



The 3 a.m. Wake-Up Reset: What to Do When You Can't Sleep

An explainer, wind-down plan, and sleep diary · Created by Simar Gill Lowther, MACP, RP (CRPO)
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At a glance

- Waking during the night is normal. Lying awake worrying about it is what keeps the cycle going.
- The most effective treatment for chronic insomnia is CBT-I, not sleep medication.
- Small changes to how you respond at night can retrain your brain to link bed with sleep.

Why we wake at 3 a.m.

Everyone cycles through lighter and deeper sleep through the night, and brief awakenings are part of healthy sleep. The problem starts when the mind latches on at that moment: replaying the day, worrying about tomorrow, or calculating how many hours are left. Stress hormones rise, and sleep slips further away.

Over time, the brain can start to associate bed with being awake and frustrated. This is called conditioned arousal, and it can be unlearned.

Helpful and unhelpful night-time habits

Tends to keep you awake	Tends to help
Checking the clock	Turning the clock away
Lying in bed for hours trying harder	Getting up after about 20 minutes and doing something calm
Scrolling your phone	Dim light, a paper book, or calm audio
Napping late or sleeping in to "catch up"	Keeping the same wake time every day
Telling yourself "Tomorrow will be ruined"	Reminding yourself "I can cope with a tired day"

What the research says

A meta-analysis found that CBT for insomnia (CBT-I) significantly improves how quickly people fall asleep, how long they stay awake at night, and sleep efficiency (Trauer et al., 2015).

Stimulus control, which means using the bed only for sleep and getting up when unable to sleep, is one of the core components of CBT-I (Bootzin, 1972).

Writing a to-do list for the next day before bed helped people fall asleep faster in one controlled study (Scullin et al., 2018).

Tool: My Night-Time Plan and Sleep Diary

When I wake at night

1. Don't check the time.
2. Take five slow breaths with a long exhale.
3. If I'm awake for about 20 minutes and feel alert or frustrated, I get up.
4. I go to a dim, comfortable spot and do something calm: read, stretch, or listen to quiet audio.
5. I return to bed only when I feel sleepy.
6. I wake up at the same time tomorrow, no matter how I slept.

My wind-down routine (30–60 minutes before bed)

Screens off at:

Calming activity:

Worry dump: three things on my mind, written down:

Sleep diary

Day	Bedtime	Time to fall asleep	Times woke up	Wake time	Sleep quality (0–10)
Mon					
Tue					
Wed					
Thu					

Day	Bedtime	Time to fall asleep	Times woke up	Wake time	Sleep quality (0–10)
Fri					
Sat					
Sun					

Strategies to try

- **Anchor your wake time.** The same wake time seven days a week is the strongest signal to your body clock.
- **Get morning light.** Spend 10–20 minutes outside soon after waking.
- **Watch caffeine and alcohol.** Avoid caffeine after early afternoon. Alcohol may help you fall asleep but disrupts sleep later in the night.
- **Schedule "worry time" earlier.** Give worries 15 minutes in the early evening so they have less pull at night.

Strategies you may not have heard of

These less common, evidence-informed techniques go beyond the usual advice. Try one at a time and notice what works for you.

- **Try cognitive shuffling.** Pick a random word like "garden." For each letter, imagine unrelated objects that start with it (g: guitar, grapes, glove...). This scrambles worry-focused thinking and mimics the drifting thoughts of falling asleep. Research is early but promising.
- **Try to stay awake.** Lie in the dark with your eyes open and gently try to stay awake. This paradoxical approach can reduce the performance pressure that keeps people up.
- **Do "constructive worry" at 7 p.m.** Write your worries in one column and a possible next step in another, then close the notebook. In one study, this reduced bedtime mental activity.
- **Ask about sleep restriction.** A core part of CBT-I temporarily limits time in bed to build sleep drive. It works well, but should be guided by a clinician.

Journal prompts

Take your time with these. Write freely; there are no right answers.

What thoughts tend to show up when I wake at night?

What beliefs do I hold about sleep that might be adding pressure?

How does my day affect my night, and my night affect my day?

What would a kinder night-time routine look like for me?

When to reach out for support

If you have struggled with sleep at least three nights a week for three months or more, talk with your doctor and consider CBT-I. If you snore loudly, stop breathing during sleep, or feel very sleepy during the day, see your doctor, as these can signal a medical sleep disorder.

Insightful Journey Inc. offers therapy in person in Oshawa and virtually across Ontario, in English, Hindi, Punjabi, and Urdu. Direct billing available.

[Book a free consultation](#) · 647-982-2527 (call, text, or WhatsApp)

In crisis? Call or text 9-8-8, or call 911.

This resource is for education and self-reflection. It is not a diagnostic tool and is not a substitute for professional assessment or care.

References

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