

Cognitive Behavioral Therapy for INSOMNIA

Behavioral Sleep Medicine to help your patients get their sleep.



Fact Sheet for Clinicians

The American College of Physicians recommends that “all adult patients receive Cognitive Behavioral Therapy for Insomnia (CBT-I) as the initial treatment for insomnia.” CBT-I is effective treatment with 30 years of research to support this approach.

Amir Qaseem, et al. Management of Chronic Insomnia Disorder in Adults: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2016; 165:125–133.

Discussing CBT-I with your patients

- ☺ CBT-I is a highly effective, short-term treatment proven to reduce insomnia in adults.
- ☺ Research has shown CBT-I to be *as effective as medication in the short-term* with longer-lasting effects after treatment ends.
- ☺ CBT-I can be conducted *in addition to other psychotherapies*, as it focuses strictly on sleep education, sleep behavior & beliefs.

Kim Roser-Kedward,
LCSW (22405)

Help your patients sleep better.
Give CBT-I a try.

619-379-7450

www.KimRoser.net

3633 Camino del Rio South, Suite 102
San Diego, CA 92108

What is Insomnia?

The DSM-V Insomnia diagnosis requires the complaints of difficulty falling asleep or staying asleep, that are clinically significant and result in daytime complaints of:

- Feeling tired
- Distress about poor sleep
- Having low energy
- Increased irritability
- Problems with attention, concentration, memory, relationships, or school/work performance.

How does Insomnia persist?

Spielman’s model of insomnia (1987) identifies three factors that contribute to the development of chronic insomnia:

- Predisposing factors
- Precipitating events
- Perpetuating behaviors.

A fourth factor, Classical Conditioning, is also addressed in CBT-I.

Some people have greater vulnerability to sleep difficulties (*predisposing* factors). Circumstances, such as stressful life events, may *precipitate* sleep difficulties. This is more likely to occur in people with a *predisposition* for insomnia.

In most cases, sleep difficulties are temporary when the original stress subsides. Some people become overly focused on their sleep difficulty. This excessive attention to sleep tends to *perpetuate* sleep difficulties, because it increases anxiety about sleep.

Other maladaptive/*perpetuating* strategies occur, intending to improve sleep, but contribute to the persistence of insomnia (e.g. irregular bed/wake times, spending too much time in bed while awake/trying to sleep, developing rigid sleep-related rituals). These *perpetuating* factors are the targets of CBT-I.

How does CBT-I improve sleep?

CBT-I addresses an individual’s sleep-related behaviors and cognitions.

- The **behavioral** component of treatment is aimed at improving the quality and quantity of sleep: *sleep restriction* (to decrease wakefulness after sleep onset) and *stimulus control* (to strengthen the bed and bedroom as a cue for sleep).
- The **cognitive** component of treatment focuses on changing sleep-related beliefs and cognitive arousal that interfere with the behavioral aspects of insomnia treatment.

What does CBT-I Involve?

- A comprehensive assessment of the patient’s sleep behavior, environment and motivation for CBT-I
- Approximately six to eight, 50-minute weekly, individual appointments (though some people may improve with fewer sessions)
- Interventions tailored to the patient
- Expectation that the patient completes a daily sleep diary and follow recommended treatment guidelines between sessions
- Regular evaluation of the person’s progress and determining whether goals were achieved

Spielman, A. J. et al (1987). A behavioral perspective on insomnia treatment. *Psychiatric Clinics of North America*, 10, 541-553.