Cognitive Behavioural Therapy for Insomnia: What It Is & What it Does

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• Why is a psychological approach to insomnia appropriate?

• What is Cognitive Behaviour Therapy for Insomnia (CBT-I)?

• What evidence is there that CBT-I is effective?

• Who can be helped with CBT-I?

• Is CBT-I deliverable in practice?
Why is a psychological approach to insomnia appropriate?

... heightened arousal and learned sleep-preventing associations ... cognitive hypervigilance ... mental arousal in the form of a ‘racing mind’ is characteristic ... a cycle develops ... the more one strives to sleep, the more agitated one becomes, and the less able to sleep
What is Cognitive Behaviour Therapy for Insomnia (CBT-I)?

CBT ≠ sleep hygiene
AASM published practice parameters statements using standardised appraisal criteria endorsing the efficacy of:

- Stimulus control therapy
- Relaxation training
- Sleep restriction therapy
- Paradoxical intention
- Multi-modal CBT

Chesson et al, 1999; Morgenthaler et al 2006
Objective
To train the insomnia patient to re-associate the bed and bedroom with sleep and to re-establish a consistent sleep-wake schedule

Method
• Patient gets out of bed if not asleep after 15 minutes
• Goes to another room until feeling ‘sleepy-tired’
• Repeats as often as necessary throughout the night
• SCT replaces learned negative responses with positive ones by making the bed and bedroom positive triggers for sleep.
Objective
To reduce somatic tension or intrusive thoughts at bedtime that interfere with sleep

Method
- Progressive muscle relaxation
- Diaphragmatic breathing
- Autogenic training
- Imagery training
- Relaxation is incompatible with increased arousal, therefore facilitates sleep onset and maintenance
Objective
To curtail the amount of time spent in bed to the actual amount of time spent asleep, thereby creating a mild sleep deprivation.

Method
• Calculate average sleep time using sleep diary
• Set morning rising time and threshold time
• Follow pattern 7 days a week
• Lengthen sleep time as sleep efficiency improves
• SRT causes initial sleep loss which increases homeostatic pressure for sleep, producing shorter sleep latencies, less wake after sleep onset and higher sleep efficiency
Objective
To eliminate performance anxiety which may inhibit sleep onset

Method
• Patient instructed to remain passively awake
• Avoids any effort to fall asleep
• Limited to sleep initiation insomnia
Objective
To change patients’ beliefs and attitudes about insomnia and the behaviours which maintain it

Method
• Includes various combinations of both cognitive and behavioral interventions
• Often includes sleep hygiene
• Various delivery techniques including, face to face (individual or group), telephone, internet, guided self-help book/DVD
What evidence is there that CBT-I is effective?

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What evidence is there that CBT-I is effective?

- 85 clinical trials
- Comprising 4,194 participants
- 70% patients achieve sustained improvement
- On sleep and daytime reports
- Reflecting moderate to large effect sizes
- Including 12 trials on insomnia associated with medical/psychiatric disorders

Morin et al. (AASM taskforce reviews)
*Sleep* 1999: 22; 1134-56,  *Sleep* 2006: 29; 1398-1414
“CBT has been found to be as effective as prescription medications are for short-term treatment of chronic insomnia. Moreover, there are indications that the beneficial effects of CBT, in contrast to those produced by medications, may last well beyond the termination of active treatment” (p.14)
What do you think would be the best predictor of responding to CBT for insomnia?

- Being female
- Being younger
- Having less severe insomnia
- Being physically healthy
- Being mentally healthy
- Not wanting to take medication
- Being psychologically minded
Potential mediators / moderators of outcome

- Demographics [sex, age, civil status, employment]
- Clinical history [duration of insomnia, hypnotic use, daytime function, insomnia severity]
- Psychopathology [BDI, STAI, PSWQ]
- Sleep psychology [SDQ, DBAS]

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The challenge for CBT is no longer to prove its credentials, but to punch its weight. For at least a decade, CBT should have been a contender as the treatment of first choice for insomnia. In reality, however, it has had very little impact on the high volume of insomnia patient care. Indeed, it has amounted to little more than a patchy cottage industry.
How could we develop an insomnia service that would meet the need?

**Needs**
- High demand for CBT-I
- Short supply of CBT-I

**Perceptions**
- CBT-I is complex
- CBT-I is time-consuming
- CBT-I is expensive

**Insomnia service dilemmas**
- CBT-I service would be impossible to develop/deliver
- CBT-I service would quickly become overwhelmed
- CBT-I would have to be highly selective, for the few

Espie (2009) *Sleep;* 32(12), 1549-1558
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Espie SLEEP, 2009
Summary

- Insomnia is a psycho-physiological disorder
- Psychological interventions therefore are indicated
- CBT is clinically effective and endorsed for treatment of insomnia
- Effectiveness now extends to insomnia associated with some medical and psychiatric conditions
- The main challenge for CBT is availability
Thank you!