Version November 17, 2023

Perinatal Understanding of Mindful Awareness for Sleep

A Treatment Manual

Notes about the program.

1. **This protocol does not include a full evaluation**. Session 1 includes some assessment of psychosocial history, but little clinical evaluation. Rather, the protocol assumes that some degree of assessment has already been performed at least to identify that the patient has insomnia.

2. **Primary outcomes.** We assess symptoms via online surveys before, during, and after treatment (Insomnia Severity Index, Pre-Sleep Arousal Scale's Cognitive factor, Edinburgh Postnatal Depression Scale, and Glasgow Sleep Effort Scale). The assessment schedule is:

A. Pretreatment (~1 week before treatment)
B. During treatment (symptoms assessed *before* each session)
C. Posttreatment (~1 week after treatment)

Important: PUMAS therapists record these symptoms every week and add it to the separate sheet in the sleep diary (see below for sleep diary). And we graph the weekly changes in ISI, PSASC, EPDS, and GSES. In Session 4, we begin reviewing these data with the patient.

3. **Sleep diaries.** We introduce patients to the sleep diary during session 1 and then patients start completing diaries the day after session 1. We use the UPENN sleep diary: https://www.med.upenn.edu/cbti/assets/user-content/documents/Master%20Sleep%20Diary%20Calculator.xlsx . We use Qualtrics to administer daily sleep diaries based on a modified version of the Consensus Sleep Diary (see original consensus sleep diary here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3250369/pdf/aasm.35.2.287.pdf).

Sleep diary modifications include:

(1) We begin the diary by asking: 'Were you able to do your wind-down routine last night?'
- No
- Yes, but for less than 30 minutes
- Yes, for 30 minutes or longer

Note: See session 1 for wind-down routine, which is the first behavioral sleep strategy we recommend.

(2) We ask: 'Did you mediate yesterday?' (Yes/No)
If the patient answers 'Yes' then the diary branches to ask patients to report how many times they meditated and to estimate how many minutes they mediated.

(3) We ask: 'Did you engage in a mindful activity? (Yes. If so, what was your mindful activity? / No)
Next to the 'Yes' response option, there is a text entry box with the preface "If so, what was your mindful activity?

4. **This manual is a guide, not a list of instructions.** Below, each session is broken down into sections and includes several example scripts, which are in *ITALICS* below. I want to emphasize that they are *EXAMPLES*. Please do NOT feel the need to read the example scripts verbatim; *they're just examples as a starting off point for you*. Rather, this manual is an outline, so personalize the program to YOU. In fact, you'll see in Session 1, when offering an example to define what mindfulness is, the script uses an example from my own life. Here, I invite you (the therapist) to provide your own example of how mindfulness is important in your life. To reiterate one last time: this manual should be considered a guide, not an instructional manual. Please be flexible and pliant and modify the protocol as appropriate to fit your style and address the unique needs of your patients.

5. **BE INCLUSIVE.** PUMAS was developed based on feedback from moms who received CBTI who indicated that they wanted a sleep program that honored pregnancy and motherhood. In doing so, some material are gendered (e.g., some meditations that the HFH Perinatal Sleep Clinic uses when delivering PUMAS addresses the listener as a mother or a woman). *However, some pregnant persons and parents identify as non-binary or male and do NOT use the word 'mother' or its variants.* Please honor your patients and their identities and modify the protocol if needed. If you work with a patient who does not identify as a woman, we encourage you to discuss with them early in the program, which will help guide toward the best way to modify the protocol.

6. **Meditations.** Many align with the week's mindfulness theme. Regarding in-session meditations, the scripts are full versions and I sometimes cut out sections of meditations to reduce duration. Alternately, please deliver your own version if you wish. For example, if you have a Stream metaphor you prefer, use that instead of ours.

7. Lastly, if you are using this manual, then I thank you for your interest in the PUMAS program. I hope that you find the protocol helpful and that you are able to make it your own. Please reach out to me, David Kalmbach, at dkalmba1@hfhs.org, if you think that I can be of assistance.

SESSION 1: Introducing Mindfulness, Stepping out of Autopilot, & the Wind-down Routine

SESSION 1 OUTLINE

1. Introductions
    a. Learning about the patient.
        i. Family
        ii. Medical history including health during this pregnancy.
    b. PUMAS program overview
        i. Insomnia during pregnancy is common but we can help.
        ii. PUMAS involves 6 weekly sessions (if sticking to this schedule).
        iii. Homework between sessions is critical (change sleep behaviors, practice mindfulness).
2. Introducing Mindfulness.
    a. Define mindfulness.
    b. Define mindlessness.
    c. Provide real-life example demonstrating mindfulness and/or mindlessness.
    d. Guided Meditation: Mindful eating exercise.
    e. Review 'Applying Mindfulness to Sleep' (1st page of handout)
3. Introducing behavioral sleep strategies.
    a. Review sleep hygiene tips (2nd page of handout).
    b. The first behavioral sleep strategy: Establish a wind-down routine.
    c. Introduce sleep diary and go through an example together.
4. Discuss homework for the next week.

SESSION 1, PART 1: Learning about the patient and introducing PUMAS

Please note that session 1 as presented below does NOT start with an insomnia evaluation. Rather, identification of insomnia is assumed at the beginning of session 1 (at minimum, indication that insomnia is of clinical severity and in need of treatment, such as ISI score of 11 or higher and seeking treatment for insomnia). Mind that it's a good idea to learn whether they have any conditions relevant to insomnia therapy, such as comorbid OSA, RLS, bipolar disorder, or epilepsy etc. If you need to assess insomnia, then modify Session 1 accordingly or conduct a full assessment and save PUMAS session 1 for the next meeting.

Checking in with mom and baby: Start by introducing yourself first, then learn about the mom and her family. Similar to the note above, if you have conducted a full assessment with the patient, then you may know some or all of this below information, and you can skip ahead to the next session. But just to be sure, here is some important information to learn:

(1) How has this pregnancy been?
    a. Boy or girl? If patient knows and wishes to share. Many patients refer to their baby using gendered terms and helps them connect to their baby by doing so.
    b. Complications?
        i. Acid reflux contributing to sleep problems?
            1. Are they taking any medication for acid reflux?
                a. If not, you may consider educating patients on the safe treatment options for acid reflux in pregnancy, especially if their sleep diaries indicate that acid reflex disrupts their sleep (which you start reviewing in session 2). Be sure that patients reach out to their OB or other prenatal healthcare provider to discuss potential medication options.
        ii. Be aware of other complications, which may affect mom's physical or mental health. For instance, complications can be stressful and contribute to sleep disturbance, depression, and/or anxiety. Learning this information is necessary to help mom navigate these complications as best as she can with the help of mindfulness.
(2) Family / Who else lives in the home?

a. Does she have and live with her partner? Spending quality time with the partner is a common mindful activity in the program.
    i. Note for future sessions: Keep an eye on whether mindful activities ever involve their partner. Sometimes a lack of partner involvement in mindful activities can be meaningful.
b. Does she have other children or has she given birth before?
    i. How does this pregnancy compare to others?
    ii. Did they have sleep problems during the previous pregnancy/pregnancies?
        1. If so, did the sleep problems go away or persist between pregnancies?
    iii. Sometimes moms do not feel as closely bonded to the 2nd (3rd, 4th, etc.) child during pregnancy as they did with the first one, because they are busier and don't have time to bond with the baby in the belly. If mom has other children, ask if she feels as closely bonded with her current baby as she did in prior pregnancies. This is important to note.
c. Pets?
    i. Spending time with pets is a common mindful activity in the program.

(3) Are they working?
    a. If so, how is work? How much maternity leave?

Program Overview: *You've taken an important step toward sleeping better for you and your baby. This course is called 'Perinatal Understanding of Mindful Awareness for Sleep,' or 'PUMAS' for short, which brings together mindfulness meditation with sleep strategies to help pregnant women sleep better.*

The program consists of six weekly 1-hour sessions during pregnancy – this is session 1. Each week, we'll typically start with a meditation and discuss the mindfulness topic. We'll then talk about your sleep over the prior week. Between sessions, I'll ask you to practice mindfulness and change some sleep behaviors at home.

I'll be honest and upfront: I will ask a lot from you over the next 6 weeks. When people want help for sleep, sometimes they want a quick fix for the nighttime problem. But insomnia really isn't just a nighttime problem, it's a 24-hour ordeal. To improve our sleep, we create a healthy mindset during the day, which carries into the night. And it takes work. But we have a program that, if you give it a good honest shot, we can really help – not only your sleep, but also your stress, and even how you connect with others, especially your baby.

You're here because you want to sleep better. But first, set aside any specific goals for your sleep. Some people say that if they don't sleep 8 hours straight, that they're a real bear the next day. We're going to set all expectations like that aside. I'm not sure what your sleep will look like after six weeks. Will it be the same as before you were pregnant? Probably not. After all, you may be uncomfortable and wake up to pee a few times throughout the night. But that's OK, we're going to work around those things. We don't know what your sleep will look like in six weeks, but I promise you that by the end of the program, that you'll be sleeping and feeling better than you do now.

WHAT IS MINDFULNESS?

Key Point: Introduce the concept of mindfulness and initiate meditation practice. If you are practiced in delivering MBIs, then you may have your own way of introducing mindfulness that you like. In which case, go that route. But for what it's worth, this is roughly the roadmap that works for me when delivering PUMAS.

What is mindfulness?

As you know, this program is based in mindfulness. What do you know about mindfulness, or do you have any experiences with mindfulness or meditation?

The textbook definition is: Mindfulness means paying attention to the present moment, on purpose and without judgment.

But sometimes it's easier to define mindfulness in other ways: The opposite of 'mindfulness' is 'mindlessness' or auto-pilot, which is a common way of being. Think about our daily lives, our minds are elsewhere.

- *We're constantly distracting ourselves with our phones, even when we're eating or spending time with other people.*

- *When we're not distracting ourselves, we're planning our day, or worrying about things that are coming up, or ruminating about things that have happened, or wishing things were different.*
- *Even when things are going well, we hope it will always be that way.*

Those things are the opposite of mindfulness. That's being on autopilot, where our minds are constantly adrift in thought. That's being reactionary, when things happen and we have a sort of knee-jerk emotional reaction to it, and that's when it's hard to let go. That is mindlessness.

Mindfulness is the opposite. Mindfulness is stepping out of autopilot, this mind wandering, this constant distraction, our tendency to react automatically to stress. Instead, mindfulness gives us the freedom to choose how we respond to these situations. And mindfulness is purposeful, whereas our default is typically auto-pilot.

Over the next 6 weeks, we will practice becoming more aware of what's going on in the present moment. When we plan our day or worry, our minds are in the future. When we ruminate about things that happened, we're living in the past. And when we do these things, we often feel stressed or frustrated or sad or anxious.

We will practice paying attention to what's going on right now, all around you. Mindfulness is not positive thinking. But it is about being compassionate… about being non-judgmental, with ourselves and with others.

Here's a third way to define what mindfulness is: Let me give an example of mindfulness.

I have a 3-year-old son. The other night, we were going through his bedtime routine. So, I'm sitting in his bed with him and he's flipping through Green Eggs and Ham, which is like 50 pages, if you're not familiar. Anyway, I'm sitting there thinking about what I'm doing at work the next day, like meetings and appointments. Nothing stressful, but definitely not present and completely zoned out. So, he's flipping through and before I know it, he closes the book and says "done!"

So, I'm talking about my son. The absolute love of my life, who will only be 3 years old once, and I will never get that back again. Before I know it, he won't be asking me for bedtime stories. Before I know it, he'll be 18 years out and moving out. And how many nights, when he is 3 years old and wanted nothing more than to sit and read books with me? But I'm just lost in my mind, carried away by thoughts of what happened earlier that day or what's happening tomorrow? In fact, I been telling this example so long that he's not 3 years old anymore. He's six. We can miss so much by simply not being present. And the connection might not be clear yet, but this type of mind wandering also keeps people up at night.

Living with mindful awareness means we learn to step out of that automatic pilot, and we pay attention to the present. We practice catching ourselves when we do that. Because we can only do something about it when we're aware of it. It doesn't mean we never worry or ruminate for the rest of our lives (though that'd be nice!). Not at all. That's human. Rather, by practicing mindful awareness, we get better at noticing when we're swept away by thoughts, and only then can we bring our attention back to the moment.

INTRODUCTION TO MEDITATION

Important to the PUMAS program is meditation, which can help us become more mindful. Please know that mindfulness and meditation are not the same thing. I can be mindful right now as we're talking – I can notice how my body feels in the chair, etc. On the other hand, meditation is something we can set aside time to practice, typically while seated or lying down. There are many ways to meditate, but meditation usually involves focusing on something. Importantly, meditation can help us become more mindful in our day-to-day lives. Think of meditation as going to the gym. Each time you meditate, you're strengthening your mindfulness muscle, so that you can use it more to be present with your family, at work, and especially before bed.

Mindful Eating Meditation

The mindful eating exercise is introduced as an example of how to eat mindfully and it can demonstrate how we are often unaware of what is going on in normal everyday activities. It can also demonstrate how changes can take place by simply slowing down and paying attention to simple activities in the moment. This exercise also provides an example of how mindfulness practice can extend beyond a formal sitting meditation.

Talking about mindfulness is fine, but to understand mindfulness, you must experience it for yourself. Can we try a meditation? Please take a moment to get a finger food, like a piece of fruit or a cookie or whatever you can hold in your hand and eat for a mindfulness exercise. During these meditations, I'll ask you to simply settle into where you're sitting and get comfortable and close your eyes while we meditate.

[ONCE THE PATIENT HAS THEIR FOOD ITEM AND IS READY TO BEGIN]

> *NOTE: Sometimes, your patient cannot eat. Maybe she doesn't have food with her. Maybe she's fasting (e.g., Ramadan). Whatever, the reason, if she cannot practice mindful eating, then you may consider starting with a breathing meditation or a body scan).*

Begin by connecting with your breath and body. Sit comfortably in your chair, becoming aware of your experience in this moment. Noticing your breathing. Taking a deep breath in… and out… Tuning in to the sensations you have in your body. You might feel hungry or full; perhaps you're thirsty or tired. Noticing these sensations without judgment; simply noticing and being aware of these sensations.

Now, bringing your attention to [the item of food]. *Hold it in your palm, or between your thumb and forefinger. Imagining that you are an alien from outer space, and you have never seen anything like this before. Really looking at this unfamiliar food. Noticing its color, shape, and size. Letting your eyes scan every inch of it, looking into the cracks and crevices, observing any asymmetries or unique features.*

Imagining everything that helped get this item into your hand: the sunshine, water, and soil that fueled the plant's growth, the people who harvested each plant with care, the knowledge and innovation behind the farming, transportation, storage, and delivery of this food. Filling yourself with a sense of gratitude for everyone involved in the cultivation and preparation of this food item.

Now, closing your eyes and turning your attention to the sensation of the food in your hand (or fingers). Now, moving the item between your fingers and feeling its texture. Exploring any ridges or folds, and noticing its temperature. Is it cool, wet, bumpy, or sticky? Or maybe it's dry and brittle.

Bringing it to your nose, holding it an inch away or maybe closer. With every inhalation, becoming aware of any smells or aromas. Does this smell cause any memories to arise? Noticing any sensations or reactions in your body in response to the smell. You may find your stomach growling or your mouth watering in preparation for the food.

Bringing it to your lips and, <u>without chewing</u>, noticing how your arm and hand place it perfectly in your mouth without conscious thought. Instead, allowing the food to just be in your mouth, exploring it with your tongue or rolling it around to different parts of your mouth. Continuing to breathe and building awareness of any physical sensations or reactions within your body.

When you are ready, taking one or two <u>slow</u> bites and focusing on the sensations in your mouth without swallowing yet; the burst of flavor and waves of taste that follow as you chew; the sound of the food and your mouth as you chew. Noticing how the sensations and flavor change over time. Then, explore how the object itself is changing, dissolving in your saliva, and slowly disappearing.

Detecting the desire to swallow when it arises. When you do finally swallow, imagining the path the food follows from your mouth, down your throat, to your stomach. Noticing any sensations lingering in your mouth. Considering how this food that you swallowed will nourish and help your baby grow in your belly… You are now one [FOOD ITEM] heavier… Now, reconnecting with your body and breath. What sensations are you experiencing at this moment? Returning to your breath. Inhaling… and exhaling, releasing any negative energy… Let's take two deep breaths in… and out… In… and out…

<u>Inquiry and Discussion of Mindful Eating</u>

1. What did you notice?
2. Introduction to autopilot and mind wandering

3. *"This is a simple exercise that illustrates how much of the time we're not present in the moment. Think about eating [food item] as you typically would… all that taste, all that smell, they're muted, right? We don't pay attention. It's like what I told you about my son and me at his bedtime. When we eat, we're often somewhere else in our minds. Maybe we're thinking about work or chores or OB appointments. Maybe we're talking to other people or watching TV or reading the news on our phones. Our attention wanders. Your mind has a mind of its own sometimes. But this exercise shows what happens when we bring awareness to experiences in a different way. We CAN be more present in our daily lives, but it has to be intentional, and it takes practice… but it's also something you already do.*

Think of your favorite food… maybe something you get on special occasions or your birthday… And think about how you eat that, savoring each bite. That's eating mindfully. Your attention is on that food, and it's a very different experience than if you were watching TV while mindlessly eating. So, this being mindfully aware, is something <u>you already do</u>. But it may not be our default, so we're going to practice over the next 6 weeks so that being mindfully aware—savoring moments—is more easily accessible to you in your daily life. Mindful eating is a great way to practice because we eat every day, multiple times a day, so we are constantly presented with opportunities to be mindful. We will talk more about this at the end of session today.

The take-home message is that we're not often truly aware of the present a lot of the time, and our minds often wander somewhere else. This happens while we eat. It'll happen when you meditate. It happened in that example of me and my son reading books at bedtime. And for people who have trouble sleeping, this mind-wandering especially happens at night when we're trying to fall asleep: our mind wanders to this and that, and next thing we know, we feel wide awake and can't fall asleep. <u>While we can't stop stressful thoughts from occurring to us, we can change the way we react to them</u>."

<u>Handout: Applying Mindfulness Principles to Sleep (page 1) // Sleep Hygiene (page 2)</u>

Step 1: Review applying mindfulness principles to sleep handout by sharing screen with the patient.

Read handout and discuss. Here are some notes on the Mindfulness Principles in the handout.

<u>Openness</u>: That patient has insomnia, so what they're doing isn't working for them. We ask them to be *open* to our mindfulness and behavioral sleep strategies. Patients tend to benefit most if they are open to new experiences and trying new things.

<u>Non-striving:</u> This calls back to two earlier points we made. (1) Sleep cannot be forced. Rather, we create the right conditions for sleep, then we let go. This is something that will develop over time with the help of the sleep strategies and mindfulness practices. (2) We set aside specific goals about sleep (e.g., I need 8 hours of solid sleep). Rather, we'll see where their sleep is in six weeks.

<u>Trust:</u> At some point, their sleep system likely worked for them better than it does now. Additionally, research shows that our program works. We will place trust in their sleep system and in the PUMAS program that we can improve their sleep.

<u>Patience:</u> PUMAS is a six-week program for a reason. Different people benefit at different rates. So even if there is little or no change over the first couple weeks, we ask that moms are patient.

<u>Acceptance & Letting Go:</u> We plant the seeds for these principles here but spend little time on them now. Acceptance and letting go can be some of the more advanced mindfulness skills. So, we work on these skills throughout the program and have a session focused on them toward the end.

Step 2: Sleep hygiene. Review bullet points 1 (wind-down routine) and 2 (limit electronics/light exposure at night), which go together and leads to our first behavioral sleep strategy:

<u>FIRST BEHAVIORAL SLEEP STRATEGY: THE WIND-DOWN ROUTINE</u>

We've spent the entire time so far talking about mindfulness. The last thing I want to talk to you about before we wrap up for the day is our first sleep strategy: The wind-down routine.

Life is busy, and modern technology can make it busier. Is your phone the first thing you look at in the morning and the last thing you check at night? Electronics use before bed (e.g., phone, tablet, computer, TV) is bright

and stimulating, which tells your brain to be alert and that it's not time for sleep yet. Even with night mode or light filters, these devices are designed to grab our attention. So, try a wind-down period to build a buffer between your day and when it's time to rest for the night. About 30 minutes BEFORE bedtime, have a wind-down routine, which should consist of relaxing and calming activities. During this wind-down routine: Be done with your phone and other electronics. That means… DON'T check email, social media, texts, the news, and DON'T watch TV, movies, or anything else that involves an electronic screen.

During this time, find relaxing or centering activities that you can engage in with mindful awareness to prepare your mind for rest. This can involve pampering yourself, spend quality time with your partner (not distracted by phones), bond with the baby in your belly, meditate (but not lying down in bed), read (an e-reader can be fine, just make sure to adjust the lights so the background is black with white text, if possible), spiritual or religious activities, or find some other relaxing activity. It's YOU time. The wind-down does NOT need to be the same each night. But let's try to find some relaxing activities that you can engage in with mindful awareness to prepare your mind for rest.

What kinds of things could you do during your wind-down routine? Which of these activities can you do mindfully?

Note these activities so that you can refer back to them next week when reviewing homework. Also, you may emphasize that this next week should be considered a time of discovery where the patient explores different activities to find what works for her. Moreover, the wind-down routine does NOT need to be the same every night. For some people, it is, but for others, it can change from night-to-night – and either way is totally fine.

Homework for session 1

A. Sleep diary.
- Go over sleep diary example with them (screenshare).

B. Create a wind-down routine that starts 30 minutes before bedtime. Engage in relaxing and self-nourishing activities with mindful awareness. Can help patient create wind-down routine.

C. Engage in at least one mindful activity each day (e.g., mindfully eating, mindfully bonding with baby, partner, or pet, etc.). Elaborate on what it means to be mindful during activities since this is still a very new concept to your patient (e.g., notice your thoughts and emotions, how your body feels, etc.).

D. Practice meditation exercise each day *during the day* - not in bed at night while trying to fall asleep.

Here, ask them to meditate *during the day.* This can be morning, afternoon, evening, whatever. Ideally, they do NOT meditate during the wind-down period yet. But life happens, so if the ONLY time they can meditate is during wind-down, then direct them to NOT meditate in their bedroom or lying down during wind-down. They can meditate in the nursery or on the couch (sitting up) before moving to the bedroom. We do not want them to fall asleep while meditating – whether they meditate during wind-down or earlier in the day. We want them to practice mindfulness with meditation.

Session 1 Summary Email

A. Homework assignments list within the email (including wind-down routine)
B. Applying Mindfulness to Sleep (pdf) [includes sleep hygiene]
C. Sitting with breath (mp3)
D. Body Scan Meditation (mp3)
E. Deep Belly Meditation (mp3)

Note: Our sleep diaries have specific questions regarding:

1. Did you engage in your wind-down routine last night?
No, I was unable to engage in my wind-down routine.
Yes, but for less than 30 minutes
Yes, I did my wind-down routine for at least 30 minutes.

2. Did you meditate yesterday? (Y/N)
If yes, How many times did you meditate and For how many minutes?

3. Did you engage in a mindful activity yesterday? (Y/N)
If yes, What activity did you engage in mindfully? [text entry]

SESSION 2: 3-P Model of Insomnia & Sleep Restriction Therapy

SESSION OUTLINE.

1. Guided Meditation: The Stream Metaphor.
    a. Identify sticky thoughts or themes.
    b. Connect letting go of thoughts as leaves to letting go of nocturnal intrusive thoughts.
2. Review homework.
    a. Discuss at-home guided meditation practices.
    b. Discuss mindful activities.
    c. Discuss wind-down routine.
    d. Review sleep diary data.
3. Introduce 3P model of perinatal insomnia (handout).
4. The second behavioral sleep strategy: Sleep Restriction Therapy (SRT; modified for pregnancy).
5. Discuss homework for the next week.

Check in with mom and baby

How have you been since our last session?

Give brief session preview: *The flow of this session is similar to the sessions going forward. We'll start with a meditation and discuss the mindfulness topic of the week. After that, we'll shift gears to sleep strategies. We'll look at your sleep diary data together and we'll make some changes to your sleep behaviors.*

The Stream: Letting Go Meditation

Many people dealing with insomnia describe having a busy mind at night. They set down their phone, turn off the light, lie down in bed, and then thoughts start churning in their mind. And it can be difficult to disengage from these thoughts, which can be about anything and everything – the baby, work, appointments, family stuff, and so on. And when people have difficulty letting go of these thoughts, it is difficult to sleep.

But mindfulness can help us change the way we relate to our thoughts… can help us choose to respond to our thoughts in a different way, so that we're less likely to get swept away by them. If we can learn to let go of our thoughts, then we are less likely to be swept away by a busy mind, and this is especially important at night.

Let's start by getting comfortable… Closing your eyes… Gentle breaths in… and out… Noticing the sound and feel of your breath as you inhale… and exhale… Noticing how the breath comes and goes all on its own…

Now, in your mind's eye, seeing yourself standing in the grass next to a gently flowing stream. Maybe this is a stream you've been to before, maybe this place is new to this meditation. Seeing yourself, as you are now, with your baby, a strong mother… Turning your gaze toward the stream, watching the water flow. [PAUSE 10 SECONDS]. Feeling the warm sun on your skin, noticing the soft grass beneath your feet, hearing birds in the trees around you, noticing the sounds of the water flowing past [PAUSE 10 SECONDS]

Imagine there are leaves from trees… all different shapes, sizes, and colors, floating on the stream…. You're watching these leaves floating toward you, then passing by, away from you down the stream…. disappearing from view. Let's take a few moments to watch the leaves floating down the stream… [PAUSE 20 SECONDS].

Still watching the stream, becoming aware of your thoughts and feelings… [PAUSE 5 seconds]. Each time you notice a thought or feeling… see yourself taking that thought or feeling and placing it on a leaf… and letting it float down the stream until it disappears. [PAUSE 20 SECONDS].

With each thought, just placing it on a leaf, and letting it float away from you down the stream…. whether the thought or feeling is pleasant or unpleasant… If you have a wonderful thought…. or a difficult feeling… placing each of these on a leaf and letting it float away from you. [PAUSE 30 SECONDS]

Just observing as they appear and fade all on their own… much like we observe the breath appear and fade all on its own …

It is normal and natural to lose track of this meditation… bringing your attention back to watching the leaves on the stream… [PAUSE 30 seconds]

If a leaf gets stuck or won't go away, allowing it to hang around for a time…. For a little while, you and your baby are standing in the grass and watching leaves on a stream… There is no need to force the leaf down the stream… But letting it float downstream when it's ready… [PAUSE 30 seconds]

If you notice your mind wandering, taking you away from the grass… away from the stream… that's OK. When you notice your mind wandering from the stream, see yourself taking that thought… placing it on a leaf, and watching it flow away… Then turning your gaze upstream to see what comes next…. [PAUSE 30 SECONDS]

If your thoughts stop, just continue watching the stream… A new thought, a new feeling will come along in time. [PAUSE 15 SECONDS].

Seeing yourself and your baby standing in the grass… the day is warm and sunny… now, walking toward the stream… listening to gentle, soothing sounds of the water… stepping into the stream… the water is cool on your feet… the flow of the water relaxes you…. Feeling it flow around your ankles….

Feeling any stress in your body release into the stream… floating away… feeling how stress can leave our bodies… how we can calm the mind… feeling the mind relax…

[PAUSE 15 SECONDS]

The water fills you with relaxation… from your feet, through your legs, your belly, surrounding your baby with love and warmth… expanding from your chest to your mind and your whole body… Feeling calm…

[15 seconds]

In these last moments, focusing on your breath… relaxing with each exhale… [PAUSE 10 SECONDS] Feeling your body and mind become calm with each exhale [PAUSE 15 seconds].

[end].

POST-EXERCISE QUESTIONS:

1. What did you notice about your thoughts?
2. How was it to let go of thoughts and be present in the moment?

   Make note here because we revisit this question in session 5 (Acceptance and Letting Go). Many moms may find it difficult to let go of thoughts. Normalize that experience, especially as we only established this new meditation practice just one week ago. It takes practice, but over time, letting go of thoughts will feel more natural.
3. Which thoughts were particularly "sticky"? That you had trouble letting go of or that kept coming down the stream?

   This may point toward unresolved conflict or stress that needs to be address. Make note of sticky thoughts that may benefit from mindful awareness and mindful action, which are topics for session 5 (Acceptance and Letting Go).

Other potential questions or points to make:

4. What were some emotions you experienced?
5. What did you notice about your emotions as you watched your thoughts?
6. How can we use this in our daily lives—during the day or at night—to help get unstuck?
7. Thoughts come and go automatically, like the breath, we don't need to do anything to get rid of them

Discuss Session 1 homework

Mindfulness Homework: *While we're discussing meditation and mindful living, let's talk about your first week of mindfulness at home.*

A. Daily meditations: Ask patient about their experience in establishing a meditation practice at home (e.g., what was it like? What time(s) of day were best? How did it make them feel? Etc.) and ask for specific feedback on each of the meditations to get a sense of patient meditation preferences and any themes/impressions (e.g., some patients find body scan relaxing and soporific, which is notable for session 3 when we introduce nighttime meditations). Normalize the difficulty in taming a wandering mind and establishing a practice, and affirm their efforts (e.g., "Great job making time for this in your busy schedule."). Troubleshoot any logistical barriers or challenges to meditating if the patient had difficult incorporating meditation into their daily routine (e.g., < 5 days meditating over the first week).

B. Mindful activities: Ask patient about their experience with mindful activities. What activities did they engage in mindfully? (may be on the sleep diary if you use a version that asks about mindful activities each day). Did the mindful activities differ in experience from how they usually engage in those same activities? Reflect the patients' reasons for enjoying this practice, which can often involve spending time with a loved one (husband, child, fetus, pet, etc.) in a way that feels qualitatively different than it usually does when they're not mindful.

Behavioral sleep homework: *We're going to shift gears a bit now. We've been focusing on mindfulness, but now we're going to talk more about sleep behaviors.*

C. Wind-down routine: Ask about feedback regarding establishing a wind-down routine. What activities did they find relaxing/calming during the wind-down? If you helped your patient create a wind-down routine last session, follow-up on the activities here (e.g., "we talked last week about doing a skin care routine and then reading before bed. How did that go?"). Encourage progress. Troubleshoot barriers if needed.

D. Review sleep diaries: Screenshare their sleep diary. *Next, let's look at your sleep diary data.*

1. Introduce sleep diary terms: BT, LO, SL, WASO, WT, RT, EMA, etc.
    - For SL and WASO, we look for two things:
        1. The average across the week. SL and WASO < 30 minutes is considered within normal limits. So, by the end of treatment, we will see whether SL and WASO have decreased to < 30 minutes on average each.
        2. The number of nights per week when SL or WASO exceeds 30 minutes. By the end of treatment, we will see whether the number of nights per week where SL and/or WASO exceeds 30 minutes is < 3 nights per week.
            - The mean vs number of nights per week distinction is important because sometimes sleep can be very inconsistent with SL of 45 mins 3 nights in a week, but then SL of 5 mins the other 4 nights, which is an average of 22 mins per night, so I don't rely on averages alone.
2. Review patient's baseline sleep data just as you would in CBTI/SRT.
    -Is the issue sleep initiation, sleep maintenance, or both?
    -Point out inconsistency in sleep timing and in sleep quality.
        - Often, not every night is equally bad. Rather, the pattern may be something like: Bad night, Bad night, Good night (which may be oversleeping by going to bed to early or sleeping in too late), Good night (oversleeping), Bad night, etc.
    -Define and emphasize the importance of sleep efficiency (and de-emphasize importance of total sleep time).
        -e.g., Six hours of intermittent sleep across nine hours in bed feels much different than 6 hours of relatively solid sleep.

INTRODUCE 3-P MODEL OF INSOMNIA (screenshare the 3-P model of Perinatal Insomnia Handout)

Note: We will come back to the sleep diary. However, we now introduce the 3-P model of Perinatal insomnia.

Precipitating factors: These factors or events typically trigger the onset of insomnia. Sometimes the triggers are big, and we can identify them, but sometimes it's an accumulation of daily hassles. Specific to prenatal insomnia, it is important to emphasize that frequent nighttime wakings related to discomfort or nocturia are *normal changes in sleep related to pregnancy*. However, these awakenings give opportunity for insomnia to occur. E.g., when a pregnant woman wakes up 4 times in the night to pee and/or adjust positioning, there are four opportunities for her to have difficulty falling back asleep. Insomnia is not the waking up part – it's the difficulty falling back asleep part. PUMAS does not typically target triggering events.

Predisposing Factors: Why do some pregnant women develop insomnia and others do not? #1 reason is having a busy mind. People who are 'worriers' or 'ruminators' or 'planners' etc. are more likely to experience mind wandering at night. And it's not that people with busy minds aren't sleepy at bed-time or in the middle of the night. Rather, their minds can become so active that it overrides their sleepiness. PUMAS' mindfulness components attempt to slow down busy minds, especially at night.

Perpetuating Factors:

(1) Worrying or ruminating about sleep problems. As discussed, people with busy minds are more likely to develop insomnia. Here, when people have trouble sleeping, these sleep problems can fuel lots of worry about sleep or ruminating on how poorly someone is sleeping, which, in turn, makes sleep even worse. PUMAS' mindfulness components attempt to slow down busy minds, especially at night.

(2) Inconsistent sleep-wake schedules that is often the product of sleep behaviors that respond to the prior night's sleep. (Can go back to the patient's sleep diary here). Re-emphasize that not every night is bad or maybe not equally bad. Rather, there are bad nights and better nights, and bad nights often occur in response to oversleeping (going to bed too early and/or sleeping in too late).

> PUMAS is not designed for an in-depth dual process model of sleep-wake. However, here is where I introduce circadian rhythms conversationally (i.e., without handouts). I ask the patient if they have heard of circadian rhythms, then briefly describe in a simplistic manner than circadian rhythms pertain to our body clock. And then I link light exposure and wake-time to the body clock, and that that a central goal of PUMAS behavioral sleep strategies is to stabilize their sleep. Instead of having a bunch of up and down (good and bad) nights, we want to stabilize their sleep. And we do this by setting a consistent wake-time, which will keep their body clock stable, so their sleep isn't so responsive to the quality (or lack thereof) of the prior night's sleep.

(3) Too much time awake in bed. I don't use the term 'stimulus control' until session 3, but I plant the seed for the conversation here. Again, showing their sleep diary, I start with simple math. For example, if a patient is sleeping 7 hrs per night but spending an average of 9 hrs in bed, I highlight those numbers first. Then I simply highlight the average nightly time awake in bed and multiply it by seven.

Example: "*Your diary shows that you spend 9 hrs in bed per night but you're only sleeping about 7 hrs a night. That means you're awake for about 2 hours every night. Some nights less, other nights more, but that's the average. So, over the past week, you spent 14 hours awake in bed in the middle of the night. That's most of an entire waking day that you spent awake in bed at night over the past week. And usually when we have difficulty falling asleep, we're not feeling very relaxed in bed. We may feel frustrated or irritated… anxious or sad… or some mixture of these feelings. So, if you spend a 14 hours per week where you're frustrated or anxious in bed, and this happens for weeks and weeks, your brain starts thinking of the bed as a frustrating place. Think of the times you have slept well. The bed can be a tranquil or relaxing space. But when you have trouble sleeping for a while, the bed becomes a place where a part of you expects to have trouble sleeping, and it becomes this self-fulfilling prophecy."*

PUMAS is designed to squeeze out that extra time awake in bed. When discussing inconsistent sleep, we set the stage for setting a consistent wake time. Now that we talked about minimizing too much time awake in bed, we now justify our reasoning for setting the bed-time in relation to the set bed-time.

> Here, define sleep pressure. For example: "Sleep pressure is like appetite. The longer you are awake, the hungrier you get for sleep. Then sleeping is like eating, when you sleep, you lose

your appetite for sleep and your sleep pressure goes down. Adjusting bed-time is an easy way to behaviorally increase your sleep pressure. We want your bed-time to be schedule at a time when your sleep pressure is really high, so that when you get into bed and turn the lights out, you fall asleep very quickly. Moreover, when you wake up 2 or 4 times to adjust your position or pee in the night, you have enough sleep pressure to help you fall back asleep quickly. On your diary, you're going to bed at 10 pm and getting out of bed at 7 am. That's 9 hours, but you only have about 6.5 hours of sleep pressure in you. If you push your bed-time back to midnight, then—after your body adjusts—you'll fall asleep quickly and be able to fall back asleep in the middle of the night more quickly.

Sleep Restriction Therapy // Sleep Consolidation // Time-in-bed (TIB) Restriction for Prenatal Insomnia

Out of habit, I refer to this as sleep restriction (SRT), but it is modified for pregnancy.

To begin, I remind patients that the wake-time is set to be consistent to keep the body clock stable, and we set the bed-time to maximize sleep pressure.

In standard SRT, we typically prescribe a sleep window that fits average TST over baseline assessment (i.e., setting a 6.5 hr window for an insomnia patient who averages 6.5 hrs of nightly sleep). In pregnancy, we extend the TIB by 30 minutes (or a little longer, but that should be based on clinical judgment). If a patient is sleeping 6.5 hours, I typically default at a 7-hour TIB window. This is because *pregnant women with insomnia have substantially more subjective sleepiness than insomnia patients who are NOT pregnant, so we offer a little more opportunity for sleep in hopes to lessen the likelihood of SRT causing acute increases in daytime sleepiness.* Also, patient buy-in seems better when they have that extra 30 minutes.

In standard SRT, we try to keep a consistent sleep schedule for all 7 days in a row. This is the goal in PUMAS as well. However, on a case-by-case basis, I am agreeable to having slightly different sleep schedules for workdays and off days. For example, BT and WT may be 30 minutes later for off days than workdays.

SRT notes:

(A) Pregnant women with insomnia are very sleepy – more so than the general insomnia patient population. You may encounter more pushback regarding staying up later than usual. In which case, highlight as needed:

(1) Remind the patient that we're maximizing sleep pressure because we *want* them to fall asleep quickly at bed-time *and* we want them to be able to fall asleep more quickly in the middle of the night.

(2) They're already spending 2.5 hours (or however long) awake at the beginning of the night and throughout the night awake. We're trying to shift that nighttime wakefulness to early in the night before bed so that (a) we break the association of being frustrated and awake in bed and (b) if your body is only sleeping 6.5 hours right now, then it'll feel better if it's 6.5 relatively solid hours, rather than a very interrupted 6.5 hours across 9 hours in bed.

(B) Just as in CBTI, many patients are skeptical of SRT in PUMAS. This can be a good opportunity to remind patients to apply the mindfulness principle of 'openness' (Beginner's Mind) to the program. In session 1, we talked about how we ask patients to be open to trying new things. We know that the patient has insomnia, so what they're doing now isn't helping. So, we ask them to be open to trying this new sleep schedule. We'll of course review each week and make collaborative decisions.

(C) For patients who are being asked to wake up earlier than they are used to, it may be helpful to work with them to identify activities they can do to motivate early rising. You can frame this as a way to reward themselves for getting out of bed at their new rise time. For some moms, simply having some peace and quiet in the morning is reinforcing enough.

(D) Napping: Pregnant women with insomnia have higher rates of excessive daytime sleepiness than non-perinatal insomnia patients. Although avoiding napping is the goal here (to save sleep pressure for nighttime sleep), this will occasionally be unavoidable for very sleep patients. Thus, we allow some flexibility for napping. Specifically, if the patient must nap, ask her to set an alarm for 30 or 60 minutes, and that napping should not occur within 8 hours of bed-time.

Homework for session 2 [5 minutes]:

A. Sleep diary
B. Daily mindful activity
C. Meditate once per day (not lying in bed at night)

Emphasize: *I ask that you meditate with each new meditation for Session 2 at least once. But you can also continue meditating recordings from previous sessions too. And that'll be our approach throughout the program. Each week, please try each new meditation at least once, but continue revisiting recordings from previous weeks that have resonated with you.*

D. Implement new sleep-wake schedule

Session 2 Summary Email

A. Homework assignments list within the email
B. Prescribed bed and wake times in the email
C. Streams and Clouds (mp3)
D. Mountain Meditation (mp3)
E. 3-P model of perinatal insomnia handout (pdf)
F. Focusing on Pregnancy Meditation (mp3)

SESSION 3: Stimulus Control & Nocturnal Rumination

SESSION OUTLINE

1. Cultivating compassion
    a. Discuss whether mom has been self-critical and/or held themselves to high standards.
    b. Normalize that creating a person is hard work.
    c. Cultivate self-compassion in mom so acknowledge and appreciate all that she is doing.
        i. Is it reasonable, fair, or compassionate to expect that mom's productivity at home/work/etc. during pregnancy is unchanged from before pregnancy?
2. Loving Kindness Meditation
    a. Was mom able to cultivate self-compassion?
    b. Does mom more easily experience compassion for others than herself?
3. Nighttime Meditations
    a. Method 1: Meditating at lights out.
    b. Method 2: Meditating during wind-down.
    c. Why nighttime meditations?
        i. Calm the mind at bed-time
        ii. Practice mindfulness skills when insomnia patients need it the most.
    d. Stimulus Control: Review handout
4. Mindful Awareness of Pleasant Experiences: Review handout
5. Review homework for next week.

Cultivating Compassion

Moms (especially during pregnancy) can be hard on themselves and carry a lot of guilt and self-blame. Devoting time to compassion (toward the self and others) can be beneficial. Worth highlighting here is how much people—including moms—often do not acknowledge or appreciate how much work pregnancy is. Moms often lament feeling "lazy" because they do not have the energy to do household chores or they do not feel as productive at work as they were before pregnancy. A quote when I asked a mom if she's been critical of herself: "Sometimes there's a pile of dirty dishes in the sink, but I'm too lazy to do them." Really think about that… a mom who is in late pregnancy—*which is hard work in and of itself*—labeled herself 'lazy' because she was too tired to do the dishes, which reflects a lack of acknowledgment of how pregnancy/creating life *takes effort*. Moms can also be quite critical of any challenges to meditating (e.g., distractable minds) or adhering to their new sleep schedule. Therefore, now is a good opportunity to work on self-compassion, which involves acknowledging and even appreciating how much work moms do during pregnancy. Here, we use the Loving-Kindness meditation to promote self-compassion, compassion toward others, and even to promote mother-fetus attachment by focusing on the baby. Of note, later in session 3, we introduce nighttime meditations, and the Loving-Kindness is a very popular nighttime meditation (but certainly can be practiced any time of day).

Sample dialogue:

Moms often hold themselves to high standards and are often their harshest critics. This is true during pregnancy and after childbirth. During pregnancy, it can be concern about health and lifestyle behaviors—like eating, exercising, working, and sleeping—that affect your baby. It can be about nesting and preparing for the baby. After childbirth, these concerns can be about what and how much the baby eats or sleeps, or keeping baby safe and healthy. Have there been times when you've been self-critical during this pregnancy?

DISCUSS: Has mom been self-critical? What are the themes? It can be helpful appreciating that being pregnant—i.e., creating a person—*is hard work*. Moms often do not acknowledge or give themselves credit for this hard work. Moreover, it can be helpful asking moms whether it is fair or compassionate to expect that their productivity at home/work is the same in pregnancy as it was before pregnancy, again appreciating that pregnancy itself *is hard work*. If mom also has other kids at home, then acknowledging the immense amount of work involved in raising a child/children while also creating a life is an incredible feat. I often bring up the example above (mom who labeled herself 'lazy' for not doing the dishes) in this discussion, because that thought resonates with many PUMAS patients. And this sets us up for using meditation for self-compassion.

After discussing with them, here is sample dialogue for the transition to the meditation:

During difficult times, like pregnancy and parenting, it can be tough to show ourselves love and kindness. But it's an important skill. Creating a baby and raising children is hard work. And you're working very hard, but sometimes we don't appreciate that. In a moment, I will invite you to show yourself some well-deserved compassion. And to show compassion to others as well.

Loving Kindness Meditation

I typically give the patient a heads up about the repeating lines part of Loving Kindness and invite them to repeat aloud or in their head, whichever they prefer.

Allowing yourself to become comfortable sitting or lying down with your eyes closed… focusing on your breath as you breathe normally… Don't change your breathing, just allowing it to be natural… Allowing your body to rest and soften… Letting your heart soften… If you notice your mind wandering, gently bring your attention back to your breath…

(PAUSE)

Beginning by showing yourself compassion and love, saying:

May I be safe… [for each of these short lines, allow enough time for the patient to recite it]
May I be healthy...
May I be free from harm…
May I be at peace…
May I be filled with love…

As you repeat these phrases, picturing yourself as you are now: A strong, expectant mother, and holding that image in love and kindness. Saying to yourself:

May I be safe…
May I be healthy…
May I be free from harm…
May I be at peace…
May I be filled with love…

Next, turning your attention toward your baby. If you'd like, place your hand on your belly. If you have a name or a nickname for your baby, I invite you to call your baby by that name… Have you imagined what your baby might look like? Some features of you, some of dad's… As best as you can, bringing a mental picture of what your baby might look like after they're born, maybe wearing an outfit you've picked out… Now, picturing your baby, and saying to them:

May you be safe…
May you be healthy…
May you be free from harm…
May you be at peace…
May you be filled with love…

Picturing yourself talking to your baby in your belly… Thinking of what it'll be like to hold him or her after they're born… A life that you're breathing breath into right now… You can change the phrases too:

May you be happy…
May you be strong…
May you be treated with kindness…
May you be brave…
May you be loved…

Next, letting your attention shift to someone in your life who's loved and cared for you, either throughout your life or especially during this pregnancy. Maybe this supportive person is your partner, or a family member, or a friend… You don't have to think too hard about it, often the first person who comes to mind is the right person. In your mind, picture this person as well as you can… Then saying to them:

May you be safe…

May you be healthy…
May you be free from harm…
May you be at peace…
May you be filled with love…

Noticing the feelings or sensations in your body when expressing gratitude to your loved ones…

Lastly, calling to mind someone you know who's having a difficult time right now. Maybe this person is close to you, but maybe not. Maybe this person experienced loss or pain. If someone like that comes to mind, bring them here. Say their name… Feeling their presence and offering them love and kindness:
May you be safe…
May you be healthy…
May you be brave…
May you find comfort…
May you be loved…

For a few moments, picture all of these people in your mind—yourself holding your baby, your support, and someone having a difficult time—and say to them:
May you all be happy…
May you all be healthy…
May you all be treated with kindness…
May you all be strong…
May you all be loved…

Reaction:
1. What did you notice during the Loving-Kindness Meditation?
2. How does this meditation differ from how you typically relate to yourself?
   What about how you relate to your baby or other people?
3. How can compassion for yourself and other help you to keep your mind and body healthy?
4. Was mom able to cultivate self-compassion?
5. Notice if mom more easily feels compassion for others but has more difficulty with self-compassion (this is common). If observed, explore this with the patient.

Check in and Review homework: Part 1 Meditations
Review meditation diaries
   Reactions?
   Address barriers to meditation practice. Whenever possible, reflect patient's reasons for and desire to meditate (e.g., "It sounds like when you're able to meditate, your days are much calmer, and you don't worry as much"). This reinforces "change talk" and fosters motivation to continue practicing.

New Material: NIGHTTIME MEDITATIONS

After reflecting on Loving-Kindness and last week's meditations (and *before* switching gears to reviewing sleep diaries and sleep restriction), we introduce nighttime meditations.

In sessions 1 and 2, we establish a daily meditation practice to help increase everyday mindfulness. Importantly, we continue this daily meditation practice throughout the entire program. However, in session 3, we *add* a meditation at bed-time. I repeat, this does NOT replace the daytime meditation. Rather, we ask patients to now add a second meditation that occurs at bed-time.

To perform the nighttime meditation, we ask patients to meditate while lying in bed (room is dark) either (1) when they start trying to fall asleep (lights out) or (2) at the end of their wind-down period (but right before they try to fall asleep). These are the two common ways of practicing the nighttime meditation, and it seems about

half of my patients prefer method 1 and the other half of patients prefer method 2. Invite them to try whichever method first, but to switch if that method does not work for them.

Nighttime meditation method #1: Meditating at lights out. The first method is to find a relaxing meditation and meditate while trying to fall asleep. After wind-down, the patient simply turns on a relaxing meditation with their phone on their nightstand, and they meditate to the recording while lying in bed, and then fall asleep during the meditation or shortly after the meditation ends. For those who prefer this approach, some moms prefer longer meditations so that they can fall asleep during the meditation (e.g., Body Scan), whereas others prefer shorter meditations so that they can drift off after the session ends (e.g., Loving-Kindness).

Nighttime meditation method #2: End of the wind-down routine. This other method is very similar to the above. Near the end of the wind-down period (e.g., 10 minutes before prescribed bed-time), a patient lies down in bed and plays a meditation with their phone on the nightstand, and she meditates until the recording ends (with the lights on or off, their preference). At this point, mom's mind may be centered and relaxed, which allows moms to discover her sleepiness and fall asleep.

Which nighttime meditation method to choose? Both methods are similar on paper, but largely differ in intent and patients report that the methods feel different. These are armchair observations, but patients who report ease in nodding off during meditations (despite their best efforts) seem to do well with Method 1, whereas patients who do not nod off during meditation tend to do better on Method 2. Indeed, some patients will report that they are incapable of falling asleep if they hear the narrator in the meditation talking, but that the meditations help them calm their minds so they can drift off to sleep when the meditation ends. It is also worth noting that some patients who nod off during meditation will report that the narrator's voice then jolts them bake awake. This type of patient may do better with Method 2, so that they are not 'jolted back awake' in bed at night due to the narrator. Ultimately, encourage the patient to try whichever method they *think* will work better and try it out. If they drift off into sleep at night during the meditations, great. If they meditate first then drift off to sleep after completing their meditation, that's great too. This week is about them figuring out what works best for them regarding method and which specific meditations they find most relaxing or soporific.

Which meditations work best? Depends on the patient. A good rule of thumb is inviting patients to start with whatever nighttime meditations they have found relaxing/calming before. Beyond that, some patients do well with short meditations, so they can drift off after the meditation ends. Others do well with longer meditations, so they fall asleep during the meditation. Based on patient feedback during therapy, the most popular picks tend to be Loving-Kindness, Body Scan, Trainspotting, and Mountain Meditation. But, really, the most important thing is to encourage patients to try it every night and to try different meditations until they find the ones that tend to help them uncover their sleepiness best at night.

Why introduce nighttime meditations? There are TWO reasons.

(1) PUMAS is intended to work by behaviorally maximizing sleep pressure (via SRT and stimulus control) and using meditation to calm the mind at nighttime. If using SRT alone, we can create so much sleep pressure that it will *often* override a busy mind so that someone can fall asleep. But it does not *calm* a busy mind or necessarily reduce perseverative thinking. Mindfulness, however, can calm a busy mind and reduce perseverative thinking. So, if we behaviorally maximize sleep pressure while fostering a calm mindset, we reduce both nocturnal wakefulness and cognitive arousal. By extension, if we are largely interested in reducing nighttime cognitive arousal in bed while trying to sleep, then we want to ensure insomnia patients are meditating in bed at night.

(2) Insomnia patients often have busy minds all day, but they really flourish at night when there are no distractions. By asking patients to meditate in bed at night, we essentially ask them to practice this helpful skill in the setting where they need the help the most: in bed at night. If we only asked patients to meditate during the day, then they may not be as comfortable trying to calm their minds at night spontaneously. However, if they meditate in bed at bed-time every night, then meditating in bed becomes normal and comfortable to them. So, if later on (see Stimulus Control below) they need to meditate in bed to calm their mind (e.g., in the middle of the night), with or without recordings, they'll do so having been well-practiced at meditating in bed at night. And this leads to:

Check in and Review homework: Part 2 Sleep Restriction

Review sleep diaries

See how sleep symptoms have changed or not changed since implementing sleep consolidation

Troubleshoot and adjust sleep schedule accordingly.

New Material: STIMULUS CONTROL

Last session, we talked about how spending too much time awake in bed leads to our brain associating the bed with being awake and frustrated at night. This brings us to the next behavioral sleep strategy which is called 'stimulus control.' The idea behind stimulus control is pretty simple: the more time we spend awake and frustrated in bed at night, the more likely our mind views the bed as a place to be awake and frustrated at night. Have you ever felt sleepy at night maybe watching TV or reading on the couch, then you get to bed, and you feel wide awake? [PATIENT RESPONDS] Well that's what we're talking about now with stimulus control. If you spend a lot of time in bed awake and frustrated that you're not sleeping, then the bed becomes a place where your mind expects to be awake and frustrated; this expectation can keep you awake. So, you may be sleepy on the couch, but when you get to the bed, you can start to feel more alert or awake. Sometimes we notice this at the beginning of the night or in the middle, or both.

The best way to break the association the mind creates between bed and being awake is simply to not spend excessive time in bed awake. We have already begun this process with sleep restriction, which is why we try to fit your sleep period to what your body needs. For example (use the patient's diary data here), you've been sleeping 7 hours per night on average, and we set your sleep period to 7.5 hours; we do this because we want to minimize how much time you spend awake in bed at night. And now, we add stimulus control. ***Here: Open Stimulus Control handout, which walks the patient through our modified stimulus control.***

Stimulus Control Steps (presented here briefly, see handout for more details)

Step 1: If you notice yourself not falling asleep for a while and feeling more awake and frustrated (or anxious or alert etc.), this is the opportunity for you to make a mindful decision and take mindful action. Either…

Step 2A: Meditate in bed. This can be done at the beginning of the night and in the middle of the night. The patient can meditate with a recording (probably best early on) or on their own (when they are more proficient at meditation, especially in bed at night). Meditating in bed at night can help patients slow down their mind and rediscover the sleepiness that is already there.

Note 1: Before reviewing sleep diaries, we introduced nighttime meditations. And one of the reasons to establish nighttime meditation practice is so patients develop mastery of meditating in bed at night. So, if a patient meditates in bed each night, then she is already well-practiced and knows which meditations can help her rediscover sleepiness when she experiences a bout of prolonged wakefulness.

Note 2: I will speak plainly here: It is difficult to get insomnia patients to do stimulus control involving getting out of bed. It is *far more difficult* to convince pregnant women with insomnia in the third trimester to get out of bed during bouts of nocturnal wakefulness. So, if you are treating a pregnant woman with insomnia, then fully expect that she will choose this nighttime meditation method for stimulus control.

OR

Step 2B: The patient can get out of bed and leave the room to go to a quiet and dim spot to engage in a quiet and calming activity (e.g., read a book, meditate, gentle yoga, write in a diary, etc.). Then keep at this activity until *sleepy*, then return to bed and see if sleep comes. Repeat if necessary.

Note 1: I have never treated a pregnant woman who chose this method, even when I used CBTI. In fact, non-compliance with stimulus control partly inspired the meditation modification in PUMAS.

Note 2: For some women, the ability to get in and out of bed changes during pregnancy and can become quite difficult. If you or the patient has any safety concerns regarding the patient's ability to get

in and out of bed for Stimulus Control, then simply encourage the patient to only consider nighttime meditations in bed during bouts of prolonged wakefulness.

Note: Because we discourage clock watching at night, we do not instruct patients to engage stimulus control after any prescribed amount of time (e.g., 15-20 minutes) of being unable to sleep. Instead, we prefer the following rule of thumb: when patients find themselves wondering if they should meditate/get out of bed, they probably should. See Stimulus Control handout for specific patient instructions.

New Material: MINDFUL AWARNEESS OF PLEASANT EXPERIENCES.

Here, we guide patients to practicing bringing mindful awareness to pleasant experiences. Benefits include helping people notice the positive things they experience in their daily lives, allowing people to experience more fully the thoughts, feelings, and body sensation associated with pleasant experiences.

I want to shift gears a little bit. We've been talking a lot of about sticky and unhelpful thoughts and how we can change our relationship with them. It's easy to get swept into a whirlwind by stress and unpleasantness in our lives, and we're trying to change that. But there's something else important that deserves attention: bringing awareness to and noticing pleasant experiences.

[Open Pleasant Experiences Calendar and Share Screen]

It's easy to get wrapped up in the day-to-day hassles of life—balancing raising children with work, preparing for the baby, childcare, family conflicts, and so on—and sometimes we don't appreciate or even notice the positive things in our lives. It's like the example I gave in session 1 where I was with my son at bed-time and he's flipping through Green Eggs and Ham, but I missed it. So, we're going to start bringing mindful awareness to pleasant experiences. At the end of each day—this can be during your wind-down period, if you want—I want you to reflect on something pleasant that happened that day. It can be something big like a baby shower, but chances are many of the experiences will be little everyday things that we easily overlook. Things like connecting with the baby in your belly, playing with our kids, or cuddling our pets, or spending time with your partner. These are what I like to call "rocking chair" memories, because these are the things in life that we cherish and look back on fondly when we're old and grey. And you do these things every day, but if you're like many people, maybe you're distracted or on your phone. So, we're going to practice bringing mindful awareness to these pleasant experiences.

GO THROUGH EXAMPLE ON WORKSHEET. This is straightforward…. Except the body sensation column, which seems to throw off many patients, so I spend extra time here. Example dialogue: *Here, I want you to share what you felt in your body during the pleasant event. This can be challenging for some people. But let's take a side-step. If I asked you what fear feels like in your body, you can probably tell me pretty easily. Heart races, ice ball in the stomach, hands shake, etc. Or if I asked you what does anger feel like in the body, you can probably tell me that too. But what if I asked you what happiness feels like in your body? Or love? Or relaxation? Where do you feel those things in the body? That's what I invite you to pay attention to for the next week, because many people have difficulty describing body sensations that accompany pleasant experiences.*

I want to emphasize that the point of the worksheet isn't just to complete a worksheet. Rather, the worksheet is a means to becoming more mindful of pleasant experiences. If you're like most people, mindful awareness of pleasant experiences may not be your default. But by reflecting each evening, mindful awareness will become more easily accessible so that you experience these pleasant moments more fully. And we'll do quite a bit of practicing because I'm going to ask you to do these each night for the rest of the program.

Review Homework for session 3

A. Sleep diary

B. Perform one activity each day mindfully. May include eating a meal mindfully, washing dishes mindfully, brushing teeth mindfully, listening to a song mindfully.

C. Meditate once per day AND once each night at bed-time (either at the end of the wind-down period or during lights out).

E. Pleasant events worksheet.

Session 3 Summary Email

A. Homework assignments list within the email

B. Prescribed bed and wake times in the email

C. Stimulus control worksheet (pdf)

D. Pleasant events worksheet (pdf)

E. Trainspotting Meditation (mp3)

F. Loving Kindness Meditation (mp3)

G. Your Place Visualization (mp3)

SESSION 4: Mindful Awareness of Discomfort; Mindful awareness of Pleasant Experiences

SESSION OUTLINE

1. Briefly discuss how physical discomfort can disrupt sleep (even if that is no longer an issue).
    a. Physical discomfort can cause awakenings, but the way we respond to discomfort often influences whether we fall back asleep or not.
2. Body Scan for Discomfort Meditation.
3. Review homework from the past week.
    a. Meditations.
        i. How was the first week of nighttime meditations? See session notes.
    b. SRT, stimulus control, and sleep diary data.
        i. Adjust schedule if necessary.
    c. Review weekly symptom progress (ISI, EPDS, PSASC).
    d. Awareness of Pleasant Experiences Worksheet.
4. Awareness of Unpleasant Experiences Worksheet.
5. Discuss homework for the next week.

Major Themes:

1. Reinforcement meditation practice and discuss experiences with nighttime meditations.
2. Adjust sleep schedule if needed
3. Review mindful awareness of pleasant experiences.
4. Introduce mindful awareness of unpleasant experience, which starts with the body scan for discomfort.

To start today's session, I'd like to start revisit a meditation from week 1, but with a slight twist. As you know too well, pregnancy comes with its fair share of aches and pains, especially in late pregnancy. Unfortunately, discomfort is a common cause for waking at night.

In the 'comments' section of the sleep diary, many patients write "body aches," "pain," "cramps," "couldn't get comfortable" or something similar. If this is the case for your patient, then bring it up here.

Sometimes when moms wake up in the middle of the night with discomfort, they can still fall back asleep OK. Sometimes, it's a bit more difficult to let go of that struggle with the discomfort. In both instances, you may experience discomfort, but it is the way you respond to the discomfort that allows you to rediscover your sleep… or a busy mind ruminates on the discomfort and keeps you awake at night. Bringing mindful awareness to discomfort can change your reaction to it by replacing ruminating on the physical sensation with a more stress-free perception of discomfort. We planted the seed to this type of mindful awareness of bodily sensation in previous meditations—the body scan after session 1, for example—and we'll build on that here.

BODY SCAN FOR DISCOMFORT. The body scan for discomfort is good for several reasons.

First, body scan is practiced after session 1. Although some women like it… many do not because it's long and they're new to meditation. This is an opportunity to try the body scan again with more meditation experience.

Second, pregnant women can *relate* to body discomfort and how it can disrupt sleep. Hopefully, with SRT and meditations, that's not happening much now. Even so, moms can relate to discomfort disrupting sleep.

Third, body scan for discomfort plants a seed for *Mindful awareness of unpleasant experiences*. Here, the unpleasant experience is discomfort, and we show patients that it's not just discomfort that disrupts sleep, but rather the way we *respond* to discomfort that disrupts sleep. We demonstrate how bringing mindful awareness to unpleasant sensations in the body can change our perception of unpleasantness… and this is central to the mindful awareness of unpleasant experiences homework we assign at the end of this session.

Let us practice bringing mindfulness awareness to discomfort in your body and see how that might change your relationship with that discomfort. We're revisiting the Body Scan, so this meditation will seem familiar, but this version of the body scan brings greater intentional awareness to areas of discomfort.

[Have patient prepare and settle in for a meditation that begins by focusing on the breath. When ready to move into the body scan portion of the meditation]

Let's begin by noticing the sensations at the top of our head. Bringing your attention to the top of your head and noticing what you feel… You may notice some tingling or pressure… bringing attention to your scalp, your temples… And then bringing your attention to your skull as it lies on the bed or the pillow… Noticing its weight… its pressure... Noticing sensations elsewhere in your head... Simply being curious about these sensations, feeling them without judgment. Sometimes when you encounter a sensation, there may be some pain or discomfort… maybe tension or tightness. If you encounter any of pain or discomfort or even mild tension, I invite you to focus your attention on the discomfort… Don't change it, just simply noticing what it is that you feel. Now, see your breath flowing into the area of discomfort… observing your breath flowing into this area of tension or pain, and noticing whether the feeling of discomfort changes…

(pause)

Now becoming aware of anything that's present for you in your shoulders. Noticing any areas of tension or tightness... Maybe in your shoulder blades or the base of your neck… If you notice anything uncomfortable or painful, you can breathe gently, directing the breathing into that area to allow it to soften. And if it remains uncomfortable, observing whether the feeling changes as your body expands and collapses with your breath...

(pause)

Now bringing your attention down your back. You can bring your attention down your spine, with your awareness radiating outward toward your flanks. Or you zig-zagging your attention across your back, or making an up-and-down movement in your mind…

(pause)

Sometimes there is discomfort or even pain in our back. Sometimes there's tension carried in our shoulder blades... Sometimes tightness in the lower back, which may be new or worse during pregnancy, especially if it's later in pregnancy… Whatever sensations, especially any discomfort or pain, that you're noticing in your back, whether in your upper back or lower back, can you be open and curious to whatever the experience is? … If you'd like, you may see your breath flowing into a certain part of your back that is tense or tight… Allowing yourself to just breathe into that area for a few breaths… (wait a few breaths)… and noticing whether it changed.. or stayed the same…

(pause)

If you notice your attention drifting to other thoughts, worries, concerns, or plans, simply notice that your attention has wandered away for a moment, which is OK. If you'd like, letting these thoughts float down the stream like leaves, rushing away. Letting them go, if possible. Then return to my words, and this body scan.

Bringing your attention next to your belly. And let's really focus here for a moment…

Noticing pressure or tightness in your belly… How it has changed during pregnancy… Do you feel your baby move? If you feel your baby move, bringing your full attention to how that feels… Allowing yourself to feel gratitude or compassion, if you'd like, for the way your body creates life…

(pause)

While focusing on your belly, noticing whether you're feeling connected with your baby… Now, breathing more deeply, breathing life into her or him with each breath… Thanking your body…

(pause)

Now that you've scanned your body, you're welcome to sit here with your breath… or perhaps to bring your attention back to any areas you'd like to scan again… especially if there are any areas of tension or soreness that you want to breathe into…

(pause)

Inquiry and Discussion for Body Scan for Discomfort sample questions

1. Did you notice anything different or new about your body?
2. What happened when you brought mindful awareness to areas of discomfort in your body?
3. How can mindfulness help change your relationship with discomfort, especially in bed at night?
    a. There may have been nights where mom felt discomfort and then dwelled on the discomfort, resulting in insomnia. Other nights, mom may have been able to let go of such thoughts, so insomnia did not occur, despite experiencing discomfort in the night.
    b. Mindfulness allows us to *choose* our response to discomfort, rather than mindless rumination.
    c. Mindfulness meditation can help us let go of these thoughts at night.

Check in and Review homework

Review/feedback on previous week's new meditations.

How was the first week of nighttime meditations?

(1) The first week is a process of figuring out what method and meditations work best as well as getting used to practicing in bed. Hopefully, your patient reports acclimating well and finding a routine that works well for her so that nighttime meditations feel natural and are calming at night. The goal is for the nighttime meditations to reduce cognitive arousal (worry, rumination) in bed at night. Sometimes effects are observed after the first week, but sometimes it takes longer as the patient continues to acclimate.

(2) For some moms, the nighttime meditations can increase nighttime cognitive arousal. If your patient reports that meditating in bed at night actually *increases* their mind wandering or intrusive thoughts, then consider a different approach. This patient may better benefit from meditating during the wind-down period but doing so in a different location than the bed (e.g., the couch or a rocking chair in the nursery). For some patients, they simply respond better if they meditate during the wind-down period somewhere other than the bed, then they go to bed feeling relaxed and fall asleep more easily.

Review sleep diaries

Titrate schedule as necessary. Usually, patients are settling into the schedule and tweaks are minor.

Review Insomnia Severity Index (ISI), pre-sleep arousal scale's cognitive factor (PSASC), and Edinburgh Postnatal Depression Scale (EPDS).

- We collect weekly ISI, PSASC, EPDS, and GSES but we only review, ISI, PSASC, and EPDS with patients. In my experience, this is not typical in CBTI, but I like to start reviewing ISI, PSASC, and EPDS starting in session 4. Just like some patients are encouraged by seeing changes in their sleep diary numbers each week, some patients are encouraged by seeing changes in weekly symptoms. Also, changes in weekly symptoms is sometimes a topic in session 5 (acceptance and letting go). It can be helpful to emphasize any non-linear change to normalize the fluctuation in these variables, thus foreshadowing the session 6 discussion on relapse prevention.

    Example: Sometimes ISI, PSASC, and EPDS go down, but then the patient has a rough week and PSASC increases while ISI and EPDS remain low. I like to point out that, despite having a tough week as reflected by increased nighttime thinking, their sleep and mood stayed on track.

- Orient patient to ISI range and cutoffs (≥11 is clinical insomnia; ≤7 is good sleep). Describe changes in ISI from pretreatment and session 1 (before intervention) then show changes since implementing SRT in session 2. Usually, ISI symptoms are on a downward trajectory by session 3 or 4.

- Orient patient to PSASC range and cutoffs. Describe changes in PSASC – notably, we usually see the biggest drop in PSASC from session 3 to 4 (when nighttime meditations are added), but sometimes patients need a little more time to get used to meditating at night the drop in PSASC occurs after session 4. PSASC scores ≥18 are high, whereas scores ≤15 (bottom of the scale is 8) is normal range.

- Orient patient to EPDS range and cutoffs. EPDS scores ≥10 suggest probable depression or anxiety, whereas scores below 10—and especially 5 or below—are in the healthy range. Describe changes in depression/anxiety symptoms that may have co-occurred or followed reductions in ISI and/or PSASC.

Note: Certainly, some patients may not have responded to treatment in the typical fashion, but it can also be useful pointing out areas that may benefit from emphasis for the remainder of the program.

Homework review: Awareness of Pleasant Experiences

Several MBIs use the pleasant events calendar. Our utilization here is similar to other MBIs, chiefly regrading how the act of completing the diary helps reinforce and encourage bringing mindful awareness to pleasant events. In other words, helping people notice what positive things they have occurring in their daily lives that may have been easy to overlook (spending time with their kids, cuddling with their pets, spending time with their partner, etc.). Other MBIs (e.g., MBCT for depression) also use the pleasant events calendar to emphasize the distinction of emotions, thoughts, and body sensations.

In PUMAS, we do not do this. That is not to say we do not believe it has value. Rather, each PUMAS session is loaded full of material, and we simply cannot cover everything in six 60-minute sessions. In our clinical trials, it seems that our patients really like the pleasant experiences homework because they find it helpful for enacting change in their behavior such that they were able to bring mindful awareness to pleasant experiences, and it truly did change their experience and they find that rewarding – this is especially true, in my experience, for patients who find that bringing mindful awareness deepens their connection with and appreciation of their kids, partner, and/or pets.

When reviewing pleasant events, ask your patient to share 2-3 examples (reviewing info from each column). There is no strict direction here. Rather, simply listen and let their answers guide the conversation.

Example questions/topics may include exploring:

- Did mindful awareness change the experience? This is especially relevant to everyday pleasant experiences (playing with their kids, spending time with partner, cuddling pets, etc.).
  - ~ When discussing these things, I often call back to my 'rocking chair memories' comment from session 3 when introducing the pleasant events diaries. I think this is especially salient for parents raising kids. The age-old adage that kids grow up fast is true and it's typically the little things that parents cherish the most, so bringing mindful awareness to these pleasant experiences often strongly resonates with our patients who have young children (which most do), but it even resonates with first-time moms. A good example for first-time moms is emphasizing that their time with their child *has already begun.* Things like the baby kicking or doing baby ninja flips—even at night—are things they will cherish and look back on fondly. Bringing mindful awareness to connecting with their baby can be deeply rewarding.
- Exploring themes regarding sources of joy.
- Mind-body connection: Calling back to session 3's introduction of the pleasant events worksheet, what does joy feel like inside the body? What does happiness or relaxation feel like in the body? People are pretty good at describing what fear or anger feels like in the body, but are most often confused if I ask them what joy or other positive emotions feel like inside the body. Yet, connecting with those body sensations can deepen the experience. (In my experience, most people describe lightness in the body and/or a releasing of tension).

After reviewing 2-3 pleasant experiences, thank the patient for sharing and remind them you to continue recording pleasant experiences each night, and you'll ask them to share more examples with you next session.

New Material: Awareness of Unpleasant Experiences

Before we end, let's switch gears to something very similar yet different. Let's talk about bringing mindful awareness of unpleasant experiences. Think of the body scan for discomfort meditation we began today with. How we can choose how we respond to discomfort… which can be an unpleasant sensation in our body… and how mindful awareness can change our experience of something unpleasant… So, let's build on that.

Instead of having automatic reactions to body discomfort or poor sleep or other daily stressors, I invite you to practice bringing mindful awareness to unpleasant experiences. Remember, this means being in the present moment… non-judgmental… compassionate. Last session, I asked you to bring mindful awareness to pleasant experiences. Now, I'd like to try bring the same mindful awareness to unpleasant experiences. Think of your experience bringing mindful awareness to discomfort in the body scan… Why do you think I'd ask you to do this? [WAIT FOR RESPONSE]

If we can bring mindful awareness to unpleasant experiences, we're less likely to react automatically… less likely to have a mindless reaction. Thinking back to the body scan, what was it like responding to discomfort in your body with mindful awareness? [DISCUSS RESPONSE]

And we can think to other meditations as well. Remember the meditation where you watch your thoughts go by as clouds? Even when some of the clouds were stormy, observing them with mindful awareness… non-judgmentally… with compassion… allows us to realize that we can let go of them, which is a lot different than those same unpleasant thoughts coming through like a tornado, sweeping us away!

[Using screen share, open the Pleasant/Unpleasant experiences worksheet]

This is the same process as the Pleasant Experiences worksheet, but we're developing your awareness of your thoughts, feelings, and body sensations when experiencing something unpleasant. We're maybe not trying to savor these moments like in the Pleasant Experiences worksheet… but we're practicing our ability to choose how we respond to unpleasantness with mindful awareness, rather than reacting automatically and feeling like things are spinning out of control. Let's run through an example together…

[Go through an Unpleasant experiences example]

And that's it. I invite you to simply bring mindful awareness to unpleasant experiences this week, and to complete one entry per day until our next session. Importantly, I still want you to notice pleasant experiences too; we're certainly not trading one for the other! So, I invite you to do what you've been doing for the pleasant events worksheet too. It's important to develop mindful awareness for both pleasant and unpleasant experiences. Notably, your unpleasant experiences may or may not be related to sleep or pregnancy; that's completely up to you, and we can review that next session when we review your worksheet.

Homework for session 4

A. Sleep diary
B. Engage in one activity mindfully (e.g., eating, bathing/showering, feeling baby, petting cat/dog, etc.).
C. Practice mindfulness exercise once a day.
D. Meditate in bed at night.
E. Continue with sleep consolidation and stimulus control.
F: Pleasant & Unpleasant experiences worksheet.
    These are often done later in the day. I typically suggest patients complete the unpleasant experiences worksheet before the pleasant events worksheet, so that they end their day on a positive note.

Session 4 Summary Email

A. Homework assignments list within the email
B. Prescribed bed and wake times in the email
C. Pleasant and Unpleasant experiences worksheet (pdf)
D. Body Scan for Discomfort (mp3)
E. Losing It, Mindfully (mp3)
F. The Lake Meditation (mp3)

IN SESSION 4: IS YOUR PATIENT OVERWHELMED AND/OR NON-ADHERENT?

Patient feedback shows PUMAS components are rated favorably, including wind-down routine, abstaining from electronics at night, daytime meditations, nighttime meditations, mindful activities, SRT, stimulus control, pleasant experiences diaries, and unpleasant experiences diaries. With that being said, we ask a lot of our patients. While many patients fit these activities into their daily lives, some other patients have more difficulty. Usually, this is apparent by session 4. If you notice your patient is struggling to complete homework (e.g., meditation practice is not consistent, sleep schedule slips, does not engage in stimulus control consistently, inconsistent with experiences diaries), then you may strip down the program to its minimum components. Mind, this can be done later as well, but adherence issues are often apparent by session 4.

If your patient cannot keep up and may be overwhelmed, strip down PUMAS to four things: (1) wind-down routine, (2) mindful activities, (3) nighttime meditation, and (4) SRT. This minimizes patient demand and none of these things require time during the day. Granted, I think patients miss out on important benefits from the other components. However, if a patient is struggling and maybe even stressed out by PUMAS homework, then I have found that many respond well, and adherence improves when I give them permission to prioritize these four homework areas. I still invite them to do the other components when they're able to (e.g., pleasant and unpleasant events diaries, daytime meditations), but I find that many patients respond favorably when we acknowledge that pregnancy is hard work and that PUMAS asks them to do quite a bit. And that being told that they do NOT have to do certain homework tasks can relieve stress. The wind-down, nighttime meditation (which happens during wind-down or at lights out), and SRT are easy for patients to fit into their days. If your patient is having difficulty adhering, the consider saying:

We ask quite a bit of you in the PUMAS program and sometimes it's difficult to fit everything in, and that's OK. But we can tailor the program to better fit your lifestyle. So, I ask that if you're having difficulty finding time for all the tasks each day, then we can prioritize the most important components. The two most important components are to stick with your sleep-wake schedule and the bed-time meditations. If you can stick to those two things, you're mostly there. In addition, keep up with the wind-down routine, which will help support the bed-time meditation. And please continue with the daily mindful activities. If you can stick with these parts of the program, then that'll get us where we need to be. As bonuses, if you're able to find time for a daytime meditation and pleasant or unpleasant experiences diaries, even if it's not every day, then that's great too. It may be just a couple times or once or not at all on some weeks. And that's OK. Do what you can. The last thing this program should be is stressful for you. So, give yourself permission to work in what you can. But let's prioritize the sleep schedule and the wind-down routine with nighttime meditations above all else.

SESSION 5: Unpleasant Experiences and Acceptance

SESSION OUTLINE

1. Letting Go discussion.
    a. What is letting go and why is it relevant to sleep?
    b. We've been practicing letting go the entire time – has your ability to let go of thoughts begun to change?
2. Acceptance.
    a. Discuss the concept of acceptance, especially in relation to…
    b. Acceptance of normative sleep changes in pregnancy (waking up to use bathroom or reposition), even if they are unpleasant.
        i. Many moms will have much improved sleep by session 5, so what is often leftover are normal but unpleasant changes in sleep related to pregnancy. For instance, moms are often waking up 2-3 times a night here to use the bathroom or to reposition, but no longer having difficulty falling back asleep.
    c. Acceptance of fatigue.
        i. Moms may still be tired despite improved sleep. People typically attribute fatigue to poor sleep. But many moms will be fatigued, even if they are now sleeping well. Fatigue is simply very common in pregnancy, because creating a person is *hard work* (callback to Session 3 and cultivating compassion). Now is the opportunity for us to help moms build some acceptance of pregnancy-related fatigue and to have self-compassion.
3. Homework review: Unpleasant Experiences Worksheet.
    a. Apply acceptance to unpleasant experiences.
    b. New twist on unpleasant experiences diary: Reflect on acceptance in the last column.
4. It Is What It Is meditation.
5. Homework Review continued.
    a. Discuss daily/nightly meditations.
    b. Review weekly symptoms changes (ISI, EPDS, PSASC).
    c. Review sleep diaries, SRT, stimulus control. Titrate SRT as needed.
    d. Pleasant Experiences diary.
6. Discuss homework for upcoming week.
    a. Note: All new meditations are acceptance-focused, which can stir up some difficult feelings. As such, I ask patients to NOT practice the new, acceptance-focused meditations at bedtime. Rather, the new acceptance-focused meditations should be practiced during the day.

Acceptance and Letting Go

Throughout this program, we've practiced mindful awareness of sticky or unpleasant thoughts. Last session, we started bringing intentional awareness to unpleasant experiences in your daily life (referring to Unpleasant experiences worksheet from session 4). Now, I want to talk about accepting and letting go of unpleasantness.

Letting Go

First, let's talk about letting go of thoughts, which is important for creating a healthy mindset for sleep. I want to revisit a quote from session 1 when we reviewed the 'Applying Mindfulness Principles to Sleep' handout:

> *"Most of us have experienced times when the mind would just not shut down when we got into bed. This is one of the first signs of elevated stress. At these times we may be unable to free ourselves from certain thoughts because our involvement in them is just too powerful. If we try to force ourselves to sleep, it just makes things worse… You have to create the right conditions for falling asleep. And then you have to let go."*

Sleep naturally unfolds when we let go of conscious activities and thoughts that keep us awake, like worry or planning. For the past month, we've practiced letting go of sticky and intrusive thoughts; the types of thoughts that can keep us up at night. For example, when we practice sitting with breath … sometimes our minds wander away from the meditation to other thoughts, so we practice letting go of these thoughts and returning to the sensation of breathing. Each time we do that, we strengthen our ability to let go. Letting go is also the central focus of the thought metaphors as we watch thoughts float down the stream as a leaf or float across the sky as a cloud or roll by as a train… This is partly why we meditate at night, to help us let go of sticky thoughts that might keep us awake, so we can discover our sleepiness. Looking back to the past month, have you noticed a change in your ability to let go of sticky thoughts especially at night when it's time to sleep?

Listen, discuss, process. Most patients will endorse some improvement in the ability to let go of intrusive thoughts at night. Some will ascribe it to SRT (so sleepy at night that their sleepiness overrides thoughts), some will ascribe it to nighttime meditations (and other mindfulness work we do), whereas many will ascribe it to some combination of SRT and meditation. Whichever it is, reflect all positive benefits back to the patient.

Important: On one hand, the patient has been meditating daily for the past month in addition to nightly meditations over the past two weeks. So, that's a lot of practice and most patients will indicate some level of change in their ability to let go of thoughts, particularly at night, if they've been adherent to the meditations. On the other hand, I think it is often worth emphasizing that one month is a long time with a lot of practice… but also that one month isn't very long in the grand scheme of life, so it's OK if they notice their ability to let go is changing, but it's still very much a work-in-progress. In fact, it will likely always been a work-in-progress, because letting to and acceptance of unpleasantness and sticky thoughts is difficult. One month of practice is a relatively short period of time if they've been a ruminator/worrier/planner (whatever they like to consider themselves) for many years. It's fantastic when they notice some change in letting go, but it's expected that this is still a work in progress going forward because it takes a lot of practice and commitment to change our default ways of processing information (perseverative thinking changing to ability to let go of these thoughts). Be sure to normalize this experience as it comes up (e.g., "Your way of thinking has been a default habit for many years, so it takes more than one month to change that habit").

Point is: Let us celebrate any improvement in their ability to let go, but also acknowledge that their ability to let go of difficult thoughts will continue to improve with more practice (e.g., mindfulness exercises), so we encourage them to continue what they've been doing (e.g., we ask them to continue with both daily and nightly meditations after this session, like they had been doing since session 3).

Acceptance

NOTE: Common challenges to build acceptance in session 5 include natural changes in sleep and fatigue during pregnancy. Most moms who have been adherent to the program have shown substantial improvement in insomnia and nighttime cognitive arousal by session 5. Often, much of what is leftover regarding sleep involves <u>normal changes in sleep during pregnancy</u>. So, patients may wake up to use the bathroom or adjust their position, but hopefully they fall back asleep more quickly than they had been before the PUMAS program.

<u>Another common focus of acceptance is fatigue</u>. It is common for pregnant women in the program to report substantial improvement in sleep per the diaries (e.g., reductions in SL and WASO, high sleep efficiency), yet still rate their sleep as poor. When this happens, it is important to address this with the patient, which you can do so by examining sleep diaries as well as weekly ISI scores together. Often when sleep diaries are good and the ISI is still higher than expected, it is because the patient is very fatigued during the day. After all, nobody seeks insomnia treatment for sleep problems. Rather, they seek insomnia care because of daytime impairment, especially fatigue. And fatigue is common in pregnancy, especially late pregnancy.

When sleep improves but fatigue remains high, it can be therapeutically beneficial to process this with the patient. Indeed, fatigue can be an important focus of acceptance. Helping patients accept that energy levels naturally decrease for some moms in pregnancy, and that we can work to build acceptance of this normal change. By session 5, SRT and meditations have typically exerted much of their benefit on sleep, so now is a

good time to bring acceptance to leftover sleep difficulties (e.g., brief awakenings due to discomfort or nocturia) and fatigue, which is naturally increased in pregnancy. However, it's also important to show how acceptance is related to all facets of life beyond sleep and fatigue. To this end, we will discuss acceptance in relation to the 'unpleasant experiences' diary in this session. Below, you'll see how we start talking about acceptance and linking it to accepting the normal and natural changes in sleep and fatigue during pregnancy.

Sample dialogue:

Acceptance is another important aspect of mindful living. Accepting that sleep may not happen exactly when we want it to… or for as long as we would like… accepting that sleep in pregnancy, especially late pregnancy, will be different than it was before you were pregnant… and accepting that it'll change again after childbirth. Accepting these realities is key improving your sleep. Because when we don't accept these natural changes in sleep, we end up mentally fighting against what are normal sleep changes in pregnancy and postpartum.

In session 1, we talked about how some sleep changes are normal in pregnancy, like waking up to use the bathroom or reposition yourself, and that insomnia can build on these things by making it difficult to fall asleep or back asleep. By now, much of your insomnia has improved, and some of what is leftover is normal change in sleep… as well as normal changes in energy levels and fatigue that is part of being pregnant. Here, we will see if we can bring acceptance to these things that are normal—even if unpleasant—experiences.

But what is acceptance? To start with, I'd like to focus on what acceptance is NOT:

Sometimes our suffering is the product of fighting against something we can't change, no matter how much we resist, struggle against it, or wish it were different. This includes the times we struggle against our sleep problems. Wishing we could just sleep 8 straight hours, or fall asleep faster or stay asleep longer, and just not accepting that our sleep has changed during pregnancy, all lead to added stress on top of our sleep problems. Another common experience in pregnancy is increased tiredness and fatigue, even if you're sleeping well. And acceptance, or a lack thereof, is important beyond your sleep and fatigue. It is relevant to mundane things like being stuck in traffic or waiting a long time in line at a store, and to major life stress like living with a chronic medical condition or fractured relationships. As we discussed last week, we all have unpleasant experiences… and although we cannot always change these situations, we are in control of how we respond to them.

Let me emphasize something very clearly: Acceptance is NOT approval. It does not mean you decide you like the way things are. It does not mean that you accept the situation as good or right or fair. Acceptance is not giving up. Acceptance is simply embracing what is happening. Acceptance is the recognition that things are the way they are, and that sometimes fighting against this moment is like swimming upstream, leaving us in the same place but now feeling exhausted.

A Few Words on Acceptance: Different conceptualization resonate with different people. Below are different ways of thinking about acceptance that you may consider using to convey acceptance. No need to use all of them, but maybe pick a few that might be a good fit for you and your patient.

"You don't have to like it, want it, or approve of it – simply …

… allow it to be there (simply because it already is)
… give it permission to be where it already is
… let go of struggling with it
… stop fighting with it
… make peace with it
… make room for it
… soften up around it
… let it be
… breathe into it
… stop wasting your energy on pushing it away

Homework Review: UNPLEASANT EXPERIENCES WORKSHEET.

Ask patient to share an example of an unpleasant event from the past week. Discuss and process content from each column with the patient.

Considerations:

1. Was the patient able to bring mindful awareness to this unpleasant experience in the moment (even if it was not necessarily immediate)?
    A. If yes, have them describe that process. Is this a new way for them to handle unpleasant experiences? How does this differ from how they reacted in the past?
    B. If no, that's OK. The unpleasant event worksheet is a way for us to *practice* bringing mindful awareness to unpleasant experiences, and this will get easier over time. Also, bringing mindful awareness may be easier for minor unpleasant experiences than for major unpleasant experiences, but practice will help.
2. Process their thoughts and feelings and their physical sensations with them. This is so unique and specific to each patient that there is no additional direction here.
3. Discuss their reflection. Sometimes their reflection—especially if they were not mindful during the unpleasant event—can be different than their initial reaction, and even include signs of acceptance. If so, point out their signs of acceptance. If this isn't the case, then ask the patient what acceptance of this might look like. This is tricky, especially if the example is a major stressor, so help the patient begin to see what acceptance of this situation might be (can use the acceptance phrases above).
4. **Connect the unpleasant experience diary entry to acceptance**. We want to build on this homework by having patients think about what acceptance of these unpleasant events might look like.
    A. Notably, when the patient shared her thoughts, feelings, and reflections from the diary, you can highlight any signs of acceptance they shared.
    B. If the patient did not describe thoughts or reflections indicating acceptance (and perhaps their thoughts rather centered on fighting against the unpleasant experience, non-acceptance), then ask the patient **what it would look like to bring acceptance to this unpleasant experience**? This can be difficult, and your patient may not know where to begin or what that would look like. This is where we help patients translate our didactic lesson on acceptance into real-life practical change. Sometimes acceptance is stopping the fight against something we cannot change… sometimes this is just the beginning until we can approach the unpleasant experience mindfully and take mindful action.
5. If time permits, have the patient share another example and process similarly.
6. **New twist on the unpleasant experiences diary for the upcoming week.** Inform the patient that you will once again ask them to complete the unpleasant experiences diary each night. But this week, you want them to complete the reflection column (the last column in the diary) a little differently. Specifically, when reflecting on the unpleasant experience, ask the patient to (A) write about whether they were able to find acceptance of this unpleasant experience, even if acceptance of the situation took time and was not immediate. If so, describe what bringing acceptance of this situation was like. (B) If the patient did not find acceptance of the unpleasant experience in the moment, then ask them to write about what bringing acceptance to the experience might look like. Acceptance can be difficult, so practicing acceptance of difficult situations can help it be more accessible to us.

Meditation: 'It Is What It Is' meditation

Now is a good time for an acceptance-focused meditation, especially with a couple of unpleasant experiences fresh in their mind. Here, we usually use 'It is what it is,' but really any acceptance-focused meditation (e.g., RAIN) is fine.

This is the 'It is what it is' meditation, which is a practice in acceptance. Let's start by getting comfortable where are you and closing your eyes…

Noticing the feeling of breathing… becoming aware of your body breathing, settling your attention on the place in your body where you most easily experience the sensation of breathing flowing in and out… Letting your

breathing be normal and natural… open and relaxed… Placing a hand on your belly and inviting your baby to meditate with you…

[PAUSE]

Watching your breath flowing into your baby, creating this life, snug in your womb. As you watch your breath, creating a sense of spaciousness… Allowing your breath to come and go, while staying present with your baby…

[PAUSE]

When you notice your attention wandering, gently return to your breath, without judgment. Your mind may wander to any number of things… And we can accept that thinking is just what our minds do… and be willing to simply begin again.

[PAUSE]

Next, let's check inside your body or mind and try to locate a part of you that feels good to you right now… Some part of you that feels pleasant, relaxed, safe… This can be part of your body or even emotions that you're feeling right now…

[PAUSE]

Letting your attention go to this pleasant part of your experience… resting your attention here… observing these emotions or sensations with curiosity and acceptance…

[PAUSE]

Noticing how your body and mind are connected… If your awareness is on a pleasant emotion, where do you feel that in your body? If your awareness is on a pleasant sensation in your body, what emotions does that connect to?

[PAUSE]

Next, let's shift your focus to another aspect of your experience in your body. Scanning your body briefly, from the top of your head all the way down your neck, shoulders, back, hips, into your legs… you may notice unpleasant sensations… you may feel tired… restless… have some discomfort or tension in certain areas of your body... We're going to practice holding unpleasant experiences with the same type of curiosity and acceptance as we did with the pleasant parts of your experience…

So, letting your attention go to an unpleasant part of your experience… letting your attention rest here, and being curious and mindfully aware of how this discomfort feels…

[PAUSE]

Seeing if you can observe these moments without trying to change them. Just allowing each moment to be as it is, developing curiosity about it, watching the changing nature of your experience…

[PAUSE]

Noticing how your body and mind are connected… With your awareness on the unpleasant sensation in your body, what emotions does that connect to?

[PAUSE]

What thoughts does that connect to?

[PAUSE]

Now, shifting your attention to any thoughts you're having in this moment… noticing any thoughts about unpleasant experiences you've had recently… maybe something difficult at work or at home… maybe something difficult about the pregnancy or getting ready for the new baby… something difficult with family…

[PAUSE]

Noticing thoughts about not liking something… or wanting something to be different…We're not trying to think more, or change our thoughts, but instead stepping back and watching the process of thinking.

[PAUSE]

What happens to your thoughts as you observe them without trying to fix them?

[PAUSE]

What is it like to just step back and allow everything to be as it already is, in this moment?

[PAUSE]

Seeing if you can summon the strength to let some of these things be as they are… at least for right now…

[PAUSE]

Perhaps saying to yourself, "it is what it is…"

[PAUSE]

Noticing that some of our discomfort… our frustration… our hurt… is related to the way we struggle… the way we fight… the way we try to change things that can't always be changed…

[PAUSE]

Now, seeing if maybe it's possible to let go of some of that struggle… letting go of that fight against things outside of our control…

[PAUSE]

This acceptance isn't deciding you like something or that something is right or fair… You're simply embracing something difficult… Noticing that sometimes pain is related to our fight against something we can't always change… Coming back to your breath, feeling tension leave your body with each exhale.

[PAUSE]

Feeling that struggle within you, leave your body with each exhale…

[PAUSE]

Feeling the body relax a little bit more with each exhale…

[PAUSE]

Remember, acceptance is not about giving up. Rather, bringing mindful awareness to unpleasant experiences is about centering ourselves when faced with something difficult… It is about seeing clearly… If you can

approach something difficult with mindful awareness, then you may be able to plan mindful action if there is something you can do about the difficult situation…

[PAUSE]

But, sometimes, we are limited in what we can do… and bringing mindful awareness to difficult situations can also help us observe when we are fighting against something that we cannot change… and when we do that, we only add to our own suffering…

[PAUSE]

So, whatever your unpleasant experience is… your difficult situation… whether it is big or small… see if you can let go of part of that struggle…

[PAUSE]

Stop fighting what you cannot change…

[PAUSE]

Stop wasting your energy on pushing it away

[PAUSE]

Can you find peace within yourself to accept the things you cannot change?

Inquiry and Discussion

Things to consider for discussion/inquiry:

1. Reaction to It Is What It Is meditation
   Was it easy/difficult to accept unpleasant experiences or thoughts?
2. What might it look like to bring acceptance to the unpleasant experiences we discussed?
3. How does the poem relate to acceptance and letting go?
   - explore issues around acceptance, letting go
4. Do we always have to move away from a negative experience?
   - highlight the transient and fleeting nature of our experience
   - this provides an opportunity to work with things that appear negative (e.g., pain, anxiety).
5. How might accepting difficulty be helpful during pregnancy and motherhood?

Homework Review: Meditations, Sleep Diaries, and Symptom Changes

A. Discuss daily/nightly meditation practice and adherence if needed.
B. Ask for reflections on last week's new meditations.
C. Review weekly symptom changes (ISI, EPDS, PSASC).
D. Review sleep diary and titrate schedule as needed.

Homework Review: Pleasant Experiences

In session 4, we process the pleasant experiences with patients at length. No need to do that here, but I believe there is worth in asking patients to share a pleasant experience or two in session. Many of the moms we work with actually enjoy this homework and they enjoy sharing their pleasant experiences with you. And reviewing these pleasant experiences (if quickly and largely for the simple but meaningful purpose of listening to your patient share nice things about their lives) can also promote continued homework adherence, since we ask patients to continue recording pleasant experiences in the diary between sessions 5 and 6.

Homework for session 5:

A. Sleep and meditation diaries

B. Daily Meditation: All NEW meditations for this week are acceptance-focused. They do not need to listen to all of them. Rather, listen to a few and find 1-2 that resonates with you. I do NOT recommend a new acceptance-based meditation for the nighttime meditation, so these should be for the daytime only this week.

C. Nightly meditation (at bedtime): I do not recommend a new acceptance meditation for the nighttime meditation this week. Rather, they should stick with whatever has been working for them so far.

D. Mindful activity

E. Continue sleep schedule

G. Continue pleasant and unpleasant experiences worksheets. *NOTE* A slight change to the unpleasant experiences diary is that we ask the patient to write what acceptance of the unpleasant experience might look like when writing in the reflection column (last column), even if they were not mindful or accepting in the moment (see #6 under Homework Review: UNPLEASANT EXPERIENCES WORKSHEET above). We want patients to continue practicing bringing mindful awareness to unpleasant experiences, but now also to think about what acceptance of these events might look like.

Session 5 Summary Email

A. Homework assignments list within the email

B. Prescribed bed and wake times in the email

C. Pleasant & Unpleasant experiences worksheet (pdf)

D. RAIN (mp3)

E. It Is What It Is & Guest House (mp3)

F. Accepting Difficulty meditation (mp3)

SESSION 6: Prenatal Treatment Review

SESSION OUTLINE

1. Homework review, Unpleasant experiences worksheet: Exploring acceptance of difficult situations.
2. Homework review, Pleasant experiences worksheet.
3. Sleep program and overall progress.
    a. When necessary, normalizing and encouraging acceptance of any leftover perinatal sleep disruptions (e.g., waking up 2-3 times a night to use the bathroom).
4. Review Insomnia Action Plan (see handout).
    a. Ask patient which components of the program she found most helpful.
    b. Encourage patient to continue these practices for remainder of pregnancy (barring some unforeseen change in health status).
    c. Discuss how she can continue with these strategies after this session.
        i. Patient may meditation using other mobile apps.
        ii. Some religious/spiritual patients find ways to apply mindfulness to their religious practices (e.g., praying mindfully), which may promote long-term use.
    d. After childbirth
        i. Mindfulness components can continue being practiced.
        ii. Behavioral sleep strategies can be more difficult to implement after childbirth.
            1. Newborn period is survival mode.
                a. Scheduling shifts can be helpful for mom, but it's not always possible or preferred (see Infant Sleep Education).
            2. When baby sleeps more independently (see Infant Sleep Education), then mom can reinstate behavioral sleep strategies. But please note that sleep schedules can change based on baby's sleep timing and any changes in mom's sleep need (i.e., sleep need in pregnancy may differ than sleep need in postpartum).
5. Infant Sleep Education (Optional)
    a. Many moms are interested in help getting their baby to sleep but there's not enough time for a deep dive here.
    b. If patient is willing to schedule a follow-up visit in postpartum (e.g., toward end of newborn period), then there is not much need to discuss infant sleep in session 6. Save it for postpartum.
    c. If patient is interested but cannot schedule a postpartum follow-up visit: *Briefly* introduce the PUMAS monthly postnatal infant sleep education sheets (for months 1-6).
        i. Don't go in depth because they won't remember months later, plus you don't time.
        ii. Email the informational sheets after this session.
6. Gratitude Meditation.
7. Closing Remarks.

This is the final session if delivered strictly by the protocol. Review sleep and mindfulness concepts and material. Discuss relapse prevention. Unlike most other sessions, the meditation in session 6 is practiced toward the end. So, start the session by the usual greetings, then transition to…

Homework Review: Unpleasant Experiences and Acceptance. Picking up right from session 5, we start by continuing the topic of unpleasant experiences and acceptance.

Review unpleasant experiences diary and acceptance-focused mediations. Reviewing the unpleasant experiences diary is similar to the previous session, yet it is evolved since we discussed acceptance in the last session and asked patients to reflect on acceptance when doing the unpleasant experiences diary. Ask the patient to share examples with you, and simply process these experiences with the patient and explore whether the patient was able to find acceptance of these difficult situations (either in the moment or later).

Because bringing mindful acceptance to difficult situations is a skill, then help the patient think critically and learn what that looks like by using their examples from the diary.

Side note: Sometimes a patient will share an example of an unpleasant event where they could NOT do anything to change the situation, and other examples are of an unpleasant even where they COULD do something later about the situation. I like to point this out to highlight that acceptance is relevant to both types of situations. Sometimes, the most we can do is let go of the fight, because we cannot change the situation. Other times, mindful awareness and acceptance can lead to mindful action. And often times, by this point, patients will engage in mindful action after bringing mindful awareness to something difficult, and I think that's worth celebrating.

Another side note: It's not uncommon for some patients to rationalize a difficult situation, which leads to acceptance. An example from a real patient I treated: "I was too sick to go to my mom's birthday party. I was sad but I knew that it was best that I rest and not get anyone else sick." If a patient rationalizes a difficult situation, great. However, not all difficult situations are rational, which can set limits one's ability to find acceptance if it requires rationalization. For example, the same patient then shared an unpleasant experience dealing with customer service that she could not influence and that she could not rationalize, and she really struggled to find acceptance in this instance. If you notice your patient needs to rationalize something difficult to find acceptance, then help her learn that not all situations can be rationalized, and that acceptance is available regardless. This can involve exploring other unpleasant experiences from the previous week – chances are that at least one example cannot be rationalized.

Meditation review. All the new meditations from the last session focused on acceptance. Ask the patient if they found any acceptance-based meditations to resonate with them and to share their experiences of practicing those meditations to process unpleasant experiences.

Homework Review: Pleasant Experiences

In session 4, we process the pleasant experiences with patients at length. I ask the patient to share a couple examples with me. Many of the moms we work with enjoy sharing their pleasant experiences. And reviewing these pleasant experiences (even if quickly and largely for the simple but meaningful purpose of listening to your patient share nice things about their lives) can promote mindful awareness of pleasant experiences. And really, it's a nice shift after sitting with unpleasant experiences that many patients seem to appreciate.

Homework Review: Sleep and overall program progress. Now, we shift gears to reviewing the program and their progress over the past 6 sessions.

Ask the patient how their sleep has changed over the past 6 weeks… and how their *relationship* has changed with sleep during that time. Review sleep diaries and weekly symptoms. Describe overall changes across the past 6 weeks (e.g., reductions in SL and WASO, reductions in nighttime cognitive arousal, etc.). Titrate sleep-wake schedule and discuss stimulus control if needed.

If necessary, discuss acceptance of leftover sleep disturbances or fatigue. Many patients are in late pregnancy by this session, so a degree of sleep disturbance and fatigue is normal and expected. Patients who can bring mindful acceptance to these experiences tend to have better quality of life and less distress than patients who remain frustrated that their sleep problems and fatigue levels are higher now than they were before pregnancy. It can be therapeutically beneficial to apply self-compassion and non-striving here to highlight that it is not fair to oneself to expect that their sleep and fatigue in late pregnancy should be the same as it was before pregnancy (this hearkens back to the discussion at the beginning of session 3 about self-compassion and loving-kindness; that pregnancy is hard work and that we—especially moms themselves—do not often acknowledge, let alone appreciate, that creating life is hard work). At the end of the day, it is not realistic to expect sleep and energy levels during late pregnancy to be the same as they were before pregnancy. Letting go of this struggle and building acceptance of this normal change can be immensely therapeutic.

Insomnia Action Plan. After reviewing their progress throughout the program, we review the 'Insomnia Action Plan' (IAP; see handout). The IAP includes a list of all mindfulness components and behavioral sleep strategies used in the PUMAS program. I do not typically go over each component line-by-line in the IAP.

I start by simply asking: *"The PUMAS program includes a lot of different mindfulness components and sleep strategies. Thinking back on the program, which components of the program do you think were most helpful?"*

Show the patient that the IAP includes all the PUMAS components. Patients can review the IAP to help decide which PUMAS components to continue using after this last session. The IAP can also be helpful later down the road if their insomnia re-occurs; reviewing the IAP will remind them of all the PUMAS components and the patient can re-introduce the helpful components as needed.

SRT, meditations (particularly at bed-time), and bringing mindful awareness to pleasant experiences are typically the top-rated PUMAS components (with SRT and meditations as unanimously rated as helpful). Here, it is important to highlight that their treatment gains may not be durable if the patient reverts back to how things were before the program. For example, if the patient finds the new sleep schedule and nighttime meditations helpful, then we encourage them to continue those components going forward. Notably, if the patient is on a good sleep schedule and they are sleeping well, I encourage them to continue with that sleep schedule for the remainder of pregnancy (barring any unforeseen circumstances, like ordered bedrest). But I also caution them that, just like sleep naturally changes during pregnancy, this sleep schedule may not be feasible in postpartum, especially in the newborn period. Rather, the sleep schedule may be best to reintroduce when mom's sleep decouples from the infant's sleep, which is why infant sleep training is important for helping maternal sleep. For this reason, we provide Infant Sleep Education sheets (see next section).

It is also helpful to review the patients' warning signs/red flags that their sleep is regressing (beyond the newborn period), so that they know when they may need to firm up their skills practice. Review guidelines for adjusting their sleep schedule on their own, and how to introduce flexibility in their sleep behaviors over time. For example, it is reasonable to expect that patients will at some point want to sleep in every now and again or watch television before bed. Thus, explain how they can strategically reintroduce these behaviors one at a time rather than all at once. This way, if their sleep becomes disrupted, they can pinpoint what is driving their sleep disturbance (this would be difficult to identify if they abruptly changed several behaviors at once).

Infant Sleep Education (Optional)

Many pregnant women—with insomnia or not—have concerns about postpartum sleep. Research shows that insomnia therapy during pregnancy helps postpartum sleep… but not until about 6 months postpartum. This is because most moms are sleep deprived in early postpartum, so it isn't until 6 months postpartum (give or take) when infant sleep and maternal sleep decouple that we see the longer-term benefits of prenatal insomnia therapy. Untreated women have insomnia return, whereas treated women are less likely to have insomnia return when nighttime caregiving demands decrease. For these reasons, we developed 6 monthly infant sleep education sheets, and these can be shared with patients a couple different ways.

(1) If your patient is open to it, schedule postpartum boosters starting at 1-month postpartum. These sessions occur monthly (end of postpartum month 1, end of month 2, etc. through the end of month 6). Each PUMAS Infant Sleep Education sheet has a topic:

- Month 1: Psychoeducation, Bedtime and wake-time routines, shift scheduling.
- Month 2: Drowsy but awake; Walk don't run
- Month 3: Getting ready for sleep training
- Month 4: Sleep training
- Month 5: Nap training
- Month 6: Review

By the end of these 6 boosters, your patient's baby can be fully sleep and nap trained.

(2) Alternately, you can provide all 6 monthly infant sleep education sheets in your summary email. There's not much to cover here because they won't remember finer detail information months from now, but I like to give a heads up that Month 3 is getting ready for sleep training, and Month 4 is Sleep Training. I also like to highlight that sleep training can be done in a piecemeal approach where the infant can be sleep trained at bedtime first, then the middle of the night later, which many families prefer (this info is in Month 4). Patients should be encouraged to reach back out to the therapist before starting infant sleep training if they need help.

Gratitude Meditation

This is our last in-session meditation and patients tend to really enjoy this one. And it seems very fitting for a last session meditation. I don't give it a grand introduction. Rather, I ask them if we can practice one more meditation together, then go right into it.

Sit comfortably or lie down, if you prefer. Notice how your body feels right now… Notice the posture in which you're sitting and how that feels… Feel how your body is supported by the chair or floor…

Let's start by remembering what you had for breakfast… We're going to imagine all the people that made our breakfast possible, and say thank you… Bringing to mind all the people here and in countries far away who worked long hours to pick your coffee, juice, or tea… say thank you…

To all the farmers here and abroad who grew the wheat, corn, the fruit… thank you… Allow yourself to smile as you bring to mind the animals, the chickens, cows, who produced the eggs and milk you may have had this morning… those in tough conditions and those in better ones… thank you… this is not a time for guilt, it is time for gratitude… so thank you…

feeling gratitude for all the women and men in factories who prepared our food, thank you… Feeling grateful for all the women and men who carried, flew, drove, or sailed with our food, thank you…

Just taking a moment to notice how your body feels right now, and allowing yourself to smile… and allowing that smile to relax your body…

For this next part, we're going to bring to mind someone who has been helpful… Maybe your partner, a friend, or family member, someone important and inspirational in your life… Picture their smiling face, and guiding hand… Thank you… Remembering a time when they were supportive, helping us through our challenges, and guiding us toward better things… Thank you… Allowing yourself to smile as you keep them in mind… Thank you… Keeping this person in mind and noticing the sense of connection and openness, thank you… Notice how your body and mind feel right now… If you feel open and relaxed, allow yourself to enjoy that… And if you don't, allow yourself to feel what you're feeling without judgment…

Let's turn your attention toward yourself… Let's recognize that we are worthy of our own gratitude… Feeling grateful for your body which does a lot of work all day long… moving around from place to place, creating life… thank you… our minds, that do so much thinking and planning, thank you… allowing your gratitude to be directed to yourself, the effort you put in to just get through the day while nourishing your baby, thank you… allowing the gratitude of everyone who you've helped be directed toward you… letting a sense of gratitude from others fill you with warmth and relaxation… noticing the restfulness of the mind… thank you…

In this closing part, let's turn our attention to you and your baby… Feeling gratitude for the incredible things your body can do to create life and provide nourishment for your baby… thank you… Experiencing the feeling of love between you and your baby right now… Feeling gratitude for the moments you have collected together so far. Your baby hiccupping or kicking… The times you rubbed your belly to feel them… You and your baby sharing each other's warmth…

Fully immerse yourself with these feelings of love and acknowledge the immense gratitude for what your baby gives you… Begin to feel a sense of gratitude for what you are able to give to your baby… Allowing yourself to sit with these memories and feelings for a little while.

Now, be in this present moment. Be connected with your baby who is snug in your womb. Your time together has already begun.

Your only job is to stay present and connected to your baby… To see clearly…

Closing Remarks and a note on postpartum sleep (sample dialogue)

I hope that you're sleeping better now than when we first met. Mind, sleep challenges change very much after having a baby (if this patient has children already, acknowledge that they likely experienced this).

Here, discuss the PUMAS infant sleep information sheets for months 1 through 6, which you will send to the patient in a separate email from your session 6 summary email or can schedule postpartum booster sessions.

Then recount the homework for the next week. Even though this is the last session, we ask the patients to continue with aspects of the PUMAS program they found helpful, which they identified earlier this session when reflecting on the program and discussion the IAP.

Finally, thank them for their time and effort during the program. Ultimately, we ask women to do quite a bit during a difficult time, and it is important to not only acknowledge but also appreciate all the effort they put into the program. These are our farewell words to mom (at least for now), so let's show that we not only acknowledge, but really do appreciate everything they did over the past 1.5 months.

Session 6 Summary Email Homework

A. Final sleep schedule.
B. Meditate once per day AND once at bed-time. New meditations include: Pranayama breathing (mp3), Gratitude Meditation (mp3), and Quick Connect with Baby (mp3).
C. Insomnia Action Plan
D. Pleasant and Unpleasant Experiences Diaries.

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