

COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA

BY MICHAEL T INGRAM, MD
Board-Certified Psychiatrist



DISCLAIMER: This activity is not for everyone and is not considered personal medical advice. Please always consult your physician before participating in any health-related activities.

TABLE OF CONTENTS

COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA1
 INTRODUCTION.....3
 COMPONENTS OF CBT-I.....4
 KEY POINTS.....10
 THOUGHT RECORD FOR INSOMNIA11

INTRODUCTION

WHAT IS CBT-I?

Cognitive behavioral therapy for insomnia (CBTI) uses the principles of cognitive behavioral therapy (CBT) to guide you through a series of changes in sleep-related behaviors. The focus is on addressing factors that contribute to insomnia while slowly changing your relationship with sleep.

High-quality studies have demonstrated that CBT-I is *at least as effective* (if not more effective) than medication in promoting restorative sleep. This is why it is considered the first-line treatment for insomnia!

NOTE: There are a number of self-directed iPhone/Android Apps you can download if this module doesn't help.

In this packet, you will learn to concentrate your energy on behavioral changes that are most likely to produce improvements in your sleep. This includes re-evaluating your beliefs about sleep that might be causing unnecessary anxiety and arousal.

COMPONENTS OF CBT-I

The focus of CBT-I is on the main factors that contribute to the persistence of insomnia.

The four strategies of CBT-I that we will review are--

- 1. Stimulus Control**
- 2. Reducing Arousal and Activation**
- 3. Sleep Restriction Techniques**
- 4. Avoiding specific Foods and Substances**

STIMULUS CONTROL

The following strategies will strengthen the bed as a cue for sleep and weaken it as a cue for wakefulness.

- ✓ **STAY CONSISTENT.** Get up and go to bed at the same time every day. This will help strengthen the circadian clock regulating sleep and wakefulness.
- ✓ **DON'T FORCE SLEEP.** Go to bed only when sleepy. This will increase the probability that you will fall asleep quickly. It is important to distinguish between fatigue and sleepiness. Fatigue is a state of low physical or mental energy. Sleepiness is a state of having to struggle to stay awake. Dosing off while watching TV or as a passenger in a car involves sleepiness. People with insomnia often feel tired but "wired" (i.e., not sleepy) at bedtime.
- ✓ **GET OUT OF BED IF YOU CAN'T FALL ASLEEP.** If you can't fall asleep within 20 minutes (either when going to bed or when trying to fall back to sleep) get up and do something else until you feel sleepy. BUT...avoid getting on your phone or looking at bright screen!
- ✓ **NO NAPPING.** Avoid daytime naps. A brief nap (15 to 30 minutes), taken approximately 7 to 9 hours after rise time, can be refreshing and is not likely to disturb nocturnal sleep. Anything more will likely disturb your sleep.

REDUCING AROUSAL & ACTIVATION

The following strategies include a variety of relaxation techniques and stress management skills to help you shift from "trying hard to sleep" to "allowing sleep to happen."

- ✓ **AVOID GETTING FRUSTRATED:** Sleep will find you eventually. It must. We can't live without sleep. So let it find you.
- ✓ **DEVELOP A SLEEP ROUTINE:** Use the hour before bedtime to unwind from the day's stresses. This down time will allow sleepiness to come to the surface and will therefore facilitate sleep onset. This is a time to engage in activities that are enjoyable yet calming.
- ✓ **AVOID CLOCK WATCHING:** Turn the clock around so you cannot see the time. You can still use the clock as an alarm but avoid watching the clock. A recent study showed that volunteers who were asked to monitor a digital clock at bedtime took longer to fall asleep than those monitoring a similar looking clock that displayed random digits.
- ✓ **AVOID EXERCISE WITHIN THREE HOURS OF BEDTIME.** Exercise and physical activity provide numerous health benefits. Physical activity during the day will help you fall asleep at night. However, when you exercise, many stimulating hormones and neurochemicals are released that can interfere with sleep. Therefore, avoid exercising within 3 hours of bedtime.
- ✓ **CREATE A COMFORTABLE SLEEP SPACE.** Make sure that your sleep environment is safe, quiet, slightly cool, and pleasant.
- ✓ **BED IS FOR SLEEP AND SEX ONLY.** Only use your bed for sleep and sex. Avoid reading in bed, journaling in bed, or watching TV in bed. By avoiding these activities, you train your brain to associate the bed with sleep.

SLEEP RESTRICTION

NOTE: If you have a history of bipolar disorder, seizures, narcolepsy or other sleep-disorder, sleep restriction should not be used, and this section should be skipped. Remember to always consult your medical provider before participating in any new activity.

Sleep restriction was designed to eliminate prolonged middle of the night awakenings. It doesn't aim to restrict actual sleep time but rather to restrict the time spent in bed NOT sleeping.

For example, consider a person who goes to bed at 11:00 p.m. and gets out of bed at 8:00 a.m. but sleeps, on average, only 6 hours per night.

Using Sleep Restriction, this person would be asked to remain in bed for ONLY 6 hours (e.g., 12:00 a.m. to 6:00 a.m.).

This sounds harsh but after a week or so there will be a marked decrease in time spent awake in the middle of the night.

Usually, people experience marked improvement in the quality of sleep after a week of restricted time in bed, but they also realize that they are not getting enough sleep.

In this case, the next step is to gradually extend the time spent in bed by 15 to 30 minutes, as long as wakefulness in the middle of the night remains minimal.

HERE IS AN EXAMPLE

Bob normally goes to bed at 11:00 p.m. and gets out of bed at 8:00 a.m. but finds that he sleeps, on average, only 6 hours per night.

Using Sleep Restriction, Bob times his sleep so that he is in bed for only 6 hours. That is, he starts going to bed at 12:00 a.m. and gets up at 6:00 a.m.

After a week of doing this, Bob feels like he isn't getting enough sleep. So, he adds 30 minutes to his planned sleep time.

That is, he starts going to bed at 11:30pm and gets up at 6:00am. He continues this for another week.

He keeps doing this until he feels like he is getting enough sleep.

FOOD & SUBSTANCES

ALCOHOL: Alcohol speeds sleep onset but this positive effect is counteracted by increased wakefulness in the second half of the night. Avoid alcohol as much as possible before bed.

CAFFEINE: Caffeine has a half-life of about 6 to 8 hours. Sensitivity to the effects of caffeine varies between individuals. Those with caffeine sensitivity should be particularly careful to avoid caffeine after lunchtime.

NICOTINE: Nicotine is a stimulant and is notorious for causing insomnia. Both nicotine use and nicotine withdrawal can interfere with quality of sleep.

MEDICATIONS: Certain prescription and non-prescription drugs can cause or worsen insomnia and should be avoided, if possible, within 4 hours of bedtime.

MEDICATIONS THAT MAY CONTRIBUTE TO INSOMNIA

- **Alpha-blockers** (e.g., alfuzosin, doxazosin, prazosin, silodosin, terazosin, and tamsulosin)
- **ACE inhibitors**
- **Angiotensin Receptor Blockers (ARBs)**
- **Cholinesterase inhibitors**
- **H1 antagonists**
- **Glucosamine/chondroitin**
- **Antiepileptics** (e.g., lamotrigine, phenytoin)
- **Statins** (e.g., simvastatin, atorvastatin)
- **Methylphenidate** (Ritalin, Concerta)
- **Dexmethylphenidate (Focalin)**
- **Amphetamines** (Adderall, Dexedrine, Vyvanse)
- **Atomoxetine (Strattera)**
- **Modafinil (Provigil)**

- **Monoamine-oxidase inhibitors** (e.g., phenelzine, tranylcypromine)
- **Selective serotonin re-uptake inhibitors** (e.g. fluoxetine, citalopram, sertraline, paroxetine)
- **Bupropion (Wellbutrin)**
- **Pseudoephedrine (Sudafed)**
- **Beta-blockers** (e.g., propranolol, labetalol, metoprolol)
- **Beta 2 agonists** (e.g. salbutamol, salmeterol)
- **Corticosteroids** (e.g., prednisone, methylprednisolone)
- **Levothyroxine (Synthroid)**
- **Liothyronine**
- **Griseofulvin**
- **Theophylline**
- **Oxycodone**

FOODS: Digestion slows down during sleep. Indigestion, caused by undigested food, can disrupt sleep. Therefore, avoid eating heavy, spicy, or rich foods 4 hours before bedtime.

KEY POINTS

- Choose a time period (8 hours) which represents your designated sleep time. No matter what, only sleep during those hours.
- If you don't sleep well, avoid sleeping in. You'll be tired the next day, but the more you keep to this routine, the more "sleep pressure" will build up.
- Remember, sleep will find you eventually.
- Becoming frustrated doesn't help. Forcing the issue doesn't help, either.
- Be kind to yourself and trust the process. It will happen.

THOUGHT RECORD FOR INSOMNIA

Let's try going through a THOUGHT RECORD to identify the thoughts you're having about sleep.

Thought Records are a great way to track your thoughts and feelings to identify (and correct) any thinking errors. As you practice, you will become an expert and won't even need the thought record at all!

THOUGHT RECORD	
Situation or Trigger	Describe the Situation
Feelings and Emotions	What are you feeling? Use the emotion wheel.
Physical Sensations	Where do you feel it in your body?
Automatic Thought(s)	What thought or belief sparked this feeling? EXAMPLES: <ul style="list-style-type: none"> ▪ "I'll never be able to sleep" ▪ "I will die if I don't sleep enough." ▪ "I will feel so tired tomorrow if I don't sleep." ▪ "Sleeping is stupid." ▪ "How can other people fall asleep so fast and I can't?" ▪ "I'm going to fail." ▪ "My brain is messed up." ▪ "My anxiety will never get better." ▪ "I hate my life!" ▪ "If I don't sleep enough, I will feel so horrible tomorrow." ▪ "I hate myself for not being able to sleep."



<p>Fact Check</p>	<p>What are some facts that support this thought or belief? Only list facts. Not what you feel or believe is true, but the facts that provide support for the thought(s) you identified.</p> <p><i>EXAMPLE:</i> Automatic Thought: "I'll never be able to sleep" Supporting facts: "The past two days I have experienced trouble falling asleep"</p> <p>What are the facts that OPPOSE the thought(s) you just identified? Only list facts. Not what you feel or believe, but the facts that OPPOSE the thought(s) you identified.</p> <p><i>EXAMPLE:</i> Automatic Thought: "I'll never be able to sleep" OPPOSING facts: "Last week I had a couple nights of restful sleep."</p>
<p>Thought Restructuring</p>	<p>How can you rephrase the thought you had so it is more REASONABLE based on the facts?</p> <p><i>EXAMPLE:</i> Automatic Thought: "I will never be able to sleep!" Restructured Thought: "Although I am experiencing trouble falling asleep right now, I know I am capable of sleeping because last week I had two restful nights of sleep."</p>

SLEEP DIARY	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DAY TIME							
I went to bed at __ PM.							
I woke up at ___ AM.							
Last Night, I slept for __ hours.							
Last night, it took me about ____ minutes to fall asleep.							
I felt the quality of my sleep was ____. <i>(Great, Okay, Not Good, Horrible)</i>							
This morning I feel ____. <i>(Refreshed, Alert, Tired, Groggy)</i>							
My sleep was made more difficult by ____. <i>(Dreams, Noise, Temperature, Thoughts, Physical pain, Not feeling tired)</i>							
During the night I woke up ___ times.							
NIGHTTIME							
During the day, I took ___ naps.							
Today, I exercised for ___ minutes.							
In the hour before bedtime, my activities included _____. <i>(Shower/Bath, Reading, TV, Phone, Eating, Spending time with partner, etc).</i>							