Course Overview
Assessment and Treatment of Insomnia

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I. Purposes

A. able to assess clients with sleeplessness with a clinical interview and standardized assessment instruments
B. able to screen for common sleep disorders with a clinical interview and standardized assessment instruments

    i. Sleep Disordered Breathing
    ii. Restless Legs Syndrome
    iii. REM Sleep Behavior Disorder
    iv. Circadian Rhythm Sleep Disorders

C. able to treat clients with insomnia with empirically supported treatment strategies
D. able to evaluate treatment outcome with empirically supported measures

II. Course Structure

A. Section 1: The Hex of Insomnia: Tools for Understanding Sleep Problems

    i. What is Sleep?
    ii. Sleep Deprivation
    iii. What is Insomnia?
    iv. What is Not Insomnia?
    v. Comorbidities
    vi. Regulating Factors: 2 Process Model
    vii. Interfering Factors: Arousal and Life Style
    viii. Interpreting Factors: Cognition and Associations
    ix. Insomnia Conceptualization

B. Section 2: Hexing Insomnia: Tools for Treating Insomnia

    i. Sleep Scheduling Interventions

        a) Sleep Compression
        b) Sleep Restriction
        c) Naps
        d) Shift Work
        e) Chronotherapy
        f) Light Therapy

    ii. Behavioral Interventions

        a) Brief Behavioral Treatment for Insomnia
        b) Stimulus Control
        c) Systematic Desensitization
        d) Relaxation

    iii. Cognitive Interventions

        a) Imagery Rehearsal Therapy
        b) disputational strategies
        c) behavioral experiments
        d) addressing worry
        e) addressing rumination
        f) addressing perfectionism
        g) addressing control issues

III. Competencies

A. Conceptual Foundations

    i. Able to explain sleep architecture to a client
    ii. Able to explain the 5 stages of sleep to a client
    iii. Able to articulate 3 changes that occur in sleep as we age
    iv. Able to identify 3 different research designs used in sleep deprivation research
    v. Able to identify 2 neuro-cognitive consequences of sleep deprivation
    vi. Able to explain the difference between psychophysiological insomnia and idiopathic insomnia to a client
    vii. Able to articulate sleep architecture differences in depressed patients
    viii. Able to articulate sleep architecture differences in anxious patients
    ix. Able to articulate causal pathways between sleep and eating
    x. Able to explain circadian rhythms to a client
    xi. Able to explain sleep homeostat to a client
    xii. Able to explain morning and evening chronotypes to a client
    xiii. Able to explain biological/psychological rationale for sleep hygiene items
    xiv. Able to explain sleep disrupting associations to a client
    xv. Able to explain how fear of poor sleep (i.e., performance failure) disrupts sleep

B. Assessment

i. Able to conduct a clinical inquiry into insomnia complaint
ii. Able to conduct a clinical inquiry into the course of insomnia
iii. Able to conceptualize a client using PPP model and share the conceptualization with a client
iv. Able to conduct an inquiry into non-restorative sleep
v. Able to conduct an inquiry into nocturnal symptoms, ruling out

a) circadian rhythm sleep disorders
b) obstructive sleep apnea
c) restless legs syndrome
d) REM Sleep Behavior Disorder

vi. Able to conduct an inquiry into sleep related safety behaviors
vii. Able to conduct an inquiry into dysfunctional beliefs about sleep
viii. Able to do a functional analysis of sleep related safety behaviors during the day and during the night
ix. Able to discuss uses for 10 different measures related to sleep and insomnia

a) Arousal Predisposition Scale
b) Dysfunctional Beliefs About Sleep Scale
c) Epworth Sleepiness Scale
d) Glasgow Sleep Effort Scale
e) Insomnia Severity Index
f) Insomnia Symptom Questionnaire
g) Morningness-Eveningness Sleep Questionnaire
h) Pittsburgh Sleep Quality Index
i) Pre-Sleep Arousal Scale
j) REM Sleep Behavior Disorder Questionnaire
k) Sleep Log

x. Able to formulate an initial treatment plan for insomnia

C. Treatment

i. Able to instruct a client in sleep hygiene
ii. Able to instruct a client in the use of a sleep log
iii. Able to describe perpetuating factors to a client
iv. Able to define a treatment objective from sleep log data
v. Able to identify indications and contraindications for sleep scheduling
vi. Able to instruct a client in sleep scheduling

a) stimulus control
b) sleep restriction
c) sleep compression

vii. Able to identify indications and contraindications for light therapy
viii. Able to instruct a client in light therapy
ix. Able to identify indications and contraindications for stimulus control
x. Able to identify indications and contraindications for relaxation training
xi. Able to instruct a client in relaxation training
xii. Able to articulate behavioral recommendations for a shift working client
xiii. Able to dispute common dysfunctional beliefs about sleep

IV. Insomnia Symptom Questionnaire (Okun, et al., 2009)

A. operationalizes DSM-IV and ICSD-2 diagnostic Criteria (American Academy of Sleep Medicine, 2005)

i. 13 items

a) severity of symptoms
b) duration of symptoms
c) daytime impairments

ii. good face validity
iii. does not assess comorbidities

B. criterion validity established relative to PSQI and PSG
C. dichotomous outcome – insomnia is present or absent
D. cost effective self report instrument for use as a screening instrument
E. scoring

i. is the answer to at least one of questions 1, 2, or 5 "frequently" or "always"?
ii. is the answer to at least one of questions 1, 2, or 5 "≥ 4 weeks"?
iii. Is the answer to at least one of questions 6 – 13 "quite a bit" or "always"?
iv. Yes to all 3 questions establishes insomnia; on or more "no" answers rules out insomnia

V. Conceptual Competencies

A. assessment results (questionnaire & interview)

i. administration
ii. interpretation
iii. written reporting
iv. verbal reporting

B. Conceptual information – the science of sleep

C. Working Alliance

i. collaborative tone
ii. bond
iii. agreement about goals

D. Motivation Enhancement
E. Imagine you are talking about this lecture to a colleague. Identify and discuss at least 2 of the goals for the course.
F. "Hear one, do one, see alot."

VI. Interview

A. Content areas (Schutte-Rodin, et al., 2008)
B. Insomnia Assessment Report Please respect the confidential nature of this material
C. Insomnia Interview Outline
D. Mock Interview

i. Identifying Information
ii. Current Medications, Sleep Aids, OTC, Herbals

a) adherence
b) frequency
c) history

REFERENCES

American Academy of Sleep Medicine. (2005). *International classification of sleep disorders, 2nd edition: Diagnostic and coding manual.* Westchester, IL: author.

Okun, M., Kravitz, H., Sowers, M., Moul, D., Buysse, D., & Hall, M. (2009). Psychometric evaluation of the Insomnia Symptom Questionnaire: A self-report measure to identify chronic insomnia. *Sleep, 5,* 41-51.

Schutte-Rodin, S., Broch, L., Buysse, D., Dorsey, C., & Sateia, M. (2008). Clinical guideline for the evaluation and management of chronic insomnia in adults. *Journal of Clinical Sleep Medicine, 4,* 487-504.