

Cognitive Behavioural Therapy for Insomnia

CBT-I

About CBT-I

- CBT-I is guideline-based first-line therapy for chronic insomnia
- Available in multiple formats: *self-help* (books, apps, online programs), *clinician-based* (e.g., therapists, SWs, RNs, etc. with CBT-I training) (1:1, group therapy), and *hybrid versions*
- A typical course of CBT-I takes 4-8 weeks to complete and includes the following components:
 - *stimulus control*: leave the bed if awake from more than about 15 minutes
 - *time-in-bed restriction*: limit time in bed to match time sleeping then gradually increase the “sleep window” based on weekly sleep efficiency calculations
 - *relaxation techniques*: a wide range of relaxation methods (e.g., mindfulness, progressive muscle relaxation, guided meditation, etc.) completed earlier in the evening (out of bed)
 - *cognitive strategies*: use cognitive restructuring (e.g., explore beliefs and “thinking traps” that perpetuate insomnia)
 - *sleep education/hygiene*: an important yet often over-valued component addressing common sleep disruptors
- Evidence-base is extensive with dozens of RCTs demonstrating effectiveness of different formats in patient populations with a wide range of health states and physical and mental health comorbidities. Can be added to gradual dose reductions to facilitate deprescribing of long-term sedative-hypnotic use. To see a selection of studies per patient population, visit <https://mysleepwell.ca/cbti/cbti-research/>.
- Many advantages compared to sedative-hypnotics. Two of the most notable are:
 - *Course duration*: short-term use (4-6 weeks) is associated with early and long-lasting benefits on sleep outcomes compared to sedative-hypnotics (which are often used chronically with limited effectiveness)
 - *Safety*: major difference in risks vs. sedative-hypnotics (memory, falls, accidents, dependence, drug interactions and overdose). CBT-I components can be tailored and adapted for people who don’t need or are not suitable for all components.
- Main challenges with CBT-I: awareness, access, and support during self-care approaches

Recommended Resources for CBT-I

The following resources will help you learn about CBT-I as well as refer and support your patients.

Sleepwell mysleepwell.ca	Developed as a knowledge mobilization resource by researchers at Dalhousie University for patients and clinicians. Emphasis is on self-care resources for CBT-I and sedative-hypnotic deprescribing.
Sink Into Sleep sinkintosleep.com	Resources include the Sink i nto Sleep (2 nd edition) book for patients, workshop announcements for clinicians, and more.
Insomnia Interventions CPD Queen’s University shorturl.at/aoVW8	An 8-module, on-demand, online CPD program for clinicians that focuses on learning and implementing CBT-I in routine clinical practice as well as best practices for the deprescribing of sedative-hypnotics.



MY SLEEP PRESCRIPTION

Rise Time: _____

[illegible]

My sleep duration (typical night): _____ **My sleep efficiency (typical night):** _____

Sleep Diary for the week of: _____

**Sleep
timing**

DAY of the WEEK <i>Which night is being reported on?</i>							
1. I went to bed at <i>(clock time):</i>							
2. I turned out the lights after <i>(minutes):</i>							
3. I fell asleep in <i>(minutes):</i>							
4. I woke up ____ time(s) during the night. <i>(number of awakenings):</i>							
5. The total duration of these awakenings was <i>(minutes):</i>							
6. After awakening for the last time, I was in bed for <i>(minutes):</i>							
7. I got up at <i>(clock time):</i>							

**Sleep
quality**

The quality of my sleep was: <i>1=very poor; 10=excellent</i>							
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Naps <i>Number, time and duration</i>							
Alcohol <i>Time, amount, type</i>							
Sleep Medication <i>Time, amount, type</i>							

Notes:							
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