Outline

Sleep Regulation Problems: How Insomnia Develops

Factors that weaken the sleep drive Factors that weaken the signal of the circadian clock

How the circadian clock & sleep drive work together to regulate sleep

How the arousal system interferes with sleep regulation

Cognitions & behaviors that create cognitive arousal & interfere with sleep Identify conditioned insomnia

Assessment & Treatment Planning

Treat insomnia to improve outcomes for PTSD, chronic pain, depression & anxiety Why treating a primary mental health disorder won't cure insomnia Insomnia-informed considerations for the clinical interview Who is a good candidate for CBT-I? Hypnotic medications & sleep Drugs that can cause sleep disturbance Take-home assessment resources Sleep diary Limitations of research & potential risks Assessment Factors

Assess for comorbid sleep disorders Evaluate sleep continuity Identify daytime symptoms of insomnia Discern bad sleep habits Other assessment considerations

When to refer to a sleep specialist

Sleep Hygiene: Decrease Clients' Vulnerability to Insomnia

Clock watching & implications for sleep diary Environmental concerns How eating affects sleep When to exercise Address caffeine, alcohol & nicotine use

Sleep Restriction Therapy (SRT): Strengthen the Sleep Drive and Signals From the Circadian Clock Goals of sleep restriction Sleep restriction rationale SRT: Step-by-step Considerations for setting the sleep window How & when to extend time-in-bed Rules for before-bed activities Address clients' fears about SRT Combat difficulty with waking on time Troubleshooting insufficient progress

Stimulus Control (SC): Address Conditioned Arousal

Goals of stimulus control Rationale for stimulus control Stimulus control: Step-by-step Counter arousal strategies Activities for nighttime wakefulness Address clients' practical concerns Overcome obstacles to stimulus control

Cognitive Therapy: Help Clients Change Thoughts & Beliefs that Interfere with Sleep

Reduce arousal: The buffer zone & worry time Educate your client to become an expert on their own sleep disorder

Tools to identify cognitions & beliefs that interfere with sleep

Combat intrusive thoughts during sleep time Activities to help clients with arousal Reduce sleep effort & worry about lack of sleep Correct clients' unrealistic expectations Strategies to restructure thoughts Behavioral experiments

> **Questions?** Call customer service at 800-844-8260

Speaker

Donn Posner, Ph.D., a Diplomate of Behavioral Sleep Medicine (DBSM), is working as a clinical/research psychologist for the Palo Alto VA.

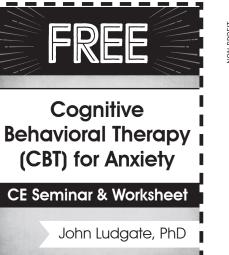
Prior to his role at the VA, he spent 25 years as a clinical associate professor at Brown Medical School. He served as the director of clinical behavioral medicine for Rhode Island and Miriam hospitals and was also the director of behavioral sleep medicine for the Sleep Disorders Center of Lifespan Hospitals. For 20 of those years Dr. Posner served as the primary supervisor for a rotation of the behavioral medicine track of the clinical psychology internship at Brown. He also mentored post-doctoral fellows and lectured on behavioral sleep medicine and anxiety disorders to interns, fellows, and residents in internal medicine and psychiatry. In addition, he was a consultant for the Veteran's Administration roll out of CBT-I and trained VA clinicians across the country in the implementation of this treatment.

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 became 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 has achieved the status of Diplomate with the SBSM, the highest level of qualification and competency that the organization bestows.

Speaker Disclosure:

Financial: Donn Posner is adjunct clinical associate professor at Stanford University of Medicine. He is a clinical researcher for Palo Alto Veterans Institute for Research. Dr. Posner receives a speaking honorarium from PESI, Inc. Non-financial: Donn Posner is a member of the American Psychological Association; Association for Behavioral and Cognitive Therapies; and the American Academy of Sleep Medicine.



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If you aren't asking about your clients' sleep, you're making mistakes as a clinician. All clinicians should know how to properly assess and treat insomnia—sleep is that important for your clients' health and guality of life.

It's no secret that insomnia frequently develops as a result of PTSD, anxiety, depression, chronic pain, and a wider variety of other behavioral and medical disorders. Traditional wisdom has been that if you treat the primary disorder, the insomnia will go away. However, the data does not support this traditional wisdom. Although the primary disorder improves somewhat, the insomnia often does not, which can lead to diminished improvements in clinical outcomes regarding the primary disorder, increased dropout rate and higher relapse rates.

Despite you doing everything you can to target the primary disorder, your client continues to be tired and struggles more with symptoms of the primary disorder, leaving you frustrated and overwhelmed because you don't know what to do next. The truth is, when clients have PTSD, anxiety, depression, or chronic pain, their symptoms are made worse--and treatment more difficult-when they're not able to sleep. Therefore, the insomnia must be targeted directly.

Improve clinical outcomes in clients by integrating the treatment of insomnia into your practice!

Join Diplomate in Behavioral Sleep Medicine Donn Posner, Ph.D., and he'll walk you step-by-step through the treatment of insomnia. You'll learn how to properly assess and develop a treatment plan for insomnia, as well as how to educate your clients about sleep to make them experts on their own sleep disorders. Discover evidence-based strategies to help your clients sleep longer and more efficiently, as well as enjoy increased energy levels during the day. As a result, your clients' symptoms of PTSD, anxiety, depression, and chronic pain will decrease in frequency and severity.

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Objectives

- 1. Summarize the basics of sleep nomenclature including sleep period, phase, continuity, and architecture to inform clinical treatment interventions.
- 2. Conduct a clinical assessment to differentiate acute insomnia from insomnia disorder in clients and articulate the importance of treating the chronic form as a specifically targeted co-morbidity.
- 3. Explore the empirical evidence for the efficacy of CBT-I for both primary and co-morbid insomnia disorder to inform the clinician's choice of treatment interventions.
- 4. Articulate the basics of sleep regulation and demonstrate how to utilize these concepts in the deployment of CBT-I in clinical practice.
- 5. Identify how to obtain useable client sleep diary data and strategies for analyzing the data for use in the treatment of insomnia.
- 6. Apply the techniques of stimulus control, sleep restriction, sleep hygiene education and cognitive therapeutic strategies to the clinical treatment of chronic insomnia.

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8:00 Program begins

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