End the Insomnia Struggle: Individualizing CBT-I using ACT

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Relevant Financial Disclosures

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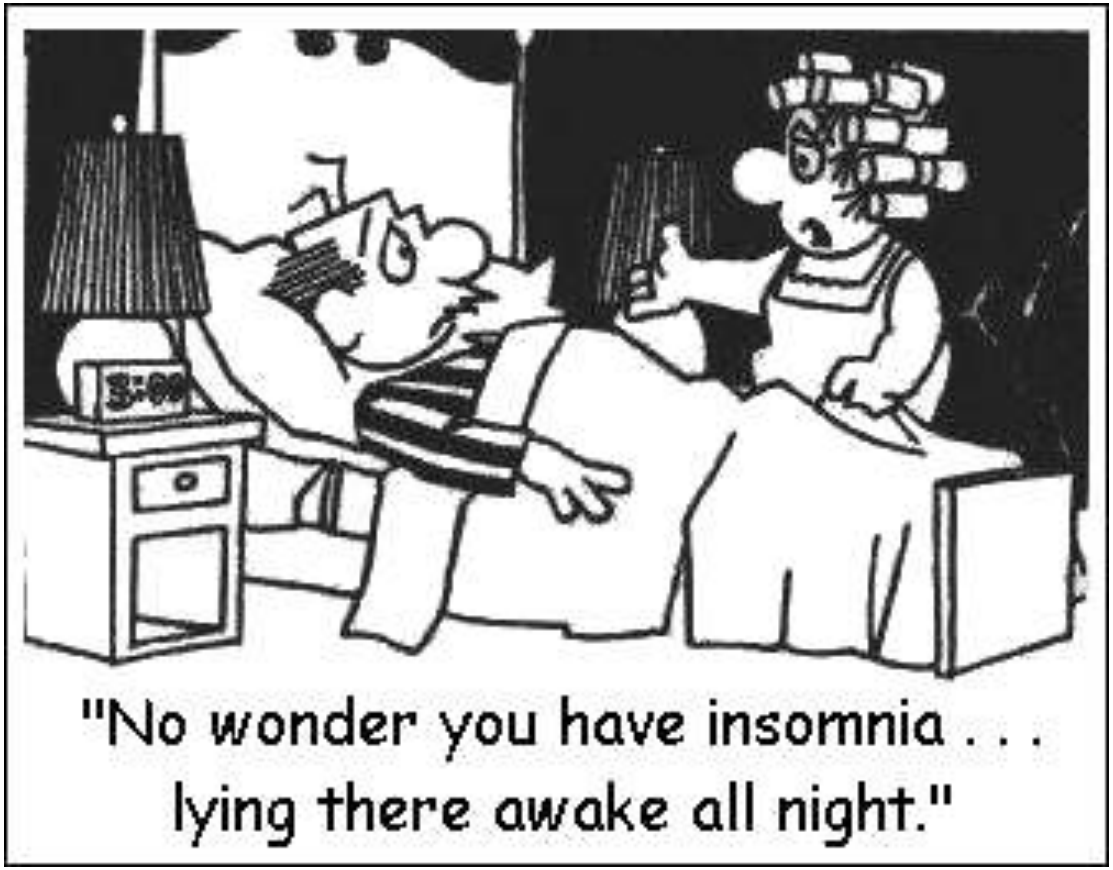
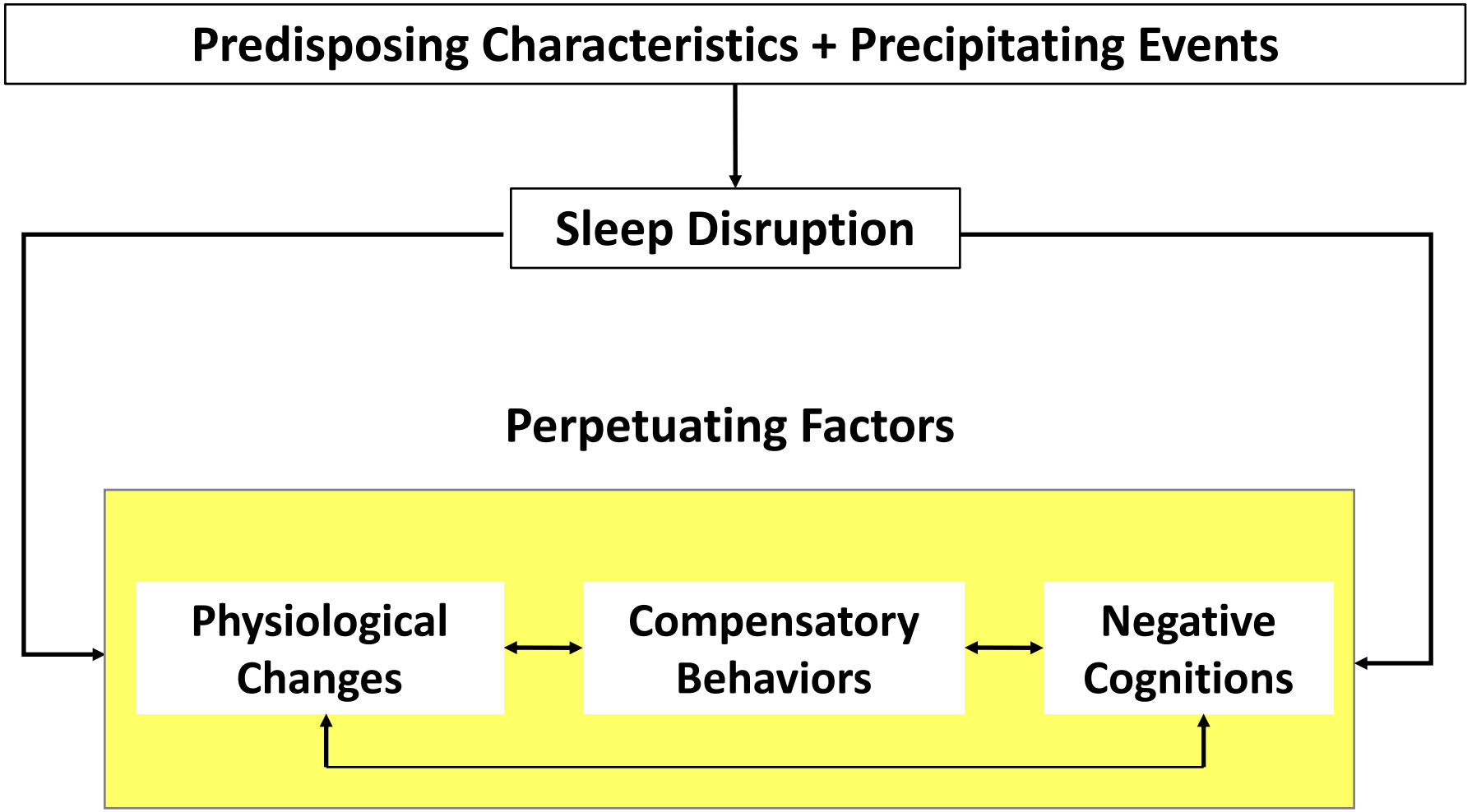
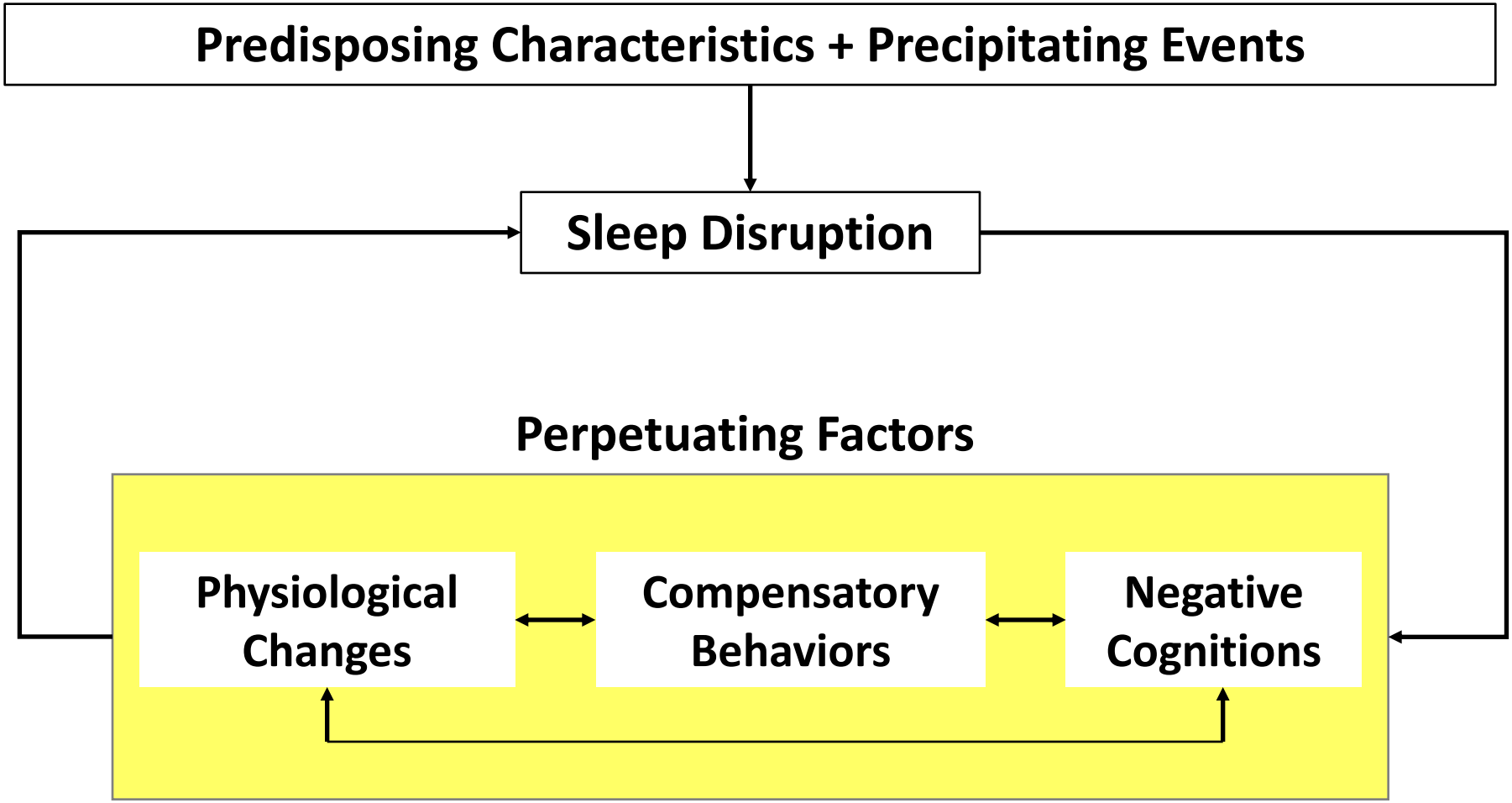
If Only it Were So Easy….



The 3P Model of Insomnia

(Spielman & Glovinsky, 1987)




Predisposing Characteristics + Precipitating Events
Sleep Disruption
Perpetuating Factors
Physiological Changes
Compensatory Behaviors
Negative Cognitions
Medications
Stimulus Control
Sleep Restriction
Sleep Hygiene
Cogn Restructuring
Designated Worry Time
Insomnia Intervention Key: Medical
CBT-I

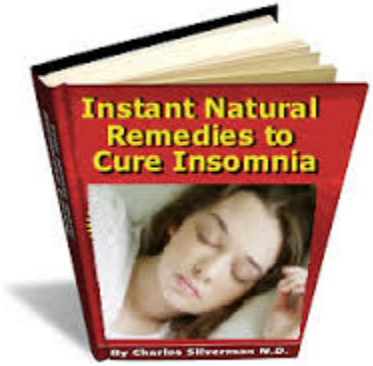
Client Hurdles

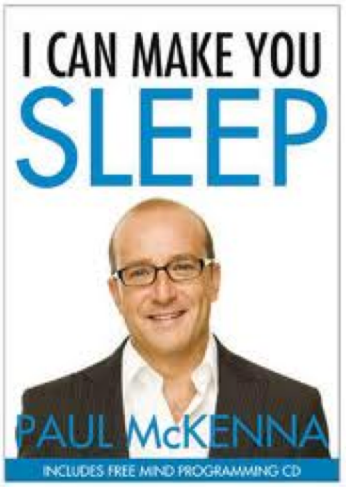
Wanda was proud of herself for sticking to her one-cup-a-day limit...

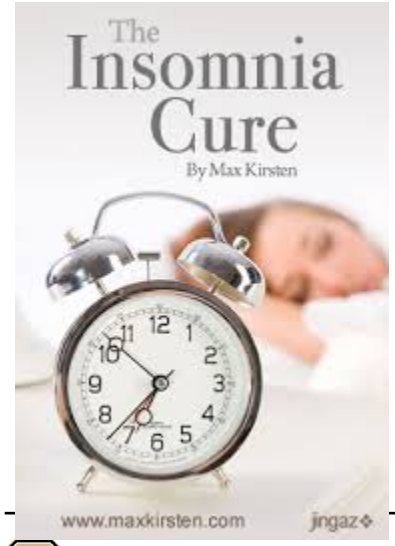
Unwilling to do the treatment fully.

Unwilling to not sleep. Rigidly adhere to the treatment with a control agenda.

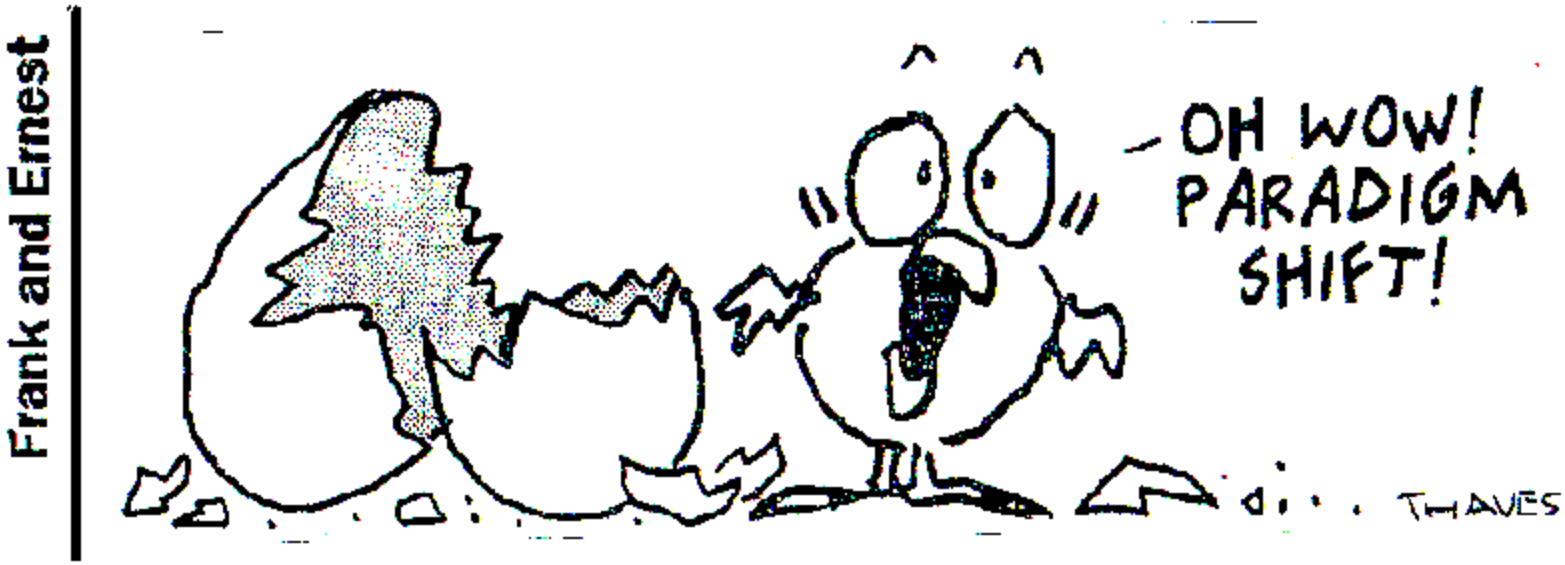
We are led to believe we can control sleep.





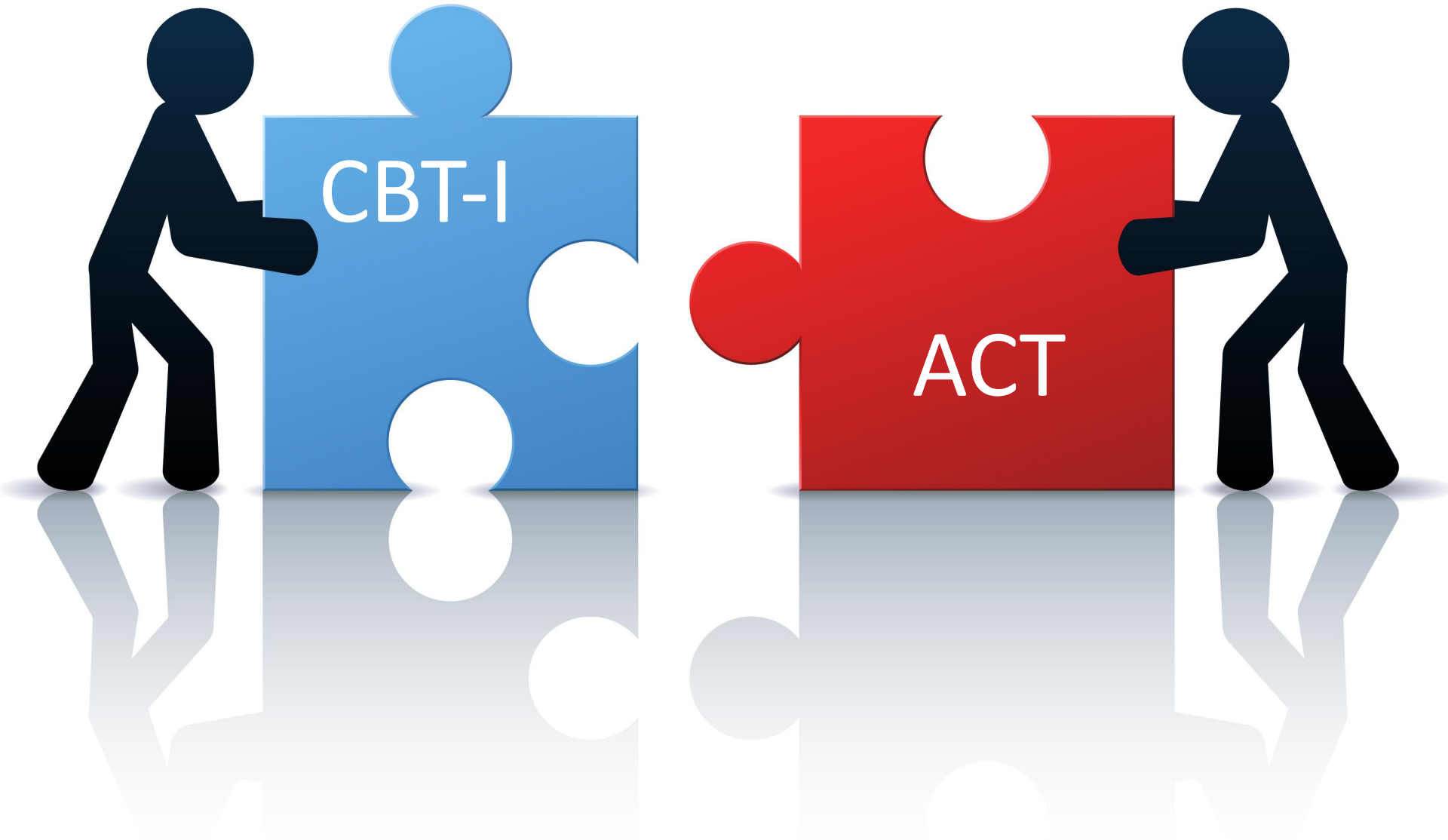


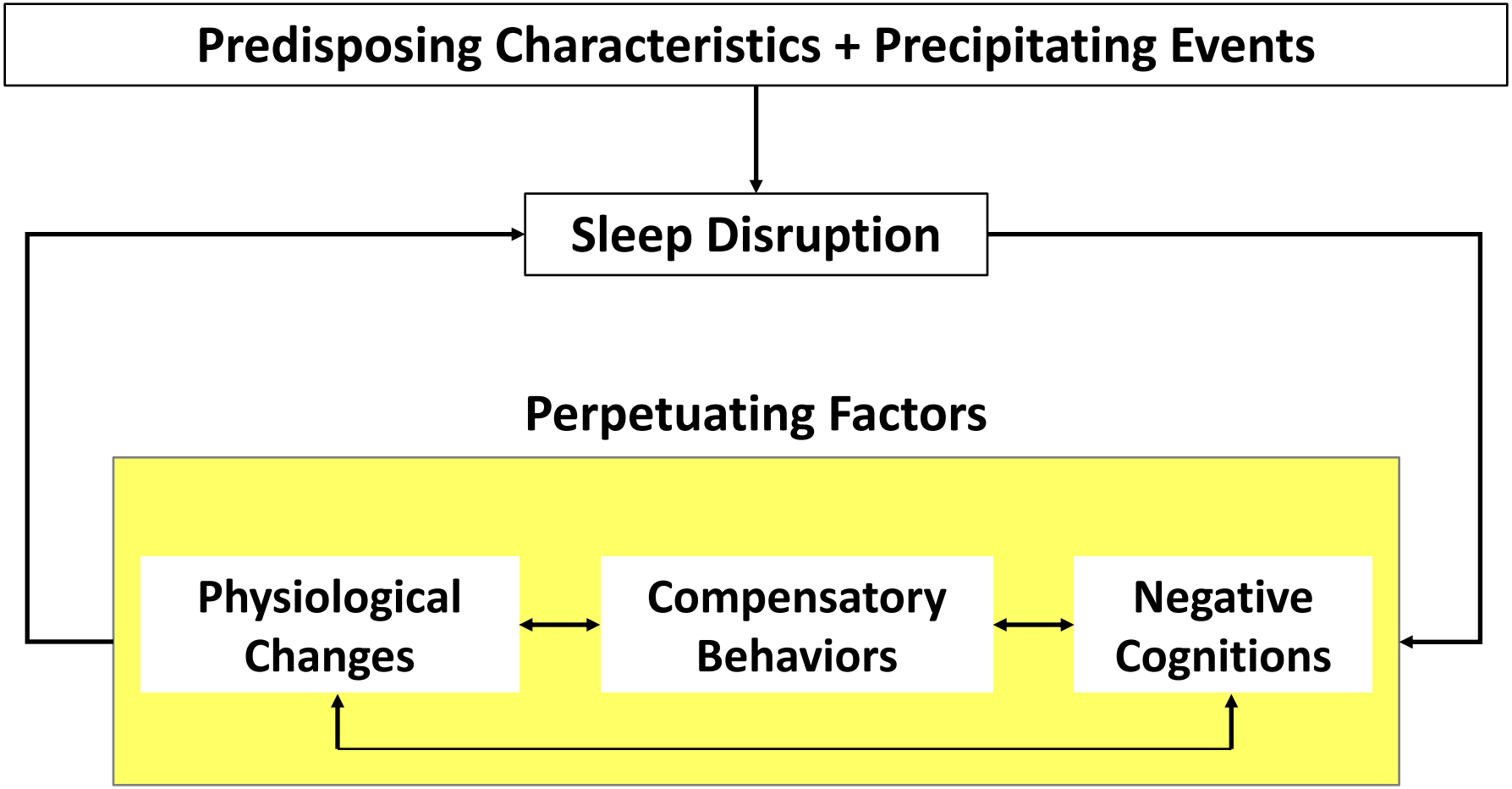
We cannot control sleep.



From:
I should be able to fix my sleep problems tonight and/or every night.
(short term fix it/control)
To:
I can promote sleep and support sleep over time .
(long term flexible relationship)

A Perfect Fit





Medications
MIndfulness

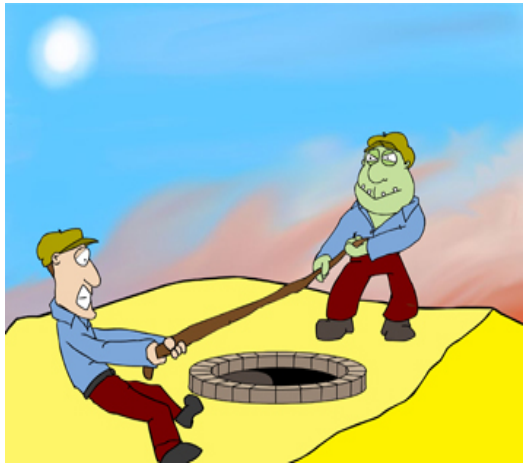
Stimulus Control
Sleep Restriction
Sleep Hygiene
Committed Action

Cogn Restructuring
Designated Worry Time
Defusion
Mindfulness
Acceptance

Insomnia Intervention Key: Medical
CBT-I
ACT

Acceptance/Willingness

Open up to what shows up

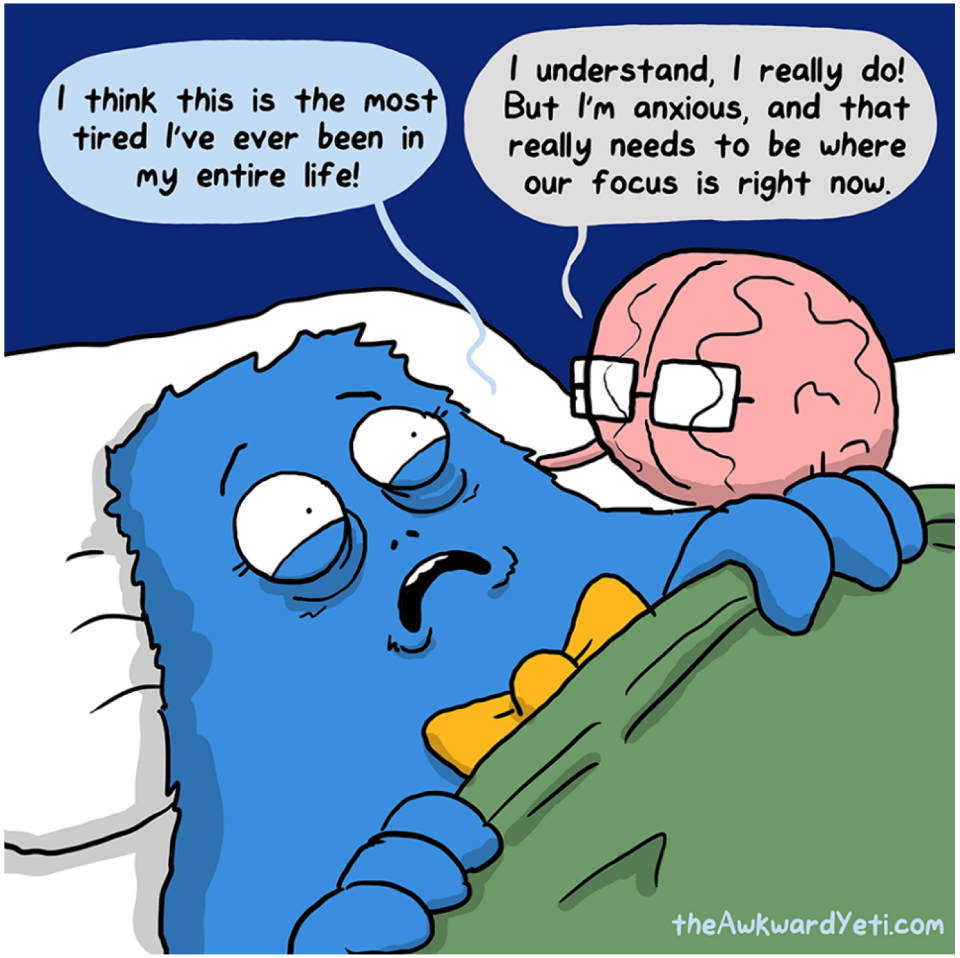


Acceptance/Willingness

- Undermine control agenda
  - "If you're not willing to have insomnia, you will"
  - "Never try to sleep" (surrender)
- Increase engagement in treatment
  - Willingness to experience short-term pain
  - Willingness to maintain or renew efforts
- Target other barriers
  - Willingness to sleep (*huh?*)

Cognitive Defusion

Flexible Moment to Moment



"Clocks"

The lights go out and I can't be saved
Tides that I tried to swim against
Have brought me down upon my knees
Oh I beg, I beg and plead, singing

Come out of things unsaid
Shoot an apple off my head and a
Trouble that can't be named
A tiger's waiting to be tamed, singing... You are.... You are

Confusion never stops
Closing walls and ticking clocks
Gonna come back and take you home
I could not stop that you now know, singing

Come out upon my seas
Cursed missed opportunities
Am I a part of the cure?
Or am I part of the disease? Singing

You are, you are, you are .....You are, you are, you are

And nothing else compares
Oh nothing else compares
And nothing else compares

You are ..... You are

Home, home where I wanted to go

The Role of Mental Fitness

Clinician Hurdles

WORKSHEET 5.1: My Personalized Treatment Plan

Use this worksheet to pull together the work you'll do with exercises 5.1 and 5.2, and tables 5.1 and 5.2. This will help you get started and stay on track.

My First Step Will Be:

_____ Consulting a medical professional

_____ Treating a circadian rhythm disorder (appendix A)

_____ Treating insomnia (chapters 6–14)

My Destination (Treatment Goals)

Carefully consider where you want your adventure to take you. Be specific. Be realistic.

I hope to:

____ sleep more (____ hours of sleep on a typical night)

____ fall asleep more quickly (within ____ minutes of lights out)

____ have fewer awakenings (no more than ____ per night)

____ not wake too early (sleep until at least __:__)

____ have less fitful/more restorative sleep

____ be in bed less/have fewer hours dedicated to sleeping (no more than ____ hours between bedtime and final wake time)

____ be less anxious about sleep

____ have fewer daytime consequences of sleep

My Insomnia Program Road Map

I am going to start with this core behavioral treatment program:

____ Stimulus control therapy (chapter 6)

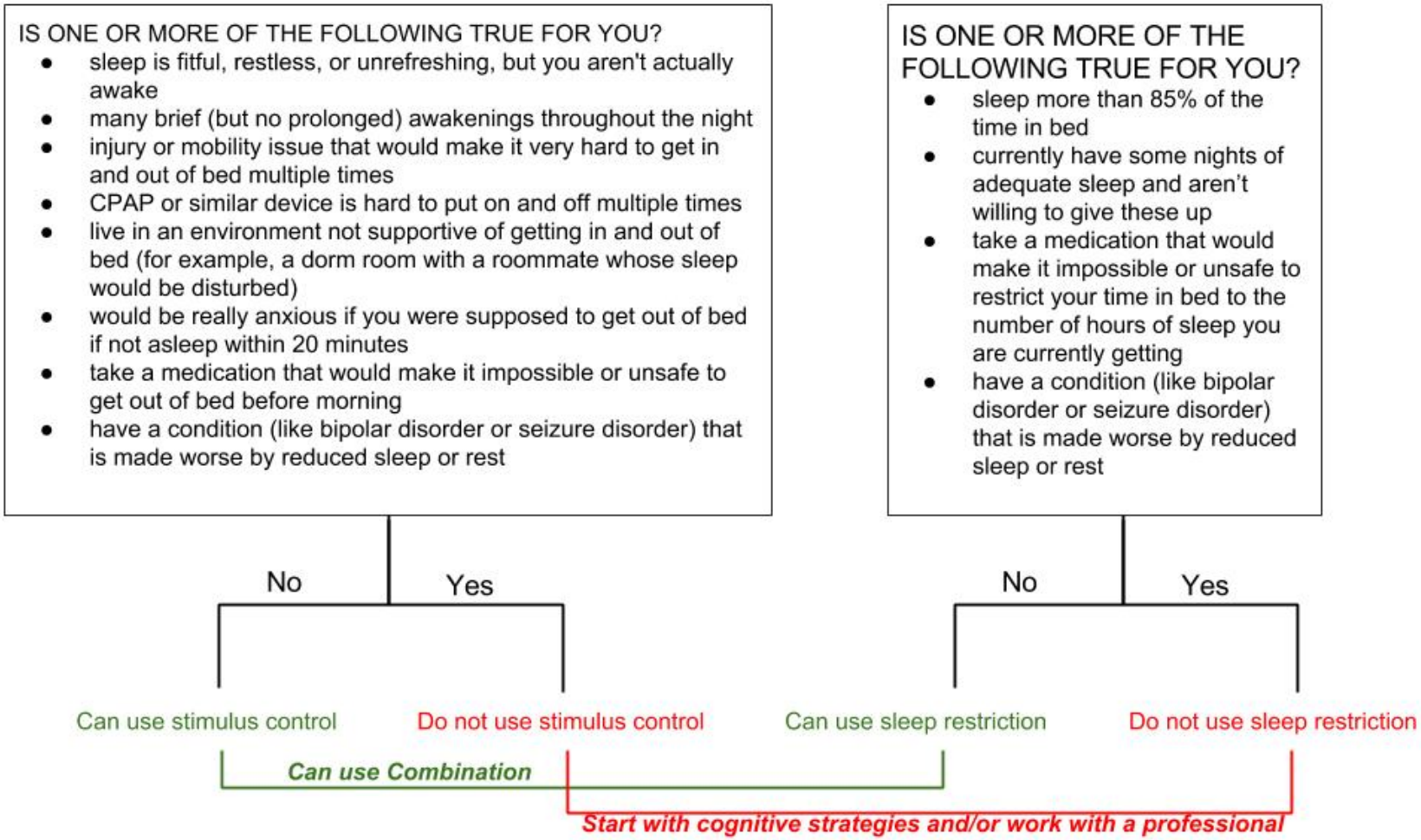
____ Sleep restriction therapy (chapter 7)

____ Combined stimulus control and sleep restriction therapy (chapter 8)

Table 5.2 Summary of Cognitive Strategies

Strategy	*Description*	*Target*	*Helps most with…*
Cognitive Restructuring (chapter 10)	Identify and challenge thoughts that are not fully true (for example, *I cannot stand another day of exhaustion*; or *Everyone needs eight hours of sleep*). Identify and modify thoughts that are unhelpful (*If I fall asleep now, I'll get six hours of sleep… if I fall asleep now, I'll get five hours…*")	Thought content	…correcting myths about "normal" sleep. …catastrophic thoughts about what will happen if you do not sleep. …thoughts that interfere with willingness to change behaviors. …negative thoughts about other things in your life that increase stress or anxiety and (therefore) physiological arousal.
Designated Worry Time (chapter 11)	Set aside time during the day to worry, worry, worry. At all other times (including while in bed), if you catch yourself worrying, remind yourself that you can worry during your designated time, and refocus on something else.	Thought process	…a busy or active mind while in bed. Although designed for worry, this strategy can be modified to target most thought processes (such as planning, problem-solving, or fantasizing).
Mindfulness Practice (chapter 12)	Practice paying attention on purpose, in the present moment, and without judgment.	Thought process	…a busy or active mind while in bed. …high stress or anxiety (and, therefore, physiological arousal) any time of day.
Defusion Strategies (chapter 12)	Learn to step back from your thoughts and hold them less tightly. Examples: picture your thoughts on the tickertape at the bottom of a TV screen, or floating away in balloons; sing your thoughts; speak thoughts in a funny voice (for example, Donald Duck); thank your mind for the thought (*Thanks, mind!*).	Thought process	…a busy or active mind while in bed. …catastrophic thoughts about what will happen if you do not sleep. …thoughts that interfere with willingness to change behaviors.
Acceptance/ Willingness Strategies (chapter 4)	Decrease arousal by accepting what is, rather than struggling against it. Take more effective action by being more willing to have uncomfortable sensations and emotions.	Thought content and thought process	…thoughts about how you will sleep tonight. …thoughts about the consequences of insomnia. …hesitancy or resistance to doing some or all of the treatment program. …struggle against other things in your life (which creates more physiological arousal).

Exercise 5.2 Should you use stimulus control, sleep restriction, or both?



Worksheet 6.1: Your Stimulus Control Therapy Plan

Stimulus Control: Basic Recipe

1. Limit behavior in bed and in your bedroom to sleep and sex.
2. Lie down only when sleepy.
3. If, at any time during the night, you are awake for more than twenty minutes, leave the bedroom and do something boring or relaxing.
4. Return to bed when sleepy. (Do not sleep in another room.)
5. Repeat steps 3–4 as needed.
6. Fix your wake time—get up at the same time each morning regardless of how much sleep you got.
7. No daytime naps.

Where in my home I will go:

Activities I will engage in (*be specific!*):

Preparations to make ahead of time (for example, put low-watt bulb in table lamp, select book):

My target bedtime: _____ My consistent wake time: _____

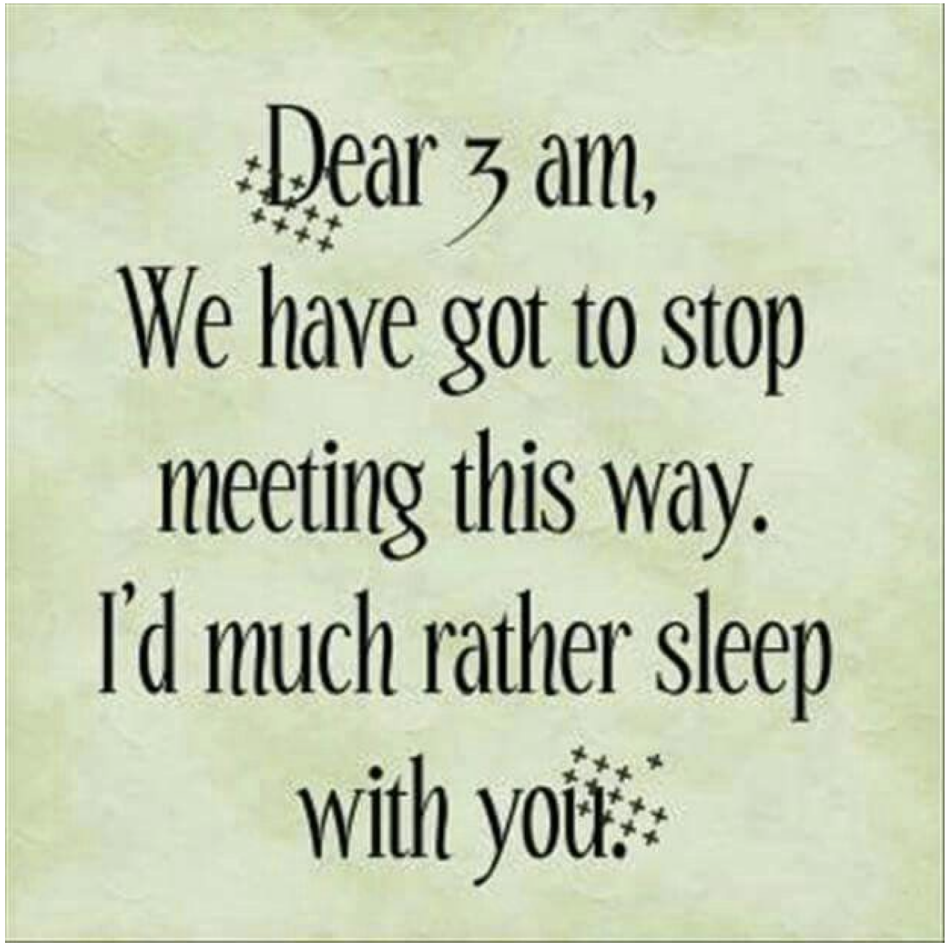
Strategies for avoiding naps or nodding off:

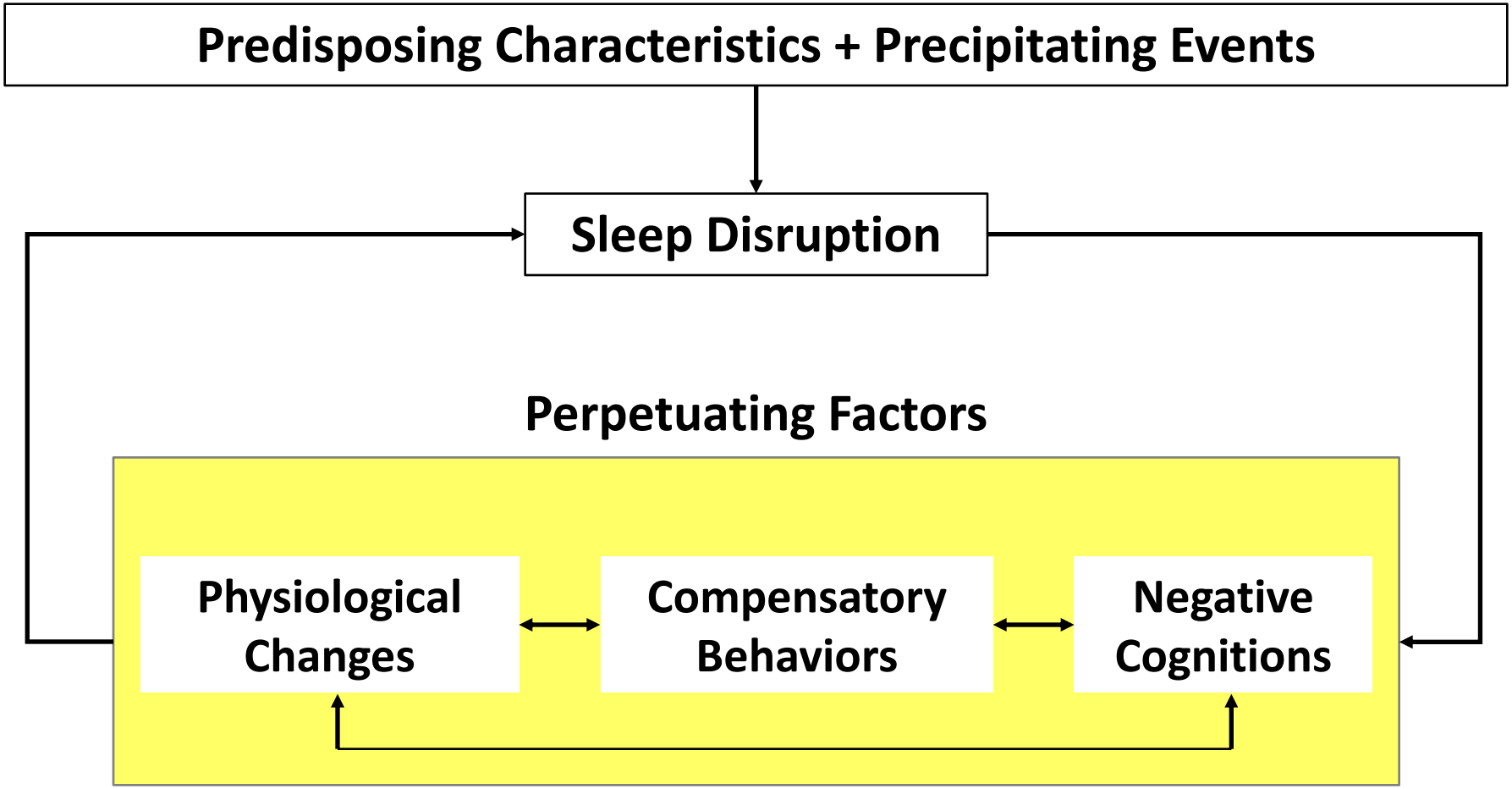
What I will have to give up (for example, "the comfort of going to sleep to the sound of the TV," "the solitude I get from spending time in my room," "sleeping in on weekends"):

What discomfort I may experience (for example, "I may be even more tired at first," "I may be really sleepy without my afternoon nap or sleeping in on weekends," "Guilt for disturbing my bed partner"):

Why I'm willing to give these things up (for now) and experience these discomforts (for now):

Case Examples…..





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Insomnia Intervention Key: Medical
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ACT

CBT-I Challenge	ACT Remedy
Client uses CBT strategies with control agenda	Cognitive Defusion Mindfulness Acceptance/willingness
Client unwilling to not sleep; struggle increases client's physiological arousal	Acceptance/willingness (tug o' war; fingertrap metaphor)
Client does not fully comply with treatment recommendations	Willingness (to feel more discomfort now, in the service of living a rich and vital life)
One-size fits all	Workability (“effectiveness as compass”)

Want more?

https://impactpsychcolorado.com/resource-page /

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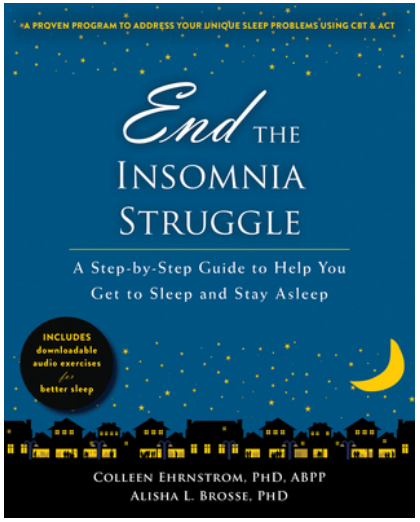
ehrnstromc@gmail.com



Thank you for your time today!