Insomnia is widely recognized to be the most common sleep problem and is also a leading complaint in Psychiatric care settings. The consequences and morbidity associated with chronic insomnia can be substantial across several domains and can include increased risk for, and/or severity of, medical and behavioral health disorders.

When treating insomnia, cognitive-behavioral treatment for insomnia (CBT-I) has been shown to be of equal or greater effectiveness when compared to sedative hypnotic medication. Effective treatment of insomnia not only improves sleep quality and daytime functioning, but CBT-I has also been shown to have direct beneficial impact on depression, anxiety, PTSD, chronic pain, and other behavioral and medical disorders. These findings suggest that CBT-I should be considered a transdiagnostic therapy that should be in every clinician’s toolbox.

This workshop is designed to provide clinical and research faculty from multiple disciplines the core elements of CBT-I. The course starts by grounding participants in the basics of sleep medicine that undergird the practice of CBT-I. It goes on to present systematic, empirically validated treatment methods and essential information about the pathophysiology and etiology of insomnia necessary to inform assessment, diagnosis, treatment, and the handling of treatment resistance. The material is largely didactic but attempts also to give participants a “hands on” approach to the clinical delivery that allows CBT-I to become more than just a set of guidelines on a page.

**DAY 1**
- 1.0 CBT-I: The Path Forward
- 1.2: Sleep 101
- 1.3: Treating Insomnia
- 1.4: Assessment of Insomnia

**DAY 2**
- 2.1: Epidemiology – Perpetuating Factors
- 2.2: Sleep Diary – SRT & SCT
- 2.3: SH and Cognitive Therapy
- 2.4: Assessment – Conceptualization – Therapy Structure – Relapse Prevention
ABOUT THE PRESENTERS

Donn Posner PhD DBSM is the Founder and President of Sleep Well Consultants and has been consulting to organizations and individuals on a wide variety of sleep health issues including insomnia, circadian dysrhythmia, CPAP adherence, and parasomnias. He is also currently a consulting psychologist, for the Palo Alto VA, working on a number of grants exploring the effects of CBT-I in Gulf War Veterans and Veterans with insomnia and Mild Traumatic Brain Injury. Dr. Posner also serves as an Adjunct Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine, and a clinical/research psychologist at the Palo Alto VA.

Prior to his roles at Stanford and the VA he spent 25 years serving as the Director of Behavioral Sleep Medicine for the Sleep Disorders Center of Lifespan Hospitals and was a Clinical Associate Professor in the Department of Psychiatry and Human Behavior at the Warren Alpert School of Medicine at Brown University. For 20 of those years Dr. Posner had served as the primary supervisor for a rotation of the Behavioral Medicine track of the clinical psychology internship at Brown. The rotation focused on the assessment and treatment of Sleep and Anxiety Disorders and was one of the few rotations of its kind in the US.

Dr. Posner is one of the authors of Cognitive Behavioral Treatment of Insomnia: A Session-by-Session Guide (New York: Springer/Verlag). The book is intended for clinical trainees, and non-insomnia sleep specialists, as well as more experienced clinicians from outside the sleep medicine field, who wish to learn how to provide empirically validated cognitive behavioral treatment for insomnia (CBT-I).

Dr. Posner is a member of the American Academy of Sleep Medicine and is one of the first Certified Behavioral Sleep Medicine specialists recognized by that group. He is also a founding member of the Society of Behavioral Sleep Medicine, and he has also now achieved the status of Diplomate with the BBSM which is the highest level of qualification and competency they bestow.

Michael Perlis PhD is an Associate Professor of Psychiatry and nursing at the University of Pennsylvania. Over the last three decades he has avidly pursued a variety of activities to promote the dissemination and implementation of Cognitive Behavioral Therapy for Insomnia (CBT-I). This includes the publication of three text books related to the principles and practice of behavioral sleep medicine and seven articles pertaining to CBT-I professional issues (e.g., “We know CBT-I works, now what?), the conduct of two annual CBT-I CE trainings (basic [since 2005] and advanced courses [since 2014]), the hosting of a BSM Mini-Fellowship program at Penn (since 2014), the hosting of the International CBT-I Provider Directory (since 2008), and the hosting of a BSM/CBT-I list serve (since 1996).

Since 1988, he has served as mentor to 117 trainees including 39 junior or peer faculty, 23 interns or post-doctoral fellows, 7 medical students, 13 graduate or post-masters’ students, and 35 undergraduates or post-baccalaureates. He has also served as a member, or chair, of several committees and task forces for the Sleep Research Society (SRS) and the American Academy of Sleep Medicine, was an assistant to the director of training for the SRS for five years, was one of the five organizing and founding members of the Society of Behavioral Sleep Medicine (SBSM) and this society’s first president (2010-2011). He was nominated for the SRS Mary Carskadon Outstanding Educator Award and has received the SBSM Peter Hauri Lifetime Achievement and the Champion of BSM awards.

His research program pertains to Insomnia and Behavioral Sleep Medicine. His specific research interests include seven topic areas: (1) behavior, cognitive, and physiologic factors in acute and chronic insomnia; (2) cortical arousal and conditioned CNS activation as primary perpetuators of chronic insomnia; (3) sensory and information processing and long term memory formation as key features of Insomnia Disorder & insomnia as a hybrid state between wake and sleep; (4) sleep homeostasis effects on the frequency and severity of insomnia (and the patterning of insomnia over time); (5) the relative efficacy of behavioral and pharmacologic treatments of insomnia; (6) insomnia as risk factor for new onset and recurrent depression and the anti-depressant effects of CBT-I; and (7) the potential of conditioning and partial reinforcement with placebos (behavioral pharmacotherapeutics) as a means to change how medical maintenance therapy is conducted for insomnia and other chronic conditions. As part of these activities, he served as a PI or Co-PI on 12 NIH funded studies (5 R01s, 1 R56, 4 R21s, 1 R03, and 1 K24) and he has overseen several additional NIH projects, including mentoring or co-mentoring of 8 K23 or F32 awards.