

# COGNITIVE-BEHAVIOR THERAPY FOR INSOMNIA

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## Description of the Disorder

Insomnia is a condition that involves problems with sleep. The following are symptoms of insomnia:

- Trouble falling asleep at bedtime (taking longer than 30 minutes to fall asleep)
- Waking up too early in the morning and cannot fall back asleep (with less than 6.5 hours of sleep)
- Waking up in the middle of the night (awake for more than 30 minutes)

Because of insomnia, people can struggle with tiredness, attention and focusing problems, and problems with their mood. The diagnosis of this disorder is made when people complain of having problems falling or staying asleep for three or more nights per week and lasting more than one month. In addition, the insomnia causes a lot of distress and or problems with the person's ability to function during the day. Insomnia can be the main problem or it can be a symptom of a medical, psychiatric, or another sleep disorder. Insomnia is more common among:

- women
- older adults
- shift workers
- patients with medical or psychiatric problems.

## Treatment Comparison

Cognitive-behavioral treatment, a form of therapy that focuses on changes in thoughts and behaviors, has helped 70 to 80% of patients with insomnia. Only a small group (25%-30%) become good sleepers, however. Of the different methods used in CBT, sleep restriction and stimulus control have been found to be most helpful. However, therapists will most often use different methods in combination. These methods focus on thoughts, behaviors and education in order to deal with the different parts of insomnia. CBT is also helpful for treating insomnia in older adults. There is no specific research on outcome with ethnic minority groups.

Certain medications (e.g., hypnotics like temazepam, zolpidem, zaleplon) can be useful for the *short-term* treatment of insomnia that not chronic. However, they should be used only as an addition to CBT when it comes to treating ongoing insomnia. The few studies comparing CBT and medication have shown that these two treatment forms, singly and combined, produce similar benefits after 4, 6, and 8 weeks of treatment. However, the early benefits that come with

medication are quickly lost after medication is stopped. The results of CBT hold up over time.

## **Treatment Description**

CBT for insomnia can be done over a period of 6-8 weeks, with an average consultation time of about 5 hours. Individual and group therapy produce about the same results. There are no reasons not to use CBT for insomnia. However, patients with another sleep disorder (e.g., sleep apnea) should be referred to a sleep disorders clinic.

There are many different causes of insomnia. Often the first step in the treatment of insomnia is to determine and treat the underlying causes. For example, if insomnia is a symptom of an underlying major depression, treatment should target the depression first. Likewise, when pain is the main cause of sleep problems, treatment should initially focus on reducing pain. The various methods of treatment include:

- relaxation-based treatments
- stimulus control therapy
- sleep restriction
- cognitive therapy, and
- combined cognitive-behavioral therapy.

The main goals of these forms of treatment are:

- to change poor sleep habits and scheduling issues,
- correct misunderstood ideas about sleep, and
- teach patients helpful skills to deal with occasional insomnia and its results.

***Relaxation treatments.*** There are several types of relaxation-based treatments. Some methods (e.g., progressive-muscle relaxation, autogenic training) focus on reducing physical tension, whereas other methods (e.g., imagery training, meditation) deal with worry or unwanted thoughts. The different methods are all helpful in terms of sleep. The most important issue is to make sure that the chosen technique is practiced regularly for 2-4 weeks, at first during the day. When the method is mastered, it can be used at bedtime or upon nighttime awakening.

***Stimulus control therapy.*** People who often have insomnia often become troubled around bedtime and connect the bed/bedroom with anxiety, frustration, and tension rather than with sleep. This pairing of the bedroom and difficult feelings happens over a period of weeks or months. Stimulus control therapy has a set of five guidelines that are designed to re-connect bedtime and the bed or bedroom with fast sleep onset. This can be done by

- (a) delaying bedtime until sleep is close,
- (b) getting out of bed when unable to sleep and,

- (c) limiting activities in the bedroom that are not related to sleep (i.e., no reading, watching television, or worrying in bed).

The second goal of this method is to set up a consistent sleep/wake rhythm by (c) keeping a strict schedule for a regular waking time and (d) avoiding a daytime nap.

**Sleep restriction.** Poor sleepers often spend more time in bed in a misguided effort to provide more chances for sleep. This strategy is more likely to result in poor quality sleep. Sleep restriction therapy has a person limit the amount of time spent in bed to the actual amount of time asleep.

**Cognitive therapy.** Cognitive therapy seeks to change unhelpful thoughts about sleep and insomnia. For example, when a person cannot sleep at night and worries about the possible results of sleep loss on the next day's performance, this can feed into the vicious cycle of insomnia, emotional upset, and more sleep problems. Treatment challenges unrealistic expectations ("I must get my 8 hours of sleep every night."), as well as other problematic thoughts ("My insomnia is entirely due to a biochemical imbalance.").

**Sleep hygiene education.** Teaching about the affect of lifestyle (diet, exercise, substance use) and environmental factors (light, noise, temperature) on sleep is an important part of insomnia treatment. Sleep hygiene guidelines include:

- staying away from stimulants (e.g., caffeine, nicotine) several hours before bedtime,
- staying away from alcohol as a sleep aid as it disrupts sleep,
- exercising regularly, but not too close to bedtime,
- keeping the bedroom quiet, dark, and comfortable.

It is also useful to give basic facts about:

- normal sleep,
- individual differences in sleep needs, and
- about changes in sleep over the course of the life span.

This information is very useful to help older patients understand true insomnia from normal, age-related, changes in sleep patterns.

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