

# Treating Insomnia with Behavior Change: A Patient's Guide



**Chronic insomnia disorder**, or difficulty sleeping at least three nights a week for longer than three months, can be a challenging experience. While it can impact how you feel during the day, your mood, concentration, general health and enjoyment of activities, it doesn't have to. There are effective behavioral therapies available in a variety of settings, including primary care, behavioral health clinics, and sleep clinics.



## I'm having trouble sleeping. Why would I need a behavioral therapy?

Cognitive behavioral therapy for insomnia (CBT-I) and brief behavioral therapy for insomnia (BBT-I) are specialized behaviorally-based treatments recommended for chronic insomnia. Research evidence supports that these are the treatments of choice for people with chronic insomnia.

## What is CBT-I?

CBT-I is a multi-session insomnia treatment that focuses on improving sleep-specific thoughts and behaviors. Its behavioral components include sleep restriction, stimulus control, relaxation therapy/counter-arousal strategies, and sleep hygiene education. CBT-I also includes cognitive restructuring, targeting unhelpful thoughts and beliefs about sleep.



## What is BBT-I?

BBT-I also involves multiple sessions and components to treat insomnia by addressing sleep-specific behaviors. It focuses on the behavioral components of sleep restriction, stimulus control, and some sleep hygiene.

You may receive these treatments from specialty trained clinical psychologists or social workers, based on the medical facility you use.



## What is the difference between CBT-I and BBT-I?

### CBT-I

- Uses cognitive restructuring.
- More research supporting effectiveness.
- Longer course of treatment (about four to ten sessions).

### BBT-I

- Does not use cognitive restructuring.
- Less research supporting effectiveness.
- Shorter course of treatment (about four sessions).

## CBT-I and BBT-I Techniques



**Sleep restriction therapy** will help you figure out how much time you should spend in bed in order to sleep well.



**Stimulus control** are routines you can do to help you start thinking about your bed as a cue to sleep.



**Relaxation therapy/counter-arousal strategies** help you slow your body down so you are ready for sleep.



**Sleep hygiene**, or sleep strategies, are tips about changing behaviors that may be making it harder to sleep.



**Cognitive restructuring** (CBT-I only) helps you learn to question negative or unhelpful thoughts you may have about sleep.



## If I have another condition as well as insomnia, can I still receive CBT-I or BBT-I?

Many people with insomnia have other health conditions. CBT-I or BBT-I may be a good option for you, but your provider may need to tailor or delay your treatment if you are receiving an exposure-based PTSD treatment or have:

- An unstable medical condition.
- An active alcohol or drug use disorder.
- Excessive sleepiness during the day.
- An uncontrolled seizure disorder.
- Bipolar disorder.
- Acute mental health symptoms.

Some people who have trouble sleeping also have mental health conditions, such as depression or anxiety. Make sure to talk to your health care provider about any mental health or other symptoms you are struggling with so they can work with you to make the best treatment referral.



## Why can't I just take medication to help me sleep?

Sleep medication is generally only taken for a short period of time and hasn't been shown to be effective in treating insomnia in the long term. The benefits of CBT-I last longer than the effects of sleep medication and with fewer potential side effects.

## Resources

### AASM Sleep Education

A resource provided by the American Academy of Sleep Medicine  
Sleepeducation.org



### National Sleep Foundation

Sleepfoundation.org



### Society of Behavioral Sleep Medicine

Behavioralsleep.org



### Path to Better Sleep

Free CBT-I based course offered by the VA. This course is **not** designed to replace an individual's health care but can be used to support your care.  
veterantraining.va.gov/insomnia/index.asp

## 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. <https://www.healthquality.va.gov/guidelines/CD/insomnia/VADoDSleepCPGFinal508.pdf>

Department of Veterans Affairs and Department of Defense health care providers who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education.

## Consider the following questions:

- Do you have trouble falling asleep?
- Do you wake up in the night and can't go back to sleep?
- Do you wake up too early in the morning?
- Do you get sleepy during the day?

If you answered "yes" to any of these and are worried about the amount or quality of your sleep, talk to your health care provider. Let them know about all conditions you are struggling with so they can work with you to create an insomnia treatment plan that is right for you.

## Mobile Apps



### 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](https://mobile.va.gov/app/cbt-i-coach), or your preferred app store.

