

# MASTER COPY WITH ANSWERS

PLEASE WRITE YOUR ANSWER IN THE GIVEN SPACE THAT FOLLOWS THE QUESTION

## DAY ONE

1.. Preferred sleep phase refers to

- A. napping
- \* **B. the time of day one typically elects to sleep**
- C. the number of hours allocated for sleep
- D. the time of day and number of hours allocated for sleep
- E. none of the above

2. All but one of the following are sleep architecture variables

- A. Stage 1
- B. Stage 2
- C. REM Latency
- D. Slow wave sleep percentage
- \* **E. Nirvana**

3. What PSG measure is necessary for sleep staging?

- \* **A. EEG**
- B. EOG
- C. EMG
- D. EKG
- E. EPA

4. Why assess for other sleep disorders if the patient presents with insomnia

- A. the other sleep disorder(s) may account for the insomnia
- B. the co-occurrence of the other sleep disorder(s) may complicate treatment
- C. the co-occurrence of the other sleep disorder(s) may contraindicate some of the insomnia treatments
- D. its best to know the whole clinical picture
- \* **E. All of the above**

5. The main distinction between sleepiness and fatigue pertains to the likelihood of

- A. feeling weary
- B. feeling physically exhausted
- \* **C. falling asleep at inappropriate times and places**
- D. experiencing insomnia during the preferred sleep phase
- E. there is no distinction

6. One explanation for the finding that people treated for insomnia tend to improve even after treatment is discontinued is related to a(n) \_\_\_\_\_

- A. adoption of better sleep hygiene and operant conditioning effects
- \* **B. counter conditioning and the elicitation of sleepiness & sleep with sleep related stimuli**
- C. failure to inhibit wakefulness
- D. positive reinforcement
- E. negative reinforcement

7. During the acute phase of treatment (~4 weeks), when compared with pharmacotherapy, patients treated with CBT-I improve more on sleep continuity measures of \_\_\_\_\_ but not \_\_\_\_\_.

- \* **A. sleep latency; total sleep time**
- B. total sleep time; sleep latency
- C. number of awakenings; sleep latency
- D. wake after sleep onset ; number of awakenings
- E. sleep maintenance; sleep latency

8. In sleep restriction, sleep is limited to \_\_\_\_\_ but not less than \_\_\_\_\_.

- A. 4 hours; 2 hours
- B. total sleep time + 60 minutes; 4 hours
- C. total sleep time at baseline; 2 hours
- D. 90% of total sleep time at baseline; 4 hours
- \* **E. total sleep time at baseline; 4 hours**

9. The primary goal of stimulus control is to increase the strength of the \_\_\_\_\_ as a \_\_\_\_\_.

- A. sleep drive; as a function of time out of bed
- \* **B. bedroom setting; discriminative stimulus for sleep**
- C. circadian drive for sleep; cue for the sleep wake system
- D. bedroom setting; discriminative stimulus for wakefulness
- E. television; discriminative stimulus for eating

10. Sleep hygiene therapy for insomnia, is \_\_\_\_\_ treatment for insomnia.

- A. the “gold standard” for
- B. often included in multi-component
- C. not recommended as a stand-alone
- D. good when tailored to the individual and then may be used as a stand-alone
- \* **E. B & C**

11. The cognitive aspect of CBT-I may include:

- A. education about sleep
- B. addressing specific maladaptive ways of thinking about sleep
- C. addressing “decatastrophizing” re: insomnia
- D. discouraging the use of “safety behaviors”

\* **E. all of the above**

\_\_\_\_\_

12. Which form of insomnia is characterized by a profound discrepancy between the patient’s experience of sleep continuity disturbance and the measure of insomnia severity by polysomnography ?

- A. Idiopathic Insomnia
- B. Physiological Insomnia
- C. Psychophysiological Insomnia
- D. Inadequate Sleep Hygiene Insomnia

\* **E. Paradoxical insomnia**

\_\_\_\_\_

13. The classical version of the Spielman Model contains reference to all but one of the following

- A. perpetuating factors
- B. precipitating factors
- C. predispositional factors

\* **D. Pavlovian factors**

E. all of the above

\_\_\_\_\_

14. Borbey’s Two Process Model is useful because it provides a way to conceptualize

- A. what normal sleep is...
- B. why behavioral adaptation is a problem
- C. the insomnia subtypes
- D. why behavioral therapy works.

\* **E. all the above**

\_\_\_\_\_

15. There is now an overwhelming preponderance of evidence that Cognitive Behavioral Therapy for insomnia (CBT-I) is efficacious, effective, as efficacious as sedative hypnotics during acute treatment (4-8 weeks), and is more efficacious in the long term (following treatment)

\* **A. True**  
B. False

\_\_\_\_\_

**DAY TWO**

1. The minimum number of hours for sleep restriction, per Spielman 1987, is

- A. no minimum, Time in Bed should be set to equal average Total Sleep Time
- B. 3 hours
- \* **C. 4 hours**
- D. 5 hours
- E. 6 hours

2. While Sleep Hygiene as a mono-therapy is ineffective, its incorporation into CBT-I can be useful because

- A. some of the provisions are useful
- B. its allows the therapist the opportunity debunk commandments that are “bunk”
- C. its allows the therapist the opportunity to share literature based information
- D. it allows for the therapist to “razzle dazzle” (show their knowledge of the field).
- \* **E. all of the above**

3. CBT-I may be contraindicated (and require “tailoring” to the presenting circumstances) when

- A. there are significant daytime complaints of sleepiness
- B. there is evidence of current or past parasomnias
- C. the patient has a history of mania or is diagnosed with Bipolar Dx
- D. the patient has a history of seizures
- \* **E. all of the above**

4. When sleep restriction is first initiated, it is recommended that bed time be \_\_\_\_\_ rather than wake time be \_\_\_\_\_.

- A. advanced; delayed
- B. compressed; delay
- \* **C. delayed; advanced**
- D. advanced; truncated
- E. truncated; compressed

5. Early in therapy, patients should be prepared for treatment by explaining that \_\_\_\_\_ in order to \_\_\_\_\_.

- A. improvement will come rapidly; foster motivation
- B. improvement will come rapidly; decrease anxiety
- C. symptoms will worsen acutely; scare them into compliance
- \* **D. symptoms will worsen acutely; set realistic expectations**
- E. improvement will come rapidly; set realistic expectations

6. Some patients may say that they have done sleep restriction and stimulus control procedures and it did not work for them. In this situation, it may be best to \_\_\_\_\_

Because \_\_\_\_\_.

- A. implement these procedures later; patients won't be compliant now
- \* **B. ask the patients to describe what they did; the trial may have been inadequate**
- C. discard these treatment components; they are not effective for these patients
- D. discard these treatment components; expectations have diminished efficacy
- E. implement these procedures anyway; what else are you going to do?

7. If there is a lack of response early in treatment, it may be especially important to assess \_\_\_\_\_ because \_\_\_\_\_.

- A. daytime sleepiness; insomnia may not really be a problem
- B. sleep latency; it should be increasing
- C. time to bed; there may be noncompliance with sleep restriction
- D. WASO vs. time out of bed; there may be noncompliance with stimulus control
- \* **E. C & D**

8. If a patient did not implement sleep restriction, stating that, "I wanted to, but couldn't," consider:

- \* **A. problem solving to devise and improve strategies to stay awake**
- B. reviewing data to see if there was noncompliance
- C. moving on to the next phase of treatment
- D. delaying time out of bed
- E. A & D

9. A possible explanation for discrepancies between real and estimated likelihood of negative events is:

- A. "No pain, no gain"
- B. "If not tonight, tomorrow night"
- C. "Not likely"
- D. "We live with insomnia today, because at some point in our history insomnia allowed us to live"
- \* **E. "It's a bad thing to be awake when reason sleeps"**

10. If debunking maladaptive beliefs about sleep, it might be useful to teach people with insomnia, that good sleep occurs *about* every \_\_\_\_\_ days, so even maladaptive behaviors will be reinforced on an extinction-resistant \_\_\_\_\_ schedule.

- A. 3; fixed interval
- B. 4; intermittent ratio
- C. 3; fixed ratio
- D. 4; variable interval
- \* **E. 3; variable interval**

11. All of the following are examples of "sleep extension" except

- A. Delaying rise time
- B. Advancing time to bed
- \* **C. Delaying time to bed**
- D. Napping
- E. truncating rise time

12. Sleep Restriction Therapy primarily addresses which of the following perpetuating factors for insomnia

- A. Conditioned hyperarousal
- B. Poor Sleep Hygiene
- C. Poor Stimulus Control
- D. the occurrence of non-sleep behaviors in the bedroom
- \* **E. the mismatch between sleep ability and sleep opportunity**

13. The combination of hypnotics and CBT-I has been found to

- A. be more effective than CBT-I alone
- B. less effective than CBT-I alone
- C. produce larger gains in the long run
- D. produce smaller gains in the long run
- \* **E. none of the above**

14. Sleep Restriction is thought to exert its effects primarily through

- A. Realignment of circadian phase
- \* **B. Increased sleep pressure (the priming of the sleep homeostat)**
- C. Phase Delay of the Sleep Period
- D. Sleep Deprivation
- E. The delay of gratification

15. The central aspects of relapse prevention include all but one of the following

- A. "Restrict and control"
- B. Do not compensate for sleep loss (i.e., expand sleep opportunity)
- \* **C. Rigorously adhere to all the tenets of sleep hygiene**
- D. Engage in counter fatigue-sleepiness strategies
- E. given a bad night don't panic

1. The natural periodicity of good and poor sleep in untreated patients with insomnia may serve to

- \* **A. Reinforce sleep related neurotic behaviors**
- B. Reinforce positive adaptive sleep related behaviors
- C. Undermine or override effective interventions
- D. Potentiate the patient's sense of mastery over sleep
- E. None of the above

2. Which of the following is a common error in the conduct of CBT-I (as illustrated in case series studies)...  
The failure to

- A. include Sleep Hygiene as one of the components of treatment
- \* **B. match Time in Bed with prospectively assessed Total Sleep Time**
- C. utilize Cognitive therapy as one of the components of treatment
- D. implement relaxation training as one of the components of treatment
- E. utilize Bright Light exposure as one of the components of treatment

3. To use H&B codes, it is required that you

- A. subjugate yourself to a MD
- B. enter into a practice agreement with an MD
- C. share a portion of your revenues with your collaborating MD
- \* **D. treat the patient within the context of a medical disorder**
- E. none of the above

4. When assessed at baseline, if an individual exhibits an average total sleep time of 330 minutes and their desired/required wake time is 630am, then the prescribed Time To Bed (TTB) for sleep restriction is

- A. 230 am
- B. 130 am
- C. 12:30 am
- \* **D. 1:00 am**
- E. Midnight

5. When assessed at baseline, if an individual exhibits an average total sleep time of 210 minutes and their desired/required wake time is 630am, then the prescribed Time To Bed (TTB) for sleep restriction is

- A. 300 am
- B. 130 am
- \* **C. 2:30 am**
- D. 100 am
- E. Midnight

6. When assessed at baseline, if an individual exhibits an average total sleep time of 360 minutes and their desired/required wake time is 630am on the weekdays and 730am on the weekends, then the prescribed time to bed for sleep restriction is

- A. 12:30 am on the weekdays and 1:30 am on the weekends
- \* **B. 12:30 am on the weekdays and 12:30 am on the weekends**
- C. 1:30 am on the weekdays and 1:30 am on the weekends
- D. 11:30 am on the weekdays and 12:30 am on the weekends
- E. 1:30 am on the weekdays and 12:30 am on the weekends

7. If an individual's time to bed is 10:30pm and their time out of bed is 500am with a sleep latency (SL) of 30 minutes and a Wake after Sleep Onset (WASO) of 60 minutes, then their Total Sleep Time (TST) is \_\_\_\_ and their sleep efficiency (SE%) is \_\_\_\_\_.

- A. 390 minutes -- 77%
- \* **B. 300 minutes -- 77%**
- C. 330 minutes -- 85%
- D. 360 minutes -- 92%
- E. None of the above

8. If an individual's prescribed Time to Bed is 1am and their prescribed Time Out of Bed is 6am and their sleep latency (SL) is 10 minutes and their Wake after Sleep Onset (WASO) is of 20 minutes and their actual time to bed is 1am and their time out of bed is 5am (because they could not sleep), then their TST is \_\_\_\_ and their TIB is \_\_\_\_\_.

- A. 270 minutes -- 300 minutes
- B. 240 minutes -- 270 minutes
- C. 300 minutes -- 330 minutes
- \* **D. 270 minutes -- 300 minutes**
- E. 210 minutes -- 240 minutes

9. If an individual's prescribed Time to Bed is 1am and their prescribed Time Out of Bed is 6am and their sleep latency (SL) is 10 minutes and their Wake after Sleep Onset (WASO) is of 20 minutes and their actual time to bed is 12am and time out of bed is 6am, then their TST is \_\_\_\_ and their TIB is \_\_\_\_\_.

- A. 270 minutes -- 300 minutes
- B. 240 minutes -- 270 minutes
- \* **C. 330 minutes -- 360 minutes**
- D. 360 minutes -- 270 minutes
- E. 400 minutes -- 360 minutes

10. If an individual's prescribed Time to Bed is 1am and their prescribed Time Out of Bed is 6am and their sleep latency (SL) is 10 minutes and their Wake after Sleep Onset (WASO) is of 20 minutes and their actual time to bed is 1am and their time out of bed is 5am (because they needed to catch a flight), then their TST is \_\_\_\_ and their TIB is \_\_\_\_\_.

- A. 270 minutes -- 300 minutes
- B. 240 minutes -- 270 minutes
- C. 300 minutes -- 330 minutes
- D. 270 minutes -- 300 minute
- \* **E. 210 minutes -- 240 minutes**

11. The rule of thumb re: calculating Time in Bed is \_\_\_\_\_ and the rule of thumb for calculating Total Sleep Time is \_\_\_\_\_.

- A. whatever makes it shorter; whatever makes it shorter
- B. whatever makes it shorter; whatever makes it longer
- \* **C. whatever makes it longer; whatever makes it shorter**
- D. whatever makes it longer; whatever makes it longer
- E. “whatev”; whatever

12. If an individual’s prescribed Time to Bed is 2am and their prescribed Time Out of Bed is 600am and their sleep latency (SL) is 45 minutes and their Wake after Sleep Onset (WASO) is of 15 minutes and the subject was adherent with PTTB and PTOB, then their SE% is

- A. 90%
- B. 80%
- C. 87%
- \* **D. 75%**
- E. 70%

13. Which of the following may represent a contraindication for CBT-I

- A. clear evidence of a circadian rhythm disorder (e.g., delayed sleep phase syndrome)
- B. current problems with parasomnias
- C. not well controlled seizure disorder
- D. not well controlled bipolar disorder
- \* **E. all of the above**

14. All of the following are reasonable activities in which to engage in the middle of the night when practicing good stimulus control except:

- A. watching a movie
- B. playing guitar
- \* **C. doing taxes**
- D. reading a book
- E. knitting

15. If one graphs both TIB and TST (from baseline and through treatment) and there is no convergence of the two lines with time (i.e., a left facing “Y” shape) this may suggest that

- A. the therapist was reluctant to prescribe full dose sleep restriction
- B. the patient was non-adherent with sleep restriction
- C. sleep restriction was not rigorous enough
- D. the patient may be exhibiting paradoxical insomnia
- \* **E. All of the above**