

# INSOMNIA

SESSION 4,6,7 – TREATMENT



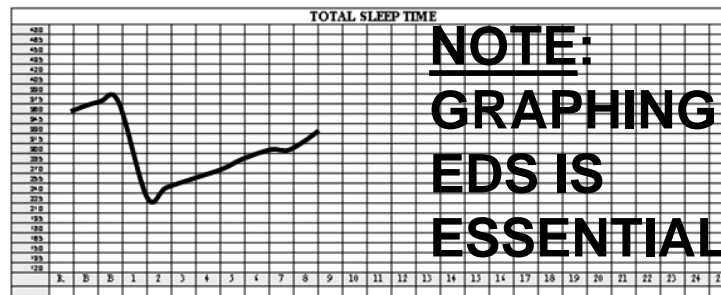
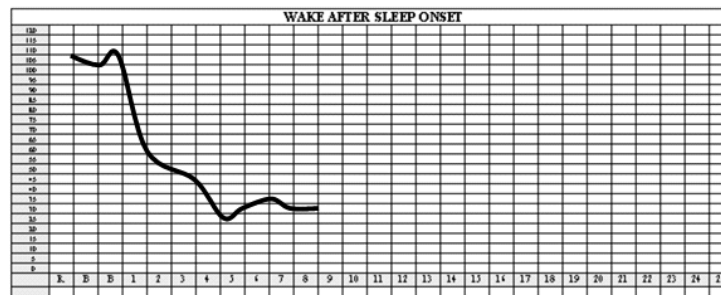
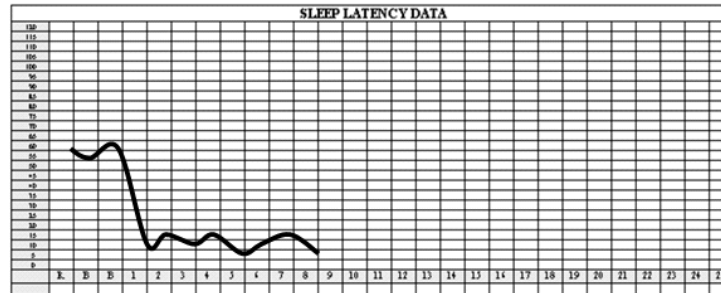


**“WHAT ARE WE GOING TO DO TODAY?”  
THE SAME THING AS EVERY DAY ... !**

Tasks
Summarize & Graph Sleep Diary
Assess Treatment Gains and Compliance
Determine if upward Titration is warranted

# GRAPH MEAN SLEEP CONTINUITY

PT NAME: \_\_\_\_\_ PT NUMBER: \_\_\_\_\_



**NOTE:**  
**GRAPHING**  
**EDS IS**  
**ESSENTIAL**

# POSITIVE TREATMENT RESPONSE



**GWEN HAS SUCCESS**

# TX NON-RESPONSE OR RESPONSE WITH AEs



**I'M DOING BETTER – BUT I FEEL HORRIBLE  
DURING THE DAY !**

## POSSIBLE EXPLANATIONS

**PT WAS COMPLIANT WITH A TOO SEVERE A SRT**

**OCCULT OSA OR PLMs ?  
OCCULT MEDICAL OR PSYCHIATRIC ILLNESS ?**

**SUBSTANCE USE OR ABUSE**

**SLEEP STATE MISPERCEPTION**

**SLEEP STATE MISPERCEPTION**

**AKA**

**PARADOXICAL INSOMNIA**

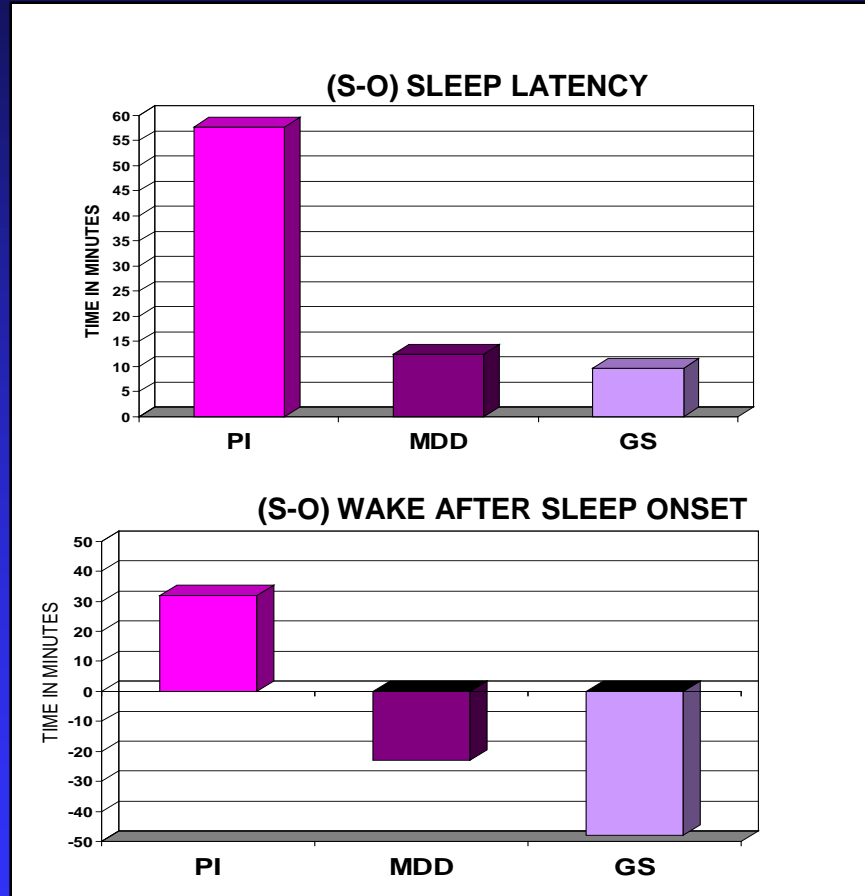
**WHAT IS THIS ?!**

**AND**

**WHAT ARE THE IMPLICATIONS FOR CBT-I ?!**

# “SLEEP STATE MISPERCEPTION”

## SUBJECTIVE-OBJECTIVE DISCREPANCY





# “SLEEP STATE MISPERCEPTION”

## SUBJECTIVE-OBJECTIVE DISCREPANCY



# WHAT ARE THE IMPLICATIONS FOR CBT-I

UNKNOWN

## OPTIONS

CONTINUE STANDARD CBT-I

CONTINUE STANDARD CBT-I WITH MODAFINIL

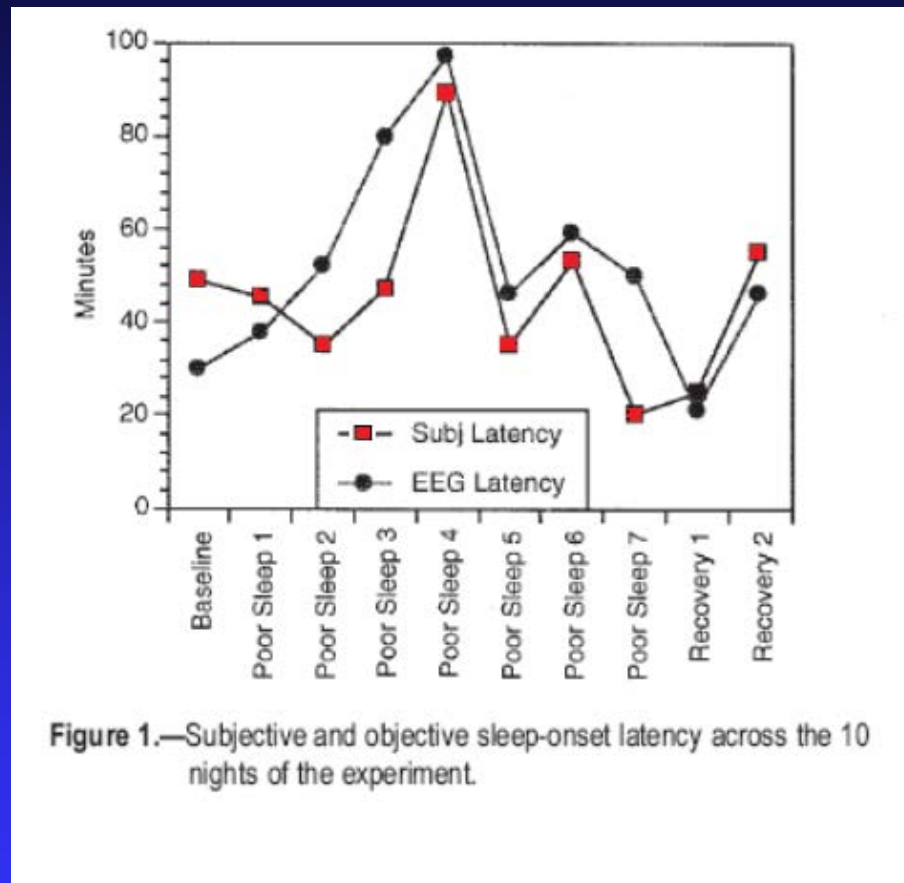
EXPERIMENT WITH THE ISR PROTOCOL

TRY SLEEP COMPRESSION

MEDICATION (BZs VS BZRAs)

SLEEP LAB BASED - FEEDBACK

# 20% REDUCTION OF TST REVERSES DISCREPANCY BETWEEN SUBJECTIVE AND EEG BASED TIMES TO FALL ASLEEP

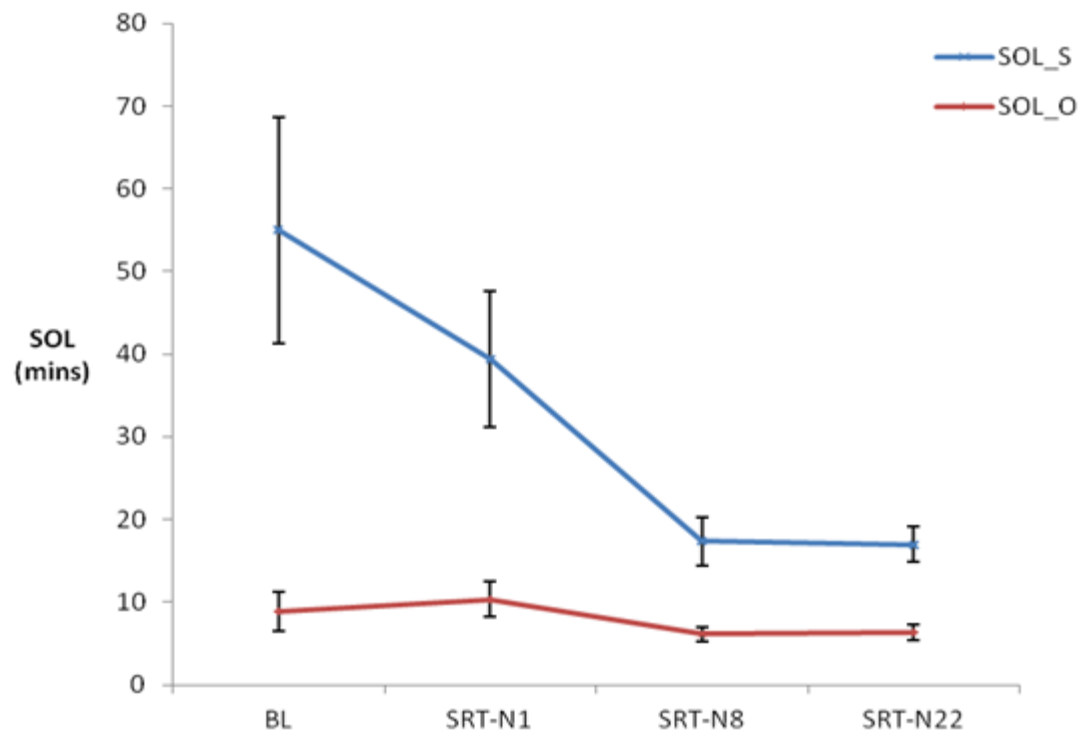


Bonnet & Arand 1998 Sleep 21(4) 359-368



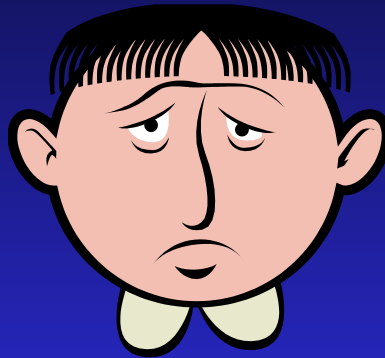
INFORMATION PROVIDED IN VA SLIDES AND MANUALS OF CBT-I

Figure 2: Subjective and objective sleep-onset latency throughout treatment nights



Kyle, Espie et al. Personal Communication 2013

## QUESTIONS & RESISTANCES



I'M DOING BETTER – CAN WE STOP NOW ?

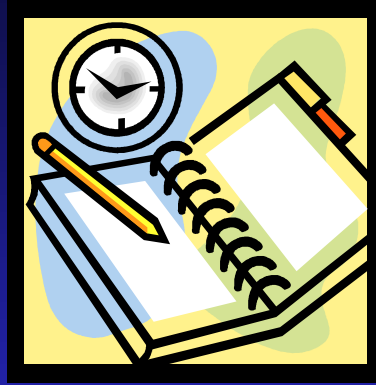
BEST NOT TO.

WILL I HAVE TO DO SRT AND STC FOREVER ?!

YES AND NO.

**NOTHING IS CERTAIN IN THIS WORLD  
BUT DEATH, TAXES, AND STIMULUS CONTROL**





NEXT WEEK

REVIEW YOUR SLEEP DIARY DATA

TITRATION & TROUBLE SHOOTING

COGNITIVE THERAPY

# BREAK







**The University of Pennsylvania**



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