

COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA (CBT-I)

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What is Cognitive Behavioral Therapy?

- Born out of traditional medical curiosity of “why” came Psychoanalysis (Freud)
- Behavioral Psychology was a reaction to Psychoanalysis and focused on changing behavior and only the “data”.
- Cognitive Psychology was a reaction to Behaviorism and the “depersonalization” of not being interested in thoughts or feelings.
- Eventually Cognitive and Behavioral Psychologies began finding common ground and realizing combining bottom-up and top-down processing may get best results.
- Therapy that focuses on changing how you think and behave.

What does it have to do with insomnia?

- An approved method for treating insomnia with or without the use of sleeping pills.
- Aimed at changing sleep habits and scheduling factors, as well as misconceptions about sleep and insomnia, that perpetuate sleep difficulties.
- National Institute of Health state-of-the science meeting on insomnia concluded that CBT-I is a safe and effective means of managing chronic insomnia and its effects.
- Cognitive behavioral therapy for insomnia may include regular (often weekly) visits to a clinician who will help you in: assessing your sleep habits, learning how to keep track of your sleep (i.e. keeping a sleep diary, dream log, etc...), and changing the way you behave or think in regards to your sleeping.

Who does it?

- Practitioners that specialize in therapy but may not have much specific training on insomnia
 - Psychologists
 - Therapists, Counselors and Social Workers
- Practitioners that may have specific training in insomnia but may not have any or much training in therapy
 - Psychiatrists
 - Other Physicians

The components

- Determining baseline\sleep diary
- Determining barriers to sleep
- Patient involvement and ENGAGEMENT
- Sleep hygiene
- Stimulus control strategies
- Sleep restriction program
- Learning how to identify and reduce anxiety
- Relapse prevention

Example #1 (FROM NSF)

- For “Christine”, a swim and safety instructor for the U.S. Navy, a simple cat nap while recovering from knee surgery turned into a full bout of insomnia. She explained, "I had to take medication for the excruciating pain and it would make me sleepy. My doctor told me to stay on bed rest but I found it difficult to lie around all day without drifting to sleep. However, day time napping was making a big impact on my ability to fall and stay asleep at night. When the pain in my knee finally went away and I headed back to work, I found that I was hooked on napping."
- “Christine” went back to work and curtailed her mid-day napping but found that as soon as she got home she felt like dozing. She started going to bed earlier and earlier. For a person who gets up at 4:00am to go to work, this seemed like a good idea – except she was rarely sleeping soundly through the night and wound up feeling

Example #2

- “Susan” works in a sales job in which her pay is based on commission. Her boss is demanding and she has very difficult quotas she must meet weekly to keep her job.
- “Susan” reports not being able to “turn off her brain” at night. She reports feeling like she doesn’t want to go to sleep because she feels “dread” about the next day. She reports not being able to sleep without the TV distracting her from those thoughts.

Example #3

- “George” is a married man in a two income household who has three children.
- He reports having “realistic nightmares” that result in him waking up and not being able to get back to sleep.
- “George” reports it has gotten so bad that he is apprehensive about going to sleep and has started having a difficult time falling asleep as well.

Case #4

- DO YOU HAVE ONE TO ADD HERE?

LAST MONTH'S HOMEWORK



Month	Date	Time	Location	Speaker	Topic
December	12/10/2013	6PM	SAH	Dr. Zetoony	Dreams and Dreaming
January	1/13/2014	6PM	SAH	Dr. Zetoony	What is sleep apnea
February	2/10/2014	6PM	SAH	TBD	Behavioral Management of Insomnia: Learn how to manage and treat insomnia with behavioral techniques and find out how to improve sleep without the use of medications.
March	3/10/2014	6PM	SAH	Dr. Zetoony	Sleep and your Heart: Good sleep may actually be just what the doctor ordered for your heart. Learn about how sleep disorders can contribute to heart diseases. Learn how treatment can improve your life.
April	4/14/2014	6PM	SAH	Dr. Zetoony	Headaches and Sleep: Find out about the connection between headaches and sleep. Learn about management of sleep disorders and how they relate to headaches.
May	5/12/2014	6PM	SAH	Nutrition/Dr. Zetoony	Sleep and Weight: Sleep is a major factor in working on weight gain. Find out about how sleep can affect your hormonal balance and contribute to how calories are metabolized.
June	6/9/2014	6PM	SAH	Neuro	Movement disorders and sleep: Find out about movement disorders of sleep and how they can prevent you from getting adequate sleep. Learn about treatment options
July	7/14/2014	6PM	Central Neuro	Dr. Alves	Mood disturbances and the effect on sleep, panic conditions and depression and how to manage them in sleep patients
August	8/11/2014	6PM	Central Neuro	Dr. Alves/Zetoony	Cognitive behavioral restructuring for sleep; How to help with the anxiety and the negative thoughts that contribute to persistent sleep issues.
September	9/8/2014	6PM	Central Neuro	Dr. Zetoony	Medications effect on sleep: Have you ever wondered how medications affect sleep and how medications for sleep work. Come find out in this informative session.
October	10/13/2014	6PM	Central Neuro	TBD	Hypnotherapy and Sleep
November	11/10/2014	6PM	Central Neuro	Dr. Zetoony	Travel and Sleep, How to get the most out of your sleep when working on travel schedules and sleeping away from home
December	12/8/2014	6PM	Central Neuro	TBD	QUESTION and ANSWER: Ask the Sleep Doctor!

HOMework AUGUST

