

PATIENT WORKBOOK

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Guilt Free Framework

CBT-I

Brief IPT

Time-Limited Treatment

Welcome to Your Care

Thank you for choosing to work with me. I know that making the decision to start treatment takes courage, and I want you to know that I take the trust you are placing in me seriously.

This workbook is your companion throughout our work together — a place to learn, reflect, and practice the tools we discuss in session. Use it between appointments, during the night when your mind won't quiet, or any time you need a place to put your thoughts.

My practice focuses on two evidence-based treatments for women: **Cognitive Behavioral Therapy for Insomnia (CBT-I)** and **Brief Interpersonal Psychotherapy (IPT-B)**. Both are time-limited, structured protocols with strong research support. What makes my approach distinctive is the **Guilt Free Framework** — drawn from my book *Guilt Free* — which helps women understand the specific ways guilt keeps them stuck and what to do about it.

— Jennifer Reid, MD

How This Practice Works

01	Initial Evaluation	A comprehensive evaluation (90 minutes) covering your history, relationships, sleep, mood, and goals.
02	Treatment Sessions	8 weekly sessions (45 minutes). Sessions are focused and structured. You will always know where we are and where we are going.
03	Between Sessions	The work you do between sessions is as important as what happens during them. This workbook is your between-session tool.
04	Medication	As a psychiatrist, I can evaluate and adjust medications alongside either protocol, coordinating with your primary care provider.
05	Wrapping Up	The final session reviews your gains and creates a plan for what comes next, including a clinical summary for your ongoing provider.

FOUNDATION — WORKS WITH EVERY PROTOCOL

Module 1 - The Guilt Free Framework

The Guilt Free Framework is not a separate treatment. It's a lens that shapes everything we do together and gives you a language for what has felt formless and relentless. Most women find that simply having words for it is already a relief.

THE CORE FORMULA

$$\text{Guilt} = \text{Expectations of Self} - \text{Perceived Reality}$$

The key word is perceived. The gap is often between expectations and a distorted, self-critical version of reality — not what's actually true.

The Four Furies

The core categories of unreasonable expectations that drive guilt. You may recognize yourself in one or two more than others.

1 - Constant Caretaking

The expectation that you should always be available, nurturing, and self-sacrificing. Any time spent on yourself feels selfish.

2 - Hyper-accountability

The belief that you are responsible for other people's feelings and choices. When something goes wrong for someone you care about, you feel it's your fault.

3 - Seeking Perfection

The belief that your worth depends on flawless performance in every domain. Falling short triggers harsh self-criticism rather than self-compassion.

4 - Having It All

The expectation that you can give 100% to every role simultaneously — professional, partner, parent, friend, daughter — without anything suffering.

The SPEAK Framework

Use this any time — in session, between sessions, or at 3 AM when your mind won't stop.

S	Show Up	Acknowledge that guilt is present. Naming it is itself therapeutic.
P	Pay Attention	Notice the patterns: when guilt shows up, what triggers it, which fury is activated.
E	Examine	Apply the Guilt Equation. Are the expectations reasonable? Is the perception accurate?
A	Take Action	Make a concrete change — set a boundary, have a conversation, challenge a belief.
K	Keep Going	Guilt patterns don't resolve in a single insight. Build sustainable practices.

Module 1 Reflection

What am I expecting of myself that may not be reasonable?

What is my perceived reality — and is that perception accurate?

Which fury has been loudest lately — and what does it say?

8-SESSION PROTOCOL · COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA

Module 2 · CBT-I for Women's Sleep

CBT-I is the gold-standard first-line treatment for chronic insomnia — more effective than sleep medication for long-term outcomes without the risk of dependence. The first couple of weeks are typically harder before they get better, but we will work through them together.

The Two-Process Model of Sleep

Process C (your circadian clock) regulates when you feel alert and sleepy over the 24-hour cycle. **Process S** (sleep pressure) builds the longer you've been awake. Chronic insomnia disrupts both. CBT-I rebuilds them by working with your biology rather than against it.

The 8 Sessions

Session 1	Assessment & Psychoeducation	<i>Sleep history · Two-process model · ISI & GEI</i>
Guilt Free: When you're awake at 3 AM, what are you thinking about? Naming the guilt pattern running the night is the first step toward interrupting it.	Between Sessions: Begin your sleep diary every morning. Notice — without changing anything yet — what you think about when you wake at night.	
Session 2	Sleep Restriction + Stimulus Control	<i>Your sleep window · Bed/wake times · The cozy nighttime spot</i>
Guilt Free: "My sleep isn't important enough to inconvenience anyone else." This is the Constant Caretaking fury. You cannot pour from an empty cup.	Between Sessions: Begin sleep restriction tonight. Prepare your cozy nighttime spot before bed. Continue sleep diary every morning.	
Session 3	Review & Adjust	<i>Diary review · Efficiency check · Relaxation techniques</i>
Guilt Free: Imperfect adherence is expected and workable. Emphasize progress over perfection.	Between Sessions: Continue sleep restriction. Practice your relaxation technique once per day, not just at bedtime.	
Session 4	Cognitive Restructuring	<i>Challenging sleep beliefs · The 3 AM spiral · Guilt Equation applied</i>
Guilt Free: The 3 AM spiral is often guilt, not sleep anxiety. This is where CBT-I and the Guilt Free Framework converge most powerfully.	Between Sessions: Write down one specific 3 AM thought and apply the Guilt Equation to it. Continue sleep diary and stimulus control.	
Session 5	Titration & Deepening	<i>Adjusting your window · Perimenopause · Deepening guilt work</i>
Guilt Free: "Every woman goes through this. Why can't I handle it?" This is the Perfection fury. Name it.	Between Sessions: Continue sleep diary. Try one cooling strategy if relevant.	
Session 6	Consolidation	<i>Reviewing gains · Sleep hygiene · Beginning relapse prevention</i>

Guilt Free: Sleep hygiene consolidated: consistent schedule, morning light, caffeine timing, bedroom 65–68°F.

Between Sessions: Draft your personal sleep rules card: the 3–5 rules that made the biggest difference.

Session 7

Relapse Prevention

Your written plan · Re-administering measures · Normalizing setbacks

Guilt Free: "If I have a bad night, everything is ruined." Challenge this Perfectionism fury directly.

Between Sessions: Complete your written relapse prevention plan.

Session 8

Wrap-Up & Handoff

Final review · ISI & GEI comparison · Celebrating gains

Guilt Free: Some women feel guilty about ending treatment. Accepting support is self-awareness, not failure.

Between Sessions: Compare ISI and GEI from Session 1 to today — concrete evidence of change.

CBT-I Reflection

My current sleep window (bedtime → wake time):

My sleep efficiency this week (time asleep ÷ time in bed × 100):

The thought I am working on right now:

8-SESSION PROTOCOL · INTERPERSONAL PSYCHOTHERAPY FOR DEPRESSION & RELATIONSHIPS

Module 3 · Brief IPT for Women

Brief Interpersonal Therapy (IPT-B) is an evidence-based treatment for depression, grief, interpersonal conflicts, life transitions, and pregnancy-related challenges, as well as the guilt that burdens women in each of these situations.

The Four Problem Areas

By Session 2, we'll identify which best describes your situation and focus our work there.

Grief	A death, loss, miscarriage, estrangement, or the life you expected. Women frequently feel guilty about grieving 'too long' or feeling relief.
Role Dispute	Ongoing conflict with a partner, parent, or colleague. Many women aren't in open conflict — they're swallowing it.
Role Transition	A major life change: motherhood, perimenopause, divorce, empty nest, career change, caregiving. Mourning the old role and building mastery in the new one.
Complicated Pregnancy	Depression connected to medical complications, pregnancy loss, fertility struggles, IVF, or pregnancy-activated trauma. The evidence base for brief IPT in perinatal depression is among the strongest in the field.

IPT Reflection

My focal problem area:

The most important thing I want to say that I haven't yet said:

The guilt pattern that most often stops me from saying it:

BETWEEN-SESSION PRACTICE · USE ANY TIME

Reflection Journal

Use these prompts between sessions. There are no right answers. The act of writing itself often surfaces what needs attention.

GUILT FREE FRAMEWORK

Right now, what is your Guilt Equation? What are you expecting of yourself — and what is your perceived reality?

GUILT FREE FRAMEWORK

Which fury has been loudest this week — and what exactly did it say?

CBT-I

Describe one 3 AM thought from this week. Apply the Guilt Equation: Is the expectation reasonable? Is the perception accurate?

CBT-I

How is sleep restriction going? What's been the hardest part — and what does your inner critic say about that?

BRIEF IPT

What is one need you've been holding back from expressing? What are you afraid would happen if you asked for it?

ANY MODULE

Write a few sentences to yourself from the perspective of someone who loves you and sees you clearly. What would they want you to know?

SELF-ASSESSMENT · COMPLETE AT START & END OF TREATMENT**Your Questionnaires**

Before your first appointment and again at your final session, you will complete a short battery of questionnaires in your Charm Health patient portal. These give us a baseline, track your progress, and provide concrete evidence of change at the end of treatment.

All Patients — Intake & Discharge

Measure	Items	What It Measures	Notes & Timing
PHQ-9	9	Depression severity	Intake and discharge. Tracks mood improvement over treatment. Free, public domain.
GAD-7	7	Anxiety severity	Intake and discharge. Complements the PHQ-9. Free, public domain.
Guilt Expectations Inventory (GEI)	26	Guilt intensity across the Four Furies	Intake and discharge. Subscale scores guide which fury to focus on. Use the SPEAK framework alongside results.

CBT-I Patients — Additional Measures

Measure	Items	What It Measures	Notes & Timing
Insomnia Severity Index (ISI)	7	Insomnia severity and impact	Intake, mid-treatment (Session 4), and discharge. Gold-standard CBT-I outcome measure. Cutoffs: 0–7 none · 8–14 subthreshold · 15–21 moderate · 22–28 severe. Free.
Sleep Diary	Daily	Nightly sleep parameters	Completed daily throughout CBT-I. Tracks bedtime, wake time, and sleep efficiency. Guides sleep restriction protocol. Complete each morning while memory is fresh.
Epworth Sleepiness Scale (ESS)	8	Daytime sleepiness	Intake only. Screens for excessive daytime sleepiness that may indicate sleep apnea before starting CBT-I. Score >10 warrants further evaluation.
DBAS-16 (Dysfunctional Beliefs and Attitudes about Sleep)	16	Cognitive distortions about sleep	Intake and discharge. Measures beliefs like "I need 8 hours" or "Insomnia is ruining my health." Guides cognitive restructuring in session.

SELF-ASSESSMENT · COMPLETE AT START & END OF TREATMENT

Your Questionnaires (continued)

IPT Patients — Additional Measures

Measure	Items	What It Measures	Notes & Timing
Inventory of Interpersonal Problems (IIP-32)	32	Interpersonal difficulties across domains	Intake and discharge. Identifies patterns like being too controlling, self-sacrificing, or distant. Guides the interpersonal focus for treatment.
Interpersonal Inventory (clinical exercise)	N/A	Relational map of your social world	Not a scored questionnaire. Completed in early sessions with Dr. Reid. You will identify key people in your life, the quality of each relationship, and areas of satisfaction or difficulty.

When You Will Complete These

Before Your First Appointment

You will receive a link to your Charm Health portal before the initial evaluation. Please complete the PHQ-9, GAD-7, and GEI. If you are coming in for insomnia, also complete the ISI, ESS, and DBAS-16. If you are coming in for depression or relational concerns, also complete the IIP-32.

During Treatment

For CBT-I: complete the Sleep Diary every morning and the ISI around Session 4. For IPT: the PHQ-9 is re-administered every 4 sessions to track mood. For all patients, the GEI may be re-administered at the midpoint if useful.

At Your Final Session

Re-administer the full battery: PHQ-9, GAD-7, GEI, plus protocol-specific measures. Comparing your scores from Session 1 to today is one of the most meaningful moments of treatment — concrete evidence of what has changed.

FOR USE BETWEEN SESSIONS & AFTER TREATMENT

Recommended Resources

CBT-I & Sleep

The Women's Guide to Overcoming Insomnia	<i>Shelby Harris, PsyD</i>	Top recommendation for this patient population — addresses guilt, perimenopause, and CBT-I for women.	https://www.amazon.com/dp/039371465X
Hello Sleep	<i>Jade Wu, PhD</i>	Warm, normalizing guide to CBT-I. Directly addresses the self-blame cycle around insomnia.	https://www.amazon.com/dp/0316392901
CBT-i Coach App	<i>VA / Stanford (free)</i>	Digital sleep diary + CBT-I tools.	https://mobile.va.gov/app/cbt-i-coach
SLIIP	<i>Telehealth sleep medicine</i>	Accepts insurance in some states. Can order sleep studies.	https://www.sliip.com

Guilt Free Framework

Guilt Free	<i>Jennifer Reid, MD</i>	The foundational text for this treatment platform. The Guilt Equation, Four Furies, and SPEAK framework.	https://www.jenniferreidmd.com
Fierce Self-Compassion	<i>Kristin Neff, PhD</i>	Self-compassion as fierce self-protection — maps directly onto the Guilt Free framework.	https://www.amazon.com/dp/0062869469
Burnout	<i>Nagoski & Nagoski</i>	"Human Giver Syndrome" — the belief that your needs come last, always.	https://www.amazon.com/dp/1984818325

Brief IPT

Mastering Depression Through IPT: Patient Workbook	<i>Myrna Weissman, PhD</i>	Patient companion to IPT. Map where guilt shows up in your key relationships.	https://www.amazon.com/dp/0197502822
Emotional Agility	<i>Susan David, PhD</i>	Navigating difficult emotions without suppression or rumination.	https://www.amazon.com/dp/1592409490

Perimenopause & Midlife

The Menopause Brain	<i>Lisa Mosconi, PhD</i>	Neuroscience of hormonal changes: brain fog, mood, sleep disruption.	https://www.amazon.com/dp/0593496906
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