

End the Insomnia Struggle: Individualizing CBT-I using ACT



Alisha Brosse, Ph.D.
**Boulder Center for Cognitive
and Behavioral Therapy**
Boulder, Colorado



Colleen Ehrnstrom, Ph.D., ABPP
Department of Veterans Affairs
Denver, Colorado

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Disclosures (support):

Alisha Brosse & Colleen Ehrnstrom

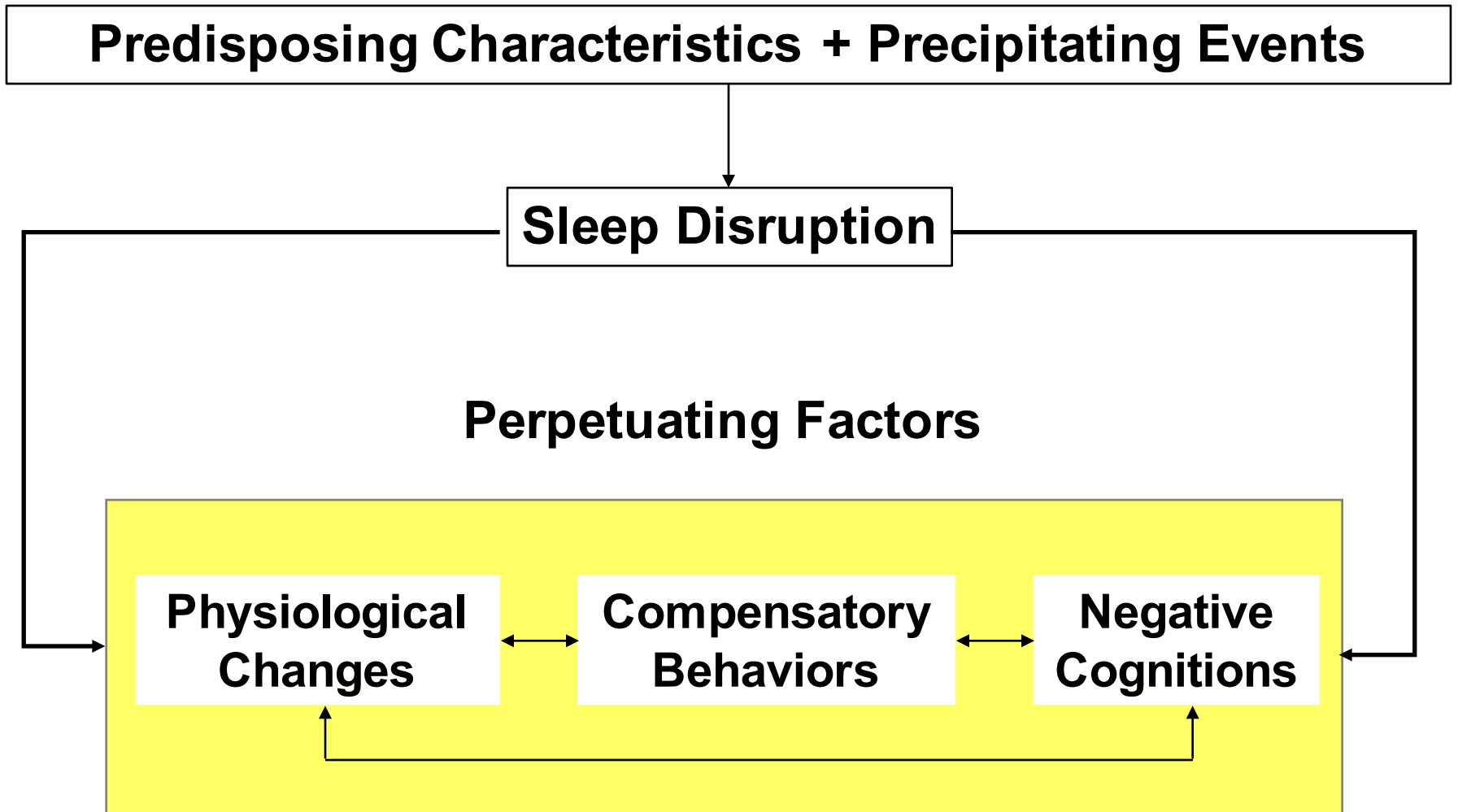
Relevant Financial Relationships:

- ▶ receive royalties from New Harbinger publications for a book co-written on a topic similar to the subject of this presentation

If Only it Were So Easy....



The 3P Model of Insomnia



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

CBT-I presents several hurdles...



Client Hurdles

THE FALLING DREAM



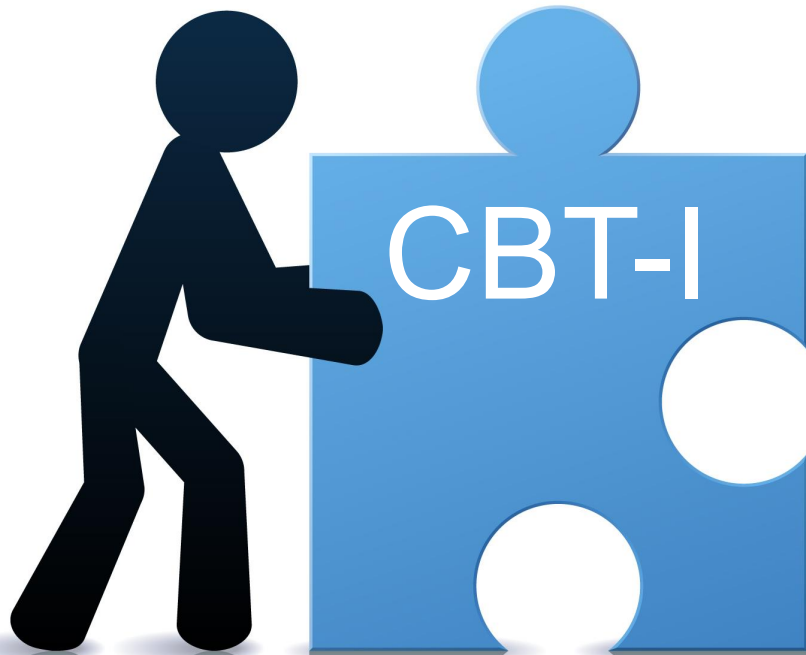
Unwilling to do the treatment fully.

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



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

A Perfect Fit



Predisposing Characteristics + Precipitating Events

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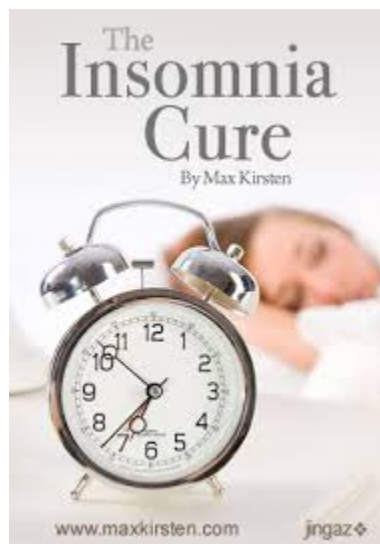
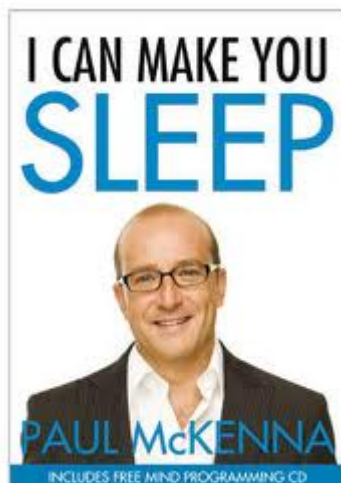
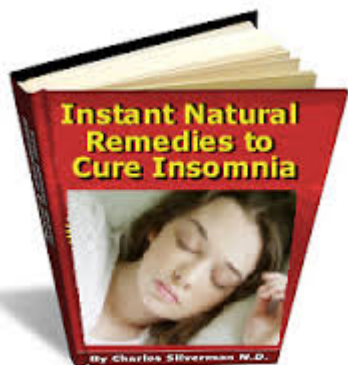
Defusion

Mindfulness

Acceptance

Insomnia Intervention Key: **Medical**
CBT-I
ACT

We are led to believe we can control sleep.



Cure insomnia through
essential oils & herbal tea

www.HealthAndCare.in

How To Sleep Better



How To Sleep Well By Fixing Common Sleeping Problems To Relieve Sleep Insomnia
26 Super Tips To Help You Get The Sleep You REALLY Need!
by Chris Barnaby

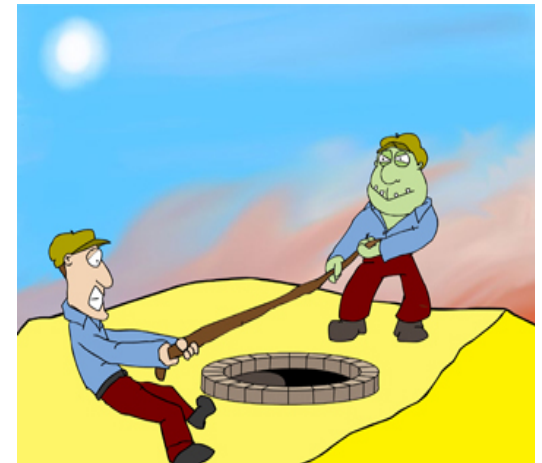
We cannot control sleep.

Frank and Ernest



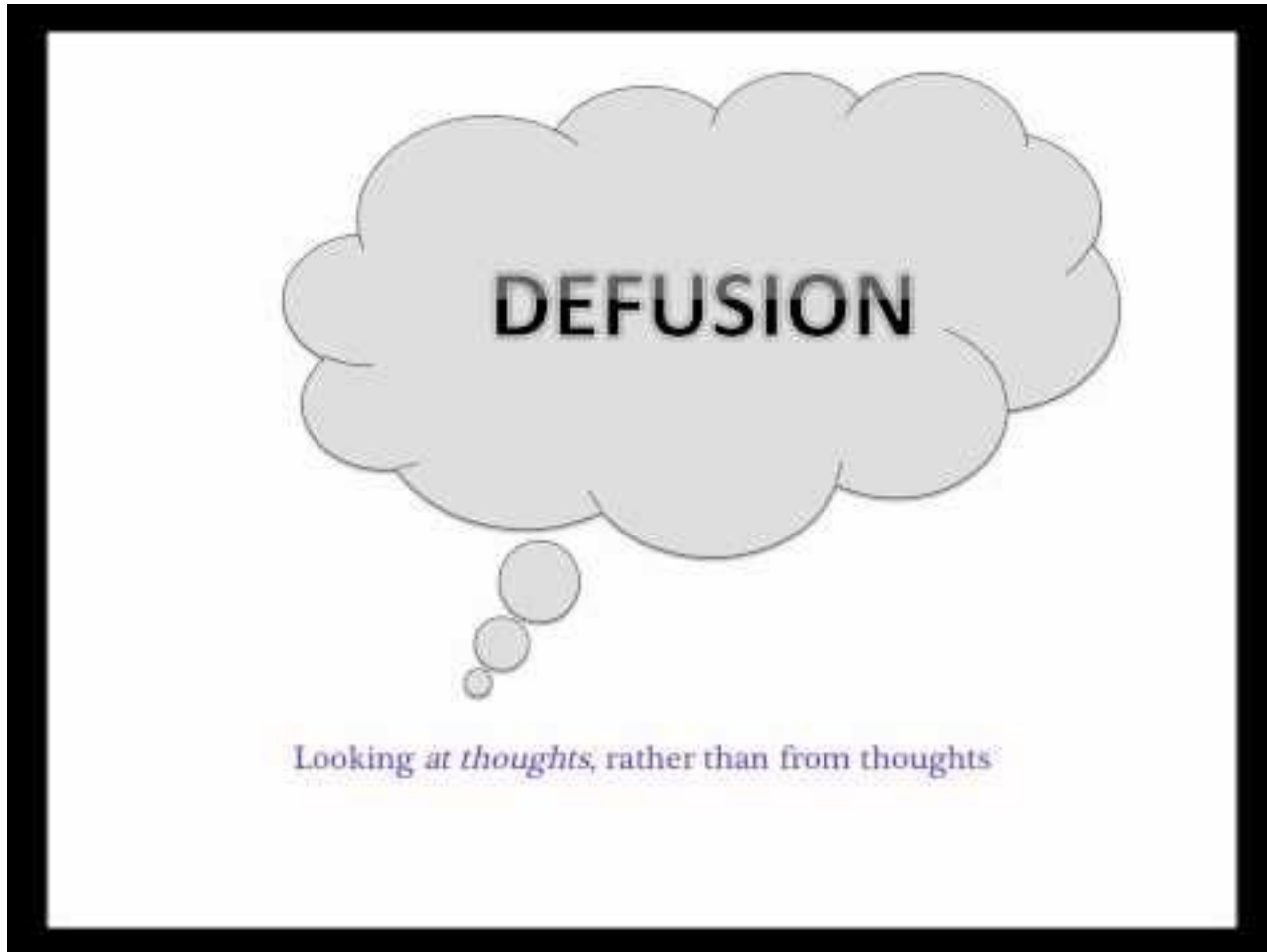
End the Insomnia Struggle

Acceptance/Willingness

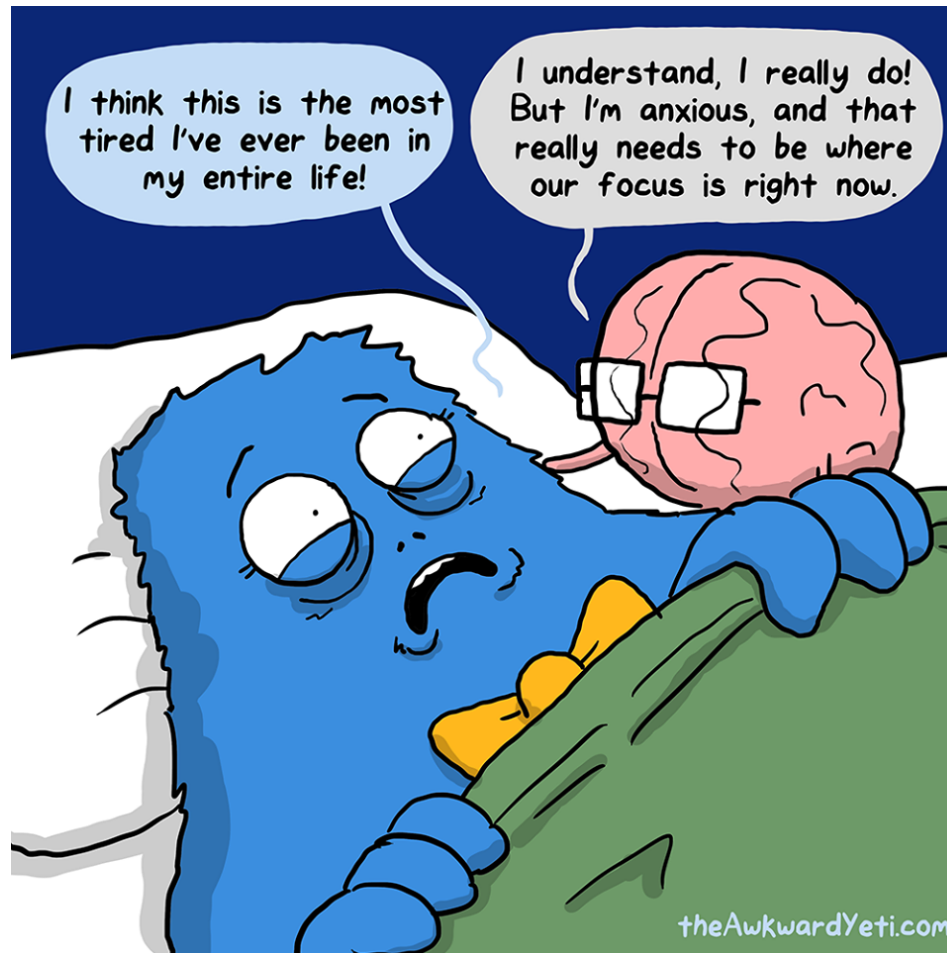


We reviewed a worksheet from the book to see how we incorporate acceptance into a CBT-I behavioral intervention.

End the Insomnia Struggle



End the Insomnia Struggle



"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 areYou 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
Home, home where I wanted to go
Home, home where I wanted to go
Home, home where I wanted to go

The Role of Mental Fitness



Clinician Hurdles



Predisposing Characteristics + Precipitating Events

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Designated Worry Time

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Acceptance

Insomnia Intervention Key: **Medical**
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Case Examples.....

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

IS ONE OR MORE OF THE FOLLOWING TRUE FOR YOU?

- sleep is fitful, restless, or unrefreshing, but you aren't actually awake
- many brief (but no prolonged) awakenings throughout the night
- injury or mobility issue that would make it very hard to get in and out of bed multiple times
- CPAP or similar device is hard to put on and off multiple times
- live in an environment not supportive of getting in and out of bed (for example, a dorm room with a roommate whose sleep would be disturbed)
- would be really anxious if you were supposed to get out of bed if not asleep within 20 minutes
- take a medication that would make it impossible or unsafe to get out of bed before morning
- have a condition (like bipolar disorder or seizure disorder) that is made worse by reduced sleep or rest

No

Yes

Can use stimulus control

Do not use stimulus control

Can use Combination

IS ONE OR MORE OF THE FOLLOWING TRUE FOR YOU?

- sleep more than 85% of the time in bed
- currently have some nights of adequate sleep and aren't willing to give these up
- take a medication that would make it impossible or unsafe to restrict your time in bed to the number of hours of sleep you are currently getting
- have a condition (like bipolar disorder or seizure disorder) that is made worse by reduced sleep or rest

No

Yes

Can use sleep restriction

Do not use sleep restriction

Start with cognitive strategies and/or work with a professional

Table 5.2 Summary of Cognitive Strategies

<i>Strategy</i>	<i>Description</i>	<i>Target</i>	<i>Helps most with...</i>
Cognitive Restructuring (chapter 10)	Identify and challenge thoughts that are not fully true (for example, <i>I cannot stand another day of exhaustion</i> ; or <i>Everyone needs eight hours of sleep</i>). Identify and modify thoughts that are unhelpful (<i>If I fall asleep now, I'll get six hours of sleep... if I fall asleep now, I'll get five hours...</i>)	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 (<i>Thanks, mind!</i>).	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).

We shared a worksheet from the book that outlines the personalized CBT-I program.

Summary

CBT-I Challenge

Client uses CBT strategies with control agenda

Client unwilling to not sleep; struggle increases client's physiological arousal

Client does not fully comply with treatment recommendations

One-size fits all

ACT Remedy

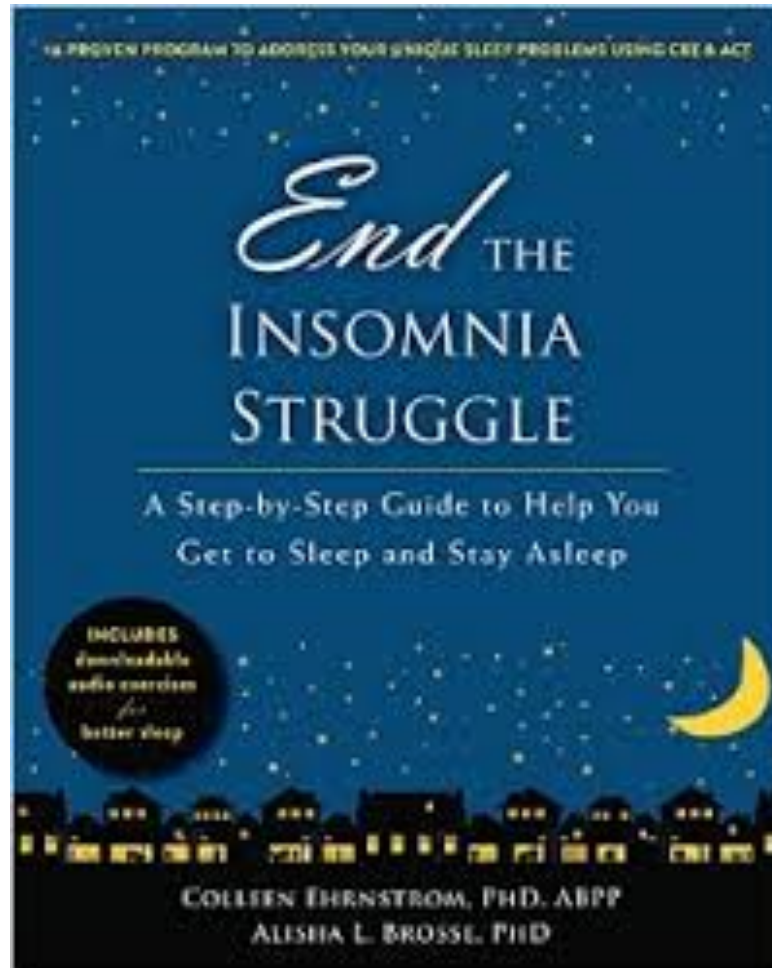
Cognitive Defusion
Mindfulness
Acceptance/willingness

Acceptance/willingness (tug o' war; fingertrap metaphor)

Willingness (to feel more discomfort now, in the service of living a rich and vital life)

Workability (“effectiveness as compass”)

Want more?



We will email advanced copies of treatment handouts!

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**complete the 3 question quick eval
for this session at**

<https://contextualscience.org/quickeval>

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