

CBT-I 1st Follow Up

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Agenda

- Your Treatment Plan
- Sleep Basics
- What is Insomnia?
- What is CBT-I?
- Myths Busted!
- Stimulus Control
- Sleep Diaries



Your CBT-I Treatment Plan

- Today's 1st follow up
- Continue 1-on-1 sessions with your Psychologist
 - Dr. Roth, Dr. Tiani, or Dr. Drerup
 - Keep sleep diaries while doing CBTI
- Your Psychologist will tailor the rest of treatment for *your specific needs*

Sleep Basics

Why do we sleep?



Why Do We Sleep

- Sleep helps brain functioning
 - Mood
 - Thinking ability
 - Attention and concentration
- Sleep helps body functions
 - Immune system
 - Hormone system (example: blood glucose)



Circadian Rhythm

24 hr Cycle of Sleep-Wake

DAY

NIGHT



MELATONIN



MELATONIN

Sleep Drive

Sleep

Wake



Sleep & wake are like 2 sides of a see-saw

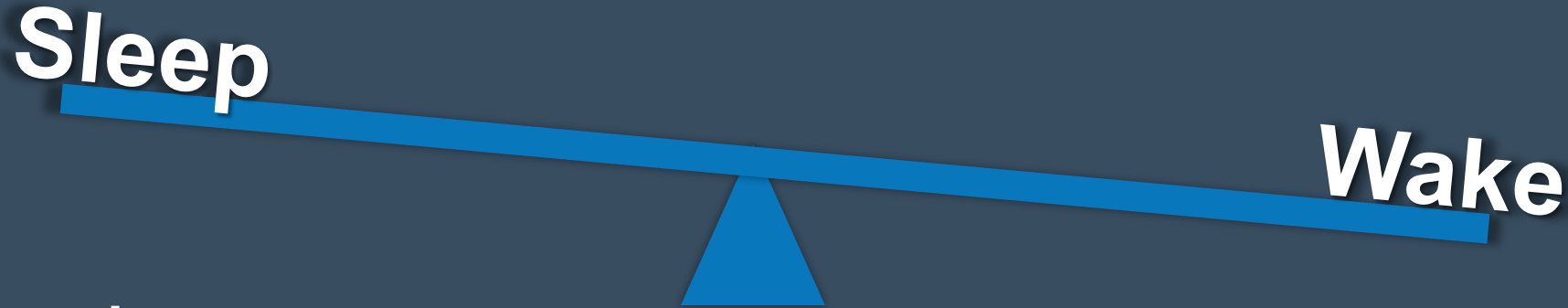
If one side is high, the other side is low

Sleep drive is low in the morning/day and should be as high as it can be when we get into bed

Difficulty falling asleep = sleep drive isn't high enough when you go to bed

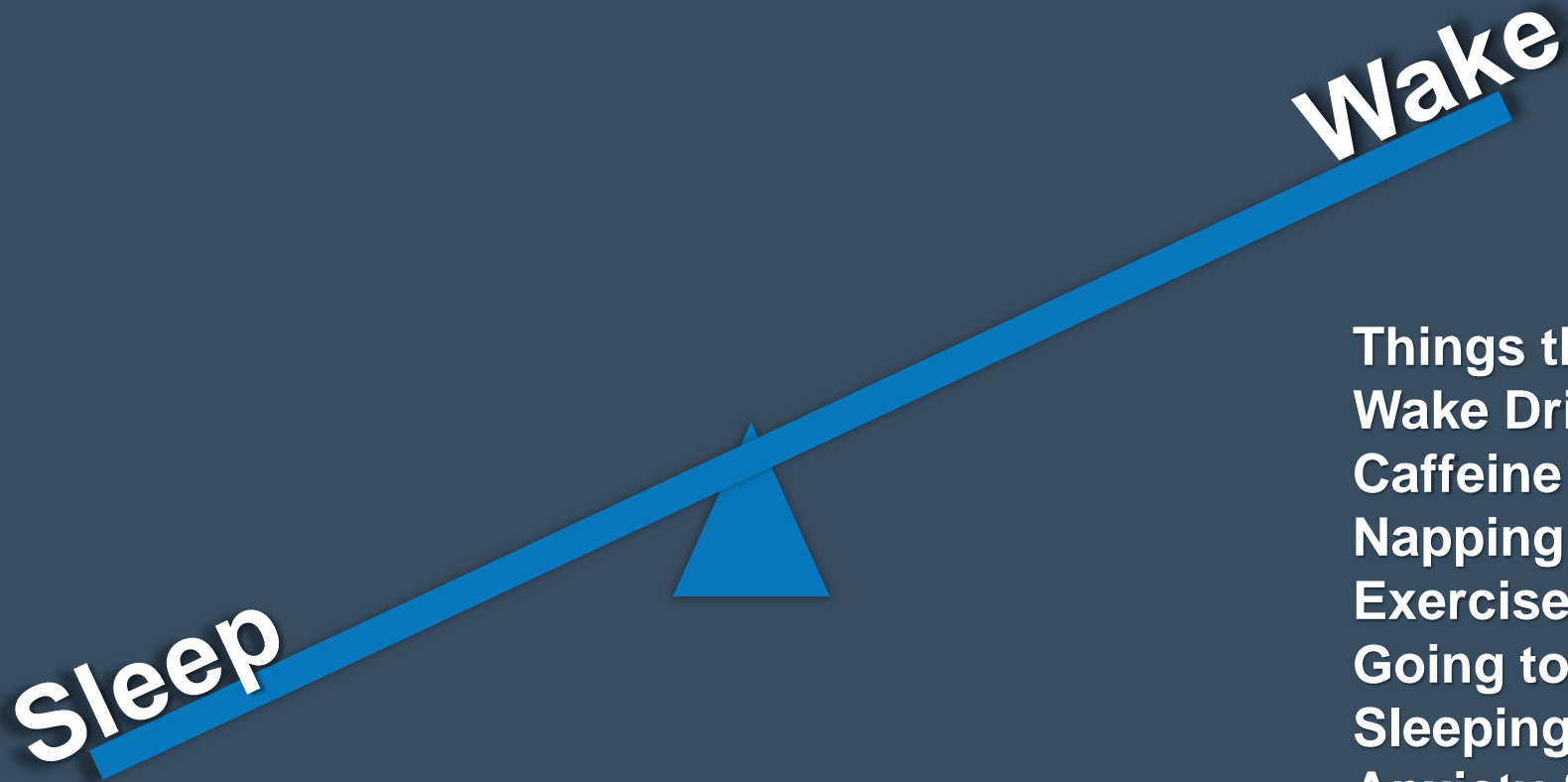
The good news!

We have control over the balance between sleep and wake



Difficulty staying asleep = running out of sleep drive in the middle of the night





Things that Increase your
Wake Drive:

- Caffeine
- Napping
- Exercise (in the short term)
- Going to bed too early
- Sleeping in
- Anxiety & Worry

Sleep

Wake



Things that
increase your sleep
drive:

Exercise

Socializing

Going to Work

Household Chores



What is Insomnia?

Difficulty with...

- Falling asleep
- Staying asleep
- Waking up earlier than intended

*Despite adequate time allowed for sleep

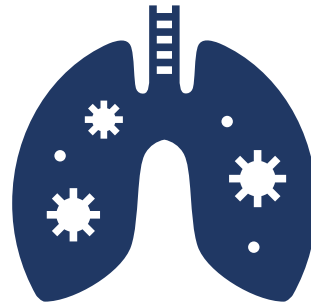
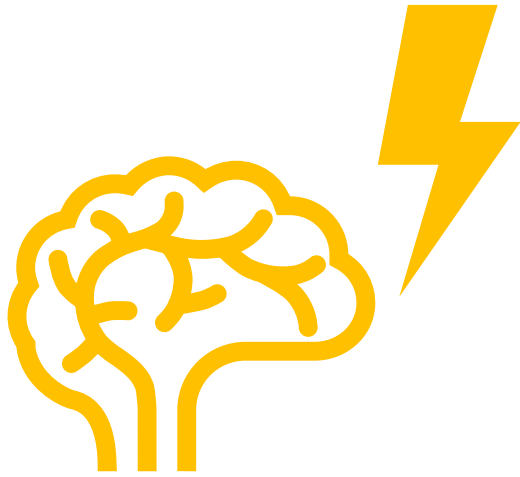
*Daytime problems as a result of poor sleep



But...what do we do about it?

Cognitive Behavioral Therapy for Insomnia (CBTI)

- CBTI is the recommended 1st line of treatment
 - American College of Physicians (2017) guideline
 - Improvement above & beyond medication or medication alone
- What is CBTI?
 - Developed, tested, and refined over the past several decades
- Let's talk more about what insomnia is...

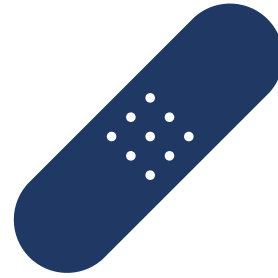


But WHY do you have insomnia?
Most people at some point in their life have insomnia
Something triggered your insomnia
 Medical problem, stressful life event,
 etc.
For most people once the trigger went away, insomnia got better
For a smaller subset of people, the insomnia sticks around
So we have to figure out WHY the insomnia stuck around for you

Humans have **TERRIBLE** instincts when it comes to what to do when we have problems sleeping. And that's because not sleeping well is **PAINFUL**

It's **PAINFUL** to be sleep deprived! You might feel sleepy, have pain or body aches, irritability, or have difficulty concentrating at work or school

But as human beings we are wired to **AVOID PAIN & PURSUE PLEASURE**



BUT! the things we do to try to help ourselves sleep or deal with not sleeping may end up backfiring and making our sleep worse
Let me give you an example – let's use caffeine as an example



So here I am it's midday, I'm very uncomfortable
My brain starts looking for ways out of this discomfort
So caffeine or a big cup of coffee!
That will work!
And I do feel immediately better
I relieved that discomfort in the moment

Perpetuating Cycle

- But now I drank extra caffeine, and I drank it later than I normally do
- This could mean another bad night of sleep
- Now I am at risk of starting a vicious cycle



Perpetuating Cycle



Perpetuating Cycle



Perpetuating Cycle



Perpetuating Cycle



So this is all part of a treatment we call Cognitive Behavioral Therapy for insomnia or CBTI for short

What we are doing is identifying the **COGNITIONS & BEHAVIORS** that are keeping your sleep problems going – the perpetuating cycles

Cognitions: thoughts, emotions, beliefs about sleep

Behaviors: what's your wind down routine, what do you do when you can't sleep, what do you do during the day to help sleep?



So first you and your psychologist will be doing some detective work to figure out what those vicious cycles are
Then we will work on correcting them

We will be sending you a worksheet to work on between now and your next session with your psychologist so you can start thinking about what your perpetuating factors are

Sleep Hygiene

Stop Caffeine between 12-2PM	No heavy meals 2 hrs before bedtime (but don't go to bed hungry)
Stop alcohol & nicotine 2 hrs before bedtime	No electronics in the bedroom (TV, phone)
No exercise 2 hrs before bedtime (but should exercise during the day!)	Keep bedroom cool, dark, quiet

Sleep Hygiene recommendations are necessary but insufficient to treat insomnia

CBT-I

Psychoeducation	Stimulus Control
Sleep Restriction	Relaxation
Cognitive Therapy	Mindfulness

4-6 sessions

Everyone needs 8 hours of sleep



- Everyone's sleep need is different!
- The least amount of sleep we would encourage is 5 hours
- What is important is to understand the amount of sleep YOU need to feel rested



I shouldn't wake up at all during the night



- It is completely normal to have brief awakenings during the night
- It becomes problematic if you struggle to fall back asleep
- If you are waking frequently to urinate, talk to your doctor
- If you are waking frequently due to pain, it is possible to help make your awakenings as brief as possible

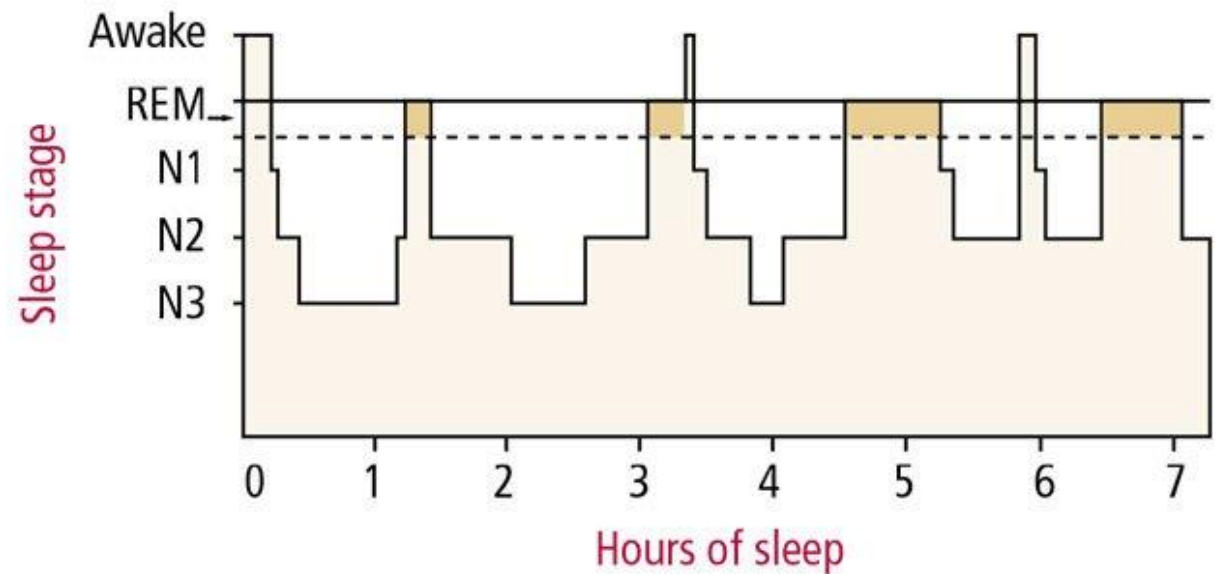
Most of my night should be deep sleep



We sleep in stages & cycle through the 4 stages every 90 min

- 50% Light Sleep (N1&2)
- 20-25% Deep Sleep (N3)
 - Restores the body
- 20-25% REM Sleep (REM)
 - Restores the brain

Figure 2: Sleep architecture



When experts chart sleep stages on a hypnogram, the different levels resemble a drawing of a city skyline. This pattern is known as sleep architecture. The hypnogram above shows a typical night's sleep of a healthy young adult.

Deep sleep & REM sleep are the same thing



Deep Sleep restores the body – the brain & body are shut down during Deep Sleep

- Prominent in first half of night

REM Sleep restores the brain & mind – the brain has to be very ACTIVE to do this. REM Sleep is where we dream most vividly.

- Prominent in second half of night

Insomnia will cause dementia



- There are numerous studies that show that having Insomnia long-term means there is increased RISK of dementia
- Use of sleep medications also increase this risk
- This risk is higher if you are 65+
- This does not mean insomnia CAUSES dementia

I need to stop screen time altogether to improve my sleep



- This is a common recommendation given!
- We find that avoiding screen time at night is difficult
- It is more beneficial to be judicious about the **CONTENT** of your screen time



Word games or puzzles

Reading

Coloring

TV Re-Runs

Relaxing recordings or videos



Social media

News

Anything stimulating or upsetting

We want you to stop sleep medication altogether



- Medication can serve as a *bridge* to CBTI
 - Medication is temporary relief – not long term solution
 - Tolerance may happen quickly
 - Are we going to try higher dose? Different medications?
 - Do you need to engage in behavioral change in addition to medication?
- We can assist with sleep medication taper + CBTI
- For now, do not make any changes to sleep medications if you are already using them

Stimulus Control

Conditioning your body to know
the bed = sleep



Stimulus Control

- Our bodies LOVE predictability, especially when it comes to sleep
- BED = SLEEP



Stimulus Control

1. Establish a consistent morning out of bed time

- Helps strengthen your circadian clock which regulates sleep and wakefulness.
- Predictable beginning of your sleep drive



Stimulus Control

2. Go to bed only when sleepy

- Increases probability that you will fall asleep quickly.
- Fatigue versus sleepiness



Stimulus Control

3. Get out of bed if not sleeping

- If you are unable to fall asleep either at the beginning or in the middle of the night, get out of bed and only return to bed when sleepy again.
 - General time guideline is 20-30 minutes
- What do I do when I get out of bed?
- But...this isn't helping me fall asleep quickly?



Stimulus Control

4. Avoid naps

- Naps are like snacks
- Reduces sleep drive midday



Useful Tips

- Stick with a change for 1-2 weeks at a time
 - Do not adjust sleep arrangements on a daily basis
 - Changing habits consistently work best
 - You can do anything for a week!
- Give yourself time
 - Several weeks are usually needed to see benefits from habit changes



Next Steps

- Continue your sleep diary
 - Send to: sleepgroup101@ccf.org
- Work on 3-P Worksheet
- Implement Stimulus Control
- Follow-up with Psychologist who evaluated you
 - Dr. Roth, Dr. Tiani, Dr. Drerup