Cognitive Behavior Therapy for Insomnia (CBT-I): Behavioral Intervention to Insomnia

Led as a 15-20 minute group discussion with active participation from the trainees. Use handouts as visual components.

Objectives

1. Learn how to engage veteran to consider alternative, non-pharmacological insomnia management method.
2. Understand goals, components, and benefits of Cognitive Behavioral Therapy for insomnia (CBT-I).
3. Know how to present CBT-I to patients, and make appropriate referrals.
4. Prepare chart review of assigned clinic patient (to be completed prior to session).
5. Discuss appropriateness of CBT-I for assigned patient.

Teaching Pearls for CBT-I

- Current Challenges
    - Discussion with trainees:
        - Imagine you are trying to encourage a 72 year-old male veteran who has been taking sleep aids for over two years to discontinue use.
        - What has your experience been like having this conversation?
        - What was helpful? Not helpful?
    - Teaching point: For any changes to happen, patient must value taking the risk and making the effort.

- Introduction to CBT-I
    - Prompt trainees:
        - Who's heard of Cognitive Behavioral Therapy for Insomnia?
        - Who's referred pts to CBT-I?
        - Who struggled to refer pts to CBT-I?
        - Who can tell me what CBT-I is?
        - Do you have any pts who benefited from CBT-I?
    - Teaching point: Highlight the importance of trainee's awareness of basic concepts of CBT-I to make appropriate pitch for service.

- CBT-I Facts
    - What is Cognitive Behavioral Therapy for Insomnia?
        - A multi-component treatment that addresses an individual's sleep-related behaviors and cognitions
    - What are the benefits?
        - CBT-I showed short term and long term reduction in sleep disruptions.
        - CBT-I has been shown to be effective for veterans.

        - Patients with elevated depression sxs showed positive outcome with CBT-I, including improvements in insomnia sxs, perceived level of energy, reduced irritability, and self-esteem.
        - Patients with comorbid chronic pain conditions, cancer, mild TBI, and PTSD also demonstrated benefit.
    - What does CBT-I involve?
        - Behavioral components:
            - Sleep restriction (decrease wakefulness after sleep onset; 80-90% efficiency)*
            - Stimulus Control (sleep hygiene, bed = cue for sleep)*
        - Cognitive component:
            - Cognitive Restructuring: maladaptive sleep beliefs "I must take X to get any sleep"*
        - Patients are expected to set goals, track sleep, and make changes!
    - Who can provide CBT-I?
        - Individual COE Health Psychology team
            - 6 x 60 min sessions
            - May be shorter, or longer with vets with MH comorbidities
        - CBT-I group (Check with your facility re: availability)
            - 6 x 90 minutes sessions
        - CBT-I Coach app
            - Great resource with learning and practice tools
            - Not a substitute for treatment

♦ Problem Solving
    - Working with lack of receptivity
        - Situation1: Veteran reports barriers: "These strategies seem so easy!", "I've already tried all of this!", "I already stopped drinking coffee and it made no difference!", "I tried restricting sleep and it didn't work!"
            - Reflect veteran's effort.
            - Educate the importance of comprehensive treatment: "It's great you tried that! Good quality sleep is important to you. What you tried is one piece of the program, and all parts together work better!"
        - Situation 2: Veteran declines.
            - Reflect veteran's statement.
            - Reassess readiness next primary care visit.
            - Keep an open ear for worries and trend.
    - Working with health psychology
        - One health psychology visit can assist veterans in making an informed decision by providing more robust education or using motivational interview.

        - If veteran is not the best fit for CBT-I, health psychology can still offer strategies.
    - Setting expectations for veterans
        - Educate possible temporary rebound after discontinuing medication.
        - Share the good news that alternative non-pharmacological intervention (CBT-I) is hard work, but has long-term benefits.

References

1. Morin, C. M. (2015). "Cognitive Behavioral Therapy for Chronic Insomnia: State of the Science Versus Current Clinical Practices." Ann Intern Med **163**(3): 236-237.
2. Wu, J. Q., et al. (2015). "Cognitive Behavioral Therapy for Insomnia Comorbid With Psychiatric and Medical Conditions: A Meta-analysis." JAMA Intern Med **175**(9): 1461-1472.