

CALMS: A Practical Framework for Insomnia Care

CALMS is a flexible, mechanism-based framework that translates the core principles of CBT for Insomnia (CBT-I) into everyday clinical care. It is designed for clinicians who support people with insomnia but do not deliver full CBT-I.

The framework focuses on the key processes that maintain insomnia and provides a structured way to organise behavioural guidance while remaining attentive to the risk that well-intended advice can increase pressure or sleep effort. Not every component is required for every patient, and elements may be introduced in different orders depending on clinical priorities. That said, meaningful improvement usually involves addressing more than one mechanism over time.

CALMS can be used in brief consultations, integrated into existing care pathways or offered as early support while patients await specialist treatment. It helps clinicians organise guidance they may already give, communicate it more confidently and support behavioural change in a calm, collaborative way, while preserving the option for full CBT-I when needed.

C

CAUSES

Address factors contributing to insomnia:

- Explore factors maintaining or worsening insomnia now.
- Make sleep-related worry, unhelpful beliefs and sleep effort explicit early.
- Identify practical contributors and quick wins (e.g. pain, caffeine, noise, medication).
- Address sleep hygiene as supportive, not curative.
- Use psychoeducation to normalise sleep and reduce anxiety.
- Avoid over-searching for causes, which can increase preoccupation.

A

ALIGN body clock

Stabilise the body clock:

- Prioritise a consistent wake time (more important than bedtime).
- Encourage morning light exposure within the first hour of waking.
- Reduce bright light and screen exposure in the evening.
- Support regular daily routines, including meals and activity.
- Make gradual, realistic adjustments.

L

LINK bed and sleep

Reduce conditioned arousal:

- Go to bed only when genuinely sleepy (not just tired).
- Help patients distinguish sleepiness from fatigue.
- Use the bed only for sleep and intimacy.
- If awake for ~20 minutes, encourage a calm “give up and get up” (or sit up) approach.
- Explain rationale of conditioning to promote buy-in.

M

MAXIMISE sleep pressure

Strengthen sleep drive:

- Maintain a consistent wake time, even after poor nights.
- Discourage naps where possible.
- Avoid compensatory behaviours (early bedtimes, lying in).
- If needed, gently reduce time in bed (e.g. by ~60 minutes).
- Monitor daytime sleepiness and prioritise safety.
- Encourage daytime activity.

S

SOOTHE

Reduce cognitive and physiological arousal:

- Introduce worry-containment strategies (e.g. scheduled worry time, journaling).
- Teach simple relaxation skills (breathing, muscle relaxation, imagery).
- Encourage a predictable wind-down period before bed.
- Remove clocks and discourage time-checking at night.
- Trial paradoxical intention (keep eyes open).
- Reinforce that these strategies support calm, not force sleep.