Insomnia: Incorporating CBT in Office Practice

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Certified in Behavioral Sleep Medicine
March 29, 2014
Overview

- Insomnia Case Example: “Maria”
- Clinical Considerations
- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- How to Make CBT-I Work
- Additional CBT-I Resources
- Questions/Discussion
Case Example: “Maria”

- Age 32, married, 2 kids (age 5 and 3)
- Was social worker in school system
- Now stay at home mother, does some volunteer work
- Good support from husband and family
- History anxiety, depression, back pain
- Insomnia worsened over past 6 months
  - Husband had work stressor, child started kindergarten, family health issue
Case Example: “Maria”

- “I don’t know how to sleep anymore!”
- Takes hours to fall asleep, up for hours during the night
- Tearful, depressed, “can’t function” during the day, feels “out of control”
- Worried about taking care of children
- “Tried everything” and “nothing worked”
  - Changes to caffeine, alcohol, Benadryl, melatonin
Case Example: “Maria”

- Times into bed: 7:30pm to 12:00am
- Reads in bed, uses iPad, sends emails on phone, pays bills
- Wake times: 5:00am to 9:00am
- Does not set an alarm
- 1-2 glasses of wine, sometimes
- 3-4 cups of coffee, sometimes afternoon
- Dozes off during nap times, when reading to kids, and in front of TV
How do you solve a problem like Maria?

A) Order a sleep study
B) Write a prescription for Ambien
C) Refer to psychotherapy for depression and anxiety treatment
D) Refer to Behavioral Sleep Medicine specialist (per ABSM: < 200 total CBSM, 5 in MA!)
E) Refer out! Treatment will take too long!
F) Try CBT for Insomnia 😊
Treatment Guidelines


CBT for Insomnia (CBT-I)

- Effective
- Front-line therapy
- Long lasting effects
- Chronic sleep medicine users
- Adults of all ages
- Co-occurring conditions

(also preferable, affordable, few side effects)
CBT-I versus Medication

As or more effective than medicine

AND

More effective in the long run

Morin et al. (1999). Behavioral and pharmacological therapies for late-life insomnia: a randomized controlled trial. *JAMA*, 281(11), 991-999.

CBT-I in Comorbid Insomnia

CBT-I effective in comorbid conditions

- Mixed psychiatric disorders (Edinger et al., 2009)
- Posttraumatic stress disorder (Talbot et al., 2014)
- Pain in osteoarthritis (Vitiello et al., 2013)
- Depression (Manber et al., 2008)

Curing insomnia in people with depression could double their chance of a full recovery, scientists are reporting. The findings, based on insomnia treatment that uses talk therapy rather than drugs, are the first to emerge from a series of closely watched studies of sleep and depression to be released in the coming year.”
CBT-I in Various Settings

CBT-I effective with non-Behavioral Sleep Medicine specialists

- Primary care
  - Bothelius et al., 2013

- VA
  - Karlin et al., 2013
How to make CBT-I work

What are common limitations to providing CBT-I in practice?

1. Not enough trained staff
2. Insufficient time to deliver treatment
3. Requires close patient follow up
“Time Friendly” CBT-I

Brief behavioral therapy for chronic insomnia (BBTI) – (Buysse et al., 2011)

- 45 to 60-min intervention session
- 30-min follow up session 2 weeks later
- 20-min phone calls after 1 and 3 weeks
- Emphasize behavioral changes and explain rationale
  - Sleep education and discussion of homeostatic and circadian mechanisms of human sleep regulation
“Time Friendly” CBT-I

1. Reduce time in bed.
2. Get up at the same time every day regardless of sleep duration.
3. Do not go to bed unless sleepy.
4. Do not stay in bed unless asleep.
   - Napping discouraged.
   - Time in bed was limited to average self-reported sleep time plus 30 minutes with a minimum of 6 hours.
How to make CBT-I work

INITIAL ASSESSMENT – “Maria”

- Take TIME to introduce sleep diary
- Give sleep hygiene handout
- Indicate specific changes to practice
- Schedule follow up appt within 2 weeks!
## SLEEP DIARY

**NAME:**

**WEEK OF:**

<table>
<thead>
<tr>
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<th>Duration of Naps (minutes)</th>
<th>Bedtime</th>
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<th>Next Day Alertness 1-10 (10=most alert)</th>
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- Do not look at the clock to complete this form. You should complete this diary each morning with respect to your previous night of sleep. Do not complete it during the night or keep it in your bedroom.
- Use it only as a guideline and spend no more than 30 seconds filling it out in the morning.
“Recommendations for Good Sleep”
(Sleep Hygiene)

1) Maintain a consistent sleep schedule.
2) Wait to get into bed until you feel very sleepy.
3) Use bed and bedroom for sleep and intimacy only.
4) Do not look at the clock at night.
5) Avoid taking long naps.
6) Avoid caffeine, alcohol, smoking, excessive liquids.
7) Maintain regular exercise and eating habits.
8) Ensure bedroom is comfortable, dark, and quiet.
9) Protect the last hour before getting into bed.
10) Do not take problems to bed.
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How to make CBT-I work

TREATMENT SESSION #1 – “Maria”

- Take TIME upfront!
- Review sleep diaries
- Give clear explanation of how sleep works and rationale for strategies
- Present slides/handouts of techniques
- Assign new “restricted” sleep schedule
- Ensure follow up is scheduled
- Be patient and answer questions
Case Example: “Maria”

NAME: MARIA V.

WEEK OF: 

<table>
<thead>
<tr>
<th>Day</th>
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CBT-I Overview

- Sleep Hygiene
- Sleep Restriction
- Stimulus Control
- Relaxation Skills
- Cognitive Restructuring
CBT-I Overview

- Sleep Hygiene
- Sleep Restriction
- Stimulus Control
- Relaxation Skills
- Cognitive Restructuring

Treatment Session #1
The Development of Insomnia

“Limiting Time in Bed”
(Sleep Restriction)

Total Sleep Time

Time in Bed
Sleep Restriction

Restrict Time in Bed to Current Total Sleep Time:

12 AM 1 2 3 4 5 6 7 8

Time in Bed
Sleep Restriction & Sleep Drive

Sleep Restriction

Restrict Time in Bed to Current Total Sleep Time:

12 AM  1  2  3  4  5  6  7  8

Time in Bed
Sleep Restriction

Adjust Time in Bed as Needed:

Time in Bed

2  3    4    5   6 7 8
"What to Do if You Can’t Fall Asleep"
(Stimulus Control)

If you are not drowsy in bed:

- Get up and out of the bedroom.
- Do something quiet and relaxing.
- Only return to bed when drowsy.
- Rise at your planned wake time.
- Do not compensate for lost sleep.
How to make CBT-I work

TREATMENT SESSION # 2 – “Maria”

- Review sleep diaries
- Ask how practice went with sleep schedule
- Ask how practice went with stimulus control
- Address challenges and make adjustments
- Introduce relaxation techniques
- Schedule follow up appt within 2 weeks!
**Case Example: “Maria”**

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Relaxation Techniques

1. Progressive muscle relaxation
2. Diaphragmatic breathing

- In-session practice
- Recording to take home
- Online resources
- Become familiar with techniques yourself
How to make CBT-I work

CONTINUED TREATMENT - “Maria”

- Review sleep diaries
- Review practice with techniques
- Identify barriers to maintained practice and address challenges
- Readjust sleep window as needed
- Seek consultation as needed
Additional CBT-I Resources

Behavioral Sleep Medicine Specialists:

- American Board of Sleep Medicine
  - ABSM.org/bsmspecialists.aspx
- Society of Behavioral Sleep Medicine
  - BehavioralSleep.org/FindSpecialist.aspx

Online Insomnia Treatment Programs:

- shuti.me, SHUTi (Sleep Healthy Using the Internet)
- sleepio.com
Questions/Discussion

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