

How Can Insomnia Start and Continue in One's Life?⁷

The 3P Behavioural Model

- **Predisposing Factors:** biological, psychological or social factors that predispose one to insomnia (e.g. Bio: ↑ basal metabolic rate; Psych: ↑ tendency to worry or ruminate about sleep; Social: acquiring unique sleep schedule due to child rearing).
- **Precipitating Factors:** occurrences that trigger sleep disturbance (e.g. stressful life events such as divorce or baby getting ill for a few months).
- **Perpetuating Factors:** actions one adopts to cope with sleeplessness that further promote insomnia (e.g. practicing non-sleep activities in bed or tendency to stay awake in bed or spend excessive time in bed trying to sleep).

What are Some Common Techniques of CBT-I?⁶

Stimulus Control

- **Appropriate for:** anyone who spends a prolonged time in bed trying to fall asleep or get back to sleep if awakened.
- **Method:** Instructed to go to bed only when you are very sleepy. If you do not fall asleep within 20 minutes or if you wake up and cannot fall asleep, one is instructed to get out of bed and do something relaxing until you feel very sleepy. You are not to do anything else in bed except sleep and intimacy (no reading, TV, cell phone use).
- **Benefit:** helps one fall asleep sooner in bed.

Sleep Restriction

- **Appropriate for:** anyone who spends a prolonged time in bed trying to fall asleep or get back to sleep.
- **Method:** Decrease the time you spend in bed by separating the association of bed with the frustration of not sleeping.
- **Benefit:** helps use nocturnal sleep drive to get to sleep.



Relaxation Training and Biofeedback

- **Appropriate for:** anyone who feels anxiety or tension in bed & when trying to sleep: for anyone whose “mind is racing.”
- **Method:** Training yourself to exercise better control over muscle relaxation, breathing, and mental focus. In addition, biofeedback uses a device that informs you when your muscle tension, heart rate, brain activity are stimulated above the normal level that is typically seen in relaxed states.
- **Benefit:** helps one become aware of tense states and how to return to relaxation.

Sleep Hygiene Training

- **Appropriate for:** anyone who struggles with poor sleep quality or insomnia.
- **Method:** follow habits of good sleep hygiene (limit smoking, caffeine intake late in the day, exercising late or not exercising at all, etc.) on a daily basis.
- **Benefit:** can greatly improve chances of sleeping well at nighttime.

Cognitive Restructuring

- **Appropriate for:** anyone who has excessive worries and negative thoughts about sleeping.
- **Method:** identify thoughts, attitudes, beliefs and emotions that may be preventing sound sleep. May involve writing down unhelpful thoughts to free your mind before bedtime. Sessions are often 30-90 minutes per session, on a weekly basis, with your therapist.
- **Benefit:** helps one overcome negative thoughts that hinder sleep and promote positive attitudes and beliefs about sleep.

Resources in Ottawa for CBT-I

Individual Therapy: Clinical Psychologists

Hebert and Associates

- **Tel:** 613-565-9090
- **Description:** A group of clinical psychologists offering one-on-one therapy sessions for CBT-Insomnia.
- **Address:** 203 MacLaren Street, Ottawa, ON. K2P 0L4

- www.herbert.ca
- **Cost:** \$180.00/ hour and up (4 to 8 sessions).

Patients of ‘Eastern Ottawa Community Family Health Team’ (Covered by OHIP)

- **Tel:** 613-590-0533 (Orleans Clinic). 613-745-2228 (Overbrook-Forbes Clinic).
- **Description:** 8-10 sessions, one-on-one in CBT-Insomnia. Group sessions are offered based on demand. Offered to patients of these two clinics only.
- **Address:** Orleans Clinic: 1811 St Joseph Blvd. Orleans, ON K1C 7C6. Overbrook-Forbes Clinic: 225 Donald Street, Unit 120. Ottawa, ON K1K 1N1.
- www.esfestottawa.ca/en/services/mental-health-en/

Group Therapy (Covered by OHIP)

Dr. Brian Lynn, M.D.

- **Tel:** 613-247-8880
- **Address:** 595 Montreal Road, Suite 404A, Ottawa, ON K1K4L2.

Group Therapy (Not Covered by OHIP)

Ottawa Institute of Cognitive Behavioural Therapy

- **Dr. Dave Davies, Clinical Psychologist**
- **Tel:** 613-820-9931
- **Address:** 411 Roosevelt Avenue, Suite 200, Ottawa, ON K2A3X9.

Do-it-Yourself Resources

Personal Workbook

- **Sink into Sleep** by Dr. Judith Davidson (available at Chapters Indigo or Amazon).
- **Say Good Night to Insomnia: The Six-Week, Drug-Free Program Developed At Harvard Medical School** by Gregg D. Jacobs, Ph.D. (available on Amazon).

Online Resources

- **Sleep Diary:** to track and improve sleep patterns over time. mysleepwell.ca/cbti/sleep-diary/
- **Sleep Education:** sleepeducation.org. Developed by the American Academy of Sleep Medicine.
- **Shut-I:** Online application offering CBT-I. <http://www.myshuti.com/>

How can Insomnia Affect My Health?

- Insomnia is a common sleep disorder that makes it hard to fall or stay asleep or easy to awaken early¹
- **Common complaints** reported due to insomnia:²
 - ✓ Fatigue
 - ✓ Attention, concentration, or memory impairment
 - ✓ Poor Social or work performance (A societal economic burden costing an estimated \$63 billion in lost work performance³)
 - ✓ Mood disturbance or irritability
 - ✓ Motivation or energy reduction
 - ✓ Prone to more errors or accidents at work or while driving
 - ✓ Tension headaches or gastrointestinal issues due to sleep loss
 - ✓ Concerns or worries about sleep



How can Cognitive Behavioural Therapy for Insomnia Help Me?

- CBT-I is a multicomponent program that can help you identify and change your **thoughts** that may be preventing you from sleeping well¹
- It also targets your sleep-related **behaviours** by helping you develop good sleep habits, and avoid behaviours that harm your ability to sleep¹



- CBT-I has **less adverse side effects** than drug side effects such as residual daytime effects⁴ or drug dependency:⁵ although, both treatment approaches can be combined. Please consult your physician for more details.
- CBT-I can be a **long-term solution** for insomnia as it attempts to address underlying causes of insomnia.

References

- [1] Ong, J., & Crisostomo, M. (2013). The More the Merrier? Working Towards Multidisciplinary Management of Obstructive Sleep Apnea and Comorbid Insomnia. *Journal of Clinical Psychology*, 69(10), 1066-1077.
- [2] Edinger JD, Bonnet M, Bootzin RR, et al. Derivation of research diagnostic criteria for insomnia: Report on an American Academy of Sleep Medicine work group. *Sleep*. 2004;27(8):1567-1596.
- [3] Kessler, R. C., Berglund, P. A., Coulouvrat, C., Hajak, G., Roth, T., Shahly, V., . . . Walsh, J. K. (2011). Insomnia and the Performance of US Workers: Results from the America Insomnia Survey. *Sleep*, 34(9), 1161- 1171.
- [4] Buscemi, N., Vandermeer, B., Friesen, C., Bialy, L., Tubman, M., Ospina, M., . . . Witmans, M. (2007). The efficacy and safety of drug treatments for chronic insomnia in adults: a meta-analysis of RCTs. *J Gen Intern Med*, 22(9), 1335–1350.
- [5] Schuckit, M. A., Smith, T. L., Kramer, J., Danko, G., & Volpe, F. R. (2002). The prevalence and clinical course of sedative-hypnotic abuse and dependence in a large cohort. *American Journal of Drug and Alcohol Abuse*, 28(1), 73–90.
- [6] <http://sleepeducation.org/treatment-therapy/cognitive-behavioral-therapy/overview>. Knowledge provided by American Academy of Sleep Medicine.
- [7] Perlis, M., Shaw, P. J., Cano, G., & Espie, C. A. (2011). Models of insomnia. *Principles and practice of sleep medicine*, 5, 850-850.

Cognitive Behavioural Therapy for Insomnia (CBT-I): Resources in Ottawa

