Overview

- Clinical interview
- Case conceptualization
- Putting it all together
- Relapse prevention

Clinical Interview: Aims

- Determine if CBT-I is indicated
- Determine if referral to sleep specialist is needed
  - Apnea (OSA), restless legs (RLS), other suspected sleep disorders
- Case conceptualization and treatment planning

B. Report one or more of the following symptoms:

- Difficulty initiating sleep in children (may be manifested as difficulty initiating sleep without caregiver intervention)
- Difficulty maintaining sleep characterized by frequent awakenings or problems returning to sleep after awakenings in children (may be manifested as difficulty returning to sleep without caregiver intervention)
- Early morning awakening with inability to return to sleep
- Non-restorative sleep
- Prolonged resistance to going to bed and/or bedtime struggles (children)
Clinical Interview
Circadian Rhythm Tendencies

**Crows**
- Difficulty waking up in morning and/or prolonged time to feel fully awake
- Difficulty falling asleep before very late at night and/or difficulty disengaging from nighttime activities

**Larks**
- Early bedtime and involuntary evening "naps"
- Early wake-up times with inability to return to sleep

Assessment: Morningness/Eveningness Questionnaire (MEQ)

Clinical Interview
Hypnotic Medications and Sleep

**Positive effects**
- Facilitate falling asleep
- Reduce wakefulness after sleep onset

**Negative effects**
- Some suppress REM sleep (REM rebound)
- Potential for carryover effects
- Potential for tolerance
- Psychological dependence

Adapted from the VA CBT-I Didactic Training

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DRUGS THAT CAN CAUSE SLEEP DISTURBANCE

- ALCOHOL & CAFFEINE
- CNS STIMULANTS
- BETA BLOCKERS
- BRONCHODILATORS
- CALCIUM CHANNEL BLOCKERS
- CORTICOSTEROIDS
- ANTIDEPRESSANTS
- ANTIBIOTICS

Clinical Interview
Assessing Comorbid Sleep Disorders
Circadian Rhythm Disorders (DSPS/ASPS)
Obstructive Sleep Apnea (OSA)
Restless Legs Syndrome (RLS)
Periodic Limb Movement Disorder (PLMD)

Assessment questionnaire:
SDS-CL
ASSESSMENT

THE EPWORTH SLEEPINESS SCALE

Name:

Date:

Sleepiness Score

1. How long do you have to sit or stand still for rats to make you feel sleepy? (Circle one)

2. How upset do you get if you have to get up in the morning? (Circle one)

3. How upset do you get if you have to get up in the morning? (Circle one)

4. How upset do you get if you have to get up in the morning? (Circle one)

5. How upset do you get if you have to get up in the morning? (Circle one)

6. How upset do you get if you have to get up in the morning? (Circle one)

7. How upset do you get if you have to get up in the morning? (Circle one)

8. How upset do you get if you have to get up in the morning? (Circle one)

9. How upset do you get if you have to get up in the morning? (Circle one)

10. How upset do you get if you have to get up in the morning? (Circle one)

Thank you for your cooperation.
ASSESSMENT

Everything else

- Medications
- Medical history
- Psychiatric history

BSM ASSESSMENT
Case Conceptualization

What factors weaken the sleep drive?
What factors impact the circadian clock?
What manifestations of hyperarousal are present?
What unhealthy sleep behaviors are present?
What comorbidities affect patient’s presentation and how?
What medications may impact patient’s sleep/sleepiness?
What are the predisposing, precipitating, and maintaining factors?
What other factors are relevant to patient’s presentation?

WHO IS A GOOD CANDIDATE FOR CBT-I?

ASSESSMENT ALGORITHM: IS CBT-I INDICATED?

- 30/30 DIMS
- Does the PT take >30 min to fall asleep
- Is the PT awake for >30 min during the night
- DAYTIME COMPLAINT?
- CBT-I NOT INDICATED
- Further assess sleep complaint
- Fatigue? Non-restorative Sleep? EDS?
- Educate patient and/or refer
- UNDX- or -UNTX ILLNESS
- Does the patient have an undiagnosed (UNDX), untreated (UNTX) medical and/or psychiatric illness
- UNSTABLE ILLNESS
- Does the patient have an unstable or unresolved medical and/or psychiatric illness
- PHASE
- The 30/30 DIMS problems exist with
- Ad libitum sleep schedule
- CBT-I NOT INDICATED
- Assess for Circadian Rhythm Disturbances
- EVIDENCE OF MALADAPTIVE BEHAVIORS
- Pt exhibits mismatch of sleep ability and opp.
- Pt exhibits evidence of conditioned arousal
- Pt exhibits evidence of sleep effort
- Patient has SE% < 90%
- CBT IS INDICATED
- NO
- YES

ASSESS
- Does the illness prevent the patient from engaging in SRT or STC?
- CBT-I NOT INDICATED
- Re-assess at a later time
- ASSESS
- Will SRT or STC aggravate the "co-morbid" illness?
- CBT-I NOT INDICATED
- Re-assess at a later time
- YES
- ASSESS
- Is it probable the insomnia will resolve with the acute illness?
- CBT-I NOT INDICATED
- Re-assess at a later time
- YES
- NO

STABLE ILLNESS
- Does the patient have a stable medical and/or psychiatric illness
- NO
- CBT-I NOT INDICATED
- Further assess sleep complaint
- Educate patient and/or refer
- YES

NO

YES
CBT-I IS CONTRAINDICATED

- Bipolar Disorder
- Seizure Disorder
- Paradoxical Insomnia
- Parasomnias
- Severity Matters

Putting it All Together

Number of sessions
Sequencing
Ending Treatment- Break it fix it

THERAPY SCHEDULE

- Session 1: Assessment and providing sleep log
- Session 2: Education, restriction, stimulus control
- Session 3: Problem solve and sleep hygiene
- Session 4: Upward titration
- Session 5: Upward titration & cognitive Tx
- Session 6: Upward titration
- Session 7: Upward titration
- Session 8: Relapse prevention
WHY 8 SESSIONS?

HERE’S 8 REASONS
(ASSUMING PERFECT COMPLIANCE)

1. WHAT AMOUNT OF SUCCESS GUARANTEES COMPLIANCE?
2. WHAT AMOUNT OF BEHAVIORAL CHANGE – CHANGES COGNITION?
3. HOW MUCH IMPROVED SLEEP LEADS TO COUNTER CONDITIONING

AND FOR THAT MATTER HOW MUCH TREATMENT IS REQUIRED/STANDARD FOR CBT FOR OTHER ILLNESSES?!

THE VALUE OF BREAK-IT-FIX-IT

INCREASED SLEEP SELF EFFICACY
ENHANCED SLEEP ABILITY (TST)
UNCOVER SLEEP NEED
DISCOVER OPTIMAL SLEEP WINDOW
CHALLENGE SLEEP FEAR

Just break it.
ALTERNATIVE THERAPY SCHEDULE

Session 1 - Assessment and providing sleep log
Session 2 - Education, restriction, stimulus control
Session 3 - Problem solve and sleep hygiene
Session 4: Upward titration
Session 5: Upward titration & cognitive Tx
Session 6: Upward titration
Session 7: Upward titration
Session 8: Relapse prevention

MAINTENANCE AND RELAPSE PREVENTION

- Maintain ~ BT / WT
- Encourage Experimentation
- Allow modest flexibility
- Relapse is not one night
- Start with Stimulus Control
- If insomnia continues after 4-5 nights -- restrict

Two commandments to keep holy: