

INSOMNIA

CBT-I
COMPONENTS
TX DELIVERY



OK. SO IT WORKS.
WHAT IS IT ?



A HX PERSPECTIVE COGNITIVE & BEHAVIORAL TXs

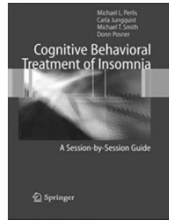
SEPT. 29, 1894.] EAU-DE-COLOGNE TIPPLERS. [THE DAYTON MENTAL JOURNAL 719

SLEEPLESSNESS.

culled from the *Glasgow Herald* :

Soap your head with the ordinary yellow soap; rub it into the roots of the hair until your head is just lather all over, tie it up in a napkin, go to bed, and wash it out in the morning. Do this for a fortnight. Take no tea after 6 P.M.

READ MORE BROADLY

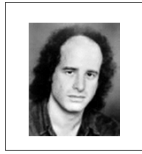


READ MORE BROADLY



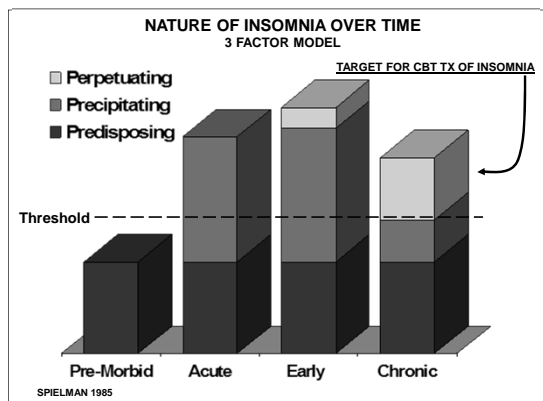
SO WHAT'S THE BETA ON CBT ?



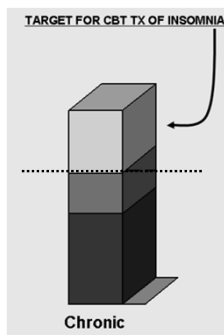


WHEN I WOKE UP THIS MORNING MY GIRLFRIEND
ASKED ME, "DID YOU SLEEP GOOD?" I SAID,

"NO, I MADE A FEW MISTAKES."
-- STEPHEN WRIGHT




WHAT ARE PERPETUATING FACTORS



PERPETUATING FACTORS	
Common Compensatory Strategies Used to Cope with Insomnia	
COMPENSATORY STRATEGY	EFFECT ON SLEEP
EXTENDING SLEEP OPPORTUNITY	
Go to Bed Early	De-primers "sleep homeostat" leading to insomnia and shallow sleep. Possible circadian dysregulation
Sleep in (Wake up later)	De-primers "sleep homeostat" Possible circadian dysregulation
Napping	De-primers "sleep homeostat"
COUNTER FATIGUE MEASURES	
Increased use of stimulants and/or inappropriately-timed use of stimulants	Increases sleep interfering states of arousal.
Avoid or decrease physical activity	May de-prime "sleep homeostat." Can lead to conditioned arousal if increased time spent resting in bed or in bedroom.
RITUALS & STRATEGIES	
Stay in bed and wait	Promotes a lack of stimulus control.
Increase in non-sleep behaviors in the bedroom to "fill time"	Promotes a lack of stimulus control.
Sleep somewhere other than the bedroom	Promotes a lack of stimulus control.
Engage in "rituals" which are thought to promote sleep (use of special beds, teas, etc.)	Promotes a dependence on the behaviors and anticipatory anxiety when not available.
Avoidance of behaviors thought to inhibit sleep (e.g., sex, going outdoors near bedtime, etc.)	Promotes anticipatory anxiety when behaviors occur


INSOMNIA



TREATMENTS

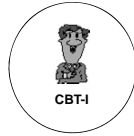
- Sleep Restriction
- Stimulus Control
- Sleep Hygiene
- Cognitive Therapy
- Phototherapy
- Relaxation

THE BT TRINITY



Sleep Restriction
Stimulus Control
Sleep Hygiene

THERAPY



**SLEEP RESTRICTION
STIMULUS CONTROL
SLEEP HYGIENE
COGNITIVE THERAPY**





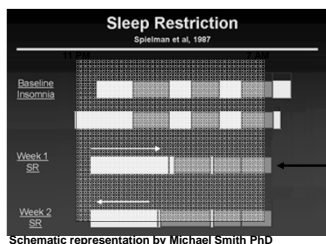
SLEEP RESTRICTION



Schematic representation by Michael Smith PhD

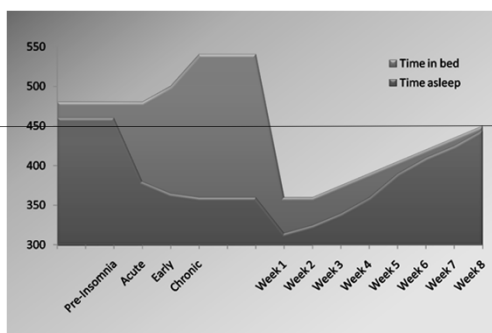
- Restrict to the number of hours in bed = average TST
- 4.0 Hrs should be the min - PCNA 1987:10(4),547
- PTTB and PTOB are inflexible
- Review ways to stay awake
- Keep diary
- Titration based on diary data (< 85%, 85-90%, > 90%)

SLEEP RESTRICTION



Schematic representation by Michael Smith PhD

TIB: BEFORE, OVER TIME, AND W/ TX



Schematic representation by Michael Grandner PhD

THERAPY



**SLEEP RESTRICTION
STIMULUS CONTROL
SLEEP HYGIENE
COGNITIVE THERAPY**





STIMULUS CONTROL

1. Lie down to go to sleep only when you are sleepy / sleep only in the bedroom.

2. Do not use your bed for anything except sleep and sex.

3. If you find yourself unable to fall asleep, get up and go into another room. Stay up as long as you wish and then return to the bedroom to sleep.

4. If you still cannot fall asleep, repeat step (3).

5. Set your alarm and get up at the same time every morning irrespective of how much sleep you got during the night.

6. Do not nap during the day.

Disclaimer--illness & driving

STIMULUS CONTROL



1. Lie down to go to sleep at the prescribed TTB ~~sleepy~~ ^{wish}

2. Do not use your bed for anything except sleep and sex.

3. If you find yourself unable to fall asleep, get up and go into Another room. Stay up for 30,60, or 120 minutes. ~~wish~~ ^{wish}

4. If you still cannot fall asleep, repeat step (3).

5. Set your alarm and get up at the same time every morning irrespective of how much sleep you got during the night.

6. Do not nap during the day.

WHAT IS "STIMULUS CONTROL ?"

GOOD STIMULUS CONTROL
ODDS 1 IN 2

BEDROOM
BEDTIME

SEX
SLEEP

STIMULUS DYSCONTROL
ODDS 1 IN 8

EAT IN BED

READ IN BED

WATCH TV IN BED

BEDROOM
BEDTIME

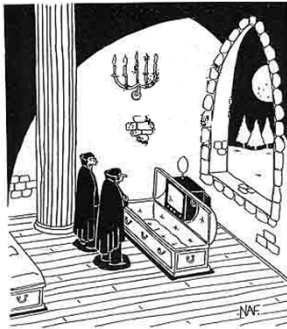
SLEEP

WORK IN BED

WORK IN BED

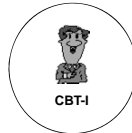
CLEAN BDRM

AN EXAMPLE OF POOR STIMULUS CONTROL



"Now, when I can't sleep I can watch a little TV."

THERAPY



SLEEP RESTRICTION
STIMULUS CONTROL
SLEEP HYGIENE
COGNITIVE THERAPY

SLEEP HYGIENE

- SLEEP HYGIENE**
1. **Sleep only as much as you need to feel refreshed during the following day.**
Reserving your time to bed helps to consolidate and deepen your sleep. Excessively long times in bed lead to fragmented and poorer sleep. Get up at your regular time the next day, no matter how often you sleep.
 2. **Get up at the same time each day, 7 days a week.**
A regular wake time in the morning leads to regular times of sleep onset, and helps to set your "biological clock."
 3. **Exercise regularly.**
Schedule exercise times so that they do not occur within 3 hours of when you intend to go to bed. Exercise makes it easier to achieve sleep and deeper sleep.
 4. **Make sure your bedroom is comfortable and free from light and noise.**
A comfortable, noise-free sleep environment will reduce the likelihood that you will wake up during the night. Noise that does not awaken you may also disturb the quality of your sleep. Comfortable, insulated curtains, and covering the door may help.
 5. **Make sure that your bedroom is at a comfortable temperature during the night.**
Excessively warm or cold sleep environments may disturb sleep.
 6. **Eat regular meals and do not go to bed hungry.**
Heavier meals disturb sleep. A light snack at bedtime (especially carbohydrates) may help sleep, but avoid greasy or "heavy" foods.
 7. **Avoid excessive liquids in the evening.**
Reducing liquid intake will minimize the need for nighttime trips to the bathroom.
 8. **Get done on all daytime projects.**
Caffeinated beverages and foods (coffee, tea, cola, chocolate) can cause difficulty falling asleep, awakenings during the night, and earlier sleep. Eat caffeine early in the day and through nighttime sleep.
 9. **Avoid alcohol, especially in the evening.**
Although alcohol helps some people fall asleep more easily, it causes awakenings later in the night.
 10. **Smoking may disturb sleep.**
Nicotine is a stimulant. Try to quit smoking during the night when you have trouble sleeping.
 11. **Don't take your problems to bed.**
Plan some time earlier in the evening for worrying on your problems or planning the next day's activities. Worrying may interfere with relaxing time and produce shallow sleep.
 12. **Do not try to fall asleep.**
This only makes the problem worse. Instead, turn on the light, leave the bedroom, and do something different like reading a book, doing a puzzle or stimulating activity. Return to bed only when you are sleepy.
 13. **Put the clock under the bed or turn it so that you can't see it.**
Clock watching may lead to frustration, anger, and worry which interfere with sleep.
 14. **Avoid naps.** Sleeping earlier during the day helps you to fall asleep at night.

SLEEP HYGIENE



**SLEEP HYGIENE
IS ALMOST ALWAYS PART OF "CBT"**



THERAPY



**SLEEP RESTRICTION
STIMULUS CONTROL
SLEEP HYGIENE
COGNITIVE THERAPY**

COGNITIVE THERAPY



OFTEN NOT A PART OF “CBT”

WHEN INCLUDED IT'S
NOT WELL STANDARDIZED
NOT WELL EVALUATED

TWO TYPES: GENERAL CT AND TARGETED CT

COGNITIVE THERAPY – GENERAL

SETTING EXPECTATION & INSURING COMPLIANCE

- WILL GET WORSE BEFORE BETTER
- COMMIT TO THE PROCESS (# of nights)
- LONG-TERM GOALS
 - DON'T EXPECT TO
SLEEP LIKE A BABY
NEVER HAVE ANOTHER NIGHT OF INSOMNIA
- THINK OF ACUTE INSOMNIA IN RESPONSE TO STRESS
AS A SOLUTION VS A PROBLEM

YOU HEARD IT BEFORE – BUT



LONG-TERM GOALS
NOMOTHETICS \neq IDIOGRAPHICS



INDIVIDUALS MAY SEEK MORE SLEEP THAN THEY
NEED WHEN IDIOGRAPHIC SLEEP NEEDS ARE
DEFINED BY NOMOTHETIC GOALS.
LICHSTEIN 2010

LONG-TERM GOALS



"DON'T EXPECT 8 HOURS – YOU MAY NOT NEED IT"

COGNITIVE THERAPY – TARGETED



TYPES

DEBUNKING DYSFUNCTIONAL BELIEFS	- MORIN
COGNITIVE RESTRUCTURING	- HARVEY
WORRY AND RUMINATION	
ATTENTION BIAS	
SAFETY BEHAVIORS	
DECATASTROPHIZATION	- PERLIS

WHAT ABOUT BRIGHT LIGHT THERAPY ?



USUALLY NOT A PART OF “CBT”

WHEN INCLUDED IT'S
NOT WELL STANDARDIZED
NOT WELL EVALUATED


PURPOSES
EXTEND WAKEFULNESS TO P-TTB
TREAT SUB-CLINICAL PHASE SHIFTS

THERAPY



TX DELIVERY

THERAPY SCHEDULE

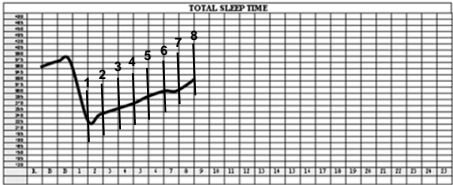


Session 1- Assessment and providing sleep log
 Session 2- Education, restriction, stimulus control
 Session 3- Problem solve and sleep hygiene
 Session 4- Upward titration
 Session 5- Upward titration & cognitive Tx
 Session 6- Upward titration
 Session 7- Upward titration
 Session 8- Relapse prevention

WHY 8 SESSIONS ?

HERE'S 8 REASONS

(ASSUMING PERFECT COMPLIANCE)

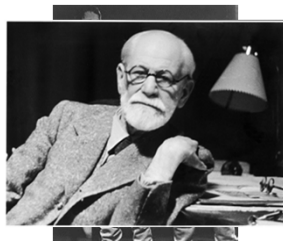


WHY 8 SESSIONS ?

- WHAT AMOUNT OF SUCCESS GUARANTEES COMPLIANCE ?
- WHAT AMOUNT OF BEHAVIORAL CHANGE – CHANGES COGNITION ?
- HOW MUCH IMPROVED SLEEP LEADS TO COUNTER CONDITIONING

AND FOR THAT MATTER HOW MUCH TREATMENT IS REQUIRED/STANDARD FOR CBT FOR OTHER ILLNESSES ?!

THERAPIST



TREATMENT SETTING



- PRIVATE PRACTICE – HOME OFFICE
- SLEEP DX CENTER – PRIVATE OFFICE
- SLEEP DX CENTER - SHARED SPACE
- PRIMARY CARE - SHARED SPACE

TREATMENT TOOLS



- WHITE BOARD
- ROUND TABLE
- CALCULATOR OR EXCEL CALCULATOR
- INTERNET ACCESS ?
- RECORDING EQUIPMENT

SETTING EXPECTATIONS



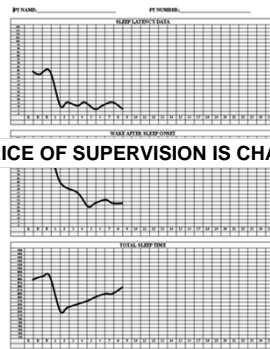
- THEY ARE IN "THE RIGHT PLACE WITH THE RIGHT PERSON"
- THERAPY IS SHORT TERM (6-12 WEEKS)
- THEY WILL GET WORSE BEFORE THEY GET BETTER
- LONG-TERM GOALS (BABY AND NEVER AGAIN)
- WHAT'S LEARNED IS FOR LIFE...
- TX IS VERY EFFECTIVE
- TO GAIN THEY MUST COMPLY

PREREQUISITES



- MEDICALLY AND PSYCHIATRICALY STABLE
- ADEQUATE LANGUAGE COMPREHENSION
- TIME FOR TREATMENT
- TIME TO BE "OFF THEIR GAME"
- COMPLIANCE WITH DIARIES
- COMPLIANCE WITH PRESCRIPTIONS

THE PRICE OF SUPERVISION IS CHARTING



BEHAVIORAL SLEEP MEDICINE SERVICE - PROGRESS NOTE

[illegible]

THE PRICE OF THERAPY (ASIDE FROM \$\$) IS DIARIES

NAME _____ DATE _____

COMPLETE IMMEDIATELY BEFORE BED CONCERNING HOW YOU FELT TODAY

	MON	TUES	WED	THUR	FRI	SAT	SUN	MEAN
PHYSICAL STATE (ENERGY)								
THIRST (THIRST=1-2-3-4-5-6-7-8-9-10)								
THIRSTY (THIRSTY=1-2-3-4-5-6-7-8-9-10)								
ALERT (ALERT=1-2-3-4-5-6-7-8-9-10)								
CONCENTRATION (CONCENTRATION=1-2-3-4-5-6-7-8-9-10)								
MOOD (MOOD=1-2-3-4-5-6-7-8-9-10)								
TIME SPENT EXERCISING (MIN)								
NUMBER OF COGNITIVE REVERSALS								

PRICE OF THERAPY (ASIDE FROM \$5) IS DIA _____

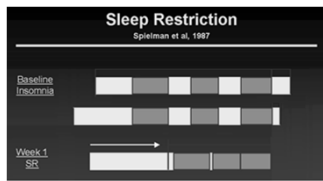
	MON	TUES	WED	THUR	FRI	SAT	SUN	MEAN
HEALTHY (HEALTHY=1-2-3-4-5-6-7-8-9-10)								
NEUROLOGICAL TEST (YES/NO)								
IDENTIFY PAINFUL (PAINFUL=1-2-3-4-5-6-7-8-9-10)								
PERFORMANCE ON THE BENCH OF THE THERAPY (PERFORMANCE ON THE BENCH OF THE THERAPY=1-2-3-4-5-6-7-8-9-10)								

COMPLETE IMMEDIATELY ON AWAKENING, PLEASE CIRCLE TALK TIME, WAKE UP TIME, BEDD AND SLEEP TIME

	MON	TUES	WED	THUR	FRI	SAT	SUN	MEAN
TIME TO BED = (CIRCLE TALK)								
WAKE UP TIME = (CIRCLE TALK)								
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**PATHWAY(S) TO
CLINICAL EXCELLNCE**

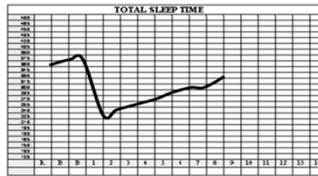




**DO NOT UNDER DOSE SLEEP
RESTRICTION**



**DO NOT OVER DOSE TIB DURING
TITRATION**



**4-8 SESSIONS IS OFTEN NOT ENOUGH,
STAY OPEN TO MORE SESSIONS THAN
IS SOP...**

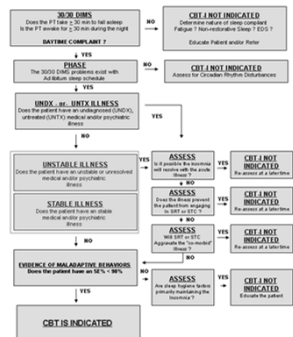
FINALLY



WHO IS A GOOD CANDIDATE FOR CBT-I

WHO IS A GOOD CANDIDATE FOR CBT-I ?

ASSESSMENT ALGORITHM : IS CBT-I INDICATED ?



HEALTH PSYCHOL. 2006 JAN;25(1):15-9.



Michael Perlis PhD
Director, Upenn Behavioral Sleep Medicine Program
mperlis@upenn.edu
