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# **Chronic Insomnia**

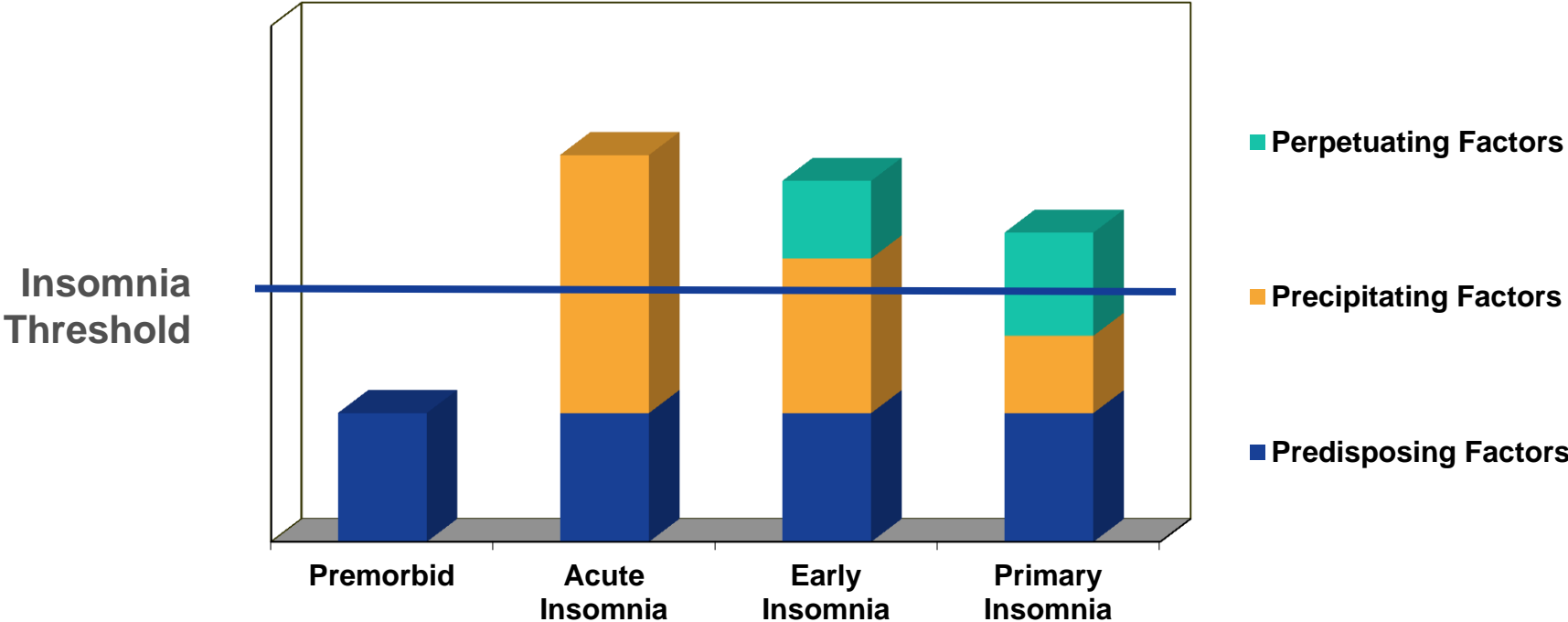
**Biopsychosocial Assessment and Treatment  
in Integrated Primary Care Settings**

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# Combined DSM-V and ICSD Criteria

- Subjective complaints of **poor sleep**
- Difficulties **initiating** and/or **maintaining sleep**
  - **Sleep onset latency (SOL)** > 30 mins, or
  - **Wake after sleep onset (WASO)** > 30 mins
  - Time in bed and asleep (**sleep efficiency**) < 85%
- **Sleep problems** 3 or more nights per week
- **Duration of insomnia** > 3 months
- **Causes impairment**

# Evolution from Acute to Chronic Problem



# Assess

- **History**
  - Onset, duration, frequency
  - Initiating factors
- **Sleep environment**
  - Quiet, comfortable, arousal
- **Pre-sleep behaviors**
  - **Sleep aids** (medication, alcohol)
  - Activity
  - **Substance use**
    - **Caffeine (how much, last time)**
    - **Tobacco**

# Assess

- **In bed behaviors**
  - TV, read, eat, talk on the phone
- **Sleep Schedule (Week vs Weekend)**
  - Naps (frequency, length)
  - Time in bed (Why?)
  - Time to fall asleep
  - How often do they wake up—for how long?
  - Use of an alarm
    - **Wake before or after? Snooze?**
- **Consequences**
  - After waking (rested or tired)
  - Throughout the day
    - **Concentration, sleepy or tired**
      - Fallen asleep in inappropriate places



# Assess

- **Rule Outs**

- Respiratory distress/Sleep apnea
  - **Snoring, gasping for breath, waking with a headache**
- Periodic limb movements
  - **Kicking bed partner, suddenly awake**
- Restless leg syndrome
  - **Discomfort in legs: burning, itching, or crawly sensation**
- Pain/Headaches
- GERD
- Bruxism
  - **Grind your teeth at night**
- Emotional
  - **Depression, Anxiety, PTSD**



# Assess

- **Sleep Diary**
- Insomnia Severity Index
  - **7 items**
- **Actigraphy**
- Polysomnography



# Advise/Agree

- Determine what patient is **willing to change**
- **May get worse** before improvements
- Highlight **importance of sticking to plan**

# Assist

## Sleep Hygiene Principles

- **Avoid caffeine** 4 to 6 hours before bedtime
- **Avoid nicotine** before bedtime
- **Avoid alcohol** before bedtime
- **A light snack at bedtime** may be sleep promoting
- **Avoid vigorous exercise** within 2 hours of bedtime
- **Bedroom environment:** moderate temp, quiet, dark
- **Comfortable mattress and pillows**
- **Wind-down routine**

# Assist

## Sleep Scheduling: Stimulus Control & Sleep Restriction

- **Avoid daytime napping**
  - Limit to 15-30 minutes before 1500
- **Use the bed & bedroom for sleep and sex ONLY**
  - NO TV, reading, eating, studying, phone
- **Go to bed only when *sleepy*, after threshold time**
- **Get out of bed if not asleep in 15 minutes**
  - Where will the patient go?
  - What will the patient do?
  - Return to bed when *sleepy*
  - *Repeat as necessary*

# Assist

## Sleep Scheduling: Stimulus Control & Sleep Restriction

- **Threshold time**
  - Calculate **average total sleep time**
    - **Include naps**
  - Establish when patient **wants to wake-up**
  - **What time** would patient go to bed to achieve average total sleep time?
    - **In bed = wake time - TST**
      - **In bed = 0500 – 6hrs**
        - **In bed = 2300**
  - **Increase 15 min increments** if sleep efficiency at 90% or higher

# Assist

## Additional Interventions

- **Stress Management Training**
- Neuromuscular Relaxation Training
- **Worry Control/Problem Solving Training**
- Generalized Anxiety Management

# Arrange

- Determine **adherence to plan**
- **Consider referrals** to sleep medicine/specialty if no improvements



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