

## Overview

- Clinical interview
- Case conceptualization
- Putting it all together
- Relapse prevention

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## Clinical Interview: Aims

- Determine if CBT-I is indicated
- Determine if referral to sleep specialist is needed
  - Apnea (OSA), restless legs (RLS), other suspected sleep disorders
- Case conceptualization and treatment planning

VA CBT-I Didactic Training

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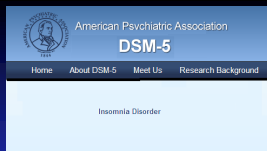
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### B. Report of one or more of the following symptoms:

- Difficulty initiating sleep; in children this may be manifested as difficulty initiating sleep without caregiver intervention

- Difficulty maintaining sleep characterized by frequent awakenings or problems returning to sleep after awakenings (in children this may be manifested as difficulty returning to sleep without caregiver intervention)

- Early morning awakening with inability to return to sleep

- Non restorative sleep (wait)

- Prolonged resistance to going to bed and/or bedtime struggles (children)

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American Psychiatric Association  
**DSM-5**  
 Home About DSM-5 Meet Us Research Background

Insomnia Disorder

**C. The sleep complaint is accompanied by significant distress or impairment in daytime functioning as indicated by the report of at least one of the following:**

- Fatigue or low energy
- Daytime sleepiness
- Cognitive impairments (e.g., attention, concentration, memory)
- Mood disturbance (e.g., irritability, dysphoria)
- Behavioral problems (e.g., hyperactivity, impulsivity, aggression)
- Impaired occupational or academic function
- Impaired interpersonal/social function
- Negative impact on caregiver or family functioning (e.g., fatigue, sleepiness, etc.)

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### Clinical Interview Circadian Rhythm Tendencies

Owls	Larks
<ul style="list-style-type: none"> <li>• Difficulty waking up in morning and/or prolonged time to feel fully awake</li> <li>• Difficulty falling asleep before very late at night and/or difficulty disengaging from nighttime activities</li> </ul>	<ul style="list-style-type: none"> <li>• Early bedtime and involuntary evening "naps"</li> <li>• Early wake-up times with inability to return to sleep</li> </ul>

**Assessment:** Morningness/Eveningness Questionnaire (MEQ)

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### Clinical Interview Hypnotic Medications and Sleep

Positive effects	Negative effects
<ul style="list-style-type: none"> <li>Facilitate falling asleep</li> <li>Reduce wakefulness after sleep onset</li> </ul>	<ul style="list-style-type: none"> <li>Some suppress REM sleep (REM rebound)</li> <li>Potential for carryover effects</li> <li>Potential for tolerance</li> <li>Psychological dependence</li> </ul>

Adapted from the VA CBT-I Didactic Training

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**DRUGS THAT CAN CAUSE SLEEP DISTURBANCE**



- ALCOHOL & CAFFEINE
- CNS STIMULANTS
- BETA BLOCKERS
- BRONCHODILATORS
- CALCIUM CHANNEL BLOCKERS
- CORTICOSTEROIDS
- ANTIDEPRESSANTS
- ANTIBIOTICS

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**Clinical Interview  
Assessing Comorbid Sleep  
Disorders**

- Circadian Rhythm Disorders (DSPS/ASPS)
- Obstructive Sleep Apnea (OSA)
- Restless Legs Syndrome (RLS)
- Periodic Limb Movement Disorder (PLMD)

Assessment questionnaire:  
**SDS-CL**

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**SDS-CL (2016)**

Date: \_\_\_/\_\_\_/\_\_\_    DOB: \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_    Sex: \_\_\_    Height: \_\_\_ cm    Weight: \_\_\_ kg  
 Home phone: \_\_\_    Area code: \_\_\_    Hospital address: \_\_\_\_\_ Street (2000 feet)  
 Home phone: \_\_\_    Area code: \_\_\_    Hospital phone: \_\_\_    Fax: \_\_\_    Email: \_\_\_\_\_  
 Do you regularly take a blood thinner? (i.e. Coumadin/Warfarin) \_\_\_\_\_ (Yes/No)  
 How much sleep do you typically get per night? \_\_\_\_\_ hours (0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12)  
 How much sleep do you typically get per night? \_\_\_\_\_ hours (0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12)  
 Answer all questions for what has been typical for you for the last 3 months.

NUMBER	0	1	2	3	4
	NEVER	1 TIMES A WEEK	2 TIMES A WEEK	3 TIMES A WEEK	4 TIMES A WEEK
1. My work or other activities prevent me from getting the best sleep					
2. My bedtime or wake-up habits by more than 1 hour					
3. It takes me 30 minutes or more to fall asleep					
4. I am awake for 30 minutes or more during the night					
5. I wake up 30 or more minutes before I have to and can't fall back asleep					
6. I am tired, fatigued, or sleepy during the day					
7. I sleep better if I go to bed before 10pm and wake up before 6am					
8. I sleep better if I go to bed later (after 10pm) and wake up later (after 7am)					
9. I am prone to fall asleep at inappropriate times or places					
10. I snore					
11. I wake up with a dry mouth in the morning (not from mouth)					
12. My snoring is so loud, that my bed partner complains					
13. I have been told that I snore or breathe in my sleep					
14. I wake up choking or gasping for air					
15. I feel uncomfortable sensations in my legs, especially when sitting or lying down, that are relieved by moving them					
16. I have an urge to move my legs that is worse in the evenings and nights					
17. I wake up frequently during the night for no reason					
18. When awakened, startled, frightened, I experience sudden muscle weakness					
19. When falling asleep or waking up, I experience a sense of falling or floating					
20. When I am falling asleep, I feel like I can't move					
21. I have leg cramps					
22. For no reason, I awaken suddenly, feeling startled and afraid					
23. I have been told that I snore, talk, eat, or struggle or stir while I sleep					
24. I grind my teeth or clench my jaw while I sleep					
25. My sleep difficulties interfere with my daily activities					

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## ASSESSMENT

### THE CONSENSUS SLEEP DIARY

#### The Consensus Sleep Diary: Standardizing Prospective Sleep Self-Monitoring

Colleen E. Conway, PhD<sup>1</sup>, Daniel J. Buysse, MD, Bruce Van Dongen, PhD<sup>2</sup>, David G. Stange, PhD<sup>3</sup>, Andrew C. Kline, PhD<sup>4</sup>, Lutz Jenike, PhD<sup>5</sup>, Charles M. Drake, PhD<sup>6</sup>

<sup>1</sup>Department of Psychology, University of Pennsylvania, Philadelphia, PA; <sup>2</sup>Department of Psychology, University of Colorado, Boulder, CO; <sup>3</sup>Department of Psychology, University of Colorado, Boulder, CO; <sup>4</sup>Department of Psychology, University of Colorado, Boulder, CO; <sup>5</sup>Department of Psychiatry, Harvard Medical School, Boston, MA; <sup>6</sup>Department of Psychology, University of Pennsylvania, Philadelphia, PA

**Background:** To report on expert consensus, standardized, self-reported sleep diary methods and provide a template for the design of sleep diaries. **Methods:** A panel of 16 experts in sleep diary research, including clinicians and researchers, met in person to discuss and agree on a set of standardized sleep diary methods. The panel discussed and agreed on a set of standardized sleep diary methods, including diary format, diary content, and diary use. **Results:** The panel agreed on a set of standardized sleep diary methods, including diary format, diary content, and diary use. **Conclusions:** The Consensus Sleep Diary can be used for the study of sleep and its associated health and behavioral outcomes. The adoption of a standard sleep diary to measure sleep and its associated health and behavioral outcomes will improve the reliability and validity of sleep diary data.

**Keywords:** sleep diary, standard, sleep assessment, self-report, sleep diary, sleep diary, sleep diary, sleep diary

**INTRODUCTION**

Sleep diaries are a common and important tool used to assess sleep and its associated health and behavioral outcomes. However, the format and content of sleep diaries have varied widely, leading to difficulties in comparing and interpreting data across studies. This variability has limited the utility of sleep diaries in research and clinical practice. The goal of this consensus document is to provide a template for the design of sleep diaries that can be used to study sleep and its associated health and behavioral outcomes. This document provides a set of standardized sleep diary methods, including diary format, diary content, and diary use. The panel discussed and agreed on a set of standardized sleep diary methods, including diary format, diary content, and diary use. The panel also discussed and agreed on a set of standardized sleep diary methods, including diary format, diary content, and diary use. The panel also discussed and agreed on a set of standardized sleep diary methods, including diary format, diary content, and diary use.

**Consensus Sleep Diary (CSDD)**

The CSDD is a standardized sleep diary that can be used to study sleep and its associated health and behavioral outcomes. It consists of a set of standardized sleep diary methods, including diary format, diary content, and diary use. The panel discussed and agreed on a set of standardized sleep diary methods, including diary format, diary content, and diary use.

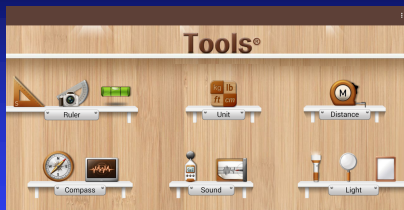
**Keywords:** sleep diary, standard, sleep assessment, self-report, sleep diary, sleep diary, sleep diary, sleep diary

- Medications
- Medical history
- Psychiatric history

## Everything else



## BSM ASSESSMENT



## ASSESSMENT



### Study Protocol Forms

#### All Forms:

To complete a form below, click on its title.

[MED & PSYCH ASSESSMENT](#)

1. Medical History Checklist
2. Symptoms Checklist
3. PHQ-9
4. GAD-7

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## ASSESSMENT

### MEDICAL HISTORY INFORMATION FORM

Current weight: \_\_\_\_\_ Race: \_\_\_\_\_  
Current height: \_\_\_\_\_ Date: \_\_\_\_\_  
Weight 5 years ago: \_\_\_\_\_ BMI: \_\_\_\_\_

#### List of medications:

Med	Dose	Schedule	Reason taking it

#### Put checkmarks in the box:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Head injury        | <input type="checkbox"/> Collar               | <input type="checkbox"/> Poisoning           |
| <input type="checkbox"/> Hemorrhage         | <input type="checkbox"/> Coma/drop            | <input type="checkbox"/> Thrombosis          |
| <input type="checkbox"/> Malaria            | <input type="checkbox"/> Gunshot/Ulcer        | <input type="checkbox"/> Cancer              |
| <input type="checkbox"/> Migraine           | <input type="checkbox"/> Cancer               | <input type="checkbox"/> Clonus              |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Gunshot/Wrecking     | <input type="checkbox"/> Thyroid problems    |
| <input type="checkbox"/> Parkinson's        | <input type="checkbox"/> Fracture/drop        | <input type="checkbox"/> Cholesty            |
| <input type="checkbox"/> Sickle cell        | <input type="checkbox"/> Heroin/drug          | <input type="checkbox"/> Ovarian             |
| <input type="checkbox"/> Stroke             | <input type="checkbox"/> Injury/drop/Red Bull | <input type="checkbox"/> Anemia              |
| <input type="checkbox"/> Shingles           | <input type="checkbox"/> Cyclone              | <input type="checkbox"/> Fibromyalgia        |
| <input type="checkbox"/> Chronic pain       | <input type="checkbox"/> Kidney Stones        | <input type="checkbox"/> B12 deficiency      |
| <input type="checkbox"/> Irritable Heart    | <input type="checkbox"/> Malignancy           | <input type="checkbox"/> Parosmia            |
| <input type="checkbox"/> Strep throat       | <input type="checkbox"/> Chronic Cystitis     | <input type="checkbox"/> Sexual or genital   |
| <input type="checkbox"/> Congestive Heart   | <input type="checkbox"/> Polio                | <input type="checkbox"/> Dental problems     |
| <input type="checkbox"/> Rabies             | <input type="checkbox"/> Radiation therapy    | <input type="checkbox"/> Otititis/earache    |
| <input type="checkbox"/> Heart Attack       | <input type="checkbox"/> Dizziness            | <input type="checkbox"/> Sleep apnea         |
| <input type="checkbox"/> Tuberculosis       | <input type="checkbox"/> Kidney failure       | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Blood clot         | <input type="checkbox"/> Blood disorder       | <input type="checkbox"/> Headache            |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Chronic Pain         | <input type="checkbox"/> Liver disease       |

Other: \_\_\_\_\_

Last Surgeon's visit date: \_\_\_\_\_

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## ASSESSMENT

### PHQ-9: Patient Health Questionnaire

Have you had any of the following in the last week?

(If you check any, state number of days per week)

	# of days	Severity Rating (1=Not at all, 4=Very High)		
	1	2	3	4
Little interest or pleasure in doing things	____	____	____	____
Feeling tired or exhausted	____	____	____	____
Sleeping too much or too little	____	____	____	____
Feeling nervous, anxious or on edge	____	____	____	____
Difficulty concentrating	____	____	____	____
Moving or speaking slowly	____	____	____	____
Thoughts of death or suicide	____	____	____	____
Loss of appetite	____	____	____	____
Feeling hopeless or pessimistic	____	____	____	____
Feeling worthless or guilty	____	____	____	____
Thinking about self-harm	____	____	____	____
Decreased interest in sex	____	____	____	____
Other (specify): _____	____	____	____	____

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# Case Conceptualization

- What factors weaken the sleep drive?
- What factors impact the circadian clock?
- What manifestations of hyperarousal are present?
- What unhealthy sleep behaviors are present?
- What comorbidities affect patient's presentation and how?
- What medications may impact patient's sleep/sleepiness?
- What are the predisposing, precipitating, and maintaining factors?
- What other factors are relevant to patient's presentation?

VA CBT-I Didactic Training

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## WHO IS A GOOD CANDIDATE FOR CBT-I ?




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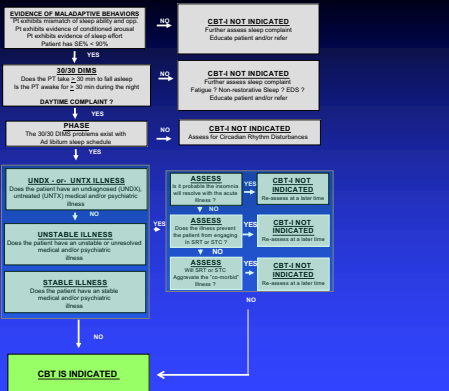
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### ASSESSMENT ALGORITHM : IS CBT-I INDICATED ?




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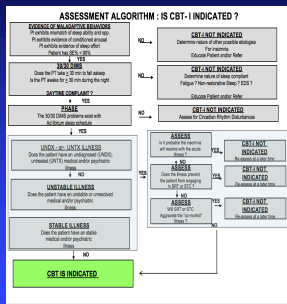
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## CBT-I IS CONTRAINDICATED



**Bipolar Disorder**

**Seizure Disorder**

**Paradoxical Insomnia**

**Parasomnias**

**Severity Matters**

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## Putting it All Together



Number of sessions  
Sequencing  
Ending Treatment- Break it fix it

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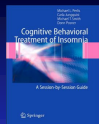
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## THERAPY SCHEDULE



- Session 1- Assessment and providing sleep log
- Session 2- Education, restriction, stimulus control
- Session 3- Problem solve and sleep hygiene
- Session 4- Upward titration
- Session 5- Upward titration & cognitive Tx
- Session 6- Upward titration
- Session 7- Upward titration
- Session 8- Relapse prevention

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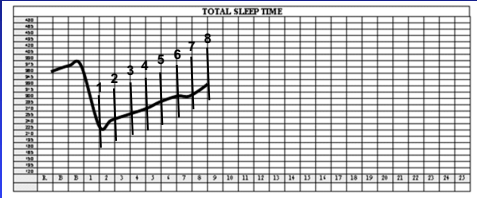
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## WHY 8 SESSIONS ?

### HERE'S 8 REASONS

(ASSUMING PERFECT COMPLIANCE)



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## WHY 8 SESSIONS ?

- WHAT AMOUNT OF SUCCESS GUARANTEES COMPLIANCE ?
- WHAT AMOUNT OF BEHAVIORAL CHANGE – CHANGES COGNITION ?
- HOW MUCH IMPROVED SLEEP LEADS TO COUNTER CONDITIONING

AND FOR THAT MATTER HOW MUCH TREATMENT IS REQUIRED/STANDARD FOR CBT FOR OTHER ILLNESSES ?!

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## THE VALUE OF BREAK-IT-FIX-IT

- INCREASED SLEEP SELF EFFICACY
- ENHANCED SLEEP ABILITY (TST)
- UNCOVER SLEEP NEED
- DISCOVER OPTIMAL SLEEP WINDOW
- CHALLENGE SLEEP FEAR



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### ALTERNATIVE THERAPY SCHEDULE



- Session 1- Assessment and providing sleep log
- Session 2- Education, restriction, stimulus control
- Session 3- Problem solve and sleep hygiene
- Session 4- Upward titration
- Session 5- Upward titration & cognitive Tx
- Session 6- Upward titration
- Session 7- Upward titration
- Session 8- Relapse prevention

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### MAINTENANCE AND RELAPSE PREVENTION



- Maintain ~ BT / WT
- Encourage Experimentation
- Allow modest flexibility
- Relapse is not one night
- Start with Stimulus Control
- If insomnia continues after 4-5 nights-- restrict

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Two commandments to keep holy:

[Empty rectangular box for notes]

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SO WITHOUT FURTHER ADO



“THIS IS THE END...”

JIM MORRISON CIRCA 1967

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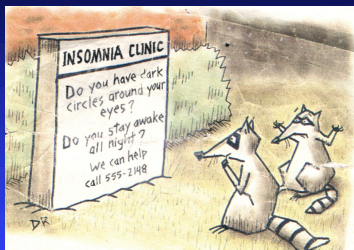
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THE END



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Questions or Comments?  
Thank you!



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