**Therapist Checklist and Self-Appraisal Form (CBT-I): *Session 1***

**CHECK**

**\_\_\_\_** Did you assess that language comprehension is within normal limits?

**\_\_\_\_** Did you receive and review intake questionnaires?

**\_\_\_\_** Did you review and query patient regarding items of interest?

**\_\_\_\_** Did you review average sleep diary and actigraphy data?

**\_\_\_\_** Did you assess patient for contra-indications to CBT-I?

**\_\_\_\_** If patient is **INELIGIBLE**: Did you explain ineligibility and discharge?

**\_\_\_\_** If patient is **ELIGIBLE**: Did you re-review how to complete sleep diary?

***For all Eligible patients, did you:***

Grade **CHECK**

(A/4-D/1)

**\_\_\_\_** Formulate an impression with respect to type and subtype of insomnia?

|  |  |
| --- | --- |
| **Predisposition** |  |
| **Precipitation** |  |
| **Perpetuation** |  |
| **Pavlovian** |  |

**\_\_\_\_** Review factors related to 4-P Model

 *(see chart)*

**\_\_\_\_** **\_\_\_\_** Provide prescription (no changes except clock)?

**\_\_\_\_** **\_\_\_\_** Explain "have a bad week"?

**\_\_\_\_** **\_\_\_\_** Did you discuss motivation and general compliance issues?

**\_\_\_\_** **\_\_\_\_** Did you solicit patient feedback and address their concerns?

 **\_\_\_\_** Did you confirm next appt?

TOTAL

SCORE: \_\_\_\_\_

**SELF ASSESSMENT**

Your delivery was

Humdrum and Not Compelling    0-1-2-3-4 -5- 6-7-8-9-10    Persuasive and Compelling

You were attentive to the patient’s questions and concerns

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

What you had to say was ( ) well understood by the patient

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

**Therapist Checklist and Self-Appraisal Form (CBT-I): *Session 2***

Grade **CHECK**

(A/4-D/1)

**\_\_\_\_** Did CRC give you an updated Sleep Diary summary, and did you review this with patient?

 SL\_\_\_\_\_\_ SE\_\_\_\_\_\_\_ TST \_\_\_\_\_\_\_ WASO \_\_\_\_\_\_\_ EMA \_\_\_\_\_\_\_\_

**\_\_\_\_** Did CRC give you copies of the tools below and did you review these with patient?

* PHQ-9
* GAD-7
* ESS
* Medical Symptom Checklist

**\_\_\_\_** Did you identify any new medications or medical problems?

**\_\_\_\_** Did you address any immediate concerns or problems with participation?

* Adverse events, symptoms, illnesses, new stressors.
* Other Med use

**\_\_\_\_** **\_\_\_\_** Did you review sleep diary data “mismatch” (sleep opp. vs. sleep ability)?

**\_\_\_\_** **\_\_\_\_** Did you explain the 4-P model of Insomnia?

* Predisposing factors
* Precipitating events
* Perpetuating factors
* Pavlovian Factors
* Discuss these in the context of the patient’s life

**\_\_\_\_** **\_\_\_\_** Did you prescribe Sleep Restriction?

* Give the rationale for this (build up pressure for sleep, adopt a schedule to re-train the body when to sleep, when to be awake)
* Match SO to TST based on time to wake up in the morning
* Write time to bed and time out of bed on diary

**\_\_\_\_** **\_\_\_\_** Did you prescribe Stimulus Control Therapy?

* Give the rationale for this (develop a strong connection between bed and sleep; break the connection between bed and anxiety, worry, annoyance and/or other activities)
* Instruct patient to get out of bed when awake for 15 minutes, or as soon as they feel annoyed, upset, etc.
* Give handout with instructions
* Develop a list of pleasurable activities to do when awake in the night and/or to stay awake until the prescribed bed time
* Discuss Efficacy: 50% better acutely; more so over time as cond. arousal drops
* Set the expectation that things will get worse before better

**\_\_\_\_** **\_\_\_\_** Did you discuss motivation and general compliance issues?

**\_\_\_\_** **\_\_\_\_** Did you solicit patient feedback and hesitation and address each concern?

**\_\_\_\_** Did you confirm next appt?

TOTAL

 SCORE: \_\_\_\_\_

**How compliant was the patient with CBT-I in the past week?**

**100% Non-compliant 0-1-2-3-4 -5- 6-7-8-9-10   100% Compliant (or good excuses)**

 **Calculate average Diff between PTTB and TTB \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (n/a)**

 **Calculate average Diff between WASO-IN and WASO-out \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (n/a)**

***Next Week’s Prescribed TTB: \_\_\_\_\_\_\_***

***Next Week’s Prescribed TOB: \_\_\_\_\_\_\_***

**SELF ASSESSMENT**

Your delivery was

Humdrum and Not Compelling    0-1-2-3-4 -5- 6-7-8-9-10    Persuasive and Compelling

You were attentive to the patient’s questions and concerns

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

What you had to say was ( ) well understood by the patient

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

**Therapist Checklist and Self-Appraisal Form (CBT-I): *Session 3***

Grade **CHECK**

(A/4-D/1)

**\_\_\_\_** Did CRC give you an updated Sleep Diary summary, and did you review this with patient?

 SL\_\_\_\_\_\_ SE\_\_\_\_\_\_\_ TST \_\_\_\_\_\_\_ WASO \_\_\_\_\_\_\_ EMA \_\_\_\_\_\_\_\_

**\_\_\_\_** Did CRC give you copies of the tools below and did you review these with patient?

* PHQ-9
* GAD-7
* ESS
* Medical Symptom Checklist

**\_\_\_\_** Did you identify any new medications or medical problems?

**\_\_\_\_** Did you address any immediate concerns or problems with participation?

* Adverse events, symptoms, illnesses, new stressors.
* Other Med use

**\_\_\_\_** **\_\_\_\_** Did you review graph of sleep parameters and results of above tools?

* Discuss progress

**\_\_\_\_** **\_\_\_\_** Did you discuss and problem-solve compliance issues?

**\_\_\_\_** **\_\_\_\_** Did you continue stimulus control and sleep restriction procedures?

* Prescribe **Bed Time** based on past week's sleep efficiency average:

*If SE > 90% then subject goes to bed 15 minutes earlier for the next week*

**\_\_\_\_** **\_\_\_\_** Did you provide subject with sleep hygiene hand out and review item by item?

* Provide patient with a pencil to write down their assignments (keep a copy for the chart)
* Develop a plan for behavior change if necessary

**\_\_\_\_** **\_\_\_\_** Did you solicit patient feedback and address each concern?

**\_\_\_\_** **\_\_\_\_** Did you reinforce importance of sleep diary and prescribe new TIB/TOB?

**\_\_\_\_** **\_\_\_\_** Did you discuss motivation and general compliance issues?

**\_\_\_\_** **\_\_\_\_** Did you send patient out with a clear understanding of need to comply and recommendations on how to stay awake and what to do if they wake up during the night?

 **\_\_\_\_** Did you confirm next appt?

TOTAL

SCORE: \_\_\_\_\_

**How compliant was the patient with CBT-I in the past week?**

**100% Non-compliant 0-1-2-3-4 -5- 6-7-8-9-10   100% Compliant (or good excuses)**

 **Calculate average Diff between PTTB and TTB \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Calculate average Diff between WASO-IN and WASO-out \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Next Week’s Prescribed TTB: \_\_\_\_\_\_\_***

***Next Week’s Prescribed TOB: \_\_\_\_\_\_\_***

**SELF ASSESSMENT**

Your delivery was

Humdrum and Not Compelling    0-1-2-3-4 -5- 6-7-8-9-10    Persuasive and Compelling

You were attentive to the patient’s questions and concerns

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

What you had to say was ( ) well understood by the patient

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

**NOTES AND REMINDERS**

**Review sleep diary data**

Set new SO if appropriate

 Increase it by 15 minutes if SE greater than 90%

 Reduce it by 15 minutes if SE less than 85%

 Hold steady if SE between 85 and 90%

**Assess compliance**

Address compliance problems (need to remain awake until prescribed bed time, need to get out of bed a prescribed time, need to get out of bed when awake/annoyed)

 Review rationale for SR or SC if necessary

 Reinforce need for short term pain for long term gain

Reinforce continued SC and SR if doing well

Administer sleep environment questionnaire to assess areas in sleep environment that may need to change (light, noise, safety, pets, etc)

**Review sleep hygiene guidelines**

 Give patient a handout and a pen

 Have patient read each one aloud; therapist provides explanation

 Encourage patient to take notes on areas to change in own life

 Therapist keeps a list, too, for follow-up purposes

**Therapist Checklist and Self-Appraisal Form (CBT-I): *Session 4***

Grade **CHECK**

(A/4-D/1)

**\_\_\_\_** Did CRC give you an updated Sleep Diary summary, and did you review this with patient?

 SL\_\_\_\_\_\_ SE\_\_\_\_\_\_\_ TST \_\_\_\_\_\_\_ WASO \_\_\_\_\_\_\_ EMA \_\_\_\_\_\_\_\_

**\_\_\_\_** Did CRC give you copies of the tools below and did you review these with patient?

* PHQ-9
* GAD-7
* ESS
* Medical Symptom Checklist

**\_\_\_\_** Did you identify any new medications or medical problems?

**\_\_\_\_** Did you address any immediate concerns or problems with participation?

* Adverse events, symptoms, illnesses, new stressors.
* Other Med use

**\_\_\_\_** **\_\_\_\_** Did you discuss motivation and general compliance issues?

**\_\_\_\_** **\_\_\_\_** Did you solicit patient feedback and hesitation and address each concern?

**\_\_\_\_** **\_\_\_\_** Did you reinforce importance of sleep diary and prescribe new TIB/TOB?

**\_\_\_\_** **\_\_\_\_** Did you send patient out with a clear understanding of need to comply and recommendations on how to stay awake and what to do if they wake up during the night?

**\_\_\_\_** Did you confirm next appt?

TOTAL

SCORE: \_\_\_\_\_

**How compliant was the patient with CBT-I in the past week?**

**100% Non-compliant 0-1-2-3-4 -5- 6-7-8-9-10   100% Compliant (or good excuses)**

 **Calculate average Diff between PTTB and TTB \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Calculate average Diff between WASO-IN and WASO-out \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Next Week’s Prescribed TTB: \_\_\_\_\_\_\_***

***Next Week’s Prescribed TOB: \_\_\_\_\_\_\_***

**SELF ASSESSMENT**

Your delivery was

Humdrum and Not Compelling    0-1-2-3-4 -5- 6-7-8-9-10    Persuasive and Compelling

You were attentive to the patient’s questions and concerns

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

What you had to say was ( ) well understood by the patient

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

**Therapist Checklist and Self-Appraisal Form (CBT-I): *Session 5***

Grade **CHECK**

(A/4-D/1)

­­­**\_\_\_\_** Did CRC give you an updated Sleep Diary summary, and did you review this with patient?

 SL\_\_\_\_\_\_ SE\_\_\_\_\_\_\_ TST \_\_\_\_\_\_\_ WASO \_\_\_\_\_\_\_ EMA \_\_\_\_\_\_\_\_

**\_\_\_\_** Did CRC give you copies of the tools below and did you review these with patient?

* PHQ-9
* GAD-7
* ESS
* Medical Symptom Checklist

**\_\_\_\_** Did you identify any new medications or medical problems?

**\_\_\_\_** Did you address any immediate concerns or problems with participation?

* Adverse events, symptoms, illnesses, new stressors.
* Other Med use

**\_\_\_\_** **\_\_\_\_** Did you continue stimulus control and sleep restriction procedures?

* Prescribe **Bed Time** based on past week's sleep efficiency average:

*If SE > 90% then subject goes to bed 15 minutes earlier for the next week*

 If SE less than 85%, reduce SO by 15 minutes (bed time 15 minutes later for next week)

 If SE between 85 and 90%, hold SO and time to bed steady

**\_\_\_\_** **\_\_\_\_** Did you assess compliance?

* Reinforce continued SC and SR if doing well

**\_\_\_\_** **\_\_\_\_** Did you address compliance problems (if present)?

* Need to remain awake until prescribed bed time, need to get out of bed a prescribed time, need to get out of bed when awake/annoyed
* Review rationale for SR or SC if necessary
* Reinforce need for short term pain for long term gain

 Did you conduct cognitive therapy?

\_\_\_\_ **\_\_\_\_ •** Calculate # of nights of insomnia

\_\_\_\_ **\_\_\_\_ •** Identify catastrophic thoughts

* + Draw these out if necessary
	+ “If I don’t sleep well tonight I might \_\_\_\_\_\_\_\_\_\_\_\_\_”
	+ Explore what would be better in patient’s life if sleep was better and flip this around to get at the worry (if they have trouble identifying concerns)

\_\_\_\_ **\_\_\_\_ •** Go through:

* + How certain they were of each event
	+ # of times it happened
	+ # of times it should have happened based on opportunity
	+ Actual % probability of the event happening
	+ Discuss lack of likelihood of each event

\_\_\_\_ **\_\_\_\_ •** Discuss why the catastrophic worry may happen

* + Entire brain doesn’t go to sleep all at once/bad to be awake when reason sleeps
	+ Normalize this
	+ Develop counter-command (not likely)

**\_\_\_\_** **\_\_\_\_** Did you solicit patient’s feedback and hesitation and address each concern?

**\_\_\_\_** **\_\_\_\_** Did you provide new sleep diary with prescribed TIB/TOB written on it?

**\_\_\_\_** **\_\_\_\_** Did you send patient out with a clear understanding of need to comply and recommendations on how to stay awake and what to do if they wake up during the night?

**\_\_\_\_** Did you confirm next appointment?

TOTAL

SCORE: \_\_\_\_

**How compliant was the patient with CBT-I in the past week?**

**100% Non-compliant 0-1-2-3-4 -5- 6-7-8-9-10   100% Compliant (or good excuses)**

 **Calculate average Diff between PTTB and TTB \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Calculate average Diff between WASO-IN and WASO-out \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Next Week’s Prescribed TTB: \_\_\_\_\_\_\_***

***Next Week’s Prescribed TOB: \_\_\_\_\_\_\_***

**SELF ASSESSMENT**

Your delivery was

Humdrum and Not Compelling    0-1-2-3-4 -5- 6-7-8-9-10    Persuasive and Compelling

You were attentive to the patient’s questions and concerns

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

What you had to say was ( ) well understood by the patient

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

**Therapist Checklist and Self-Appraisal Form (CBT-I): *Session 6***

Grade **CHECK**

(A/4-D/1)

**\_\_\_\_** Did CRC give you an updated Sleep Diary summary, and did you review this with patient?

 SL\_\_\_\_\_\_ SE\_\_\_\_\_\_\_ TST \_\_\_\_\_\_\_ WASO \_\_\_\_\_\_\_ EMA \_\_\_\_\_\_\_\_

**\_\_\_\_** Did CRC give you copies of the tools below and did you review these with patient?

* PHQ-9
* GAD-7
* ESS
* Medical Symptom Checklist

**\_\_\_\_** Did you identify any new medications or medical problems?

**\_\_\_\_** Did you address any immediate concerns or problems with participation?

* Adverse events, symptoms, illnesses, new stressors.
* Other Med use

**\_\_\_\_** **\_\_\_\_** Did you provide new sleep diary with prescribed TIB/TOB written on it?

\_\_\_\_ **\_\_\_\_** Did you discuss motivation and general compliance issues?

**\_\_\_\_** **\_\_\_\_** Did you send patient out with a clear understanding of need to comply and recommendations on how to stay awake and what to do if they wake up during the night?

 **\_\_\_\_** Did you confirm next appt?

TOTAL

SCORE: \_\_\_\_\_

**How compliant was the patient with CBT-I in the past week?**

**100% Non-compliant 0-1-2-3-4 -5- 6-7-8-9-10   100% Compliant (or good excuses)**

 **Calculate average Diff between PTTB and TTB \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Calculate average Diff between WASO-IN and WASO-out \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Next Week’s Prescribed TTB: \_\_\_\_\_\_\_***

***Next Week’s Prescribed TOB: \_\_\_\_\_\_\_***

**SELF ASSESSMENT**

Your delivery was

Humdrum and Not Compelling    0-1-2-3-4 -5- 6-7-8-9-10    Persuasive and Compelling

You were attentive to the patient’s questions and concerns

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

What you had to say was ( ) well understood by the patient

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

**NOTES AND REMINDERS**

**Review sleep diary data**

* Set new SO if appropriate

 Increase it by 15 minutes if SE greater than 90%

 Reduce it by 15 minutes if SE less than 85%

 Hold steady if SE between 85 and 90%

**Assess compliance**

* Address compliance problems (need to remain awake until prescribed bed time, need to get out of bed a prescribed time, need to get out of bed when awake/annoyed)
* Review rationale for SR or SC if necessary
* Reinforce need for short term pain for long term gain

**Reinforce continued SC and SR if doing well**

**Administer sleep environment questionnaire to assess areas in sleep environment that may need to change (light, noise, safety, pets, etc)**

**Review sleep hygiene guidelines**

* Give patient a handout and a pen
* Have patient read each one aloud; therapist provides explanation
* Encourage patient to take notes on areas to change in own life
* Therapist keeps a list, too, for follow-up purposes

**Therapist Checklist and Self-Appraisal Form (CBT-I): *Session 7***

Grade **CHECK**

(A/4-D/1)

**\_\_\_\_** Did CRC give you an updated Sleep Diary summary, and did you review this with patient?

 SL\_\_\_\_\_\_ SE\_\_\_\_\_\_\_ TST \_\_\_\_\_\_\_ WASO \_\_\_\_\_\_\_ EMA \_\_\_\_\_\_\_\_

**\_\_\_\_** Did CRC give you copies of the tools below and did you review these with patient?

* PHQ-9
* GAD-7
* ESS
* Medical Symptom Checklist

**\_\_\_\_** Did you identify any new medications or medical problems?

**\_\_\_\_** Did you address any immediate concerns or problems with participation?

* Adverse events, symptoms, illnesses, new stressors.
* Other Med use

**\_\_\_\_** **\_\_\_\_** Did you discuss motivation and general compliance issues?

**\_\_\_\_** **\_\_\_\_** Did you provide new sleep diary with prescribed TIB/TOB written on it?

**\_\_\_\_** **\_\_\_\_** Did you send patient out with a clear understanding of need to comply and recommendations on how to stay awake and what to do if they wake up during the night?

 **\_\_\_\_** Did you confirm next appt?

TOTAL

SCORE: \_\_\_\_\_

**How compliant was the patient with CBT-I in the past week?**

**100% Non-compliant 0-1-2-3-4 -5- 6-7-8-9-10   100% Compliant (or good excuses)**

 **Calculate average Diff between PTTB and TTB \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Calculate average Diff between WASO-IN and WASO-out \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Next Week’s Prescribed TTB: \_\_\_\_\_\_\_***

***Next Week’s Prescribed TOB: \_\_\_\_\_\_\_***

**SELF ASSESSMENT**

Your delivery was

Humdrum and Not Compelling    0-1-2-3-4 -5- 6-7-8-9-10    Persuasive and Compelling

You were attentive to the patient’s questions and concerns

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

What you had to say was ( ) well understood by the patient

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

**NOTES AND REMINDERS**

**Review sleep diary data**

* Set new SO if appropriate

 Increase it by 15 minutes if SE greater than 90%

 Reduce it by 15 minutes if SE less than 85%

 Hold steady if SE between 85 and 90%

**Assess compliance**

* Address compliance problems (need to remain awake until prescribed bed time, need to get out of bed a prescribed time, need to get out of bed when awake/annoyed)
* Review rationale for SR or SC if necessary
* Reinforce need for short term pain for long term gain

**Reinforce continued SC and SR if doing well**

**Administer sleep environment questionnaire to assess areas in sleep environment that may need to change (light, noise, safety, pets, etc)**

**Review sleep hygiene guidelines**

* Give patient a handout and a pen
* Have patient read each one aloud; therapist provides explanation
* Encourage patient to take notes on areas to change in own life
* Therapist keeps a list, too, for follow-up purposes

**Therapist Checklist and Self-Appraisal Form (CBT-I): *Session 8***

Grade **CHECK**

(A/4-D/1)

**\_\_\_\_** Did CRC give you an updated Sleep Diary summary, and did you review this with patient?

 SL\_\_\_\_\_\_ SE\_\_\_\_\_\_\_ TST \_\_\_\_\_\_\_ WASO \_\_\_\_\_\_\_ EMA \_\_\_\_\_\_\_\_

**\_\_\_\_** Did CRC give you copies of the tools below and did you review these with patient?

* PHQ-9
* GAD-7
* ESS
* Medical Symptom Checklist
* Treatment Acceptability Scale

**\_\_\_\_** Did you identify any new medications or medical problems?

**\_\_\_\_** Did you address any immediate concerns or problems with participation?

* Adverse events, symptoms, illnesses, new stressors.
* Other Med use

**\_\_\_\_** **\_\_\_\_** Did you review Graph of Sleep parameters?

* Discuss overall progress in parameters as well as above tools

**\_\_\_\_** **\_\_\_\_** Did you discuss further sleep restriction guidelines (what to do if insomnia returns- go back to restricting, stimulus control, etc.)?

**\_\_\_\_** **\_\_\_\_** Did you talk about prophylaxis? Review:

* How insomnia gets started (referring again to the Spielman/Behavioral Model) and the strategies that maintain poor sleep, and…
* The strategies that are likely to abort an extended episode of insomnia.

**\_\_\_\_** **\_\_\_\_** Did you discuss how gains will continue as bed/bedroom continues to be associated with sleep?

**\_\_\_\_** **\_\_\_\_** Did you provide patient with a handout to help remind them how to maintain gains?

**\_\_\_\_** **\_\_\_\_** Did you review plan for follow-up?

TOTAL

SCORE: \_\_\_\_\_

**How compliant was the patient with CBT-I in the past week?**

**100% Non-compliant 0-1-2-3-4 -5- 6-7-8-9-10   100% Compliant (or good excuses)**

 **Calculate average Diff between PTTB and TTB \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Calculate average Diff between WASO-IN and WASO-out \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SELF ASSESSMENT**

Your delivery was

Humdrum and Not Compelling    0-1-2-3-4 -5- 6-7-8-9-10    Persuasive and Compelling

You were attentive to the patient’s questions and concerns

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very

What you had to say was ( ) well understood by the patient

Not very     0-1-2-3-4 -5- 6-7-8-9-10     Very