

Behaviorally-based Treatments for Insomnia: A Provider's Guide



For the treatment of chronic insomnia disorder, the 2019 VA/DoD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea:

- ✓ Recommends offering cognitive behavioral therapy for insomnia (CBT-I) and suggests offering brief behavioral therapy for insomnia (BBT-I).
- ✓ Suggests offering CBT-I for chronic insomnia disorder that is comorbid with another psychiatric disorder.
- ✗ Suggests against sleep hygiene education as a standalone treatment.



What is CBT-I?

CBT-I is a multi-session, multi-component treatment focused on sleep-specific thoughts and behaviors. Its behavioral components include sleep restriction, stimulus control, relaxation therapy/counter-arousal strategies, and sleep hygiene education. Cognitive therapy components target maladaptive thoughts and beliefs about sleep.

What is BBT-I?

BBT-I is a multi-session, multi-component treatment that focuses on the behavioral components of sleep restriction, stimulus control, and some sleep hygiene education. BBT-I is shorter in duration and has less contact time than CBT-I.

CBT-I is widely available in the VA health care system. Some DoD providers have specialized training in CBT-I and/or behavioral sleep medicine. These providers tend to be at large military treatment facilities and are typically clinical or health psychologists. DoD Internal Behavioral Health Consultants (IBHCs) in primary care are also trained to deliver BBT-I.

CBT-I and BBT-I Techniques



Sleep restriction therapy limits time in bed to sleep time only, gradually increasing time in bed as sleep efficiency improves.



Stimulus control utilizes routines to strengthen the association between sleep environment and sleep, and includes establishing consistent sleep patterns.



Relaxation therapy/counter-arousal strategies help patients relax and achieve a sleep-ready state.



Sleep hygiene includes sleep strategies and tips to change behaviors that may interfere with sleep.



Cognitive restructuring (CBT-I only) helps patients learn to question and counter negative or unhelpful thoughts about sleep.



CBT-I and BBT-I have demonstrated efficacy. There is more robust evidence for CBT-I.



Factors to note when considering CBT-I or BBT-I for your patient

Treatment Suitability

- Patients with significant comorbidities may need tailored treatment and may fare better with CBT-I's greater provider contact. CBT-I may need to be tailored or delayed if a patient is receiving an exposure-based PTSD treatment or has:
 - An unstable medical condition.
 - An active alcohol or other substance use disorder.
 - Excessive daytime sleepiness.
 - An uncontrolled seizure disorder.
 - Bipolar disorder.
 - Acute mental health symptoms.

Treatment Course and Availability

- CBT-I: Four to ten, hour-long weekly sessions; BBT-I: Four sessions over four consecutive weeks.
- With shorter duration and contact time, BBT-I may be more feasible in primary care than CBT-I.
- BBT-I is more widely available within the DoD, where patients are frequently offered BBT-I as an initial course of treatment.
- BBT-I non-responders may be “stepped up” to a higher level of care with CBT-I, if available.
- CBT-I is typically offered in specialty mental health or sleep clinics.

The choice of which of these interventions to offer is routinely based on clinical setting, provider expertise, and patient characteristics.



What should I tell my patients about CBT-I and BBT-I?

Providers are encouraged to provide patient education to individuals with insomnia, including an accurate description of behaviorally-based treatments. Below are some helpful points about CBT-I and BBT-I that may facilitate your dialogue with patients.

How do I introduce CBT-I and BBT-I to my patients?

- “CBT-I and BBT-I are behavioral treatments for insomnia. Research provides evidence for the effectiveness of CBT-I and BBT-I for patients with insomnia that lasts a few months or longer. These treatments are more effective than sleep hygiene education alone.”
- “The effects of CBT-I and BBT-I are longer lasting than if we treat the insomnia with sleep medication, and these behavioral treatments do not have the risk of medication interactions and side effects.”
- “Sleep inducing medications have NOT been found to be as effective as behavioral therapies in the treatment of chronic insomnia. In the long run, behavioral therapies are more likely to be effective than sleep medications.”

What key points about CBT-I and BBT-I components should I share with patients?

- “CBT-I and BBT-I use multiple techniques, including sleep hygiene education, to target factors that maintain insomnia. Both treatments also provide skills to help you regulate when you’re asleep and awake.”
- “A technique called ‘stimulus control’ will help strengthen the cues of your bed and bedroom to better signal your brain that it’s time to sleep.”
- “Sleep restriction is a technique that will help you determine how much time you should spend in bed in order to sleep well.”
- “You may also learn skills to help you relax at bedtime and techniques to address thoughts and beliefs that interfere with sleep.”
- “CBT-I has a longer treatment course than BBT-I, but your provider will work with you to create an individualized plan.”



Resources



Insomnia Disorder: A VA Clinician’s Guide to Managing Insomnia Disorder (2019):

A comprehensive insomnia disorder guide for VA providers.

pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/Ins_Provider_EducationalGuide.pdf



CBT-i Coach: For people who are engaged in CBT-I, this free app helps develop positive sleep routines and sleep environments. Find it at mobile.va.gov/app/cbt-i-coach, or your preferred app store.



Path to Better Sleep: Free CBT-I based course offered by the VA. This course is **not** designed to replace health care but can be used to support a patient’s care. veterantraining.va.gov/insomnia/index.asp



Society of Behavioral Sleep Medicine

behavioralsleep.org

Reference

The Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea Work Group, Department of Veterans Affairs & Department of Defense (2019). VA/DoD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea. Version 1.0. Retrieved from <https://www.healthquality.va.gov/guidelines/CD/insomnia/VADoDSleepCPGFinal508.pdf>



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