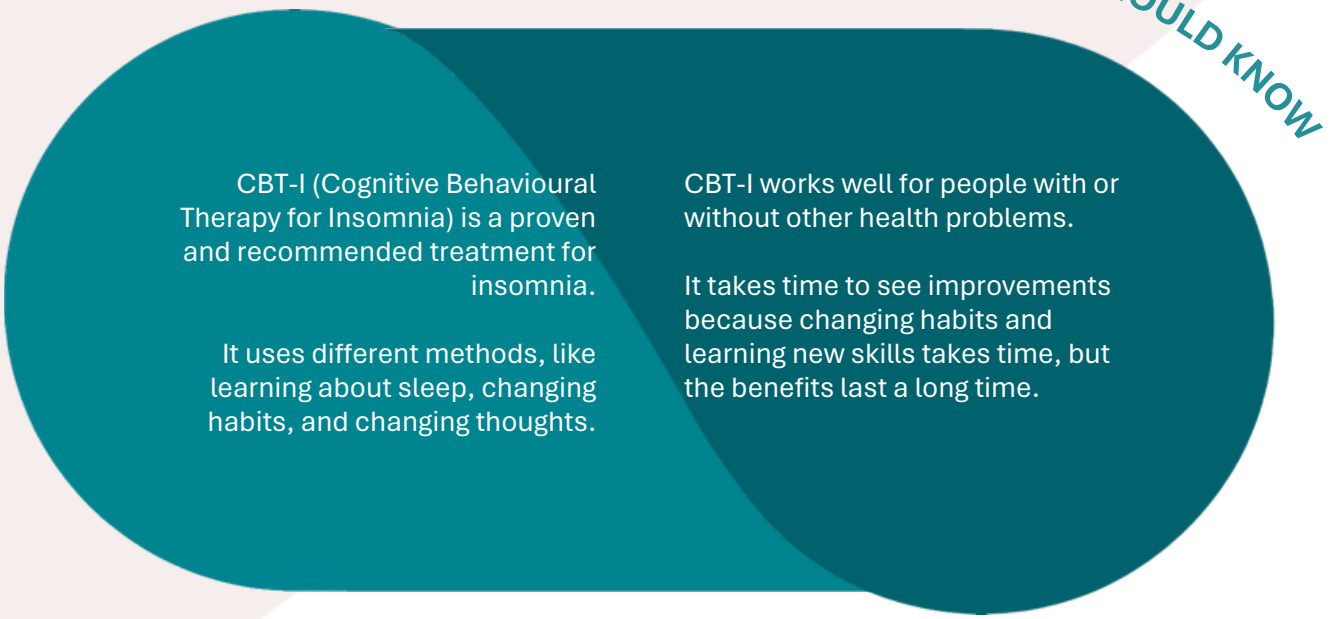
SleepHealth FOUNDATION

Cognitive Behavioural Therapy for Insomnia (CBT-I)

THINGS YOU SHOULD KNOW



What is CBT-i?

Insomnia means having trouble sleeping. It can happen to anyone. About one in every three people have trouble sleeping sometimes. Insomnia can mean:

- It's hard to fall asleep
- It's hard to stay asleep
- Waking up too early
- Feeling tired during the day

Please see our fact sheet on Insomnia for more information.

Cognitive Behavioural Therapy for Insomnia (CBT-I) is a way to help people with insomnia sleep better. It is a proven method that works well and lasts a long time CBT-I has been recommended as a best first treatment by the Royal Australian College of General Practitioners and the American College of Physicians.

How does CBT-i work?

CBT-I (Cognitive Behavioural Therapy for Insomnia) usually takes about 4 to 8 sessions. These sessions can happen every week or every two weeks, depending on what the person needs.

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CBT-I uses different methods to help people sleep better. It looks at the thoughts, behaviours, and other processes that cause insomnia. The main parts of CBT-I are:

- **Predisposing factors:** These are risk factors like genetics or traits that make someone more likely to have insomnia.
- **Precipitating factors:** These are things that start insomnia, like stress, major life events, odd works hours, or health problems.
- **Perpetuating factors:** These are habits that keep insomnia going, like going to bed too early, drinking alcohol, or doing things in bed other than sleep or intimacy.

Education

Education is a key part of CBT-I (Cognitive Behavioural Therapy for Insomnia). It helps people learn about sleep, insomnia, and what makes insomnia different from other sleep problems.

There are 3 important factors in understanding insomnia (sometimes called the 3Ps):

1. **Predisposing factors**: These are risk factors like genetics or traits that make someone more likely to have insomnia.
2. **Precipitating factors**: These are things that start insomnia, like stress, major life events, odd work hours, or health problems.
3. **Perpetuating factors**: These are habits that keep insomnia going, like going to bed too early, drinking alcohol, or doing things in bed other than sleep or intimacy.

Sometimes, these habits make the bed a place where people feel awake and alert instead of sleepy. This is called Hyperarousal or Conditioned Arousal, and it can make insomnia worse over time.

Education also teaches about good sleep habits, called sleep hygiene. This helps people find and fix other things that might be keeping them awake and create a better sleep routine.

People also learn about how stress and sleep affect each other and how they connect with other health problems.

It's important to know that CBT-I takes time to work because changing habits and learning new skills isn't quick. But the good news is that these changes last a long time. Setting these expectations is a big part of education about sleep.

Behavioural interventions

Behavioural interventions are key parts of CBT-I (Cognitive Behavioural Therapy for Insomnia). They include sleep restriction, stimulus control, and relaxation training.

Sleep restriction (or bedtime restriction) means spending less time in bed to improve sleep quality. The goal is to spend 85% of the time in bed actually sleeping. This helps people feel more satisfied with their sleep and perform better during the day. However, sleep restriction might not be suitable for everyone, especially if they have other health issues like bipolar disorder.

Stimulus control helps break the habit of being awake in bed. It retrains the brain to

link the bed with sleep, rather than being awake. This means only using the bed for sleep, getting out of bed if you can't sleep within 15-20 minutes, and only sleeping at night in bed. Stimulus control can be used with or without sleep restriction.

Relaxation training teaches ways to handle stress and relax. This can include:

- **Mindful breathing**: Focusing on your breath to stay calm and aware.
- **Visual imagery**: Imagining relaxing scenes to distract your mind.
- **Progressive muscle relaxation**: Tensing and then relaxing different muscle groups to reduce stress.

These techniques can be done in bed if they take less than 15 minutes. If they take longer, they should be done outside the bedroom.

Cognitive interventions

Cognitive interventions help people notice and change their unhelpful thoughts and beliefs about sleep. These thoughts and beliefs can make it harder to sleep, which can make these thoughts even stronger.

Cognitive restructuring is a way to break this cycle. It works by finding, questioning and changing the thoughts and beliefs that cause trouble sleeping. This may include unrealistic expectations about how long or well you should sleep, worries about sleepless nights you have had, or fears about being tired during the day.

Homework

Homework is an important part of cognitive behavioural interventions and CBT-I is no different. Just like any other skills, the strategies learned during CBT-I sessions require practice to become a habit.

A **daily sleep diary** helps to track and understand sleep patterns and treatment progress and it shows areas that need more work.

Other homework tasks may include improving sleep habits and questioning unhelpful thoughts about sleep when they come up.

How effective is CBT-I?

CBT-I can help people fall asleep faster and wake up less during the night. This means they spend more time sleeping while in bed, which is called sleep efficiency. CBT-I has been shown to improve insomnia symptoms in up to 80% for people with this problem, and 90% of them also reduce or stop using sleep medications. It is also helpful for people who do not have insomnia but have trouble sleeping, and for those with mental health issues like depression, anxiety and post-traumatic stress disorder, as well as other health conditions like cancer.

CBT-I has very few side effects, so risks are usually mild. These might include feeling uncomfortable when dealing with unhelpful thoughts and behaviours. Unlike sleep medications (see our fact sheet on Sleeping Tablets), the benefits of CBT-I don't stop when the therapy ends. Sleep keeps getting better if you keep using the strategies you learned. People who have insomnia along with other issues like depression, pain, fibromyalgia, PTSD,

substance abuse, and menopausal hot flashes also see improvements in these conditions after CBT-I.

While CBT-I is very good a helping with insomnia, it doesn't always make sleep better right away because changing habits and learning new skills takes time. Stimulus control and sleep restriction need patience because people often sleep less at first before their habits and sleep get better. Keeping a sleep diary can help you stay motivated by tracking your progress.

Who provides CBT-I?

Trained psychologists can provide CBT-I in person and through telehealth. Talking to your GP about your sleep problems can help you find good sleep service sin your area.

Your GP can also help to create a mental health treatment plan, which lets you claim up to 10 sessions each year through Medicare. You can find more information about getting a mental health treatment plan here.

Because there are more people needing CBT-I than there are trained professionals, other ways to get CBT-I have been developed. These include group sessions, self-help, and digital forms of CBT-I.

Sleep Central has a directory of clinicians who have completed the Australian Psychological Society (APS) and Australasian Sleep Association's (ASA) CBT-i training course. This can be accessed here via Sleep Central.

Digital CBT-I (dCBT-I)

Online resources for sleep health can be different depending on their purpose and how much a provider is involved. Some programs support you while you work with asleep clinician, like sleep tracking apps. Others are fully automated and don't need any outside help. Some programs offer a mix, where you follow a set program and can also have regular consultations with a professional.

Several evidence-based digital CBT-I programs have been created that offer low-cost online support. Like regular CBT-I, digital CBT-I (dCBT-I) has shown to work well for many people, including adults, children, adolescents, and those with other conditions like anxiety, depression, PTSD, substance use and some physical health conditions.

Several evidence-based dCBT-I programs have been outlined below.

Bedtime Window is an interactive 5-session digital CBTi program created by Dr Alexander Sweetman, Dr Chelsea Reynolds, and Dr Cele Richardson. It is freely available via Australian research studies. Each weekly session lasts for approximately 20-30 minutes and contains images, videos, text information, and tailored downloadable resources. Recommendations are tailored to your unique sleep, wake and lifestyle patterns to gradually improve how you sleep during the night and how you feel and function during the day. Bedtime Window is designed as a 'self-guided' program, but is also being tested with guidance from primary care clinicians.

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A Mindful Way is a 6-week online self-help program created by Dr. Giselle Withers in Australia. It is based on CBT-I and mindfulness training. Mindfulness is especially helpful for people who worry a lot before sleep. The program includes weekly online interactive 2-hour modules that you can do at your own pace, readings, workbook for exercises, downloadable meditation recordings, and weekly quizzes. It encourages practicing mindfulness for 15-30 minutes each day.

This Way Up: Managing Insomnia is a free online program from Australia with 4 lessons you can do at your own pace. It is meant to be finished in 2 months and can be done alone or with help from your clinician (like a psychologist). The self-help version is fully automated and has 5-day breaks between lessons to give you time to do the activities and practice new skills. The prescribed version lets your clinician see your progress and check in if you need more help.

RESTORE is a web-based interactive program created by Dr. Norah Vincent at Cobalt Therapeutics in the USA. It is available in both English and Spanish. The program has 7 sessions that you can finish in 5 weeks. It also includes downloadable educational materials about sleep hygiene and practice tasks to do between sessions.

CBT-I Coach is a free mobile app that helps people who are doing face-to-face CBT-I therapy. The app is based on a therapy manual called Cognitive Behavioral Therapy for Insomnia in Veterans, but anyone can use it. The app has features like an interactive sleep diary, a sleep schedule that can be adjusted by your sleep clinician, customizable reminders for sleep diary logs and sleep hygiene practices, and extra tools like relaxation exercises.

MindSpot Sleep Course: A free online 8-week treatment course designed to help you understand how sleep works and learn practical, evidence-based skills to improve your sleep.

Note: The above-mentioned dCBT-I programs have published peer-reviewed research supporting their effectiveness. The Sleep Health Foundation does not endorse programs or products, and the above list is provided for information only

Group CBT-I programs

A group setting has many benefits, like lower treatment costs and the chance for people to share and learn from each other about their insomnia. There are several group CBT-I programs in Australia.

Towards Better Sleep is a group CBT-I program in Brisbane started in 2002 by Clinical Psychologist Kathryn Smith and Psychiatrist Dr. Curt Gray. It uses proven techniques like sleep education, behavioural techniques, correcting faulty thinking, and relaxation strategies. The group meets for 4 one-hour sessions over 6 weeks.

The Insomnia Workshop at Sydney Woolcock Insomnia Clinic is a special insomnia program with 2 group sessions and 2 individual consultations.

Goodnight Insomnia at Sleep Matters Insomnia Solutions is a group CBT-I program in Perth. It has 4 two-hour sessions and includes regular CBT-I components.

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Self-help literature

- Carney, C. E. & Manber, R. (2013). Goodnight mind: Turn off your noisy thoughts and get a goodnight's sleep. New Harbinger Publications.
- Carney, C. E. & Manber, R. (2009). Quiet Your Mind and Get to Sleep: Solutions to Insomnia for Those with Depression, Anxiety, or Chronic Pain. New Harbinger Publications.
- Jacobs, G. D. (2009). Say Good Night to Insomnia: The Six-Week, Drug-Free Program Developed at Harvard Medical School. St. Martin's Griffin.
- Silberman S. (2009). The Insomnia Workbook: A Comprehensive Guide to Getting the Sleep You Need. New Harbinger Publications.

Where can I find out more

- More about Digital CBT-I programs: https://www.tuck.com/sleep/best-online-cbt-programs/
- More about CBT-I: https://www.sleepfoundation.org/insomnia/treatment/cognitive-behavioral-therapy-insomnia

Other useful links:

- Insomnia
- Mindfulness and Sleep
- Preventing Chronic Insomnia
- Ageing and Sleep
- Drowsy Driving
- Excessive Daytime Sleepiness
- Shift Work
- Common Sleep Disorders
- Sleep Hygiene: Good Sleep Habits
- Anxiety and Sleep
- Depression and Sleep
- Mental Health and Sleep
- Post-Traumatic Stress Disorder and Sleep
- Pain and Sleep
- Sleeping Tablets

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Australasian Sleep Association
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The peak national association of clinicians and scientists devoted to investigation of sleep and its disorders.

Disclaimer: Information provided here is general in nature and should not be seen as a substitute for professional medical advice. Ongoing concerns about sleep or other medical conditions should be discussed with your local doctor.