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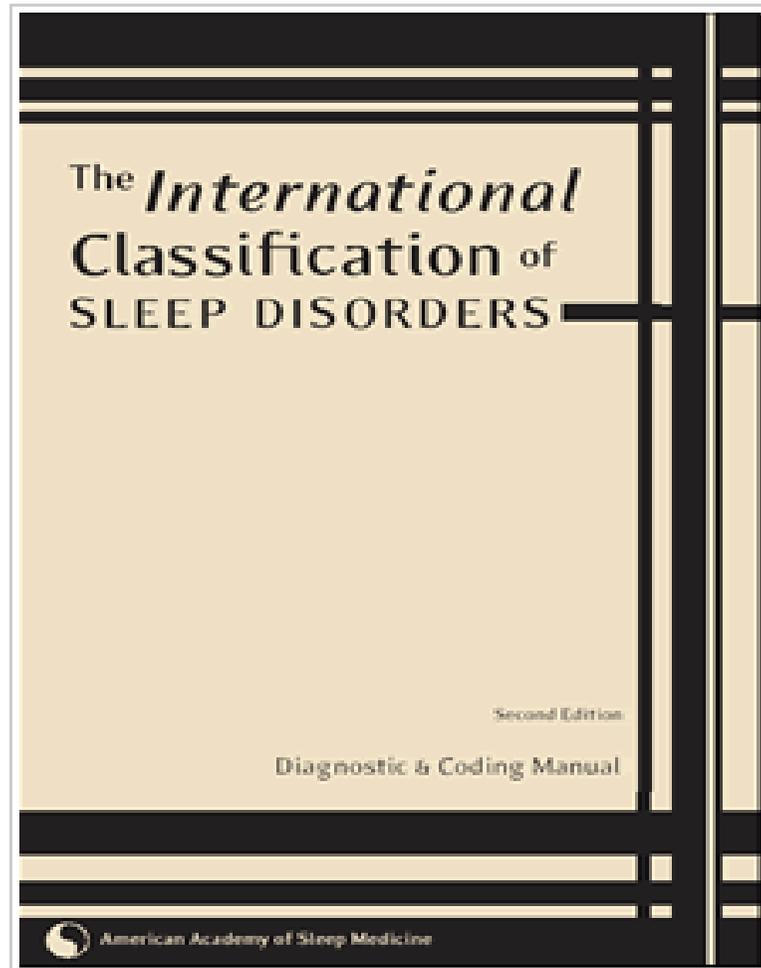
Cognitive Behavioural Therapy for Insomnia: What It Is & What it Does

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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?**



... 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

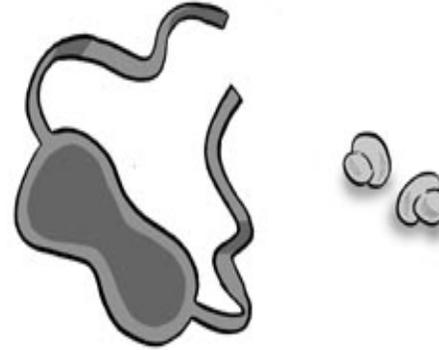


CBT

≠

sleep hygiene

CURES for INSOMNIA (PART II)



SLEEP MASK AND EAR PLUGS



NATURAL HERBAL RELAXANT



A COMFORTABLE MATTRESS



WHITE NOISE

MACKAY
HAMILTON STRAUCH

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



American Academy of
Sleep Medicine

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



1. Morin, CM, Culbert, JP, Schwartz, MS (1994) Non-pharmacological interventions for insomnia: a meta-analysis of treatment efficacy. *American Journal of Psychiatry* 151: 1172-1180
2. Murtagh, DR, Greenwood, KM, (1995) Identifying effective psychological treatments for insomnia: a meta-analysis. *Journal of Consulting and Clinical Psychology* 63: 79-89
3. Pallesen, S, Nordhus, IH, Kvale, G (1998) Nonpharmacological interventions for insomnia in older adults: A meta-analysis of treatment efficacy. *Psychotherapy*, 35, 472–482.
4. Morin CM, Hauri PJ, Espie CA, Spielman A, Buysse DJ, Bootzin RR. (1999) Nonpharmacologic treatment of insomnia: an American Academy of Sleep Medicine Review. *Sleep* 22: 1134-56
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6. Montgomery, P, & Dennis, J (2003). Cognitive behavioural interventions for sleep problems in adults aged 60. *Cochrane Database Syst Rev* (1): CD003161
7. Irwin MR, Cole JC, Nicassio PM (2006) Comparative Meta-Analysis of Behavioral Interventions for Insomnia and Their Efficacy in Middle-Aged Adults and in Older Adults 55+ Years of Age. *Health Psychology*. 25, 3-14
8. Morin, CM, Bootzin, RR, Buysse, DJ, Edinger, JD, Espie, CA & Lichstein, KL (2006) Psychological and behavioural treatment of insomnia. Update of the recent evidence (1998-2004) prepared by a Task Force of the American Academy of Sleep Medicine. *Sleep* 29, 1398-1414
9. Riemann D, Perlis ML. The treatments of chronic insomnia: A review of benzodiazepine receptor agonists and psychological and behavioral therapies. *Sleep Medicine Reviews*, 13(3), 205-14



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- 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)

NIH Consensus and State-of-the-Science Statements

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NATIONAL INSTITUTES OF HEALTH
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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}

Espie et al. Predicting clinically significant response to CBT for chronic insomnia in general medical practice: Analyses of outcome data at 12 months post-treatment. *JCCP* 2001: 69, 58-66

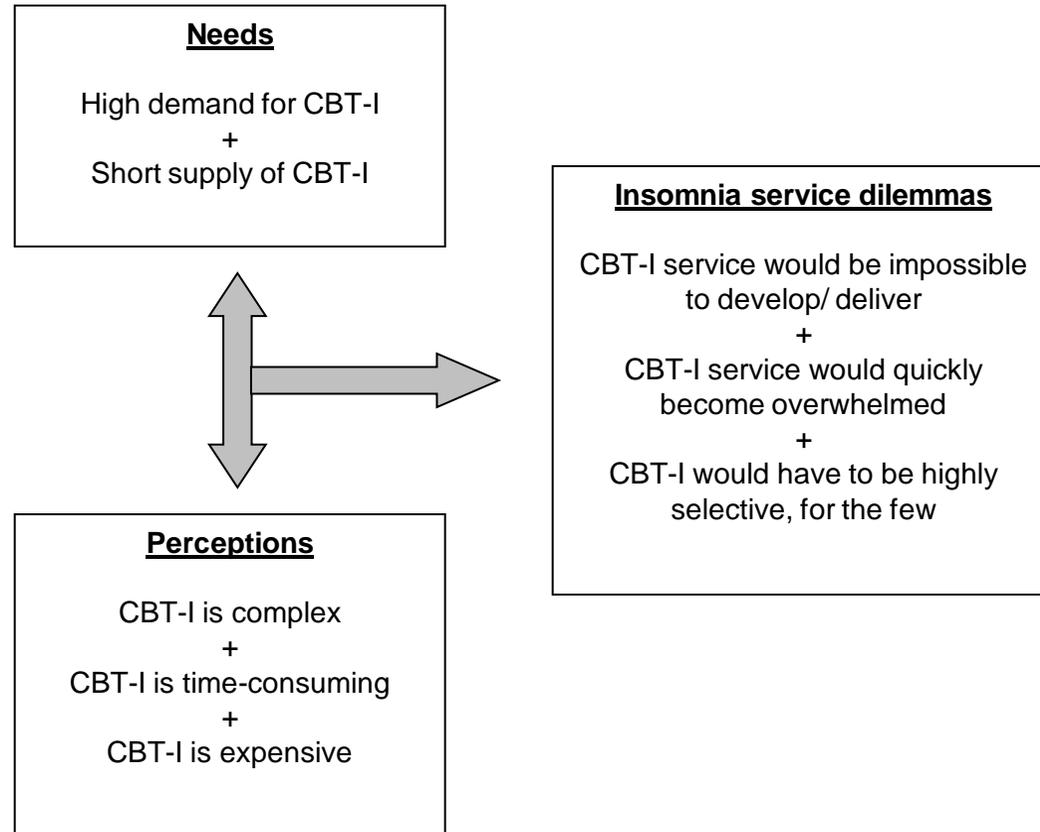
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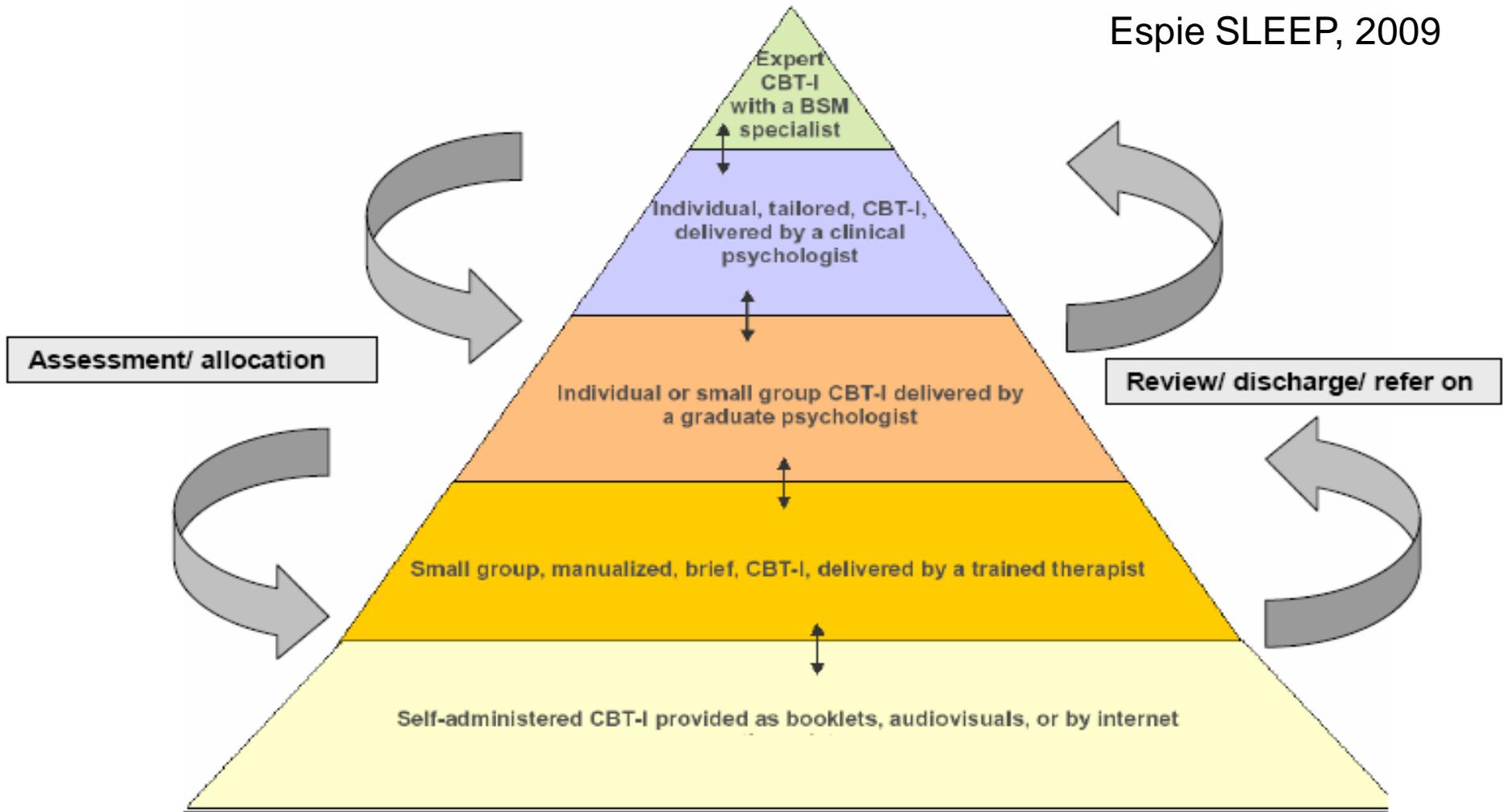


The challenge for CBT is no longer to prove its credentials, but to punch its weight. For at least a decade, CBT should have been a contender as the treatment of first choice for insomnia. In reality, however, it has had very little impact on the high volume of insomnia patient care. Indeed, it has amounted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





Espie SLEEP, 2009





- **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**



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Thank you!



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MSc in Behavioural Sleep Medicine



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