



*Thames Valley*  
**Family Health Team**

# **Dream On: Cognitive Behavioural Therapy for Insomnia**

Presented by Clinicians of the  
Thames Valley Family Health Team

# Acknowledgements

Thanks to Taddle Creek Family Health Team, Hamilton Family Health Team and Women's College Hospital for use of their materials in this presentation.



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# PRESENTER DISCLOSURES



Crystal Chan



Tom Kontio



No conflict of interest or  
commercial ties related to  
the materials being  
presented today

# Housekeeping

- Confidentiality means that personal information (identifying information, personal stories, etc.) shared within this group will not be shared with anyone outside of the group.
- Questions – There will be breaks throughout the presentation for questions and answers. Please use the chat function in Zoom to submit questions and we can pause to answer as needed.



# CBTi Workshop

Thames Valley Family Health Team

[www.thamesvalleyfht.ca/programregistration](http://www.thamesvalleyfht.ca/programregistration)

This workshop is to help improve the quality of sleep through cognitive behaviour therapy for insomnia.



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# Workshop Goals

- Understanding more about sleep
- Improving problem-solving skills
- Making positive changes using *Cognitive-Behavioural Therapy for Insomnia* (CBTi)
- Learning how you can feel more relaxed



# Outline

- ❖ Fun Quiz - True or False
- ❖ What is Insomnia?
- ❖ Cognitive & Behavioural Approach to Insomnia
- ❖ Non-pharmacological (non-drug) Approaches
- ❖ Role of Medications
- ❖ Resources
- ❖ Questions



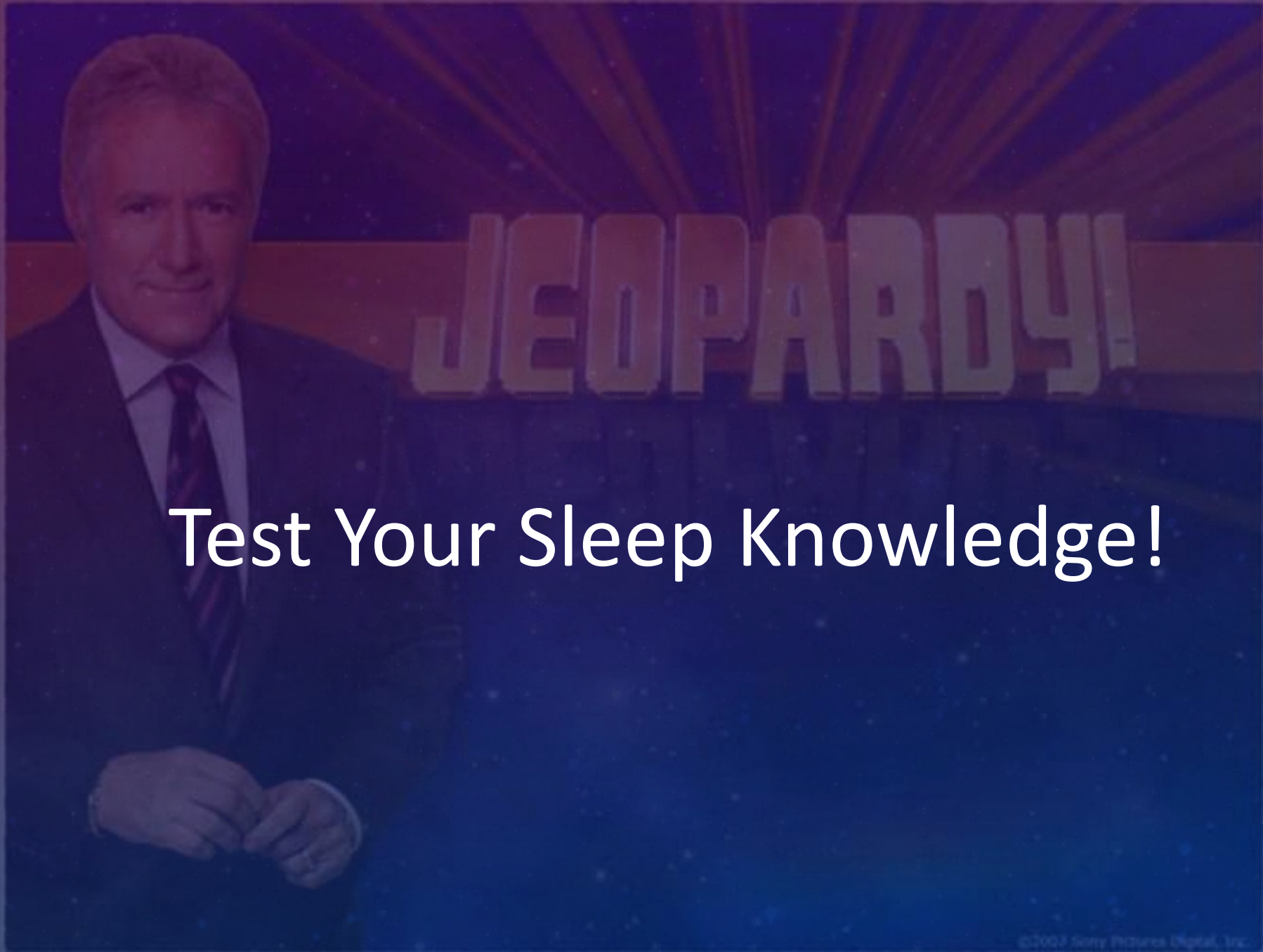


<https://mysleepwell.ca/>



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Test Your Sleep Knowledge!



# True or False

PEOPLE NEED  
LESS SLEEP  
LATER IN LIFE.



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# True

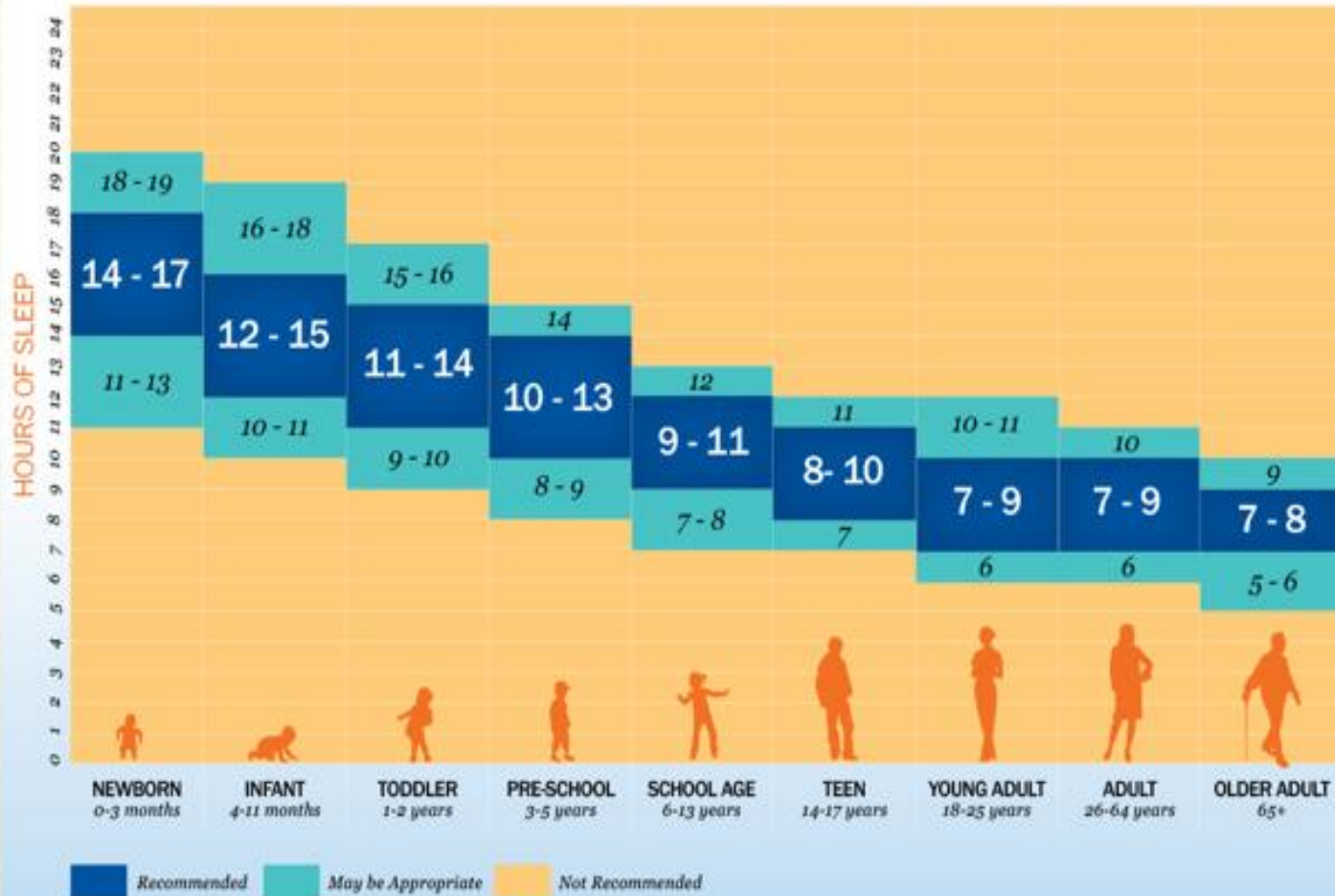
People need less  
sleep later in life.

We need less sleep as we grow up and age

We spend less time in deep sleep



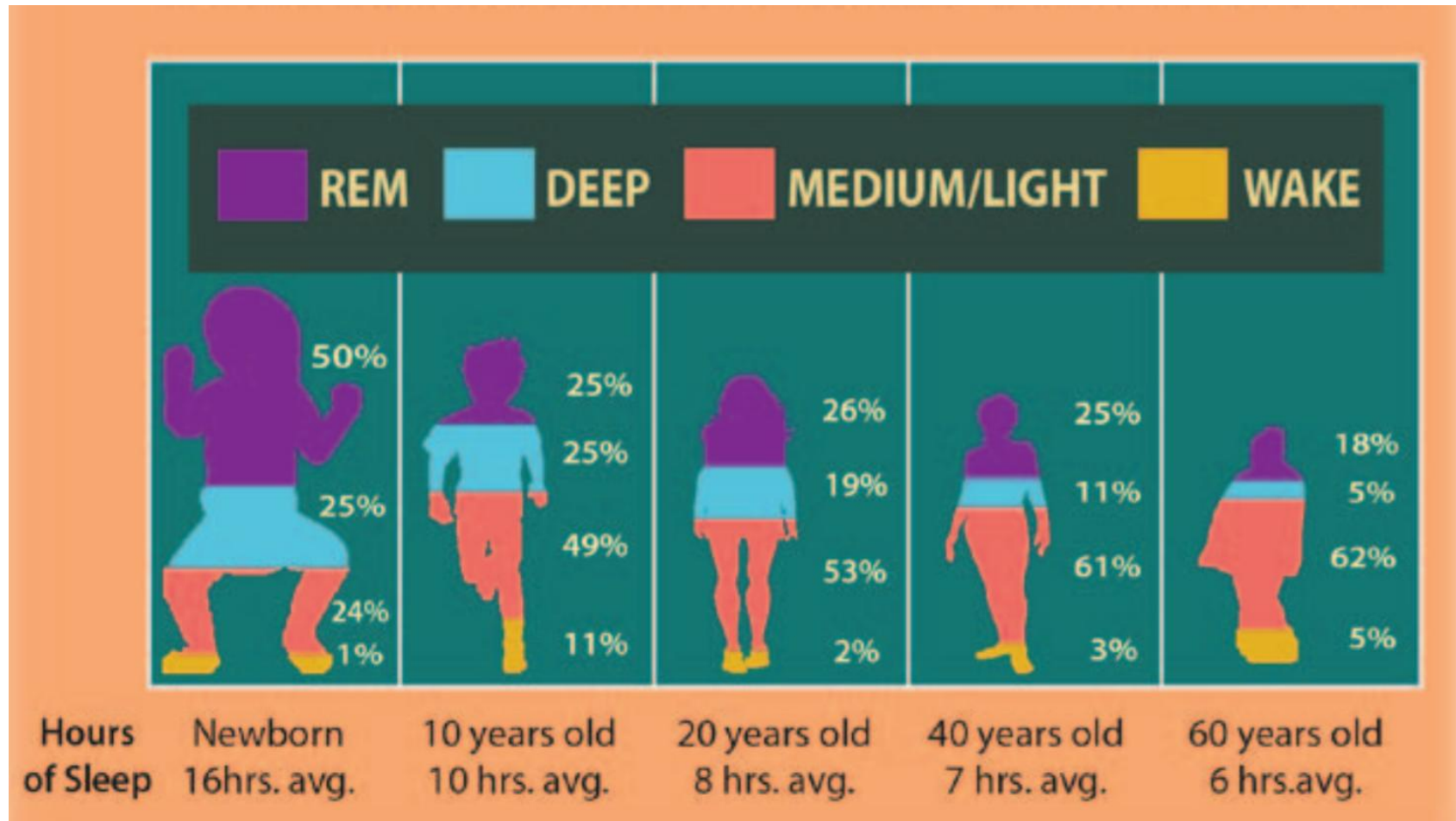
# SLEEP DURATION RECOMMENDATIONS



Sleep requirements on average decrease over the course of our lives.



# Why do we spend less time in deep sleep as we age?







# True or False

We should try and make up for all our lost sleep on subsequent nights.



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# False

- We don't need to repay sleep on an hour for hour basis
- Recovery sleep is deeper and we may need to make up less than 1/3 the time lost





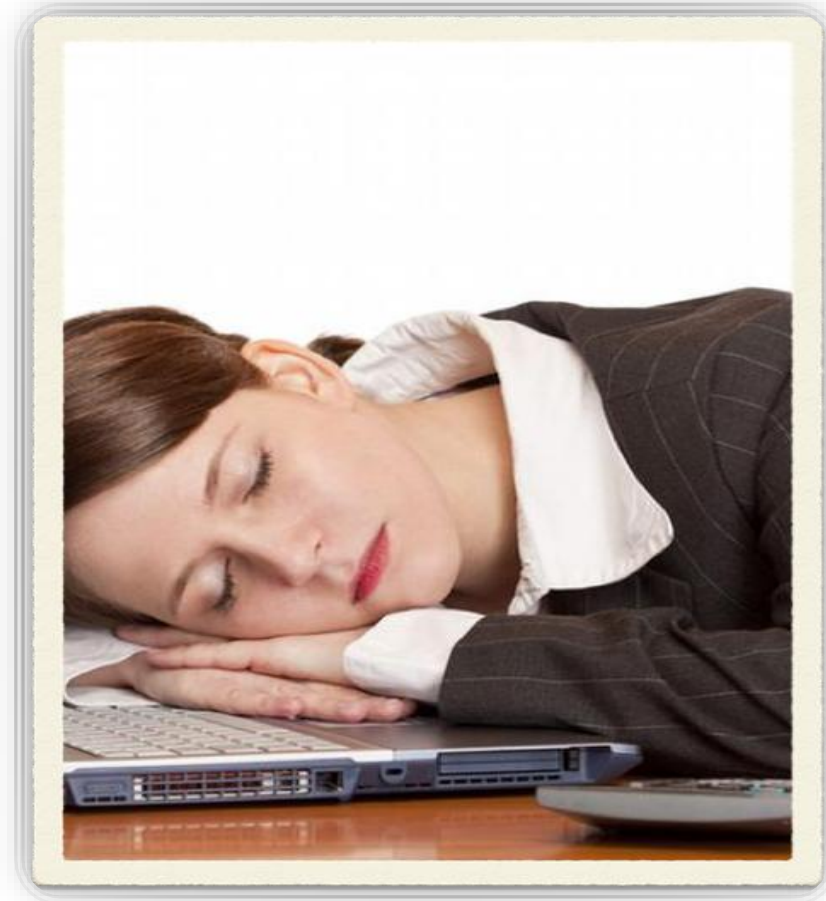
BP = Blood Pressure





# True or False

TAKING A NAP  
SHOULD BE  
AVOIDED IF AT  
ALL POSSIBLE  
FOR PEOPLE  
WITH INSOMNIA.



# True



Generally naps should be avoided as it reduces sleep drive and interferes with circadian rhythms



Nap if sleepiness is presenting a dangerous situation (driving)



# True or False

Some people can go without  
ever sleeping



# False

Some people can go without  
ever sleeping

Everyone needs at least some sleep





## True or False

I'D BE BETTER JUST GIVING  
UP BECAUSE I'VE TRIED IT ALL  
BEFORE





# Scope of the Problem

- Chronic insomnia - 1 in 10 adults
  - may be as low as 1 in 5 especially in those 65 years or older
- Exists with other disorders
  - 40-50% of insomnia also exists with depression and anxiety
  - each disorder likely reinforcing the other in a negative way
- Treat insomnia at the same time as the other mental health disorder
  - or even as the first target of treatment...some evidence that just treating the insomnia will reduce symptoms of depression / anxiety



# Insomnia

- Difficulty initiating sleep, difficulty maintaining sleep or waking up too early
- Persistent/chronic
- Causes functional impairment





# Insomnia

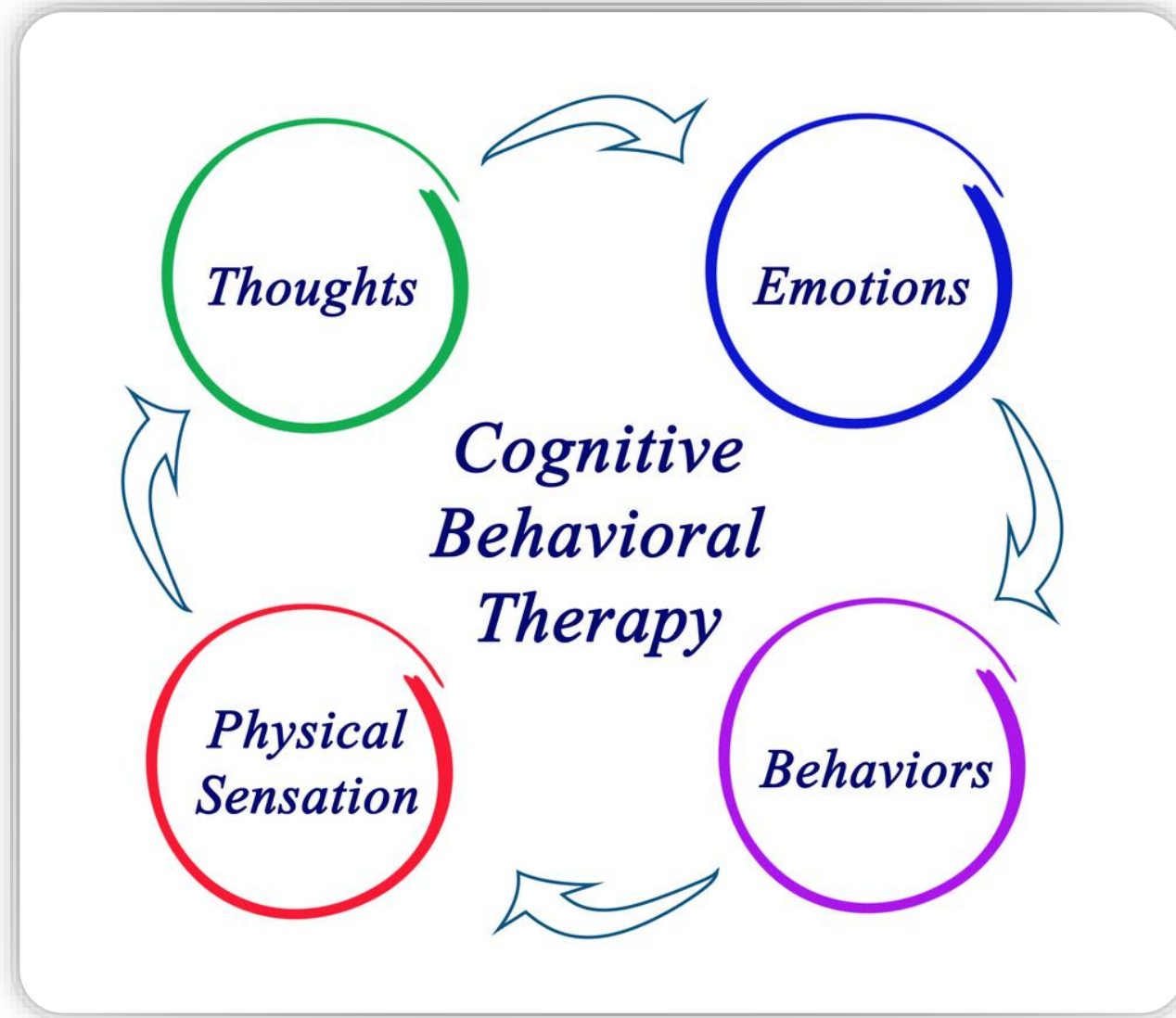
- Impairment due to the sleep difficulties:
  - fatigue
  - attention, concentration, or memory impairment
  - social dysfunction, work dysfunction, or poor school performance
  - mood disturbance or irritability
  - daytime sleepiness
  - motivation, energy, or initiative reduction
  - errors or accidents at work or while driving
  - concerns or worries about sleep



# What is CBT for Insomnia?

- First line recommendation for Primary Insomnia - “Best Practice”
  - ✓ Improves sleep latency (time to fall asleep), wake after sleep onset, sleep efficiency, and sleep quality in general populations
  - ✓ For older adults CBT improved Insomnia Severity Index and Pittsburgh Sleep Quality Index compared to controls
  - ✓ Few risks, compared to pharmacologic treatment
  - ✓ Long term effect post treatment





# 5 Essential Components of CBT-I

INTERVENTIONS	INTENDED EFFECT
Sleep Hygiene	Reduce behaviors that interfere with sleep drive OR increase arousal
Sleep Restriction **	Increase sleep drive and stabilize circadian rhythm
Stimulus Control	Reduce arousal in sleep environment and promote the association between bed and sleep.
Cognitive Therapy **	Restructure maladaptive beliefs regarding health and daytime consequences of insomnia.
Relaxation Therapy	Reduce physical and psychological arousal in sleep environment.

# Essential Component: Sleep Hygiene



- Avoid caffeine 4 to 6 hours before bedtime



- Avoid smoking in the evening or if you wake up at night



- Avoid consuming alcohol from 4 hours before bedtime



- Avoid large meals close to bedtime, if needed have a light snack

- Exercise regularly in the afternoon or early evening. Do not engage in strenuous exercise near bedtime.



- Ensure bedroom is quiet, dark and comfortable (i.e., temperature, pillow, mattress)



# Create a “Buffer Zone”

- 90 minutes prior to sleep
- No screen time or internet or video games
- No problem solving, diary, homework/work
- Non-stimulating, relaxing hobbies
- Consider: readings, television (not in bed)



# Sleep Drive & Various Substances



Helps reduce sleep latency and increases deep sleep *at first*

Small amounts cause middle of the night withdrawal signs and symptoms (shallow sleep, multiple awakenings)



A stimulant

Increased sensitivity if pregnant or taking certain medications

Smoking reduces sensitivity (need more for same effect)



A stimulant

As body breaks down nicotine, withdrawal occurs (agitation, tension) which causes wakefulness



Less Rapid Eye Movement (deep sleep), less Slow Wave Sleep (stage 4 sleep, also deep sleep state)

Over time, increases sleep latency



# Mysleepwell.ca - Sleep Hygiene



## The hygiene of sleep

It is important to try to fix those things that are obviously interfering with your sleep. This is what sleep hygiene is about. Think of it as a checklist that helps you reflect on what you can do *during the day, before going to bed, and when in bed* to help you sleep soundly. Improving your sleep hygiene can pave the way for a good night's sleep, but for people with long standing insomnia, just focusing on sleep hygiene is often *not* enough.

Use the following checklists for **Daytime**, **Before Bed**, and **In Bed** sleep hygiene to help you get ready for sleep.

<https://mysleepwell.ca/cbti/hygiene-of-sleep>



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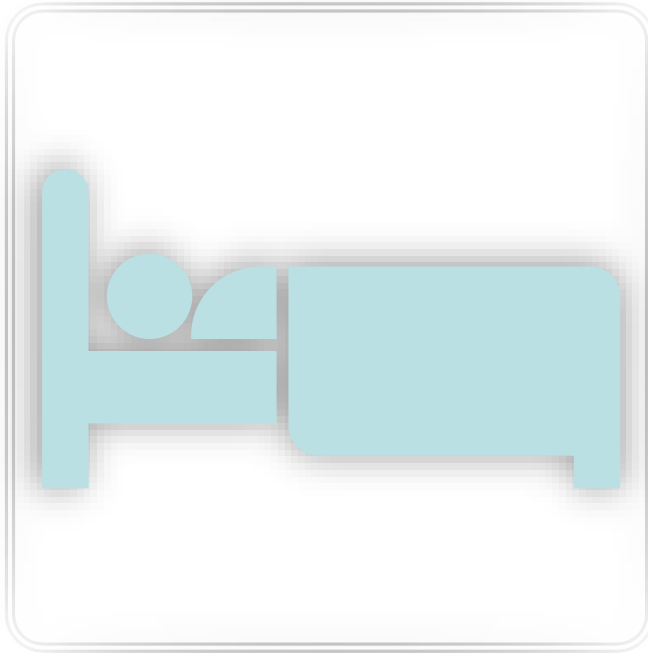


## Essential Component: Cognitive Therapy \*\*



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# Cognitive Therapy



- Aims to identify, challenge, and replace dysfunctional beliefs and attitudes about sleep and insomnia.
- Such misconceptions may include unrealistic expectations of sleep, fear of missing out on sleep, and overestimation of the consequences of poor sleep



# Cognitive Therapy

## Cognitive Distortions

### Overactive mind

- Cognitive arousal, sleep myths, misconceptions

### Cognitive strategies

- Thought suppression, constructive worrying, insomnia coping statements

### Thought records – “hot” thoughts

### Alternative reasons for fatigue



# Cognitive Distortions about Sleep

Problematic Thought	Alternative Thought
Everyone requires 8 hours of sleep to function during the day.	<b>There's a wide range of sleep needs</b>
If you've had good sleep, you should wake up feeling refreshed.	<b>After waking, it's natural to spend up to 30 minutes feeling groggy</b>
If you wake up a couple of times during the night, even though you fall back to sleep pretty quickly, it must be having a negative effect.	<b>Brief arousals are a normal part of the sleep process.</b>
If you spend more time in bed, you'll get more sleep and feel better the next day.	<b>Sleep quality is more important than quantity.</b>

# mysleepwell.ca Thoughts



## Thoughts

If you are not careful, your thoughts can make it very difficult to fall asleep or get back to sleep after you wake up. However, there are a number of techniques that you can use to prevent those thoughts from keeping you up at night. With planning and practice, you will soon be controlling your thoughts rather than letting them control you.

- ▶ **Distract from your thoughts**
- ▶ **Listen to something soothing and boring**
- ▶ **White noise to put you to sleep**
- ▶ **Thinking traps**
- ▶ **Worry time & Realistic Thinking**

<https://mysleepwell.ca/cbti/cbti-components/thoughts/>



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## Essential Component: Behaviour Therapy

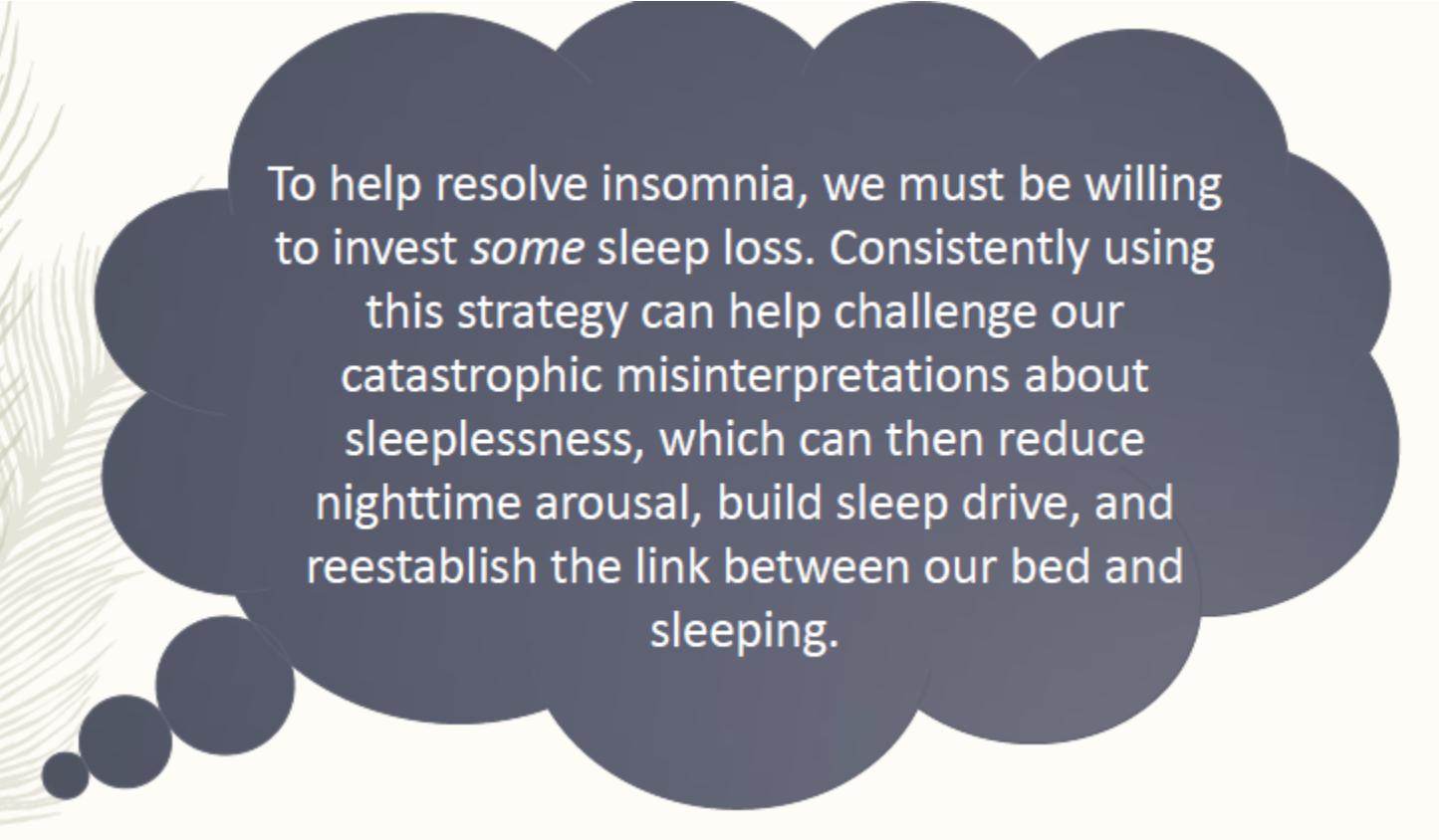
Sleep Restriction \*\*  
Stimulus Control  
Relaxation Therapy



# What is Sleep Restriction?

- Behavioural instructions to limit your time in bed
- Aim to match perceived sleep duration to increase sleep drive and further reduce time awake in bed





To help resolve insomnia, we must be willing to invest *some* sleep loss. Consistently using this strategy can help challenge our catastrophic misinterpretations about sleeplessness, which can then reduce nighttime arousal, build sleep drive, and reestablish the link between our bed and sleeping.





# Sleep Restriction – Why Deprive People of Sleep?

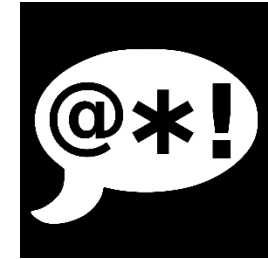
↑ Sleep drive and stabilize circadian rhythm

- Quality more important than quantity
- Factors that impact sleep time
  1. Spending too much time in bed without sleeping
    - Going to bed too early
    - Staying in bed “dozing” after waking up in the morning
  2. Inactivity
    - Staying home from work/school because “too tired”
    - More sedentary rather than active due to exhaustion
    - Withdrawing from activities



# Reactions to Sleep Restriction

- Increases anxiety at first – prepare patients
- “increased sleepiness” is a sign that it’s working
- Explore the thinking behind the anxiety
- Remind patients that this is already the number of hours of sleep their body is producing
- Should increase sleep drive and ultimately improve sleepiness in the long run



# Mysleepwell.ca- Sleep Drive



## Sleep Drive

Considered one of the most effective components of CBTi, **sleep restriction therapy** works to build your **sleep drive**.

People with insomnia spend a lot of time in bed while awake. This is referred to as having poor **sleep efficiency**. To improve your sleep efficiency, the first step is to spend less time in bed. Sleep restriction therapy guides you through this. As your sleep efficiency improves, the amount of time spent in bed asleep increases. It doesn't take long before you are sleeping through the night once again.

To build your **sleep drive**, here's what you need to do:

- Select a CBTi resource **recommended by Sleepwell** and use it each day. It will guide you through sleep restriction therapy and the other components of CBTi.
- Complete the **Sleepwell Sleep Diary** each day.
- At the end of each week, use your sleep diary to calculate your **sleep efficiency and sleep duration** based on a typical night's sleep.
- For the next week, record your *sleep prescription* on the Sleepwell sleep diary. The sleep prescription is your planned bedtime and rise time.
- Use the information below to make weekly adjustments to your sleep prescription.

<https://mysleepwell.ca/cbti/cbti-components/sleep-drive/>



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# Sleep Diaries

- \* Help understand your current sleep-wake patterns
- \* Guides a specific plan to address your unique sleep difficulty
- \* You are the expert on your insomnia = simple log based on your recollection of your last night's sleep
- \* Each morning take 2 mins to record (within first hour)
- \* Estimate what happened overnight! (avoid clock watching)
- \* Ideal at least 1-2 weeks “baseline” / helps monitoring progress



# Sleepwell.ca- Sleep Diary



The Sleepwell Sleep Diary form is designed to track sleep patterns over a week. It features a header with the Sleepwell logo and a 'MY SLEEP PRESCRIPTION' box for recording bed and rise times. The main body is a table with columns for the day of the week and date, and rows for various sleep-related questions (Q1-Q8). At the bottom, there are sections for end-of-week calculations and a copyright notice.

**Sleepwell** Sleep Diary

**MY SLEEP PRESCRIPTION**  
Bed Time: \_\_\_\_\_  
Rise Time: \_\_\_\_\_

DAY OF THE WEEK							
DATE							
<b>Q1</b> What time did you go to bed?							
<b>Q2</b> What time did you try to go to sleep?							
<b>Q3</b> What time did you fall asleep?							
<b>Q4</b> How many times did you wake up during the night?							
<b>Q5</b> In total, how long did these awakenings last (minutes)?							
<b>Q6</b> What time was your final awakening?							
<b>Q7</b> What time did you get out of bed to start your day?							
<b>Q8</b> Note anything that interfered with your sleep							

**End of week calculations**  
Easy calculations at [mysleepwell.ca/calculator](https://mysleepwell.ca/calculator)

My sleep duration (typical night): \_\_\_\_\_ My sleep efficiency (typical night): \_\_\_\_\_

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<https://mysleepwell.ca/cbti/sleep-diary/>



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Day of the Week	Mon
1. I went to bed at (clock time)	8 pm
2. I turned out the light after (minutes)	10 pm
3. I fell asleep in (minutes)	120 min
4. I woke up ____ time(s) during the night. (# of awakenings)	3
5. The total duration of these awakenings was (minutes)	45 min
6. After awakening for the last time, I was in bed for (min)	60 min
7. I got up at (clock time)	7:00 am
8. The quality of my sleep was (1=very poor, 10=excellent)	1
9. Naps (number, time and duration)	0
10. Alcohol (time, amount, type)	0
11. Sleep Medications (time, amount, type)	Zopiclone 7.5 mg @ 10pm
12. Other (e.g. physical activity, pain, mood, stress)	none



# Calculating sleep efficiency & total sleep time

- <http://sinkintosleep.com/SleepTest/SleepCalc4.html>
- Total time in bed = 660 minutes (A) {11 h}
- Total Time awake = 345 minutes (B) {5h 45 min}
- Total Sleep time = 315 minutes (C) {5h 15 min}
- Sleep efficiency =  $C/A \times 100\% = 48\%$

Is your sleep efficiency..	If Yes,
84% or less?	Set threshold bedtime 15 minutes <b>later</b> this week
85% to 89%?	Keep the <b>same</b> threshold bedtime this week
90 to 94%?	Set threshold bedtime 15 minutes <b>earlier</b> this week
95% or greater?	Set threshold bedtime 30 minutes <b>earlier</b> this week



# Sleep Prescription

- My body regularly produces about 5h 15 min of sleep.
  - I spend about 11 hours in bed each night.
  - My target should be 6 hours in bed each night (hours of sleep plus 30 minutes) \*not less than 6 hours
- 
- ✓ Pick your threshold rise time: 7am
  - ✓ Recall your total sleep time: 6 hours
  - ✓ Calculate your threshold bedtime:: 1am





# Mysleepwell.ca- Sleep Efficiency Calculator



## Sleep Efficiency Calculator

Answer the sleep efficiency calculator questions based on your typical night's sleep in the past week to estimate your typical sleep efficiency.

What time did you go to bed?

9:00pm

What time did you try to go to sleep?

10:00pm

What time did you fall asleep?

11:00pm

How many times did you wake up during the night?

1

In total, how long did these awakenings last (in minutes)?

60

What time was your final awakening?

6:00am

What time did you get out of bed to start your day?

7:00am

**CALCULATE**

<https://mysleepwell.ca/cbti/sleep-efficiency-calculator/>



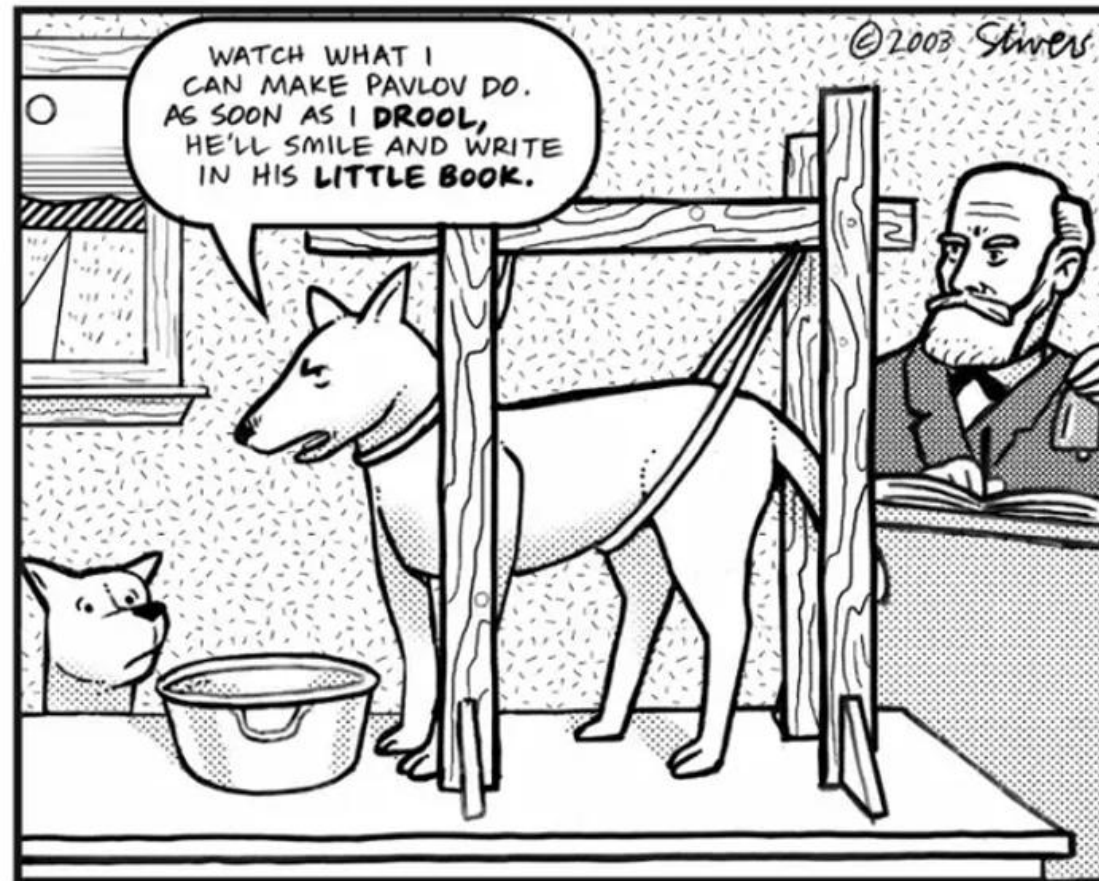
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# Stimulus Control

↓ arousal sleep environment & promote association  
between bed and sleep

## Conditioned Arousal

- Come to associate bed with wakefulness, worrying and other negative emotions



# Negative Sleep Associations

- Reading or watching TV in bed
- Working/studying in bed
- Talk/text/etcetera on phone in bed
- Staying in bed when not sleepy
- Staying in bed while worrying

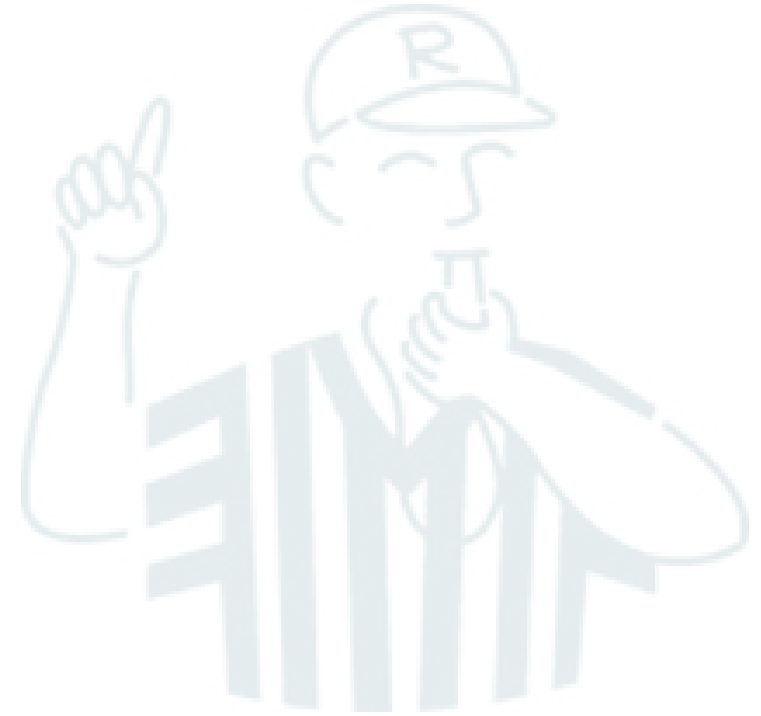


Goal to break **conditioned association** between **being in bed** and feeling **aroused** (alert, interested, worried, etc.)



# Sleep Rules

1. Go to bed only when sleepy – but not before your prescribed bedtime.
2. Maintain a regular rise time in the morning (7 days/week).
3. Use the bed only for sleeping. Sexual activity is the only exception.
4. Leave the bed if you cannot fall asleep or go back to sleep within 10-15 minutes. Return when sleepy. Repeat this step as often as necessary during the night.
5. If daytime sleepiness is overwhelming, you may take a short nap (1 hour or less), starting before 3 p.m. Try to avoid daytime naps.
6. Maintain a sleep diary.



# Relaxation Therapy

Reduce physical and psychological arousal  
in sleep environment.

- A mind-calming practice to focus on breathing and awareness, which helps people fall, and stay, asleep
- Supports a “relaxation response”
- When added to sleep education, can decrease insomnia, fatigue and depression

*“Mindfulness means paying attention in a particular way; on purpose, in the present moment, and non-judgmentally”*

*-Joh Kabat-Zinn*



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# Relaxation Techniques

## ❖ These relaxation techniques are known to be effective:

- **Deep Breathing** – The purpose of deep breathing is to replicate the way you breathe during sleep (slow and from the diaphragm); opposed to the faster and shallower way you breathe when you're awake
- **Progressive Muscle Relaxation** - Involves alternately tensing and relaxing muscles throughout your body, it is a systematic technique for achieving a deep state of relaxation. Practice: 20 min./day, in a quiet location, on awakening or before bed, with an empty stomach, lying down or in reclining chair, loose clothing
- **Body Scan** - This technique helps you become more attuned to your body and aware of the connection between your mind and body, it helps you locate and release the tension in your body. It involves concentrating on one part of your body at a time, imagining it as open, warm, and relaxed, feeling any tension melt away



# Relaxation Techniques

- **Guided imagery/visualization** – With this method of relaxation, you can reduce your stress by using your imagination; it works because your body responds to both - the real and the imagined. It involves imagining a place that makes you feel at peace and thinking about what you see, hear, feel, smell, and taste there. Once you've gained experience with this technique – you can pull up the imagery in stressful situations and feel the relaxation response happen
- **Meditation** - Typically involves sitting quietly and using an image, a repeated phrase, or rhythmic breathing to focus attention and quiet the mind
- **Light stretching or exercise** - When you are under stress there is a great deal of energy used to maintain muscle tension (the tight body response). A quick way to get rid of built up tension is to stretch and breathe deeply





# Role of Medications ...



**“Can you give me a non-drowsy medication for my insomnia?”**



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# Medications and Sleep

Some medications can contribute to insomnia

- CNS stimulants (diet pills)
- Anti-hypertensives (blood pressure pills)
- Respiratory meds (asthma)
- Chemotherapy
- Decongestants (cough meds)
- Psychotropics (anti-depressants)
- Hormones
- Herbals/Natural Health Products



# Sedative-Hypnotic Sleep Medications

- Benzodiazepines – few examples:
  - Alprazolam (Xanax)
  - Clonazepam (Klonopin)
  - Diazepam (Valium)
  - Lorazepam (Ativan)
- Eszopiclone (Lunesta)
- Zolpidem (Ambien, Sublinox)
- Zopiclone (Imovane)
- Lemborexant (Dayvigo)
- And more!



# Melatonin

- a hormone made and released in response to time of day – increase when it's dark and decreases with light
- we make less as we age, thus may be most effective in older population
- supplementing supports your natural levels and is generally considered safe
  - Can cause some side effects – headaches, drowsiness, mild nausea
  - Should be checked for any interactions with your medications

Evidence suggests taking 3-5mg every night, approx. 2-4 hours before bedtime, for 1 month. If not effective at that point, stop use as it will not be effective for you.



# Medications: the good, the bad and the ugly!

- Sleeping pills – “sedative hypnotics” (affect brain/ spinal cord)
- Medication should be started at the lowest dose, and limited to short-term therapy (1-2 weeks)
- When used longer than 1 month, sleep medication can lead to dependence and tolerance
- Even if medications are used, *behavioral strategies* should be the focus



# Medications: the good, the bad and the ugly!

- Long-term therapy of sleep aids may be appropriate for a few (complex psychiatric patients); can also be helpful during acute grief/loss
- Sleeping pills may not help that much
- Improvement?
  - total sleep time increased by 25 mins
  - time to fall asleep (sleep latency) approx. 10 mins
  - reduced awakenings by ~ 1 per night
- sleeping pills have serious and deadly side effects
- special risk in older adults / confusion / memory / affect balance



# Medications: the good, the bad and the ugly!

- Side effects – 1 in 6 people (drowsiness, fatigue, headache, nightmares, nausea, stomach upset, and memory issues)
- Other serious outcomes – falls (hip fractures), MVA
- New “Z” drugs (zopiclone, zolpiderm) are no safer than traditional sleep aids



# Powerful Minds ...

- ❖ Power of the mind → half of the benefit of sleep aids comes from the placebo effect
- ❖ When used for longer than 1-month can lead to dependence / tolerance
  - ❖ Rebound insomnia if stop it abruptly
  - ❖ Need larger amounts for a similar benefit



# How to Discontinue Sleeping Pills Safely

- ❖ **LONG-TERM** sedative use (especially **BENZODIAZEPINE**) a very **GRADUAL** taper of the medication is needed to prevent withdrawal symptoms
- ❖ Medications should never be stopped abruptly
  - ❖ Rebound anxiety, recurrence of insomnia, GI upset; rarely delirium or seizures
- ❖ Many people can successfully reduce or slowly come off these pills





# Do's and Don'ts of taking Sleeping Medications

- ✓ Do report side effects to your MD/NP or pharmacist.
- ✓ If you have persistent insomnia, work on improving your sleep with lifestyle changes or cognitive-behavioural therapy.
- ☒ Don't mix over-the-counter (OTC) or prescription sleep medicines with alcohol or other drugs that depress the nervous system.



# Do's and Don'ts of taking Sleeping Medications

- ❖ Don't drive a car or operate machinery after taking any kind of sleep product.
- ❖ Don't increase the dosage that your MD/NP prescribed.
- ❖ Don't hide it from your MD/NP if you're taking other sleep products, including over-the-counter ones.
- ❖ Don't start or stop taking a sleep medication unless you consult your MD/NP first.

Family Health Team pharmacist able to assist with developing, implementing and monitoring an individualized plan for you!



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# 5 Questions to Ask Your Health Care Provider

1. Do I need to continue my medication?
2. How do I reduce my dose?
3. Is there an alternative treatment?
4. What symptoms should I look out for when I stop my medication?
5. Who do I follow up with and when?



# Stop Sleeping Pills

## Stop Sleeping Pills Guide and Planner

You can stop taking sleeping pills even if you have been taking them for a long time. It is time to break the **vicious cycle**. Together with your doctor and pharmacist, you can create your dose reduction plan using our **guide and planner**.

[illegible]

<https://mysleepwell.ca/sleeping-pills/stop-sleeping-pills/>



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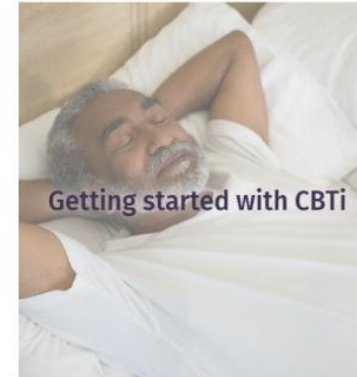
I'm not sleeping, they just told me that medications don't really help very much - in fact, they may be adding risk to my health!

So now what???



# Favourite Resources

- Additionally:
  - [www.mysleepwell.ca](http://www.mysleepwell.ca)
  - CBT-I coach app
  - “Sink into Sleep”



See our recommended books, apps and websites and other resources to help you get your sleep back!

## Assess your sleep

Try our sleep and insomnia tools.



Sleep Diary



Sleep Calculator



Hygiene of Sleep  
Checklist

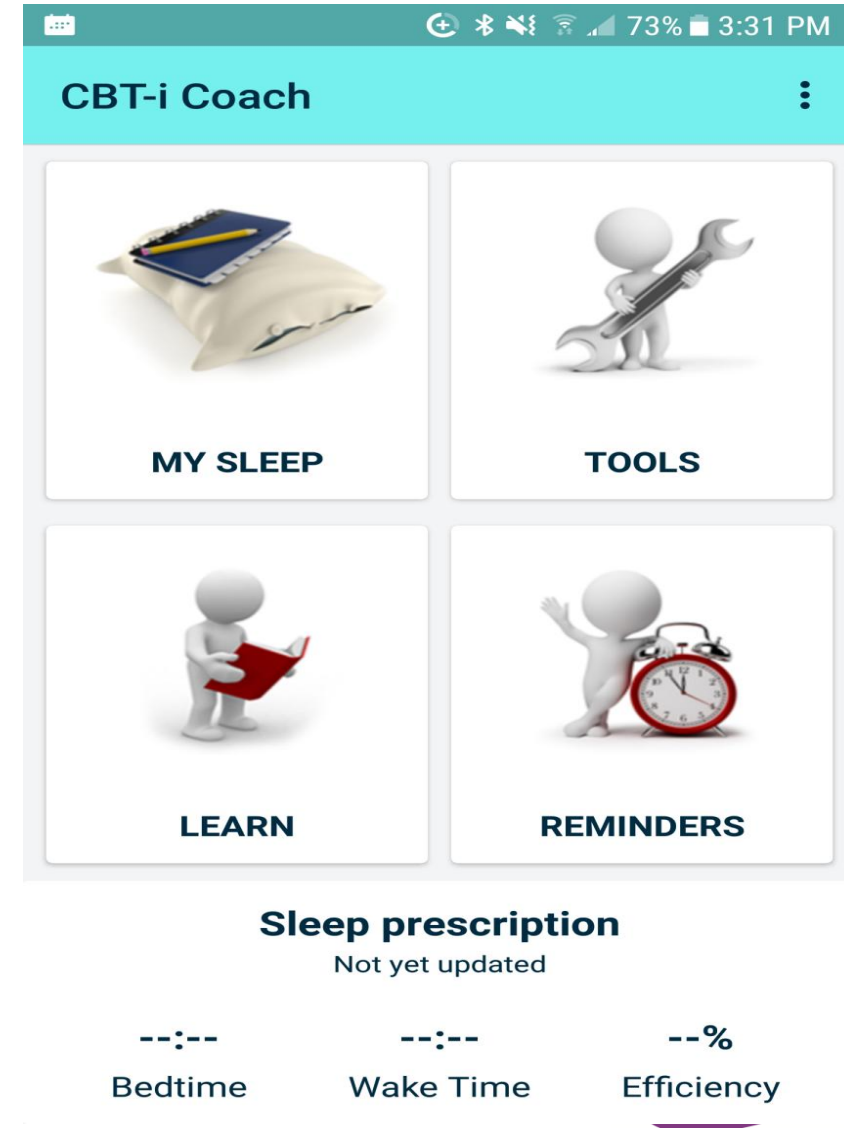
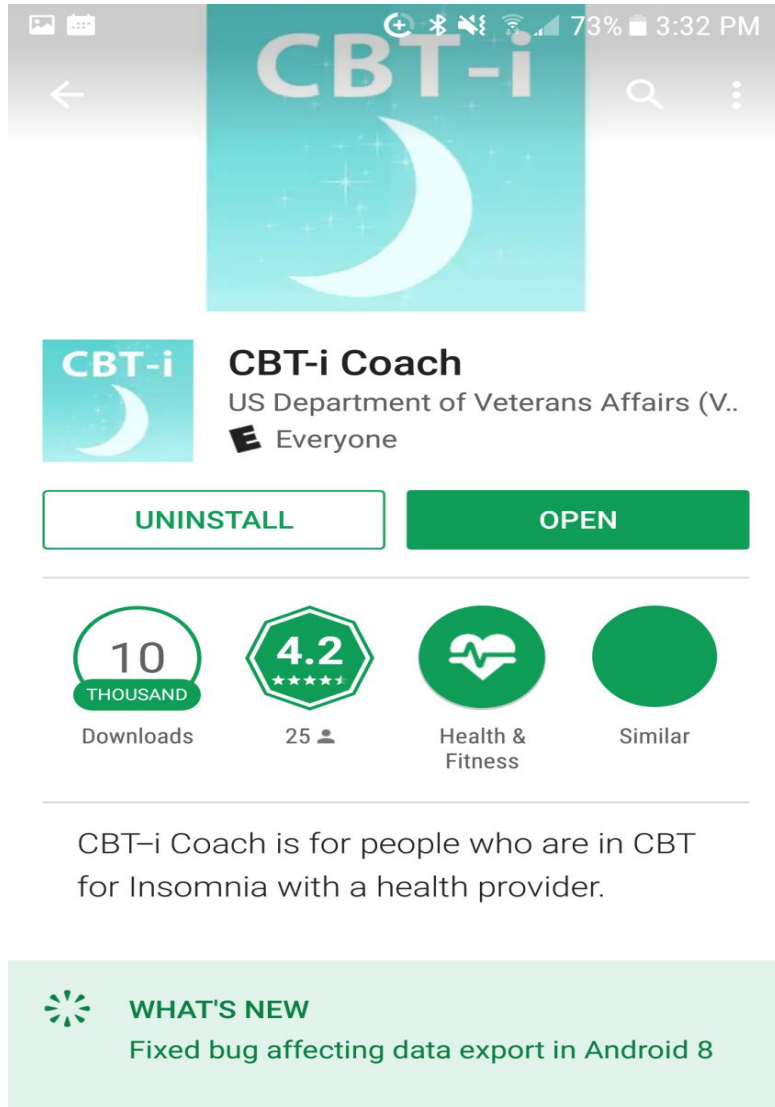


Insomnia Beliefs  
Quiz



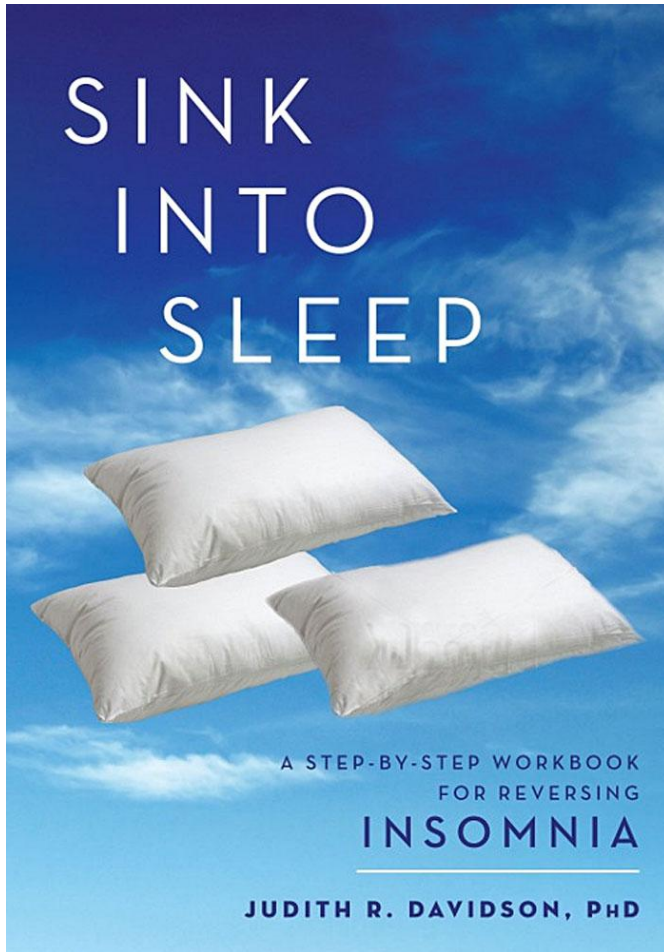
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# CBT for Insomnia Coach App

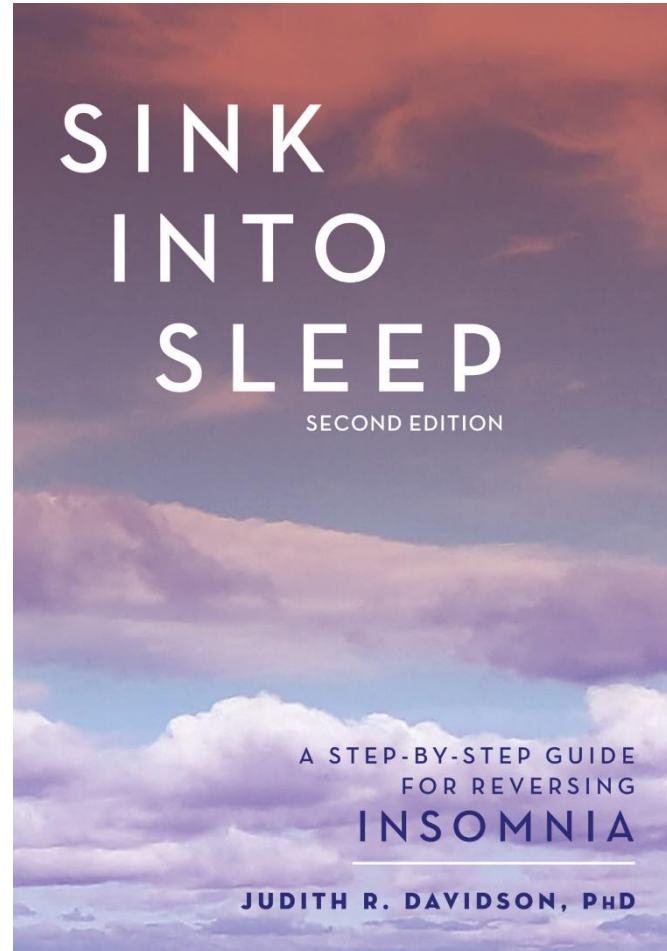




# Resources



1<sup>st</sup> Edition



2<sup>nd</sup> Edition

“Sink Into Sleep”  
Dr. Judith Davidson  
[sinkintosleep.com](http://sinkintosleep.com)



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# CBT-I Follow Up

I hate that moment when  
you're tired  
and sleepy but  
as soon as you  
go to bed,  
your body is like  
Just Kidding..



- \* **Everyone**

- self-directed CBTI (refer to handout with references for tools / resources)
- community partners (privately)

- \* **FHT Patients** may also pursue CBTI with a trained health care practitioner



# For FHT patients:

## Who do I call to set up a 1-to-1 appointment for CBT-I?

SITE	PHONE NUMBER
Byron Family Medical Centre	519-685-8500 ext. 71263
Elmwood Family Health Organization	519-286-2960 ext. 2187
Forest City Family Health Organization (450 Central Ave.)	519-434-2944 ext. 2212
Middlesex Centre Family Medicine Clinic (Ilderton)	519-666-1610 ext. 219
Old South Family Health Organization	519-433-3180 ext. 2150
Southwest Middlesex Health Centre (Mt. Brydges)	519-473-0530 ext. 2191
St. Joseph's Family Medical Centre & Oxford Medical Group	519-646-6000 ext. 67236
Strathroy Medical Clinic/Caradoc St.	226-726-8440 ext. 2183
Victoria Family Medical Centre	519-685-8500 ext. 71263
West London Family Health Centre	519-286-2962 ext. 2236
West Middlesex Health Centre	519-473-0530 ext. 2191
Westmount Family Physicians	226-272-0272 ext. 126
Windemere Family Medical Centre	519-631-5670 ext. 2285
Woodstock - Dundas Street East	519-537-6701 ext. 2167

➤ Find the clinic you attend to see your family doctor/nurse practitioner and call the number listed beside it.



Thames Valley  
Family Health Team

**We want your feedback!**

Please click the link in the chat box to  
let us know what you think!

**<https://www.surveymonkey.com/r/Q5N56RT>**



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# Questions

