

# Cognitive Behavioral Therapy for Insomnia

Leah Hemeyer, LPC

Yampa Valley Medical Associates, P.C.

# Rationale for Cognitive Behavioral Therapy for Insomnia (CBT-I)

- A natural fit for our integrated BH program given its short-term nature
- Enhances an established partnership between primary care and behavioral health providers within our clinic
- American College of Physicians recommends CBT-I as a first line treatment for adults with chronic insomnia (1)
- 6-10% of adults have chronic insomnia (1)
- Can more be effective than medications with results maintained over longer time frame (2)

# Preparation Phase

- Training: completed a 3-day, virtual PESI course on CBT-I
- Met with providers to share information on CBT-I and outlined ideal referral, treatment process
- Start small and share successes
- Open to any sleep referral, even if full CBT-I treatment is not pursued. Any conversation around sleep is often helpful.

# Description of the Service

- Evaluation session with 4 follow-up sessions, 2 weeks between each appt (short-term treatment)
- Confirm insomnia diagnosis and rule out any contraindications for treatment
- Sleep diaries – at least 2 weeks of data to start and continue throughout treatment to track progress/trouble shoot
- Sleep restriction, stimulus control, sleep hygiene information, plus, cognitive and behavioral strategies
- Providers can view session notes and kept apprised of progress, particularly if sleep medications are in the mix

# Data

- Offered at our clinic for past 1 ½ years
- Found ourselves in a virtual world just following launch of program (due to COVID)... and it can be done virtually!
- Insomnia Severity Index – pre and post treatment screen
- Similar programs yield 70-80% of patients seeing meaningful improvement in sleep (2)

# Evaluation

- Natural fit in primary care, but helpful to have strong working relationships in place between BH and medical providers
- Better if you can catch a patient before they begin a sleep medication. Referrals that come following a Dr's visit that include a sleep med Rx can be missed opportunities. Goal to try CBT-I before a sleep medication is introduced when possible.

# Advice

- Find a provider champion to support the implementation of the program and then to sing its praises to colleagues when patients report success with the treatment.
- Start with just one provider if need be, and with a few success stories, a program can really take off.

# References

- 1 American College of Physicians Newsroom. (2016). ACP Recommends Cognitive Behavioral therapy as initial treatment for chronic insomnia. Retrieved from [acponline.org/acp-newsroom/asp-recommends-cognitive-behavioral-therapy-as-initial-treatment-for-chronic-insomnia](https://acponline.org/acp-newsroom/asp-recommends-cognitive-behavioral-therapy-as-initial-treatment-for-chronic-insomnia)
- 2 Newsome, R. (2020). Cognitive Behavioral Therapy for Insomnia (CBT-I). Retrieved from [sleepfoundation.org/insomnia/treatment/cognitive-behavioral-therapy-insomnia](https://sleepfoundation.org/insomnia/treatment/cognitive-behavioral-therapy-insomnia)