

CBT-Insomnia Part II

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CCMP Presentation

Disclosures

- none

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Learning Objectives

- Review CBT-Insomnia Part I
- Understand session 4-6 of CBT-I in depth
- Children and CBT-Insomnia
- Q & A

Insomnia Disorder DSM-V Criteria

Insomnia Disorder

- Poor sleep quality or quantity with one of the following:
 - Difficulty initiating sleep
 - Difficulty maintaining sleep
 - Early-morning awakenings
- Occurs at least 3 times per week for at least 3 months despite adequate opportunity to sleep
- Clinically significant distress or impairment caused
- Other illness do not adequately explain the predominant complaint of insomnia
- Can occur independently or concurrently with another mental health condition, medical condition or substance use disorder. Co-occurring illnesses are the rule, not the exception.

Prevalence

- 1/3 of adults report insomnia symptoms
- 10-15% report associated daytime impairments
- 6-10% meet criteria for DSMV insomnia disorder diagnosis
- 40-50% of individuals with insomnia present with a comorbid mental health disorder

Patient Case

- 53 yo F with HTN comes into clinic complaining of poor sleep. She states she has restless sleep almost every night. Difficulty initiating sleep and staying asleep. She wakes up every few hours and feels tired throughout the day. This has been going on for 4-5 months. She wants sleep medication because she is worried that it is causing her to make mistakes at work and be irritable with her family.

Causes

- Psychiatric illnesses
- Medical conditions
- Drugs
- Medication
- Lifestyle factors

Work up so
far...

- CPAP to treat sleep apnea
- Counseling and treatment for nicotine use disorder
 - Remove patch at bedtime, avoid smoking at night due to stimulant effect of nicotine
- Evaluated and treatment for MDD, mild/single episode with fluoxetine and therapy
- CBT-insomnia sessions 1-3 completed

CBT-i Sessions

- Session 1: Introduction
- Session 2: Sleep Efficiency: Reclaiming the bed for sleep
- Session 3: Sleep Hygiene Behaviors
- Session 4: Sleep and Your Thoughts
- Session 5+: Titration and Compliance
- Session 6: Relapse Prevention: Action Plan for Addressing Insomnia in the Future

Cognitive Behavioral Therapy for Insomnia (CBTi): Treatment Manual. Revised by John McQuaid, Jocelyn Sze and Poorni Otilingam. Based on a CBT Manual developed by: Richardo Munoz and Jeannine Miranda. Based on Treatment methods developed by: Richard R. Bootzin and Charles Morin.

CBT-insomnia

- Sleep Tracking (Sleep diary)
- Addressing negative thoughts and worries about sleep
- Provide sleep education
- Stimulus control
- Sleep hygiene
- Relaxation techniques
- Sleep restriction

Perlis, M. L., Benson-Jungquist, C., Smith, M. T., & Posner, D. A. (2005). *Cognitive behavioral treatment of insomnia: A session-by-session guide*. Springer New York. <https://doi.org/10.1007/0-387-29180-6>

CBT-I Session 1

- **Purpose:**

1. Introduction and structure of treatment

- What is the program about
- Goals of the program

2. Discuss Sleep log

- **Exercise:**

- Complete the sleep log for last night as an example

- **Assignment:**

- Complete the sleep log each morning
- Review Sleep Hygiene Guidelines and **star the ones you think you might be breaking.**

Sleep Log

		Sleep log							
Today's date	Sample								Calculated Averages
1. What time did you get into bed?	10:30 p.m.								
2. About what time did you fall asleep?	12 a.m.								
3. In total, about how long were you up in the middle of the night?	1 hour								
4. What time was your final awakening?	6:30 a.m.								
5. What time did you get out of bed for the day?	7 a.m.								
6. Time in Bed (#5 minus #1)	8.5 hours								
7. Total Time Asleep (#4 minus #2 minus #3)	5.5 hours								
8. Sleep Efficiency (Time Asleep ÷ Time in Bed)	65%								
9. How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	
10. In total, how long did you nap or doze yesterday?	45 min								
11. Comments (if applicable)	I have a cold Didn't wear c-pap								

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Sleep Hygiene Suggestions

- Sleep hygiene examples
 - Turn off screens 1 hour before bedtime
 - Avoid Caffeine 6-8 hours before bedtime
 - Avoid nicotine before bedtime (including NRT if possible)
 - Avoid alcohol after dinner
 - Exercise regularly but not within 2 hours before bedtime
 - Small snacks before bed are ok but avoid heavy meals
- Sleep hygiene Resources
 - CDC → Tips for better sleep
 - https://www.cdc.gov/sleep/about_sleep/sleep_hygiene.html
 - Sleep Foundation → sleep hygiene
 - <https://www.sleepfoundation.org/sleep-hygiene>
 - Center for Clinical Intervention → sleep → sleep hygiene
 - <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Sleep>

CBT-I Session 2

Purpose:

1. Assignment review
2. Problem solve any difficulties in completing sleep logs
3. Learn about Sleep Efficiency
4. Learn about Stimulus Control (Bed = Sleep)

First Step

- For the next week, only stay in bed as long as you are typically able to sleep
 - Initially will get less sleep
 - But then you will be sleepier the following nights and it will be easier to fall asleep
 - Sometimes it may take a few nights of decreased sleep before you fall asleep quickly

6. Time in Bed (#5 minus #1)	8.5 hours		
7. Total Time Asleep (#4 minus #2 minus #3)	5.5 hours		
8. Sleep Efficiency (Time Asleep ÷ Time in Bed)	65%		

Stimulus Control

- Just as connections can be learned that impair sleep, connections can also be learned that improve sleep.
- We want the bed and bedroom to be paired with feelings of relaxation and sleep.
- Practice:
 - Set regular wake up time
 - Go to bed only when sleepy
 - If unable to fall asleep get out of bed and return only when sleepy
 - Avoid excessive napping during the day.
 - Hide the clock
 - Only use your bed for sleep or sex

Session 2 Assignment

- Continue to complete the sleep logs
- Keep a set “Time in Bed” window: Go to bed consistently at your Bed Time and set an alarm to get up consistently at your Wake Up Time
- Follow Sleep Guidelines

Session 3

- Review Sleep log and adjust time in bed window
- Review stimulus control strategies
- Review sleep hygiene
- Problem solve any difficulties

Adjusting time in bed window

- If last week's average sleep efficiency was >85% increase time in bed by 15 min
- If last weeks average sleep efficiency was <80% decrease time in bed by 15 min
- If between 80-85% maintain time in bed

6. Time in Bed (#5 minus #1)	8.5 hours		
7. Total Time Asleep (#4 minus #2 minus #3)	5.5 hours		
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Addressing problems

Q. What are 2-3 rules of Sleep Hygiene that you are breaking and how can you fix that?

Sleep Hygiene Problem	Solution

SMART solutions

- Use SMART solution to address problems with sleep hygiene or stimulus control strategies
 - Specific and small
 - Measurable
 - Action oriented
 - Realistic
 - Time stamped

Session 3 Assignment

- Adjust your time in bed window, if necessary
- Continue to complete the sleep log
- Practice Sleep hygiene solutions and continue to use SMART solutions module to address additional problems that arise

Session 4

- Purpose
 - Review Sleep Log and adjust time in bed window
 - Problem solve issues with Sleep Hygiene techniques
 - Learn how thoughts can influence your sleep

Adjusting time in bed window

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- If between 80-85% maintain time in bed

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Session 4 Assignment

- Adjust Time in Bed Window
- Continue to complete sleep log
- Continue addressing sleep hygiene and sleep guidelines
- Pay attention to cognitive distortions about sleep and come up with helpful alternative thoughts

Psychoeducation -Sleep Myths

MYTH: I need 8 hours of sleep to survive

TRUTH: Different people need different amounts of sleep. Most people benefit from 7-8 hours of sleep each night, others more or less.

MYTH: IF I don't get a good nights sleep, then I won't be able to get anything done the next day.

TRUTH: Even with too little sleep you can likely continue to function somewhat during the day. How many bad nights have you had? How many times have you been able to get NOTHING done the next day? Does this happen 100% of the time?

Sleep Myths

MYTH: If I am having trouble sleeping, I should try harder to sleep

TRUTH: Trying harder usually works in reverse---it makes it less likely you will fall asleep, because you make yourself more alert and frustrated

MYTH: If I had a bad night of sleep, I should try to catch up (by sleeping in or spending more time in bed

TRUTH: Spending more time in bed rarely helps and only increases the chances you will sleep poorly the next night. IF you get out of bed when you are still tired, you increase your sleep debt and increase the chances that you will be able to fall asleep the next night.

Patient Example

- Thought: “ If I can’t get a good night’s sleep my day tomorrow will be shot”
- Alternative Thought: “Even if I don’t sleep well tonight, I can still get up in the morning and do things. And the more active I am tomorrow, the easier it will be to fall asleep tomorrow night.”

Exercise

- Schedule “worry time”
 - Can help reduce worry and anxiety interfering with sleep
- Pick a set time everyday to when you can worry
 - At least 3 hours before bed
 - 15-30 min
- Write down all the worries that come to mind and engage in problem solving (SMART solutions) if realistic.
- When a worry comes up while attempting to sleep, tell yourself to delay the worry till the set worry time.
- Be consistent with worry time and realistic about efficacy.
 - This is a tool to reduce worry that interferes with sleep and should make it easier to get to sleep.

Session 4 Assignment

- Adjust Time in Bed Window if necessary
- Continue with sleep log daily
- Practice sleep hygiene techniques and guidelines you set for yourself
- Pay attention to thoughts that interfere with sleep and come up with alternatives
- Incorporate new skills learn such as scheduling worry time if you feel it will be helpful
- Be consistent

Session 5+

- Titration and Compliance
 - Continuing having sessions if sleep efficiency is not yet greater than 90%
 - Patient needs additional sessions to work on incorporating sleep hygiene guidelines

Adjusting time in bed window

- If last week's average sleep efficiency was >85% increase time in bed by 15 min
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- If between 80-85% maintain time in bed

6. Time in Bed (#5 minus #1)	8.5 hours		
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Sleep Hygiene

Q. What are 2-3 rules of Sleep Hygiene that you are breaking and how can you fix that?

Sleep Hygiene Problem	Solution

Patient Case

- Problem: I toss and turn every night before I get to sleep
- Patient's solution: Each night, I'll leave my bedroom if I am awake for 20 minutes or more"

- Problem: I eat dinner late because I get off of work late
- Patient solution: I'll pack dinner 3 nights a week and have a smaller snack when I get home from work

- Problem: I need to take a nap every day to make it through work
- Patient solution: I'll allow myself to take a nap everyday if I need it but I will limit it to 15min and if I can't get to sleep within 15min I will get up

Session 6

- Relapse Prevention

Purpose

- Recognize that you will have occasional bad nights
- Insomnia can return
 - BUT now you know how to address it
 - Don't panic
 - Return to initial sessions to restart CBT program

Action Plan

- Keeping the *same wakeup time* every day
- Going to bed when you're sleepy but never before your regular bedtime
- Using the bed for sleeping only
- Getting out of bed:*
 - when you're unable to sleep
 - when you find yourself worrying or can't shut off your thoughts
 - at the same time every day, even if you've had a bad night's sleep
- Creating a *buffer zone* before bed
- Engaging in worrying or problem solving *earlier* in the day
- Reframing your sleep thief thoughts
- Not trying too hard to sleep
- No napping (except for short safety naps)
- Avoiding caffeine, alcohol, cigarettes, or vigorous exercise within a few hours bedtime
- Other: _____

CBT-I in Kids

- Insomnia is prevalent in school-aged children and adolescents
- RTC's in youth age groups is limited
- No FDA approved medication for insomnia in children

Implementation

- Teach parents how to implement age appropriate and good sleep hygiene habits
 - Younger kids: establish bedtime routine
 - School age kids: set limits around TV or computer
- Address negative thoughts about sleep
- Teaching progressive muscle relaxation
- Setting goals and reinforcing them
- Be consistent with bedtime routine and sleep schedule
- Address underlying anxiety or medical disorders that could be present

Resources

- Child Mind Institute: childmind.org
- Sleepio: evidence-based, sleep directed online program
 - Small study done in adolescents showed promise

Is this Practical?

- Focus on one task or recommendation in a visit
- Have frequent follow ups to monitor progress
- Introduce new tasks and recommendations slowly
- Use apps and outside resources to supplement patients learning
 - CBTi Coach
 - Shutti Online program
 - www.santamonicasleep.com/contents/insomnia-program
 - Society of Behavioral Sleep Medicine
 - American Board of Sleep Medicine

Resources

- Websites
 - Veterans Affairs → Veterans Employment Toolkit → Relaxation Exercise: Progressive Muscle Relaxation
 - Positive Psychology.com → Progressive Muscle Relaxation
 - <https://positivepsychology.com/progressive-muscle-relaxation-pmr/>
 - Sleep Foundation → Sleep hygiene
 - <https://www.sleepfoundation.org/sleep-hygiene/relaxation-exercises-to-help-fall-asleep>
 - CDC → Tips for better sleep
 - https://www.cdc.gov/sleep/about_sleep/sleep_hygiene.html
 - Sleep Foundation → sleep hygiene
 - <https://www.sleepfoundation.org/sleep-hygiene>
 - Center for Clinical Intervention → sleep → sleep hygiene
 - <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Sleep>
- Apps
 - Headspace
 - Calm
 - Sanvello
 - CBT- Coach
- Book
 - Perlis, M. L., Benson-Jungquist, C., Smith, M. T., & Posner, D. A. (2005). *Cognitive behavioral treatment of insomnia: A session-by-session guide*. Springer New York. <https://doi.org/10.1007/o-387-29180-6>

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Questions?