My Sleep Window & Stimulus Control (Session 4)

This week you are starting the two most powerful behavioral tools for insomnia: **sleep restriction** (a set sleep window) and **stimulus control** (retraining your brain to link the bed with sleep). This is the hardest week of the program — and often the most transformative.

Your Sleep Window

Fill this in with your clinician:

- **Prescribed bedtime:** _____ (or when you feel *sleepy*, whichever is **later**)
- **Fixed wake time:** _____ (every day, including weekends — no exceptions)
- **Total time in bed:** _____ hours

Two rules that never change:

1. **Do not get into bed before your prescribed bedtime** — even if you feel tired earlier.
2. **Get out of bed at your wake time no matter how you slept** — even after a bad night.

The consistent wake time is the anchor that resets your body clock and builds your "sleep drive" (the natural pressure that makes you sleepy at night).

The 5 Stimulus Control Rules

1. **Go to bed only when you are sleepy** — not just tired. *Sleepy* = heavy eyes, head nodding, hard to stay awake. *Tired* = low energy but still alert. Only sleepy counts, and only at or after your bedtime.

2. **If you can't sleep, get out of bed.** If you're awake for about **15–20 minutes** — at the start of the night *or* on a middle-of-the-night waking — get up and go to another room. Don't lie there. Don't clock-watch (estimate the time).
3. **Use the bed for sleep and intimacy only.** No TV, phone, reading, eating, or lying there planning your day.
4. **Same wake time every morning** — including weekends.
5. **No napping.** Naps drain the sleep pressure you need at night. If you truly cannot function, limit to **one nap under 20 minutes, before 2 PM, not in your bed.**

What to Do When You Get Out of Bed

Getting up is not giving up — it protects the bed as a place for sleep. Keep a comfortable chair ready in another room with a blanket, a book, and soft lighting. While you're up, use your existing skills so you return **in green, not yellow**:

- **Paced breathing** — 5 minutes of slow breathing to activate your calming (vagal) system.
- **Body scan** — observe and describe your body's sensations without judgment.
- **A quiet, low-light activity** — a physical book (no screens), gentle stretching, calm audio.

Go back to bed only when you feel sleepy again. If you still can't sleep after ~15–20 minutes, get up again. Repeat as many times as needed.

Tracking Your Sleep Efficiency

Each morning, estimate and record your numbers, then calculate:

Sleep Efficiency = (Total time asleep ÷ Total time in bed) × 100

Example: In bed 5.5 hours, asleep about 5 hours → 5 ÷ 5.5 × 100 = **91%**.

Healthy sleepers usually run around **85–90%**.

How Your Window Changes (Weekly, With Your Clinician)

Your average sleep efficiency	What happens to your window
85% or higher (5 of 7 nights)	Expand by 15–30 min — move **bedtime earlier** (wake time stays fixed)
80–85%	Keep the window the same
Below 80%	Restrict by 15 min — move **bedtime later**

Your window will keep adjusting until you reach a schedule that gives you both efficient *and* adequate sleep. For most people this takes **4–8 weeks**.

What to Expect

- **You will likely feel more tired for the first 1–3 weeks.** This is expected — it is the sleep drive building, not the plan failing. You are trading fragmented, inefficient sleep for consolidated, restorative sleep.
- **Be careful driving when drowsy,** especially in the early afternoon. If you feel dangerously sleepy behind the wheel, pull over. This is not optional.
- **If your MCAS flares clearly worsen in the first two weeks, contact the clinic.** This is monitoring data, not a reason to quit — the pace can be adjusted.

Remember: Every minute lying awake in bed strengthens the link between bed and wakefulness. Every time you follow your window and your rules, you are rebuilding the link between bed and sleep.