## Advanced CBT-I Course Educational Objectives

## Upon completion of this course, participants should be able to:

- 1. Describe the advanced models of Insomnia
- 2. Identify the major aspects of the models that are not covered by the 3P/4P or 2 Process Models.
- 3. Specify why each component is of relevance for both theory and practice.
- 4. Describe the relative merits of conducting CBT-I in person, by phone, by Skype and other tele-heath technologies
- 5. Identify the major advantages of Group CBT-I
- 6. Recount how the efficacy of Group CBT-I differs from in person CBT-I
- 7. Specify the primary limiting factor re: CBT-I by phone and Skype
- 8. Describe what actigraphy is
- 9. Define the relative merits of the various equipment alternatives
- 10. Identify the primary uses of actigraphy within the context of CBT-I
- 11. Relate why actigraphy is not (in general) a substitute for sleep diaries
- 12. Identify the common adjuvant and alternative treatments that can be used to modify or substitute for CBT-I
- 13. Describe the rationale for using common adjuvant and alternative treatments
- 14. Explain how to conduct the adjuvant and alternative treatments.
- 15. Define AHI, AI, and PLMI
- 16. Describe the scales and what the clinical thresholds are...
- 17. Identify each of the graphics on a multi-plot hypnogram
- 18. Identify when SDB occurs positionally or largely in relation to REM sleep
- 19. Describe the behavioral treatments for SDB & PLMs
- 20. Identify 3 possible options for hypnotic medication tapering.
- 21. Describe the relative merits for the 3 options of hypnotic medication tapering.
- 22. Describe what the major approaches are to combined treatment
- 23. Relate the primary advantage to the use of hypnotics concurrently with CBT-I (less sleep loss, despite SRT)
- 24. Relate the primary advantages to the use of modafinil with CBT-I (little to no daytime sleepiness, despite SRT)
- 25. Describe the primary components required for a case presentation
- 26. Identify the common errors with the conduct of CBT-I
- 27. Relate why the common errors are common
- 28. From case presentations, learn to review the patient's:
  - o presenting complaint and clinical Hx viz. insomnia
  - current Med/Psych Hx
  - $\circ$   $\;$  status with respect to factors that indicate or contra-indicate the use of CBT-I
  - o treatment plan

- o progress through treatment
- o status post treatment
- 29. Discuss a wide array of common patient resistances and strategies for addressing these issues
- 30. Identify three of the most common patient resistances
- 31. Describe how to circumvent the three of the most common patient resistances
- 32. To perform/observe role plays with common patient resistances and, time permitting, novel scenarios