WHEN COUNTING SHEEP FAILS: ADMINISTERING SINGLE-SESSION COGNITIVE-BEHAVIORAL THERAPY FOR INSOMNIA IN A GROUP PSYCHOEDUCATIONAL FORMAT

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I have nothing to disclose.
Mood and anxiety disorders are often comorbid with insomnia (e.g., Ohayon, Caulet, & Lemoine, 1998).

Neubauer (2004) describes this relationship as circular and synergistic.

Therefore, it is important for clinicians to treat any insomnia that may contribute to (or be exacerbated by) their patients’ mood and/or anxiety disorders.

CBT for Insomnia (CBT-I; Jacobs 2000-2012) has been shown to be effective in reducing patients’ sleep onset and sleep maintenance insomnias.
CBT-I is generally administered in a five-session series that covers general sleep education, cognitive restructuring, sleep medication withdrawal, sleep scheduling techniques, stimulus control techniques, relaxation, and sleep hygiene techniques. Perlis and Smith (2008) stated that CBT-I should be made more readily available by diversifying how the treatment is delivered. The current presentation reviews the key components of CBT-I and explains how a two-hour single-session CBT-I program can be successfully delivered in a group psychoeducational format.
CBT-I SINGLE-SESSION DEVELOPMENT
Dear 3 a.m.,
We have got to stop meeting this way.
I'd much rather sleep with you.
- Required phone screen.
- Explained that this is an educational program for people who have trouble falling and staying asleep.
- “Tell me about the nature of your insomnia.”
- Ruled out: delayed phase disorder; shift work; sleep d/o due to general medical condition; substance induced sleep d/o; breathing-related sleep d/o; parasomnias; nightly use of sleep aids.
"Sleep School" is group administration of an evidence-based cognitive behavioral program for insomnia.

Your participation in this program is voluntary and does not establish a counseling relationship with the presenter.

Consequently, your participation and any remarks you make during the program will not be confidential, although discretion among fellow participants is strongly encouraged.

With your consent, you will be asked to fill out three short follow-up surveys about your sleep progress and use of today’s sleep tips.
During the past week:

1. How many nights did you spend more than 30 minutes trying to fall asleep?
   0  1  2  3  4  5  6  7

2. How many nights did you experience unwanted nighttime awakenings that took more than 30 minutes for you to return to sleep?
   0  1  2  3  4  5  6  7

3. How many mornings did you experience unwanted early morning awakenings from which you could not return to sleep?
   0  1  2  3  4  5  6  7

4. How many days did you nap for an hour or more?
   0  1  2  3  4  5  6  7

5. How many days did you begin a nap later than 4:00 p.m.?
   0  1  2  3  4  5  6  7
THE NATURE OF SLEEP AND INSOMNIA
Emphasizing:

- that because sleep grows lighter as the night proceeds, awakenings are more prone to occur in the second half of the night
- that core sleep is 5.5 hours
BODY TEMPERATURE

- Emphasizing:
  - its circadian rhythm
  - that body temperature & sleepiness are directly influenced by the daily cycle of sunlight and darkness and its effect on melatonin
  - that the strongest desire for sleep is around 3:30am
The accumulation of this neuromodulator in the brain each hour we’re awake makes us increasingly sleepy.
 TEMPORARY VS. CHRONIC INSOMNIA

- Short-term (stress-related) insomnia develops into chronic insomnia when people become overly worried about sleep loss and associate their bed with sleeplessness and frustration.
COPING STRATEGIES THAT BACKFIRE

- e.g.:
  - going to bed earlier; napping; sleeping in
  - spending more time in bed to "catch up" on sleep
  - trying to force sleep: “if I try just harder, I’ll sleep“
  - ‘relaxing’ in bed by reading or watching TV
WHY ‘SLEEPING IN’ BACKFIRES

- reduces hours awake before bedtime, and therefore reduces adenosine accumulation
- delays the natural morning rise in body temperature because physical activity and exposure to sunlight are delayed
- also delays the evening temperature drop by the same amount of time so that people can’t fall asleep at their ‘normal time’ because their body temperature is too elevated
THE COGNITIVE PIECE
NEGATIVE SLEEP THOUGHTS

- are instrumental in perpetuating the cycle of emotional arousal (anxiety, frustration) and insomnia
- lead to impaired daytime mood and functioning
NST CHECKLIST

Make a mark by the thoughts you have noticed yourself thinking related to your sleep difficulties. You may include others that do not appear on this list as well.

1. I will never fall asleep.

2. I woke up in the middle of the night/early morning and feel wide awake. Now I won’t be able to fall back to sleep.

3. I won’t be able to function tomorrow.

4. I have to get eight hours of sleep.

5. My insomnia is going to cause health problems.

6. I slept very little or not at all last night.

7. I can’t fall asleep without a sleeping pill.

8. I will feel terrible tomorrow because of my insomnia.

9. I will never learn to sleep better.

10. What is wrong with me? I must have a psychological problem.
THE BEHAVIORAL PIECE
**SLEEP SCHEDULING CONCEPTS**

- *prior wakefulness*
  - the greater the PW, the greater the level of adenosine in the brain, the more exposure to sunlight & physical activity, so a greater rise and fall in body temperature, so a greater sleep drive

- *sleep efficiency*
  - time actually asleep divided by time allotted for sleep
  - ‘good sleepers’ have an SE of 90%; ‘poor sleepers’ have an average SE of 65%
  - (participants calculate their sleep efficiency for the past week)
SELLING A SHOCKING NOTION . . .

- REDUCING ALLOTTED SLEEP TIME
  - is CRUCIAL in re-associating the bed with sleep
  - reduces stressful awake time in bed
  - makes the bed a stronger cue for sleep
4 SLEEP SCHEDULING RULES
Get out of bed around the same time every day, including weekends, no matter how little or poorly you sleep.

- you will fall asleep more easily, sleep more deeply, and wake less often for shorter periods of time
- you will also improve sleep efficiency, make the bed a stronger cue for sleep, and sleep even better as a result
WRITE DOWN YOUR ARISING TIME GOAL BEARING IN MIND:

- YOUR CLASS/WORK SCHEDULE AND
- YOUR MORNING ROUTINE (EXERCISE, SHOWERING, ETC.)
Reduce the time you allot for sleep so that it more closely matches your average sleep time.

To determine the maximum amount of time you should allot for sleep, add one hour to your average sleep duration for the week, but do not allot less than 5.5 hours.
CALCULATE YOUR AVERAGE SLEEP DURATION FOR THE PAST WEEK. THEN ADD ONE HOUR. (DO NOT ALLOT LESS THAN 5.5 HOURS.)

THIS IS YOUR TIME ALLOTTED FOR SLEEP FOR THE NEXT 2 WEEKS.
Determine your earliest allowable bedtime.

- Start from your arising time goal and subtract the time you allotted for sleep this week.
- For example, if you have determined that your arising time goal is 8:00 a.m. and your maximum time allotted for sleep is six hours, you should not get in bed before 2:00 a.m.
Once you have maintained a sleep efficiency of at least 85% for two weeks, you can increase time allotted for sleep by 30 minutes each week as long as you maintain a sleep efficiency of at least 85%.
Explain basic do’s and don’ts for the hour before bedtime.
Give ideas for what to think about once in bed.
SLEEP SCHEDULING RULE #4

- *Limit your naps.*
  - naps should be limited to less than 45 minutes
  - naps should commence no later than 4:00 P.M.
Make your bed a cue for sleep, NOT wakefulness:

- use the bedroom for sleep and sexual activity only
- if you are not drowsy at your calculated bedtime, do not go to bed until drowsy
- “half hour-half hour rule”
CREATING THE OPTIMAL SLEEP ENVIRONMENT

- Room temperature
- Noise
- Light
- Disruptive bed partner
SLEEP HYGIENE

- Exercise
- Baths & Showers
- Sunlight exposure
- Caffeine
- Nicotine
- Alcohol
- Food
...are provided on a handout in participants’ packets.
Action Plan

1. My arising time goal (for weekdays and weekends) is: ________________

2. My time allotted for sleep for the next two weeks is: ________________
   (Once you have maintained a sleep efficiency of at least 85% for 2 weeks, you can increase your time allotted for sleep by 30 minutes each week as long as you maintain a sleep efficiency of at least 85%)

3. My earliest allowable bedtime goal for the next two weeks is: ________________

4. In the hour before bed, I will engage in the following relaxing activities (remember, nothing with a screen):
   •
   •
   •
   •
   •

5. While drifting off to sleep, I will think about:
   •
   •
   •

6. I will limit my naps to less than 45 minutes and will begin them no later than 4:00 P.M.

7. I will use my bedroom primarily for sleep.

8. I will limit my daytime awake in bed to less than 10 minutes, unless I am intending to nap.

9. I will go to sleep only when drowsy.
10. If I need to use the half hour-half hour rule, I will sit here_______________ and will do the following:
   • • • • • • •

11. I will try to keep my bedroom cool, quiet, and dark.

12. I will exercise almost every day (optimally within 3-6 hours of my bedtime goal).

13. If I bathe before bed, I’ll bathe ~2 hours before bedtime so that my core temperature is not too high when I go to bed.

14. I’ll increase my exposure to sunlight upon arising in the morning.

15. I’ll avoid caffeine after lunchtime.

16. I’ll take steps to quit smoking and will limit my nicotine use before bedtime.

17. I’ll limit my alcohol use to one drink at least 2 hours before bedtime.

18. A snack that is high in complex carbohydrates that I might enjoy in the evening is: ________________

19. I will keep my list of Positive Sleep Thoughts here: ________________________
RELAXATION EXERCISE

- Guided imagery
WRAPPING UP & FOLLOW-UP
RESOURCES

- pass out and review packet of handouts
- give participants referral information
- show participants Jacobs (1998) Say Good Night to Insomnia
1. Was this presentation interesting?
   ___ Yes
   ___ More Yes than No
   ___ More No than Yes
   ___ No

2. How much useful NEW information did you learn?
   ___ A great deal
   ___ Some
   ___ Very Little or None

3. How much useful information were you reminded of that you already knew?
   ___ A great deal
   ___ Some
   ___ Very Little or None

4. How prepared do you feel to apply what you’ve learned today to help improve your sleep?
   ___ Very prepared
   ___ Somewhat prepared
   ___ Unprepared

5. What is your gender identity?
   ___ Male
   ___ Female
   ___ Other (Please specify.)__________________________

6. How likely are you to recommend attending the Sleep School program to other people on campus?
   ___ Very likely
   ___ Somewhat likely
   ___ Unlikely

7. Please write any additional thoughts or feedback below. Thank you.
During the past week:

1. How many nights did you spend more than 30 minutes trying to fall asleep when you first went to bed?
2. (Skip logic: Answer only if they responded >1 to Q1) How many of these nights did you get out of bed when you noticed that you hadn’t fallen asleep within 30 minutes?
3. How many nights did you experience unwanted nighttime awakenings that took more than 30 minutes for you to return to sleep?
4. (Skip logic: Answer only if they responded >1 to Q3) How many of these nights did you get out of bed when you noticed that you hadn’t fallen back to sleep within 30 minutes?
5. How many mornings did you experience unwanted early morning awakenings from which you could not return to sleep?
6. How many days did you arise from bed within 30 minutes of your arising time goal?
7. How many days did you meet your time allotted for sleep goal?
8. How many days did you meet your earliest allowable bedtime goal?
9. How many days did you limit any naps you may have taken to less than an hour?
10. How many days did you begin any nap you may have taken before 4:00 p.m.?
11. How many days did you use your bedroom primarily for sleep?
12. How many days did you limit your awake time in bed prior to going to bed to less than 10 minutes?
13. How many nights did you wait until you were drowsy to go to bed?
14. How many days did you practice your positive sleep thoughts?