptoms haven't improved after **6–8 weeks** of consistent CBT-I.

Remember: CBT-I requires consistency and patience. The first 2 weeks are the hardest. Stick with it — the research strongly supports that it works.



About Better Sleep Project

Better Sleep Project provides evidence-based sleep education for patients. Our content is informed by research from the American Academy of Sleep Medicine and peer-reviewed sleep medicine literature.

bettersleepproject.com

This reference card is for general education only. It is not medical advice. Always consult your healthcare provider for diagnosis and treatment.

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