

Examples of Cognitive Behavioral Therapy for Insomnia (CBTi) Techniques	
CBTi Technique	Examples
Sleep restriction/ delayed bedtimes	Advise the patient to stay out of bed until the time of usual sleep onset, and to get out of bed promptly in the morning rather than lingering in bed.
Stimulus control	Change where the patient does homework, draws, reads, or plays games to a chair or desk rather than in bed.
Addressing barriers to sleep hygiene	Rather than simply stating “no electronics for two hours before bed,” establish a “screens basket” to collect all phones and tablets, or place a screen lock on all devices beginning in the early evening.
Cognitive restructuring	Reframe the patient’s thoughts from “I never sleep” to “I worry when I lay awake, so when that happens, I will get out of bed and do something quiet.” Challenge the patient’s statements. For example: Patient: “I won’t sleep tonight and then I’ll fail my test.” Clinician: “How often have you failed a test after not sleeping well?” Patient: “Once.” Clinician: “And how often do you sleep badly?” Patient: “Most nights.” Clinician: “So you usually pass tests even when you don’t sleep well.” Patient: “Yes.” Clinician: “Are you as worried now?” Patient: “Not as much.”
Relaxation techniques	Have the parent and child take 15 minutes daily after school to practice progressive muscle relaxation together. After a few weeks, add it to the nighttime plan during the hour before bed.
Gradual extinction	Start with a mattress near the parent’s bed and week by week move it farther from the parent’s bed: out the door, along the hall, and into the child’s room. For a child who needs their parent laying down with them, gradually shift to sitting, then a hand on the child, then sitting nearby, then farther away.