

REST FULLY PRESENT

**HOW TO RESPOND MINDFULLY
TO THE WAKE-UP CALL
OF INSOMNIA**

DONALD B. WEAVER, Ph.D.
www.restfullypresent.com



***“Mindfulness is paying attention – on purpose –
in the present moment – as if your life depended on it – non-judgmentally.”***

~ **Jon Kabat-Zinn, Ph.D.**, Founder of the Center for Mindfulness in Medicine, Health Care and Society
University of Massachusetts Medical School - www.umassmed.edu/cfm

Our inherent tendency as humans – particularly during times of stress – is to 1) pay more attention to the past and future than we pay to the present, 2) pay more attention to negatives than to positives in the past and future, and 3) reject rather than accept negatives. This creates an incessant stream of unproductive thinking (labeling, judging, and storytelling) – in short, a "racing mind" – that detracts from the quality of our sleep by night and the quality of our waking life by day.

By cultivating our inherent resources of mindfulness, however, we can detach from our racing mind and accept – rather than fight – its limitations, enabling us to 1) pay more attention to the present, 2) pay more attention to the positives in life, and 3) be more accepting of the negatives. Mindfulness, or “restful presence,” is the key to maximizing the quality of our life by night and by day.

In this presentation, Dr. Weaver will offer specific cognitive and behavioral strategies for hearing and heeding the “wake-up call of insomnia” to maximize the quality of our sleep.

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MAXIMIZING THE QUALITY OF YOUR SLEEP

With the Art of Mindful Imaging and the Art of Restful Presence

*How to Accept Your Sleeplessness,
Fall Asleep Sooner, and
Stay Asleep Better*

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SETTING THE STAGE

- General Questions Regarding Sleep Disorders

GOOD SLEEP HABITS

- **10 Behavioral Strategies**
 1. Wind down before bedtime
 2. Avoid daytime napping
 3. Make bedroom quiet and comfortable
 4. Avoid post-lunch caffeine
 5. Get enough daylight
 6. Avoid exercise within 2 hours of bedtime
 7. Avoid alcohol within 2 hours of bedtime
 8. Avoid smoking within 2 hours of bedtime
 9. Avoid large meals and excessive fluids within 2 hours of bedtime
 10. Maintain a regular sleep schedule
- **3 Mental Strategies**
 1. Avoid worrying, clockwatching, “trying to sleep” in bed
 2. Leave the bedroom when unable to sleep
 3. Associate the bedroom with relaxing

DEALING WITH TOUGH MENTAL BARRIERS

- **Psychophysiological Insomnia and the “Mind-Body Loop”**
 - **Psycho** – mental alertness (anxious, racing thoughts regarding the past and future)
 - **Physiological** – feeling “keyed up” (tense muscles, elevated heart rate, feeling warm)
 - **Psychophysiological insomnia**
 - 5 symptoms: racing thoughts, body activation, negative feelings (mainly anxiety and frustration), hypersensitivity to lights and sounds, sleeping better away from usual sleeping place

- **Red Stop Lights in Traffic**
- **Red Stop Lights in the Bedroom – chronic disorder of *wakefulness* develops**
- **Fight or Flight Response**
 - Mental alertness
 - Physical activation
- **Uniquely Human Tendencies**
 - Threat is in the eye of the beholder
 - Stress reactions can become chronic
- **Traffic Jam in the Bedroom**
 - Red stop lights – sights, sounds, touch sensations, aromas, tastes
 - Fighting (angry resistance to insomnia) and fleeing (“pillow anxiety”)
 - “Absence makes the heart grow sleepier”
 - Self-fulfilling prophecy – evermore vicious cycle of insomnia

FIGHTING SLEEPLESSNESS IS A LOSING BATTLE

- **Experience – Try Not to Think About a Pink Elephant**
- **Conscious “Willpower” Strategies (Thought Suppression) are Usually Ineffective**

THE POWER OF IMAGERY

- **Images**
 - **Simple vs. Complex** – can be simple (just pictures or sounds) or complex (multi-sensory: sights, sounds, touch sensations, aromas, tastes)
 - **Past vs. Future** – can pertain to the past (memory) or the possible future (fantasies)
 - **Negative vs. Positive** – can be “negative” (dysfunctional) or “positive” (functional)
 - **Experienced from the Outside vs. the Inside** – can be experienced from the point of view of detached observer (outside) or engaged participant (inside)
 - Participating inside imagery can “drive the bus” psychologically and physically – *lemon example (“as with saliva, so with adrenaline”)*
- **Thoughts and Emotions Regarding Images**
 - **Mind’s thoughts**
 - Labels – naming, stereotyping
 - Judgments – good vs. bad, right vs. wrong, better vs. worse
 - Stories – describing how an event fits into a perceived pattern or “script”
 - **Body’s emotions** – e.g. anger, sadness, fear, guilt, hurt, happiness

- **3 Dysfunctional Imaging Tendencies**

1. We pay more attention to past and future images than to present reality – now is experienced as insignificant, uninteresting, boring
2. We pay more attention to negative images in the past and future than we pay to positive images – the negative ones are like 3-D Imax, sound-surround movies
3. We try to suppress negative images, with the result that we unwittingly energize or empower them (*pink elephant example*) to drive our bus (*lemon example*) – we become prisoners inside the images, held hostage with “crazy glue”
 - We label, judge, and tell stories about these remembered and fantasized circumstances – emphasizing their negativity – all of which empowers them
 - We feel negative emotions about the circumstances – all of which empowers them

- **Our Misconceptions About Acceptance**

- We embrace the Western Society notion that “accepting” negative circumstances means that we have to “like” them, “approve of” them, or – worst of all – “yield to” them, in victim-fashion, for the rest of our lives
- We don’t know that acceptance is, at its core, *neutrally noticing, in the now moment*:
 - All past, present, and possible future *circumstances*, whether negative or positive
 - All *thoughts* (labeling, judging, telling stories) about the circumstances
 - All *feelings* (mad, sad, glad, afraid, ashamed, hurt, happy etc.) about the circumstances and thoughts

- **3 Dysfunctional Ways of Imaging Sleep ~ How We Feed Insomnia**

1. We pay more attention to past and future images of sleep than to present reality
2. We pay more attention to negative images of sleep in the past and future than we pay to positive images
3. We try to suppress negative images of sleep, with the result that we unwittingly energize or empower them to influence present experience

THE ART OF MINDFUL IMAGING ~ A.D.A.P.T.

- **Replacing 3 Dysfunctional Imaging Tendencies With Functional Ones**

1. We can pay more attention to now than to the past and future
2. We can pay more attention to positives than to negatives
3. We can allow (accept) negatives

- **A – Associate into (enter into) NOW by doing a “sensation census”**

- Make the present more interesting than the past and future by, first, noticing breathing
- Practice seeing, hearing, touching, smelling, tasting the contents of now without labeling, judging, or storytelling

- Practice accepting (neutrally noticing) what is – not having to like, approve of, or yield to what is accepted
 - NOW is the occasion for accepting all 1) circumstances, 2) thoughts, and 3) feelings
 - NOW is the occasion for rest, whether asleep or awake (“restful presence”) – now-moment focus is the key
- **D** – Dissociate (detach) from past and possible future negative images of sleep
 - Let negative images be rendered in black, white, and gray – flat – small – far – possibly given to a Higher Power
 - See and hear them without labeling, judging, or storytelling
 - Neutrally notice (see and hear) them without liking, approving of, or yielding to them (“let the bees be, and they will let you be”)
- **A** – Associate into past and possible future positive images of sleep
 - Experience – as participant – the full sensory richness of these positive images: sights, sounds, touch sensations, aromas, and tastes
- **P** – Participate in resultant emerging RESTFUL PRESENCE
- **T** – Take action
 - Continue to notice breathing now
 - Continue to notice sensations now

**THE ART OF RESTFUL PRESENCE ~ Responding to the Wake-Up Call of Insomnia
~ Letting the Bedroom Become a Laboratory for Refining How to Accept
Sleeplessness, Fall Asleep Sooner, and Stay Asleep Better**

Donald B. Weaver, Ph.D. is a psychologist in private practice in Dallas, Texas, specializing in the mindfulness-based care of people with chronic insomnia and other stress disorders. He has been active for more than 30 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. 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, affiliated with the Sleep Medicine Institute of Texas Health Presbyterian Hospital Dallas and the Baylor Regional Medical Center at Plano. Dr. Weaver 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. He can be contacted at www.restfullypresent.com.



A.D.A.P.T.

WITH THE ART OF MINDFUL IMAGING

Donald B. Weaver, Ph.D.

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ASSOCIATE into now.

Enter into and amplify awareness of the present moment, using all five senses.

DISSOCIATE from negative past images and negative future images.

Detach from and de-amplify awareness of negative past images and negative future images.

ASSOCIATE into positive past images and positive future images.

Enter into and amplify awareness of positive past images and positive future images.

PARTICIPATE in inner well-being and wisdom now.

Experience inner well-being and inner wisdom, to help distinguish what is unchangeable from what is changeable now.

TAKE action now.

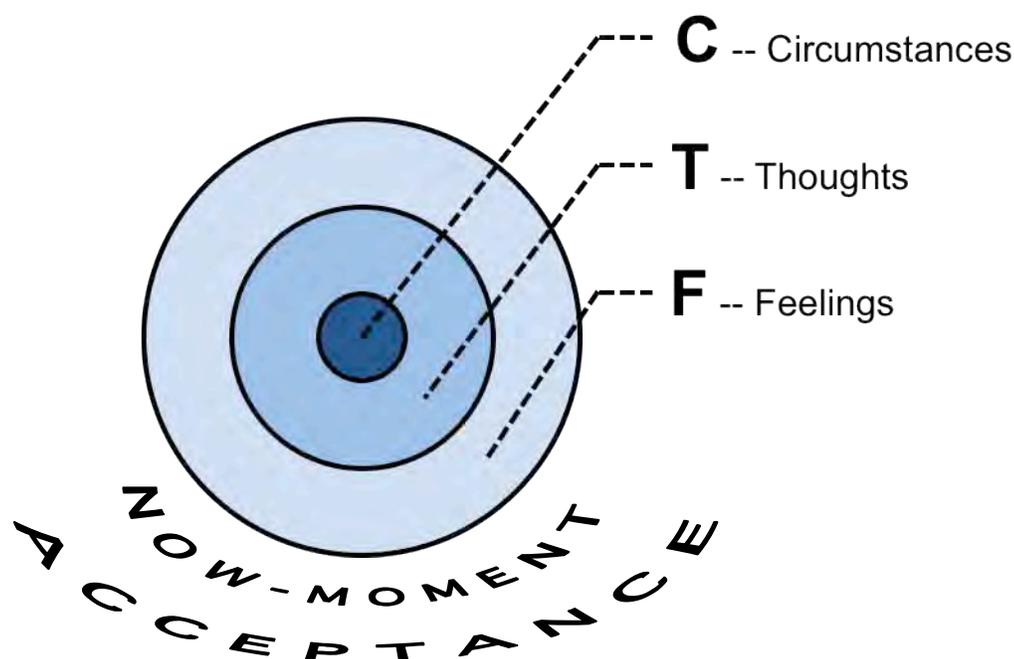
Do what is appropriate now to accept unchangeable aspects and change changeable aspects of the current situation.

IT'S STILL NOW

The Power of Now-Moment Acceptance

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C

CIRCUMSTANCES – GENERAL: age – gender – sexual orientation – health status – ethnicity – nationality – faith tradition – political stance – family of origin history – personal history – education and career – abilities and attainments – finances – social position – possessions – relationships with family, friends, colleagues etc. – leisure interests – daily routine; SPECIFIC: present-moment sights, sounds, touch sensations, aromas, tastes.

T

THOUGHTS about the circumstances – LABELS: names – stereotypes; JUDGMENTS: “good/bad” – “right/wrong” – “better/worse;” MEANINGS: derived from personal stories and perspectives.

F

FEELINGS based on the thoughts about the circumstances – ANGER – SADNESS – FEAR – GUILT – HURT – HAPPINESS etc.

Good Sleep Habits

Excerpted from restfullypresent.com

Rest Fully Present
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DR. WEAVER

BEHAVIORAL STRATEGIES

- 1 Wind down before bed
- 2 Avoid napping
- 3 Make bedroom comfortable
- 4 Avoid post-lunch caffeine
- 5 Get enough daylight
- 6 Avoid exercise before bed
- 7 Avoid alcohol before bed
- 8 Avoid smoking before bed
- 9 Avoid excess food and liquids before bed
- 10 Regularize schedule

MENTAL STRATEGIES

- 1 Avoid worrying, clockwatching
- 2 Leave bedroom if can't sleep
- 3 Associate bedroom with relaxing

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.



TEN BEHAVIORAL STRATEGIES

1. Wind Down Before Bed



Insomniacs commonly complain of physical tension and mental alertness when they should be sleeping.

In the interest of physical relaxation and mental calm, it's wise for you to wind down for one to two hours before bed by engaging in an enjoyable, relaxing activity.

During this wind-down period, you should avoid working, studying, talking on the telephone, arguing, watching exciting television shows, reading exciting books, and so forth.

Focus on relaxing!

2. Avoid Daytime Napping

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

And, it can contribute to the long-term development of insomnia at night, by disrupting normal sleep-wake rhythms.

In most cases, you should eliminate napping during the day.



Good Sleep Habits

3. Make Your Bedroom Quiet and Comfortable



Insomniacs often overlook the fact that their bed and bedroom may not be as quiet or comfortable as they could be to promote restful sleep.

It's wise to check for any disruptive lights, sounds, temperatures, or touch sensations and do whatever you can to reduce or eliminate these discomforts (for example, using eyeshades, earplugs, a low-volume background sound, or a new mattress or pillow).

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

4. Avoid Post-Lunch Caffeine

Most people know that the intake of caffeine and similar stimulants in the afternoon and evening can interfere with falling asleep and remaining asleep at night.

Most clinicians therefore advise avoiding caffeinated coffee, tea, and carbonated beverages for the rest of the day after lunch, as well as caffeine-like substances found in chocolate, cocoa, and in some weight-control aids, pain relievers, diuretics, and cold and allergy remedies.

Some individuals are highly sensitive to caffeine and should stop use entirely.

"Coffee is a beverage that puts one to sleep when not drunk."

—Alphonse Allais



5. Get Enough Daylight



Lack of sufficient daily exposure to sunlight is often partially responsible for people's difficulty in sleeping at night (daylight is a powerful regulator of the circadian cycle).

It's beneficial for you to spend at least 30 minutes per day outside, in natural sunlight, preferably during the first hour or two in the morning. If you're unable to do so, try for a minimum of 30 minutes per day in strong artificial light.

"More light! Give me more light!"

—Goethe

6. Avoid Exercise Within Two Hours of Bedtime

As part of the circadian cycle, your core body temperature begins to decrease in the late evening, and this assists with falling asleep and remaining asleep later.

Engaging in vigorous exercise within two hours of bedtime can be counter-productive because it tends to raise core body temperature and activate the nervous system.

In the interest of improving sleep, the best time to exercise is in the late afternoon, before dinner.





7. Avoid Alcohol Within Two Hours of Bedtime

Aside from the risk of developing alcoholism, it's not productive to use alcohol as a sleeping aid, despite the popular notion that an evening "nightcap" promotes sleep.

Research has shown that although one to two drinks within two hours of bedtime may assist with falling asleep, it tends to disrupt subsequent sleep by increasing later wakefulness.

Also, alcohol intake prior to bedtime tends to relax the muscles of the throat and to suppress awakening mechanisms, thereby making snoring and sleep apnea episodes more likely, sometimes to the point of being life-threatening.

*"I'm so tired, I haven't slept a wink. I'm so tired, my mind is on the blink.
I wonder should I get up and fix myself a drink. No, no, no."*

*– The Beatles,
"I'm So Tired"*

8. Avoid Smoking Within Two Hours of Bedtime

Aside from the health risks associated with smoking, it's not productive to smoke up until bedtime.

Like caffeine, nicotine is a central nervous system stimulant, and evening smoking tends to increase heart rate and blood pressure as well as stimulate brain activity in ways that are incompatible with sleep.

Also, nicotine withdrawal symptoms during the night can contribute to wakefulness.

People who stop smoking are likely to sleep better after 10 days of abstinence.



9. Avoid Excessive Food and Fluids Within Two Hours of Bedtime



Although a light snack before bed can be beneficial, consuming large meals in the late evening is not recommended. It can disrupt your sleep to assign your body the task of digesting a large meal at night, and it can increase the risk of heartburn during the night.

Also, consuming excessive fluids close to bedtime is not a good idea. It can lead to urinary urgency during the night, which interferes with sleep.

10. Maintain a Regular Sleep Schedule

It will be helpful for you to maintain a regular bedtime and arise time on both weekdays and weekends.

Failure to do so, for example, by frequently staying up late can reset your internal biological clock to a later bedtime, leading to a circadian rhythm disorder called "delayed sleep phase syndrome." Also, it's especially important to avoid "sleeping in" in the morning after a night of poor sleep.

Instead, you should arise at the same time every morning, on both weekdays and weekends, regardless of how poor the prior night's sleep has been.

Although this can be difficult to initiate at first, it can, after a few weeks, help normalize your sleep-wake rhythm, and increase your sleep efficiency.



Good Sleep Habits

Rest Fully Present

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THREE MENTAL STRATEGIES



DR. WEAVER

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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, affiliated with the Sleep Medicine Institute of Presbyterian Hospital of Dallas and the Baylor Regional Medical Center in Plano, Texas.

He has been active for more than 30 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.

Dr. Weaver 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.

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1. Avoid Worrying, Clockwatching, Trying



Clinicians routinely prescribe only two activities for the bedroom: sleep and sexual activity. Virtually all other activities belong outside the bedroom, both by night and by day. It's not useful for a person to associate mentally these other, sleep-incompatible activities with the bedroom.

This holds particularly true for Insomniacs who engage, in the bedroom, in sleep-preventing activities like worrying, watching the clock, and trying to force the onset of sleep. All of these generally serve only to increase body tension and mental alertness.

2. Leave the Bedroom When Unable to Sleep



To stop mentally associating the bedroom with non-sleep-inducing activities, many people find it helpful to leave the bedroom after 10 minutes (20 minutes for people age 60 and over) of sleeplessness.

In another room, you can watch television, read, or do anything that relaxes you for as long as it takes to feel sleepy, and then return to the bedroom with positive expectations of sleeping. This is the so-called "stimulus control" technique.

3. Associate the Bedroom With Relaxing



Good sleepers cultivate strong mental associations of physical relaxation, mental calm, and good sleep with their bedtime, their bed and bedroom, and their bedtime rituals (like tooth brushing and setting the alarm clock). You can learn to become a good sleeper by establishing and strengthening these same associations.

Maintaining a now-moment sense of acceptance and focusing on relaxing mental imagery, while in bed, can be extremely helpful.

When Calming Down Isn't Easy . . .

You may feel more optimistic about adopting, and benefiting from, the above ten behavioral strategies 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 their psychologically conditioned alertness and anxiety, and "physiological" refers to their 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. . .)

Based on Dr. Weaver's "art of mindful imaging" and "art of restful presence" strategies, the Rest Fully Present Program is designed to help you alleviate 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 and staying asleep restoratively.

For more information, visit restfullypresent.com.

For additional information on the diagnosis and treatment of sleep disorders, visit the helpful websites of these organizations:

- Sleep Medicine Associates of Texas: www.sleepmed.com
- American Insomnia Association: www.americaninsomniaassociation.org
- American Sleep Association: www.sleepassociation.org
- National Sleep Foundation: www.sleepfoundation.org
- NIH National Center on Sleep Disorders Research: www.nhlbi.nih.gov/about/ncsdr/index.htm
- American Academy of Sleep Medicine: www.aasmnet.org

14-DAY SLEEP LOG

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Name _____ Page _____
Please fill out one row each morning, to describe and evaluate your prior night's sleep experience.

DATE OF LAST NIGHT	SLEEP MEDICATION (NOTE WHEN TAKEN)	LIGHTS OUT TIME	MINUTES TO FALL ASLEEP	NUMBER OF AROUSALS DURING THE NIGHT	FINAL WAKE TIME	ARISE TIME	EVALUATIONS ON 1-TO-7 SCALE							
							1	2	3	4	5	6	7	
example ~ 2-12-09	Ambien 10 mg (10:00 pm)	10:30 AM	30 MIN	2 AROUSALS FOR A TOTAL OF 20 MIN	7:30 AM	8:00 AM	← not at all						2	very much →
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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COGNITIVE DISTORTIONS AND RESTRUCTURING

Don Weaver, Ph.D.

COGNITIVE DISTORTIONS

Inaccurate beliefs often involve one or a combination of the following types of **cognitive distortions**: 1) all-or-nothing thinking, 2) overgeneralization, 3) catastrophic expectations, 4) automatic negative thoughts, and 5) jumping to conclusions. All of them involve making negative mountains out of molehills. They keep people stuck in negativity; they inhibit effective problem solving, and in general they promote anxiety and depression.

All-or-None Thinking

The first type of cognitive distortion – all-or-nothing thinking – regards everything in extreme terms. It’s “black or white” thinking – never “gray.” All-or-nothing thinking requires words like “always,” “never,” and “every,” as in “every time I try to succeed, I always fail.” All-or-nothing thinking is a key contributor to people’s anxiety and depression.

Overgeneralization

Second, overgeneralization involves making one specific case of something apply to many things. It’s going overboard, like saying that because one meal at a Chinese restaurant wasn’t good, all Chinese restaurants serve horrible food. Overgeneralization fuels anxiety and depression.

Catastrophic Expectations

Third, catastrophic expectations predict the worst possible outcomes in the future, exaggerating their negative impact. It’s like throwing gasoline on the fire of anxiety and depression when a person – being told that the boss would like to have a chat the next morning – predicts that the purpose of the meeting will be to get fired from the company, blacklisted in the industry, and so forth.

Automatic Negative Thoughts

Fourth, automatic negative thoughts are people’s default negative ways of looking at life when life gets stressful. These thoughts uniformly regard the cup as “half empty,” not “half full,” and examples include “I’m incompetent” or “people don’t like me” or “I’m flawed.” Automatic negative thoughts are the stuff of which anxiety and depression are made.

Jumping to Conclusions

The fifth type of cognitive distortion is jumping to conclusions – negative ones, to be sure – without adequate evidence to support the conclusion. Often it involves taking things personally when nothing personal is meant, like assuming that being overlooked in a meeting means that “the meeting leader thinks my input would be useless.” People who jump to such conclusions are usually “jumpy” and unhappy.

COGNITIVE RESTRUCTURING

Since cognitive distortions both fuel, and are fueled by, anxiety and depression – especially when they’re based on so-called “old wives’ tales” or other myths which are popularly held in society but which have no scientific basis – they need to be identified and replaced with better ways of thinking. This process of identification and replacement is called **cognitive restructuring**.

Are You Highly Sensitive? A Self-Test

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Instructions: Answer each question according to the way you feel. Answer true if it is at least moderately true for you. Answer false if it is not very true or not at all true for you.

- T F I am easily overwhelmed by strong sensory input.
- T F I seem to be aware of subtleties in my environment.
- T F Other people's moods affect me.
- T F I tend to be very sensitive to pain.
- T F I find myself needing to withdraw during busy days, into bed or into a darkened room or any place where I can have some privacy and relief from stimulation.
- T F I am particularly sensitive to the effects of caffeine.
- T F I am easily overwhelmed by things like bright lights, strong smells, coarse fabrics, or sirens close by.
- T F I have a rich, complex inner life.
- T F I am made uncomfortable by loud noises.
- T F I am deeply moved by the arts or music.
- T F My nervous system sometimes feels so frazzled that I just have to get away by myself.
- T F I am conscientious.
- T F I startle easily.
- T F I get rattled when I have a lot to do in a short amount of time.
- T F When people are uncomfortable in a physical environment I tend to know what needs to be done to make it more comfortable (like changing the lighting or the seating).
- T F I am annoyed when people try to get me to do too many things at once.
- T F I try hard to avoid making mistakes or forgetting things.
- T F I make it a point to avoid violent movies and TV shows.
- T F I become unpleasantly aroused when a lot is going on around me.
- T F Being very hungry creates a strong reaction in me, disrupting my concentration or mood.
- T F Changes in my life shake me up.
- T F I notice and enjoy delicate or fine scents, tastes, sounds, and works of art.
- T F I find it unpleasant to have a lot going on at once.
- T F I make it a high priority to arrange my life to avoid upsetting or overwhelming situations.
- T F I am bothered by intense stimuli, like loud noises or chaotic scenes.
- T F When I must compete or be observed while performing a task, I become so nervous or shaky that I do much worse than I would otherwise.
- T F When I was a child, my parents or teachers seemed to see me as sensitive or shy.

Scoring the Self-Test for High Sensitivity. If you answered more than fourteen of the questions as true of yourself, you are probably highly sensitive. But frankly, no psychological test is so accurate that an individual should base his or her life on it. We psychologists try to develop good questions, then decide on the cut off based on the average response. If fewer questions are true of you, but *extremely* true, that might also justify calling yourself highly sensitive, especially if you are male. **Additional information about highly sensitive persons is available at www.hsperson.com**

For a research version of this test, email aron@ic.sunysb.edu.

HSP Web Sites

www.hsperson.com Elaine Aron's Web site contains information about books on HSPs, the newsletter "Comfort Zone," and updates about annual gatherings.

www.hspurvival.com Ted Zeff's Web site with information for HSPs on coping strategies, a healing program for HSPs on CD, and individual instruction.

www.hspwork.com Barrie Jaeger's Web site offers HSPs strategies to find work that is emotionally, financially, and creatively rewarding.

www.lifeworkshelp.com Jacquelyn Strickland's Web site includes information about living as an HSP and an annual HSP gathering.

www.highlysensitivepeople.com Jim and Amy Hallows' Web site, which offers advice on how an HSP and non-HSP couple can deal with the challenges they face.

www.sensitiveperson.com Thomas Eldridge's Web site includes HSP businesses and professional directory, a book and links page, and a message board.

The Holmes-Rahe Life Stress Inventory

INSTRUCTIONS: Mark each of the life events below that have happened to you during the past year.

<u>Life Event</u>	<u>Value</u>
01. Death of spouse	100
02. Divorce	73
03. Marital separation	65
04. Detention in jail or other institution	63
05. Death of a close family member	63
06. Major personal injury or illness	53
07. Marriage	50
08. Being fired at work	47
09. Marital reconciliation	45
10. Retirement from work	45
11. Major change in the health or behavior of a family member	44
12. Pregnancy	40
13. Sexual difficulties	39
14. Gaining a new family member (i.e. birth, adoption, older adult moving in, etc.)	39
15. Major business readjustment	39
16. Major change in financial status (i.e. a lot worse or better off than usual)	38
17. Death of a close friend	37
18. Changing to a different line of work	36
19. Major change in the number of arguments with significant-other (i.e. either a lot more or a lot less than usual)	35
20. Taking on a mortgage.....	31
21. Foreclosure on a mortgage or loan	30
22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)	29
23. Son or daughter leaving home (marriage, attending college, joining military)	29
24. In-law troubles	29
25. Outstanding personal achievement	28
26. Significant-other beginning or ceasing work outside the home	26
27. Beginning or ceasing formal schooling	26
28. Major change in living condition (new home, remodeling, deterioration of neighborhood or home etc.).....	25
29. Revision of personal habits (e.g. quitting smoking)	24
30. Troubles with boss	23
31. Major changes in working hours or conditions	20
32. Change in residence	20
33. Changing to a new school	20
34. Major change in type and/or amount of recreation	19
35. Major change in religious activity (i.e. a lot more or less than usual)	19
36. Major change in social activities (clubs, movies, visiting, etc.)	18
37. Taking on a loan	17
38. Major change in sleeping habits (a lot more or a lot less than usual)	16
39. Major change in number of family get-togethers	15
40. Major change in eating habits (a lot more or less food intake, or very different meal hours or surroundings)	15
41. Vacation	13
42. Major holidays	12
43. Minor violations of the law (e.g. traffic tickets)	11

Total all the points to find your score.

150 points or less suggests a relatively low amount of life change and a low susceptibility to stress-induced health breakdown.

150 to 300 points suggests about a 50% or greater chance of a major health breakdown in the next 2 years.

GOAL-SETTING WORKSHEET Donald B. Weaver, Ph.D. **Master List**



Name: _____ Today's Date: _____

Briefly state your most important goals in these categories:

01. Health/fitness: _____ *(may continue on reverse side)*
02. Financial: _____
03. Educational: _____
04. Career: _____
05. Family: _____
06. Social: _____
07. Community: _____
08. Residence: _____
09. Thinking: _____
10. Feeling: _____
11. Leisure: _____
12. Daily routine: _____
13. Habits: _____
14. Sleep: _____
15. Personal growth: _____
16. Spiritual: _____
17. Mentoring: _____
18. Living in the present: _____
19. Accepting unchangeable things: _____
20. Changing changeable things: _____
21. Other: _____
22. Other: _____

RESOURCES REGARDING SLEEP

Donald B. Weaver, Ph.D.

updated 8-10-11

BOOKS

Carney, C.E., & Manber, R. *Quiet Your Mind and Get to Sleep* (2009)

Hauri, P., & Linde, S. *No More Sleepless Nights* (1996)

Hauri, P., Jarman, M., & Linde, S. *No More Sleepless Nights Workbook* (2001)

Jacobs, G. D. *Say Goodnight to Insomnia* (2009)

Kornblatt, S. *Restful Insomnia*. (2010)

Silberman, S.A. *The Insomnia Workbook* (2008)

Thompson, K.E., & Franklin, C.L. *The Post-Traumatic Insomnia Workbook* (2010)

WEBSITES

American Academy of Sleep Medicine

<http://yoursleep.aasmnet.org/index.aspx>

American Insomnia Association

<http://www.americaninsomniaassociation.org>

American Sleep Association

<http://sleepassociation.org>

Centers for Disease Control and Prevention

<http://www.cdc.gov/sleep>

Circadian Sleep Disorders Association

<http://www.circadiandisorders.org>

Healthline

<http://www.healthline.com/health/healthy-sleep>

Insomnia-Free

<http://insomnia-free.com>

Medline Plus

<http://www.nlm.nih.gov/medlineplus/sleepdisorders.html>

Medscape Reference

<http://emedicine.medscape.com/article/287104-overview>

NIH National Center on Sleep Disorders Research

<http://www.nhlbi.nih.gov/about/ncsdr>

National Sleep Foundation

<http://www.sleepfoundation.org>

PDRhealth

<http://www.pdrhealth.com/diseases/sleep-disorders>

PubMed Health

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001803>

Restful Insomnia

<http://www.restfulinsomnia.com>

Talk About Sleep

<http://www.talkaboutsleee.com>

WebMD Sleep Disorders Health Center

<http://www.webmd.com/sleep-disorders/default.htm>

FREE e-NEWSLETTERS**National Sleep Foundation *News and Alerts***

<http://www.sleepfoundation.org>

Talk About Sleep *Newsletter*

<http://www.talkaboutsleee.com>

WebMD *Sleep Well*

<http://www.webmd.com/sleep-disorders/default.htm>

HOME SLEEP PATTERN MONITORING**Zeo**

<http://www.myzeo.com>

(headband and display for tracking sleep patterns)

RESOURCES REGARDING MINDFULNESS

Donald B. Weaver, Ph.D.

Updated 8-10-11

BOOKS

Jon Kabat-Zinn

Kabat-Zinn, J. *Letting Everything Become Your Teacher: 100 Lessons in Mindfulness* (2009)

Kabat-Zinn, J. *Arriving at Your Own Door: 108 Lessons in Mindfulness* (2007)

Kabat-Zinn, J. *Coming to Our Senses: Healing Ourselves and the World Through Mindfulness* (2006)

Kabat-Zinn, J. *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* (1990)

Kabat-Zinn, J. *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life* (2005)

Kabat-Zinn, M., & Kabat-Zinn, J. *Everyday Blessings: The Inner Work of Mindful Parenting* (1998)

Williams, M., Teasdale, J., Segal, Z., & Kabat-Zinn, J. *The Mindful Way Through Depression: Freeing Yourself from Chronic Unhappiness* (2007)

Eckhart Tolle

The Power of Now (2004)

A New Earth: Awakening to Your Life's Purpose (2008)

Stillness Speaks (2003)

ACT: Acceptance and Commitment Therapy (Association for Contextual Behavioral Science)

Eifert, G.H., & Forsyth, J.P. *The Mindfulness and Acceptance Workbook for Anxiety: A Guide to Breaking Free from Anxiety, Phobias, and Worry Using Acceptance and Commitment Therapy* (2008)

Goldstein, E., & Stahl, B. *A Mindfulness-Based Stress Reduction Workbook* (2010)

Hayes, S.C., & Smith, S. *Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy* (2005)

Kaplan, J.S. *Urban Mindfulness: Cultivating Peace, Presence, and Purpose in the Middle of it All* (2010)

Lejeune, C. *The Worry Trap: How to Free Yourself from Worry and Anxiety Using Acceptance and Commitment Therapy* (2007)

Strosahl, K.D., & Robinson, P.J. *The Mindfulness and Acceptance Workbook for Depression: Using Acceptance and Commitment Therapy to Move Through Depression and Create A Life Worth Living* (2008)

WEBSITES

Association for Contextual Behavioral Science

<http://contextualpsychology.org>

Beliefnet

<http://beliefnet.com> (see section on mindfulness)

Kabat-Zinn

<http://www.umassmed.edu/cmfi>

Tolle

<http://www.eckharttolle.com>

FREE e-NEWSLETTERS, PODCASTS**Kabat-Zinn**

<http://www.umassmed.edu/cfm/home/index.aspx>

Tolle

<http://www.eckharttolltv.com/newsletter/>

Association for Contextual Behavioral Science

<http://contextualpsychology.org/podcast>

RESOURCES REGARDING RELAXATION

Donald B. Weaver, Ph.D.

Updated 8-10-11

BOOKS

OVERVIEW

- Benson, H. *The Relaxation Response* (2000)
- Benson, H. *Beyond the Relaxation Response* (1985)
- Benson, H., & Stuart, E. *The Wellness Book: The Comprehensive Guide to Maintaining Health and Treating Stress-Related Illness* (1993)
- Bourne, E.J. *The Anxiety and Phobia Workbook* (Chapter 4) (2005)
- Carney, C.E., & Manber, R. *Quiet Your Mind and Get to Sleep* (Chapter 6) (2009)
- Davis, M., Eshelman, E.R., & McKay, M. *The Relaxation and Stress Reduction Workbook* (2008)
- Hauri, P., Jarman, M., & Linde, S. *No More Sleepless Nights Workbook* (Appendix B) (2001)
- Jacobs, G. D. *Say Goodnight to Insomnia* (Chapter 8) (2009)
- Selye, H. *The Stress of Life* (1978)
- Silberman, S.A. *The Insomnia Workbook* (Chapter 5) (2008)
- Thompson, K.E., & Franklin, C.L. *The Post-Traumatic Insomnia Workbook* (Chapter 4) (2010)

AUTOGENIC RELAXATION

- Davis, M., Eshelman, E.R., & McKay, M. *The Relaxation and Stress Reduction Workbook* (Chapters 9, 10) (2008)
- Kermani, K. *Autogenic Training: The Effective Holistic Way to Better Health* (1996)

BREATHING

- Davis, M., Eshelman, E.R., & McKay, M. *The Relaxation and Stress Reduction Workbook* (Chapters 3, 10) (2008)
- Farhi, D. *The Breathing Book: Good Vitality Through Essential Breath Work* (1996)
- Hendricks, G. *Conscious Breathing: Breathwork for Health, Stress Release and Personal Mastery* (1995)
- Speeds, C. *Ways to Better Breathing* (2004)

FOCUSING

- Cornell, A.W. *The Power of Focusing: A Practical Guide to Emotional Self-Healing* (1996)
- Cornell, A.W. *The Radical Acceptance of Everything* (2005)
- Davis, M., Eshelman, E.R., & McKay, M. *The Relaxation and Stress Reduction Workbook* (Chapters 10, 11) (2008)
- Gendlin, E. *Focusing* (1981)

MEDITATION

- Benson, H. *Timeless Healing: The Power of Biology and Belief* (1997)
- Brantley, J. *Calming Your Anxious Mind: How Mindfulness and Compassion Can Free You from Anxiety, Fear, and Panic* (2007)
- Davis, M., Eshelman, E.R., & McKay, M. *The Relaxation and Stress Reduction Workbook* (Chapters 5, 10) (2008)
- LeShan, L. *How to Meditate* (1999)

PROGRESSIVE MUSCLE RELAXATION

Davis, M., Eshelman, E.R., & McKay, M. *The Relaxation and Stress Reduction Workbook* (Chapters 4, 7, 10) (2008)

Jacobson, E. *Progressive Relaxation* (1974)

SELF-HYPNOSIS

Alman, B.M., & Lambrou, P. *Self-Hypnosis: The Complete Manual for Health and Self-Change* (1991)

Davis, M., Eshelman, E.R., & McKay, M. *The Relaxation and Stress Reduction Workbook* (Chapters 8, 10) (2008)

Hadley, J., & Staudacher, C. *Hypnosis for Change: A Manual of Proven Techniques* (1996)

Hunter, C.R. *Master the Power of Self-Hypnosis* (1998)

MacKanzie, R. *Self-Change Hypnosis* (2005)

VISUALIZATION

Davis, M., Eshelman, E.R., & McKay, M. *The Relaxation and Stress Reduction Workbook* (Chapters 6, 10) (2008)

Epstein, G. *Healing Visualization: Creating Health Through Imagery* (1989)

Fanning, P. *Visualization for Change* (1994)

Gawain, S. *Creative Visualization* (2003)

Wells, V. *The Joy of Visualization: 75 Creative Ways to Enhance Your Life* (1990)

WEBSITES

TBA

FREE e-NEWSLETTERS, PODCASTS

TBA

RESOURCES REGARDING ANXIETY DISORDERS

Donald B. Weaver, Ph.D.

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BOOKS

- Antony, M.M., McCabe, R.E. *10 Simple Solutions to Panic: How to Overcome Panic Attacks, Calm Physical Symptoms, and Reclaim Your Life* (2004)
- Antony, M.M., & Swinson, R.P. *When Perfect Isn't Enough: Strategies for Coping with Perfectionism* (2009)
- Bourne, E.J. *The Anxiety and Phobia Workbook* (2005)
- Eifert, G.H., & Forsyth, J.P. *The Mindfulness and Acceptance Workbook for Anxiety: A Guide to Breaking Free from Anxiety, Phobias, and Worry Using Acceptance and Commitment Therapy* (2008)
- Goldstein, E., & Stahl, B. *A Mindfulness-Based Stress Reduction Workbook* (2010)
- Hope, D.A., Heimberg, R.G., Juster, H.R., & Turk, C.L. *Managing Social Anxiety: A Cognitive-Behavioral Therapy Approach* (2000)
- Kaplan, J.S. *Urban Mindfulness: Cultivating Peace, Presence, and Purpose in the Middle of it All* (2010)
- Lejeune, C. *The Worry Trap: How to Free Yourself from Worry and Anxiety Using Acceptance and Commitment Therapy* (2007)
- Purdon, C., & Clark, D.A. *Overcoming Obsessive Thoughts: How to Gain Control of Your OCD* (2005)
- Rothbaum, B.O., Foa, E.B., & Hembree, E.A. *Reclaiming Your Life from a Traumatic Experience: Workbook* (2007)

WEBSITES

Acceptance and Commitment Therapy Books and Materials

<http://www.acceptanceandmindfulness.com>

Acceptance and Commitment Therapy for Anxiety Disorders

<http://www.ACT-for-anxiety-disorders.com>

Anxieties.com

<http://www.anxieties.com>

Anxiety Disorders Association of America

<http://www.adaa.org>

Anxiety Disorders Association of Canada

<http://www.anxietycanada.ca>

Anxiety Network International

<http://anxietynetwork.com>

Anxiety-Panic.com

<http://www.anxiety-panic.com>

Association for Contextual Behavioral Science

<http://contextualpsychology.org>

Awareness Foundation for OCD and Related Disorders

<http://www.ocdawareness.com>

Freedom from Fear

<http://freedomfromfear.org>

International OCD Foundation

<http://ocfoundation.org>

Internet Mental Health

<http://www.mentalhealth.com>

National Alliance on Mental Illness

<http://www.nami.org>

National Institute of Mental Health

<http://www.nimh.nih.gov>

NIMH Anxiety Disorders Brochure

<http://www.nimh.nih.gov/health/publications/anxiety-disorders/summary.shtml>

Obsessive-Compulsive Anonymous

<http://hometown.aol.com/west24th/index/html>

Obsessive-Compulsive Information Center (OCIC)

<http://www.miminc.org/aboutocic.html>

OCD Online

<http://www.ocdonline.com>

Shyness Home Page

<http://www.shyness.com>

Social Anxiety Support

<http://socialphobia.org.nz>

Social Phobia / Social Anxiety Association

<http://www.socialphobia.org>

Social Phobia World

<http://www.socialphobiaworld.com>

The Anxiety Panic Internet Resource (TAPIR)

<http://algy.com/anxiety/index.php>

FREE e-NEWSLETTERS, PODCASTS, ONLINE SUPPORT GROUPS**Acceptance and Commitment Therapy for the Public**

http://groups.yahoo.com/group/ACT_for_the_Public/join

Anxiety Disorders Association of America

<http://www.adaa.org/resources-professionals/podcasts>

Association for Contextual Behavioral Science

<http://contextualpsychology.org/podcast>

RESOURCES REGARDING MOOD DISORDERS

Donald B. Weaver, Ph.D.

Updated 8-10-11

BOOKS

Bieling, P.J., & Antony, M.M. *Ending the Depression Cycle: A Step-by-Step Guide for Preventing Relapse* (2003)

Burns, D.D. *Feeling Good: The New Mood Therapy* (1999)

Greenberger, D., & Padesky, C.A. *Mind Over Mood: Change How You Feel by Changing the Way You Think* (1995)

Strosahl, K.D., & Robinson, P.J. *The Mindfulness and Acceptance Workbook for Depression: Using Acceptance and Commitment Therapy to Move Through Depression and Create a Life Worth Living* (2008)

WEBSITES

Depression and Bipolar Support Alliance

<http://www.dbsalliance.org>

Mood Disorders Society of Canada

<http://mooddisorderscanada.ca>

National Alliance on Mental Illness

<http://www.nami.org>

National Institute of Mental Health

<http://www.nimh.nih.gov>