

CBT-I Session 1:

Introduction to Sleep

Acknowledgment: Presentation and Program developed from the Office of Professional Development and Educational Scholarship (Queen's University Faculty of Health Sciences).

Welcome and Introductions

Facilitators:

Wednesday Group

- Andrew Moss, B.A (hons), DClínPsy, (C.Psych)
- Regan Veillette, MACP RP

Thursday Group

- Emily Lopez-Cheff, MSW RSW
- Dimitri Dionisatos MACP (Candidate) RP (Qualifying)

Housekeeping

Attendance

Between session diaries

Confidentiality and judgement free zone

Anonymous question box

Overview and Purpose of The Group

7 sessions

Aims:

To improve sleep efficiency – get the most sleep for the time you are in bed

Improve sleep quality – more sleep satisfaction

Taper off sleep medications

What are your expectations for the group?

Question box

Debunking Myths: Sleeping Pills – True or False?

The medication I am taking is a mild tranquilizer that is safe when taken for long periods of time.

Debunking Myths: Sleeping Pills – True or False?

FALSE

Sleeping medications have side effects

higher risk of memory and concentration problems

increased risk of daytime fatigue

increased risk of fall and fractures (hip, wrist)

increased risk of having a motor vehicle accident

Debunking Myths: Sleeping Pills – True or False?

Sleep medications are the best available option to treat my insomnia.

Debunking Myths: Sleeping Pills – True or False?

FALSE

Effective for the short term, but not the best long-term solution for insomnia

Medication masks the symptoms without actually solving the problem

Insomnia: Definition

Difficulty sleeping

- falling asleep

- staying asleep

- waking up too early

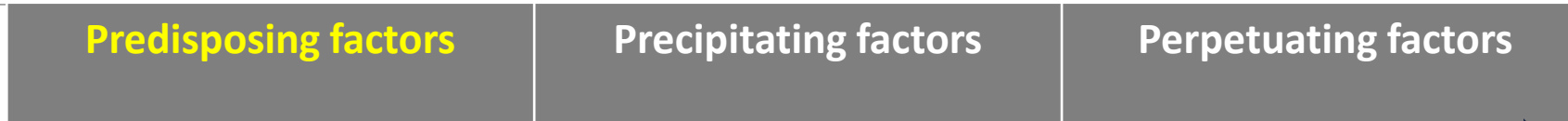
- not feeling rested when you wake up

Impairment in daytime functioning

Occurs at least 3 nights per week for at least 3 months

33% of adults experience insomnia

The 3 P's that influence insomnia



Static Risk Factors	Personality Characteristics	Modifiable risk factors
<ul style="list-style-type: none">• Age• Sex• Genetic predisposition	<ul style="list-style-type: none">• Anxious Predisposition• Tendency to worry• Circular thinking• Generalized hyperarousal	<ul style="list-style-type: none">• Life stress• Poor sleep hygiene• Shift work• Medical comorbidities (e.g. chronic pain)• Psychiatric comorbidities (e.g. depression, anxiety)

Predisposing factors

Precipitating factors

Perpetuating factors

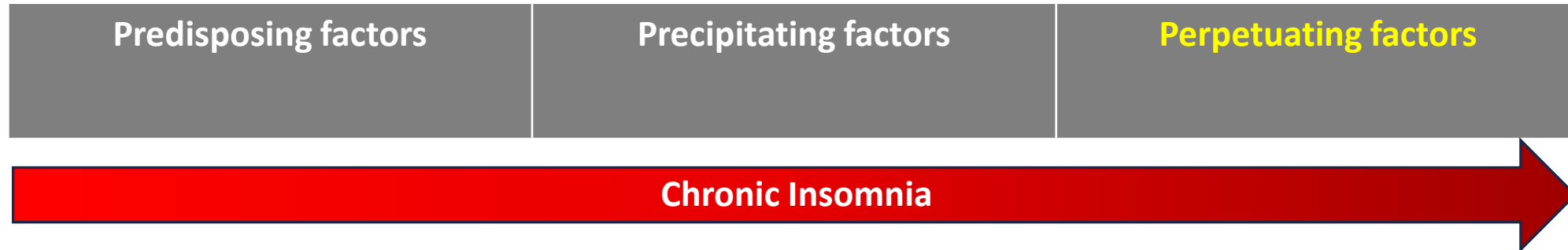
Chronic Insomnia



Most common is emotional distress

- Bereavement
- Relationship difficulties
- Loss of work
- Financial burdens
- Particular stressors (school exams, work projects etc)
- Changes in medication or dosing
- Onset of medical or psychiatric disorder or another primary sleep disorder (e.g. obstructive sleep apnea)

CBT-I focuses on the Perpetuating Factors



- **Complex interaction between medical, behavioural, emotional and cognitive factors**
- **Behaviours (for example): staying in bed when not sleeping / having irregular bedtimes and rise times.**
- **Cognitive factors (for example): racing mind, cycle of worry about lack of sleep**

Debunking Myths: Sleeping Pills

Sleeping Pills Facts:

Intended for short term use (14 days)

No studies for long-term use

Associated with physical dependence – less effective over time

Associated with side effects (daytime sleepiness/unsteadiness, increased falls risk, risk of cognitive impairment)

Types of sleeping pills

Benzodiazepines: alprazolam, bromazepam, clonazepam, diazepam, flurazepam, lorazepam, oxazepam, temazepam, triazolam

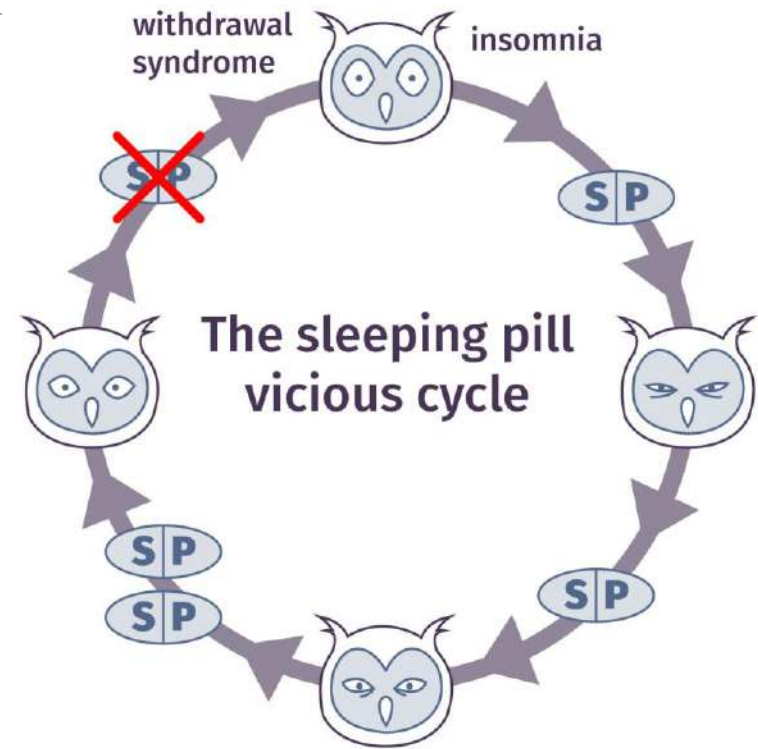
“Z” drugs (es)zopiclone, zolpidem

Anti-depressants: mirtazapine, or trazodone

Anti-psychotics: quetiapine, risperidone

Over the counter: melatonin, Gravol, Benadryl.

Insomnia → sleeping
pill → SLEEP → pill works
less well → double the
dose → decide to
discontinue →
withdrawal syndrome
→ restart pill → cycle
repeats



Withdrawal symptoms

Insomnia

Anxiety

Irritability

Headache

Sweating

Shakiness

Trouble Concentrating

Sleeping Pills and Physical Dependence

Over time the body builds up tolerance to the medication

Don't abruptly stop – as this may lead to trouble sleeping and withdrawal

To stop: slowly reduce the drug in conjunction with your physician and pharmacist.

Sleeping Pills - Addiction

Addiction isn't defined by the substance being consumed

Focus is on psychological factors

4 C's approach:

Craving

Loss of Control

Compulsion to Use

Continued substance use despite negative Consequences

Alcohol, Cannabis and Sleep

Alcohol



Causes sleepiness at first, wakefulness later on
Intoxication may increase wakefulness, restless sleep and vivid dreams

Limit alcohol a few hours before bed

Cannabis



- Cannabis has insufficient evidence to treat insomnia
- Chronic use builds tolerance for sleep inducing effects
- Withdrawal symptoms include insomnia, unpleasant dreams that can last 1-2 weeks

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

An evidence based treatment for insomnia across all ages and most medical and psychological conditions

Helps you learn about the factors that interfere with sleep

Helps you practice new habits to support sleep

Involves sleep restriction to build sleep drive (if appropriate)

Helps you learn about sleeping medications, and creates an individualized tapering plan with your prescriber/pharmacist (if applicable)

Improvements can be seen within 1-2 weeks of starting the program



Sleep restriction therapy



Stimulus control therapy

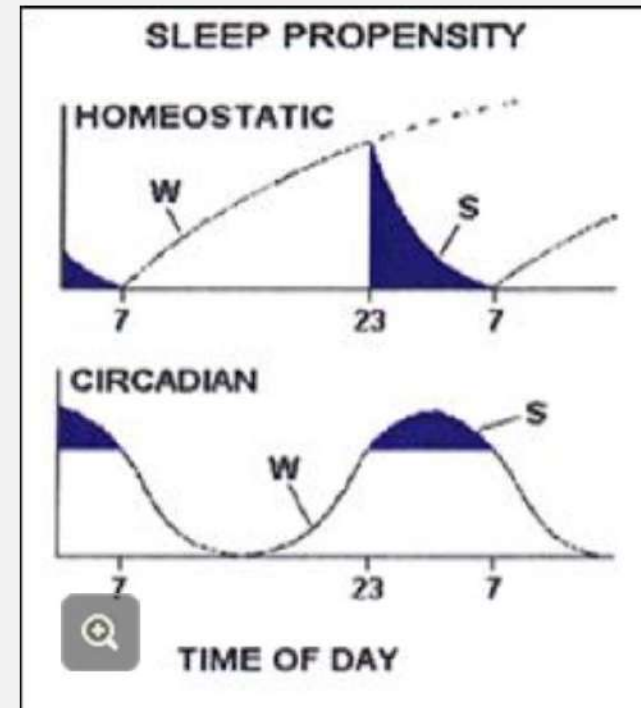


Cognitive restructuring



Relaxation training

- Restrict time in bed
 - Builds up the sleep “drive”
- Set a constant rise time
 - Stabilizes the circadian sleep-wake rhythm





Sleep restriction
therapy



Stimulus
control therapy



Cognitive
restructuring



Relaxation
training

- Builds a strong association between the bed and good sleep
- Use the bed only for sleep
- Go to bed only when sleepy
- Leave the bed if you are not sleeping; return when sleepy



Sleep restriction
therapy



Stimulus
control therapy



Cognitive
restructuring



Relaxation
training

- Allows “de-arousal” necessary for sleep
- Examines and re-balances dysfunctional beliefs about sleep
 - *I need 8 hours of sleep every night*
 - *I will not be able to function tomorrow*
 - *I will get a terrible illness*



Sleep restriction
therapy



Stimulus
control therapy



Cognitive
restructuring



Relaxation
training

- Also allows for "de-arousal"
- Calms the racing mind and tension in the body
- Deep breathing
- Progressive Muscle Relaxation
- Visualization
- Meditation (e.g., mindfulness)
- Clear-your-Head Time

Done OUT of bed

Develop Good Sleep Habits



1. Take an hour before going to bed to relax.

Sleepiness is a gradual process and a relaxation period before going to bed helps quiet the mind.



2. Establish a going-to-bed routine.

Once your going-to-bed routine is established, it will signal to your brain and your body that bed time is coming soon and will induce sleepiness.



3. The time to go to bed is when you feel sleepy.

Look for sleepiness signs: yawning, heavy eyelids, etc.



4. After 20 minutes of tossing and turning, get out of bed.

If you can't fall asleep, leave the room and do a non-stimulating activity: quiet reading, listening to soft music. Go to bed when you feel sleepy again.



5. Stick to a regular wake-up time.

Getting up every day at the same time notwithstanding the time you went to bed the night before is conducive to getting a good night's sleep.



6. You should not read, use devices, or watch TV in bed.

It is recommended to only use your bed for sleeping.



7. Limit naps during the day.

Time spent sleeping during the day counts in your total sleep time. Napping after dinner could disturb your night's sleep.



8. Time spent in bed should equal total sleep time, as much as possible.

Your sleep efficiency ratio should be above 85% on most days.

Good Sleep Hygiene



Caffeine is a stimulant and should be avoided at least 4 to 6 hours before bed time.



Nicotine is a stimulant. Smoking before bedtime or in the middle of the night can hinder your sleep.



Alcohol is a depressant. It can make you fall asleep but will wake you up shortly after.



A light snack before bed time may help you sleep. Eating too much will have a contrary effect, and will cause heartburn.



Exercise will deepen your sleep, especially aerobic activities. However, strenuous activity too close to bedtime will have a stimulating effect.



Keep your bedroom uncluttered and clean. Your mattress and pillow should be comfortable.



Keep your room at a comfortable temperature.



Sleep in a dark and quiet room.

Use the App to track and calculate your sleep

The screenshot shows the VA Mobile app store page for the CBT-i Coach app. At the top, the VA logo and U.S. Department of Veterans Affairs seal are visible. Below the logo, the text "VA Mobile" is displayed. To the right of "VA Mobile" are navigation links: "VA App Store", "Support", "App Team Resources", and "About". The main content area features a back arrow labeled "App Store" and the app icon for "CBT-i", which depicts a moon in a purple night sky. To the right of the icon, the app title "CBT-i Coach" is shown, followed by a star rating of 3.8 (161 votes) and two buttons: "iOS Download" and "Android Download".

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VA Mobile VA App Store Support App Team Resources About

< App Store

CBT-i

CBT-i Coach

★★★★☆ Average: 3.8 (161 votes)

iOS Download Android Download

Between Session Work

Maintain Good Sleep Habits and Good Sleep Hygiene – see brochure “How To Get A Good Night’s Sleep Without Medication”

Maintain a constant rise time

**Download and complete the CBT-I Coaching App EVERY MORNING after you get up,
(or complete the paper diary in your resources for Session 1).**

Bring your results to the next session.

Wrap up exercise: deep breathing

