



Cognitive Behavioral Therapy for Insomnia

FACT SHEET FOR CLINICIANS



Cognitive Behavioral Therapy for Insomnia (CBT-I) is a structured, skill-based psychotherapy that is highly effective for the treatment of insomnia. This therapy, with a protocol tailored to the needs of Veterans, is being implemented throughout the VA health care system.

Discussing CBT for insomnia with Veterans

- CBT-I is a highly effective treatment shown to reduce insomnia that has been adapted to the needs of Veterans. CBT-I has been shown to be very effective with Veterans.
- Research has shown CBT-I to be as efficacious as medications for insomnia in the short-term, and has more durable long-term effects after treatment ends.
- Many Veterans experience benefits of CBT-I that extend beyond sleep, including improved mood, reduced irritability, and better overall quality of life.

What is insomnia?

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) diagnosis of insomnia requires the presence of a complaint of difficulties falling asleep, or staying asleep, or non-refreshing sleep that are clinically significant and result in daytime consequences, such as:

- distress about poor sleep
- feeling tired
- having low energy
- feeling more easily irritated
- having trouble with attention, concentration, memory, relationships, or school/work performance

How does chronic insomnia develop and persist over time?

Spielman's conceptual model of insomnia (1987) identifies three factors that contribute to the development of chronic insomnia:

- *predisposing factors*
- *precipitating events*
- *perpetuating mechanisms*

Some individuals may be particularly *predisposed* or vulnerable to sleep difficulties. Circumstances, such as stressful life events, may also *precipitate* sleep difficulties. This is more likely to occur in people with a *predisposition* for insomnia.

In most cases, sleep difficulties are transient and resolve when the original distress subsides. However, some people become overly focused on their sleep problem. This excessive attention to sleep tends to *perpetuate* sleep difficulties because it produces heightened anxiety about sleep, and is often associated with maladaptive strategies and habits that, although intended to improve sleep, actually interfere with normal sleep. Maladaptive strategies include avoidance behaviors during waking hours (e.g., canceling planned activities either because of being too tired or out of fear that such activities will interfere with sleep), irregular bed and/or wake times, spending

excessive time in bed trying to sleep, and developing rigid sleep-related rituals. These perpetuating factors are the targets of CBT-I.

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

CBT-I is a multi-component treatment that addresses an individual's sleep-related behaviors and cognitions.

- The **behavioral** aspects of the treatment consist of two well-developed and empirically supported treatment components aimed at improving the quality and quantity of sleep: sleep restriction (to decrease wakefulness after sleep onset) and stimulus control (to strengthen the bed as a cue for sleep).
- The **cognitive** component of the treatment focuses on restructuring or changing maladaptive sleep-related cognitions, such as thoughts that increase cognitive arousal and beliefs that interfere with adherence to the behavioral aspects of insomnia treatment.

How effective is CBT-I?

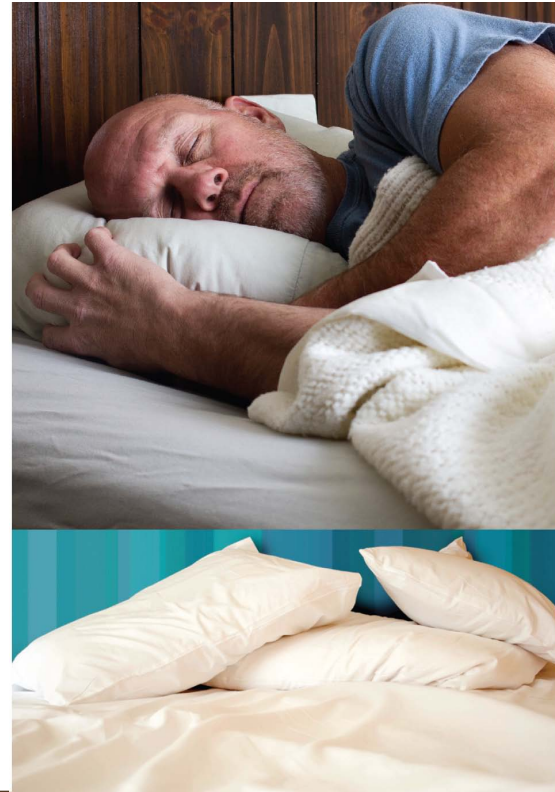
- More than 30 years of research has shown CBT-I to be effective for many patients, including Veterans
- Program evaluation results associated with the implementation of CBT-I throughout VHA demonstrate that CBT-I is very effective with Veterans, with results similar to those reported in randomized controlled trials (Karlin, Trockel, Taylor, Gimeno, & Manber, 2013).
- Direct comparisons of CBT-I and hypnotic medications show equivalent short-term efficacy and superior long-term efficacy of CBT-I after treatment ends (Jacobs, Pace-Schott, Stickgold, & Otto, 2004).
- CBT-I is recommended as a first-line treatment for insomnia in the National Institutes of Health Consensus Statement (NIH, 2005), and summarized in three meta-analyses (Morin, Culbert, & Schwartz, 1994; Murtagh & Greenwood, 1995; Smith et al., 2002).

Who does CBT-I work for?

CBT-I has been shown to be effective in treating insomnia across many patient populations, including: those with comorbid chronic pain conditions, cancer, mild traumatic brain injury, depression, and PTSD. Many people who have a history of problem drinking or drug use can participate in CBT-I as long as their substance use is stabilized or in remission. Many Veterans who have completed CBT-I have improved their sleep and quality of life.

What does CBT for Insomnia involve?

- Approximately six 50 to 60 minute weekly individual or 90-minute group therapy sessions (though some people may improve with fewer sessions)
- Intervention tailored to the person's presentation using case conceptualization
- Expectation that patients complete a daily sleep diary and follow recommended treatment guidelines between sessions
- Regular evaluation of the person's progress and determining whether goals that were initially set for treatment were achieved



References and Bibliography

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th edition). Arlington, VA: American Psychiatric Publishing.
- Carney, C., & Manber, R. (2009). *Quiet your mind & get to sleep: Solutions to insomnia for those with depression, anxiety or chronic pain*. Oakland, CA: New Harbinger.
- Edinger, J., & Carney, C. (2008). *Overcoming insomnia: A cognitive-behavioral therapy approach (treatments that work)*. New York: Oxford University Press.
- Edinger, J. D., Olsen, M. K., Stechuchak, K. M., Means, M. K., Lineberger, M. D., Kirby, A., & Carney, C. (2009). Cognitive behavioral therapy for patients with primary insomnia or insomnia associated predominantly with mixed psychiatric disorders: A randomized clinical trial. *Sleep, 32*, 499-510.
- Glovinsky, P., & Spielman, A. (2006). *The insomnia answer: A personalized program for identifying and overcoming the three types of insomnia*. New York: Penguin Group.
- Jacobs, G. D., Pace-Schott, E. F., Stickgold, R., & Otto, M. W. (2004). Cognitive behavior therapy and pharmacotherapy for insomnia: A randomized controlled trial and direct comparison. *Archives of Internal Medicine, 164*, 1888-1896.
- Karlin, B. E., Trockel, M. Taylor, C. B., Gimeno, J., & Manber, R. (2013). National dissemination of cognitive behavioral therapy for insomnia in Veterans: Clinician and patient-level outcomes. *Journal of Consulting and Clinical Psychology, 81*, 912-917.
- Manber, R., Edinger, J. D., Gress, J. L., San Pedro-Salcedo M. G., Kuo, T. F., & Kalista, T. (2008). Cognitive behavioral therapy for insomnia enhances depression outcome in patients with comorbid major depressive disorder and insomnia. *Sleep, 31*, 489-495.
- Morin, C. M., Colecchi, C., Stone, J., & Sood, R. M. (1999). Behavioral and pharmacological therapies for late-life insomnia: A randomized controlled trial. *JAMA, 281*, 991-999.
- Morin, C. M., Culbert, J. P., & Schwartz, S. M. (1994). Nonpharmacological interventions for insomnia: A meta-analysis of treatment efficacy. *American Journal of Psychiatry, 151*, 1172-1180.
- Murtagh, D. R., & Greenwood, K. M. (1995). Identifying effective psychological treatments for insomnia: A meta-analysis. *Journal of Consulting and Clinical Psychology, 63*, 79-89.
- National Institutes of Health. (2005). National Institutes of Health State of the Science Conference statement on manifestations and management of chronic insomnia in adults, June 13-15 2005. *Sleep, 28*, 1049-1057.
- Smith, M. T., Perlis, M. L., Park, A., Smith, M. S., Pennington, J., Giles, D. E., & Buysse, D. J. (2002). Comparative meta-analysis of pharmacotherapy and behavior therapy for persistent insomnia. *American Journal of Psychiatry, 159*, 5-11.
- Spielman, A. J., Caruso, L. S., & Glovinsky, P. B. (1987). A behavioral perspective on insomnia treatment. *Psychiatric Clinics of North America, 10*, 541-553.

On the VA CBT-I Intranet site, you will find:

- Video presenting an overview of CBT for insomnia and the VA CBT-I Training Program
- Video with clinicians demonstrating CBT-I skills and strategies
- Updates on the VA CBT-I Training Program
- Information on becoming a VA CBT-I provider
- Journal articles and other resources

