

Sleep restriction therapy: the 2-week plan.

The most evidence-backed component of CBT-I. Compress your time in bed to match your actual sleep, then expand it back as efficiency climbs. Single page, no app needed.

What this is: the core behavioural arm of CBT-I, the first-line treatment for chronic insomnia per the AASM and NICE. It feels worse before it feels better — sleep deprivation in week 1 is the mechanism. Stick the full 14 days or don't start.

STEP 1 – BASELINE (DO THIS BEFORE DAY 1)

AVERAGE SLEEP TIME

From a 7-day sleep diary, average the actual hours slept (NOT time in bed). Most insomniacs land at 5.5-6.5h despite spending 8h+ in bed.

Avg sleep: ____ h ____ min

PRESCRIBED TIME IN BED

Average sleep + 30 min (never below 5h total). This is your window for week 1. Set your wake time first (consistency is non-negotiable), then count backwards.

Wake: ____ : ____

Bed: ____ : ____

Window: ____ h ____ min

STEP 2 – WEEK 1 LOG

DAY	BED TIME	WAKE TIME	SLEEP EFFICIENCY	NOTES (NAPS, CAFFEINE, MOOD)
M	____	06:30	____ %	
T	____	06:30	____ %	
W	____	06:30	____ %	
T	____	06:30	____ %	
F	____	06:30	____ %	
S	____	06:30	____ %	
S	____	06:30	____ %	

Sleep efficiency = (hours actually asleep ÷ hours in bed) × 100. Your phone's built-in sleep app or a basic wearable is sufficient — exact precision doesn't matter, the trend does.

STEP 3 – WEEKLY ADJUSTMENT RULE

AVERAGE EFFICIENCY (WEEK)	ADJUSTMENT FOR NEXT WEEK	WHY
≥ 90%	Move bedtime 15 min earlier . Wake time stays.	Sleep is consolidated. Add capacity.
85-89%	No change . Repeat the same window.	System is converging. Hold.
< 85%	Move bedtime 15 min later . Compress further.	Window still too wide. Need more sleep pressure.

NON-NEGOTIABLE RULES

1. No naps. Anywhere. Even 5 min counts.
2. Wake time fixed every day, including weekends.
3. Out of bed within 20 min if not asleep — read in dim light, return when sleepy.
4. Bed only for sleep + sex. No phone, no TV, no work.
5. No clock-watching. Turn it away.

WHEN TO STOP / CALL A CLINICIAN

- Daytime sleepiness so severe you can't drive safely.
- Mood swings, mania symptoms, or active suicidal thoughts.
- 4 weeks in, efficiency still < 80%.
- Witnessed apnea / gasping during sleep — get a sleep study before continuing.
- Pregnancy — modified protocol needed, see a CBT-I therapist.

What "working" looks like: by end of week 2, sleep latency drops from 30+ min to under 15 min. By week 4, total sleep typically increases by 60-90 min on a smaller window. Effects last 6-12 months in 70-80% of completers (Trauer et al., Annals of Internal Medicine, 2015).