

CASE STUDY – MP EXAMPLE

Therapist Contact Information

Just so that we may contact you if we need clarification.

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Please Indicate How You Want to be Identified

For slides

- anonymous
- identify my profession and state
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For the book

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Case Information

Patient's Sex	Female
Patient's Age	55 years old
Patient's Race	White
Patient's Education	16 years (PhD)
Patient's Work	Career Politician
Patients' Marital Status	Single, Married, <input type="checkbox"/> Divorced, Widowed
Patient's Presenting Complaint	Initial
Age of onset	35 years old
Duration of illness (since age of onset)	20 years old
Duration of index episode (current bout)	1 year

Retrospective Assessment (From Intake Interview)

Time to Bed (TTB)	1030pm
Time out of bed (TOB)	0530am
SL	70 minutes
WASO	20 minutes
NWAK	1
TST	360 minutes

Medical Issues (DX and Duration of illness, Acute issues)

Medical Diagnoses	GERD	- last 20 years
	Moderate High Blood pressure (140/100)	- last 15 years
	Hypercholesterolemia	- last 15 years
	Obesity (height 5.5, weight 200 lbs)	- last 15 years

Current Meds	Hydrochlorothiazide 25 qam po	- Last 10 years
	Lisinopril 5 mg qam po	- Last 10 years
	Lipitor 20 mg qam po	- Last 10 years
	OTC lansoprazole XR 15 mg qam po	- Last 5 years

Past Meds - rabeprazole sodium 20mg qam po - 15 years

Present Medical Symptoms: Persistent cough – attributes this to blood pressure meds.

Psych Issues (DX and Duration of illness, Acute issues)

Psychiatric Diagnoses	Depression (onset one year ago with divorce)
	BDI is 15 indicating mild depression
	No Tx.

Complicating Factors (Feel free to detail this. Really explain what makes the case interesting, a good example of x, y, or z).

- High stress job, esp. during elections
- Dry Mouth (at night)
- Snoring
- Sleep Study negative for significant apnea (AHI = 5)
- Financial strain associated with divorce proceedings, alimony, and child support
- 2 children in 15 & 17; shared custody
- Father lives in family home (last 15 years)

Treatment

Approach

In person, individual therapy on a weekly basis using an 8 session model with Sleep Restriction, Stimulus Control, and Sleep Hygiene. Phone call “check-in’s” may be used in our protocol for vacations and sessions 4,6 and 7, though in this case only had one session by phone (session 6).

Sleep Restriction (Specify how accomplished)

TIB was restricted to average TST as assessed by two weeks of sleep diaries.

Titration was by the “> 90% (up), 85-90% (stick), < 85% (down)” rule with 15 minutes being the increment for up and down titration. For example, SE% = 90%, TIB is expanded by 15 minutes. One exception was made at session 3. The lack of progress and mildness of the Sleep Restriction prompted the therapist to negotiate an increase in dose with the patient “as an experiment”.

Stimulus Control (Specify how accomplished)

1. Only activities in the bedroom are sleep and sex
2. When awake (regardless of duration), time is spent outside the bedroom
3. “Time out” is by the 30-60-120 rule (no “go to bed when sleepy”)

Note: When staying awake to the Prescribed Time to Bed (PTTB) or when practicing stimulus control, time awake was enforced via position (e.g., on edge of couch, sitting with head in hands, standing... This patient was also keeping her feet in a cold water bath [partly cause the house was hot]).

Sleep Hygiene (Specify how accomplished)

One session devoted to SH. Reviewed rules on a handout. Therapist amplified or debunked rules as appropriate. This session was used to talk about sleep architecture, Sleep and temperature and the need to keep the room cold, the heightened susceptibility to sensory processing, and the need to sound and light attenuate the bedroom.

Cognitive therapy (Specify type, method and # sessions)

Barlow style decatastrophization. 1 Session.

Relapse prevention – Insomnia isn’t about one night: countering mantra “If not tonight then tomorrow, and if not, then almost certainly the night after”. Shared data on the periodicity of insomnia... spoke about not committing the “mortal sin” of sleep extension.

Adjuvant Treatments (e.g., relaxation training [please name type], photo-therapy, additional cognitive therapy sessions [e.g., behavioral experiments], jump started Tx with Full or partial Sleep Deprivation or with the ISR protocol.

No additional treatments.

SESSION	INTAKE	1	2	3	4	5	6	7	8	9
PTTB			1130pm	1130pm	12am	12am	1145pm	1130pm	1115pm	
PTOB			6am	6am	6am	6am	6am	6am	6am	
TTB	1030pm	10pm	1115pm	1130pm	1215pm	12am	1145pm	1130am	1115	
TOB	530pm	6am	6am	6am	6am	6:15am	6am	615am	6am	
SL	70	50	50	30	15	15	20	20	10	
NWAK	1	2	1	1	2	1	1	1	1	
WASO	20	30	20	15	15	20	10	15	15	
TST	330	400	411	345	315	340	345	355	380	
TIB	420	480	481	390	345	375	375	390	405	
SE%	78.6	83.3	85.4	88.5	91.3	90.7	92.0	91.0	93.8	

Intake Session - data is retrospective

1 = 2nd session where Tx is first deployed

2 = 3rd session, following first week of intervention