Why CBT-I?

The National Institutes of Health estimates that about 30% of the adult population has complaints about sleep and that number increases several fold in Behavioral Health, VA, and elderly populations. Cognitive Behavioral Therapy (CBT-I) is now recommended as the first line of treatment for chronic insomnia. CBT-I is a short-term intervention where up to 80% of subjects exhibit a significant treatment response and nearly 40% recover good sleep (remit). But wait…there's more! CBT-I has also been shown to double response and remission rates to antidepressant therapy in depressed patients and to have similarly good clinical effects in patients with anxiety and to improve the quality of life and activity levels in patients with chronic pain. Taken together, these aspects of CBT-I treatment efficacy suggest that CBT-I should be in the toolbox of every clinician.

Featured Speakers

Michael L. Perlis PhD
Director, Penn Behavioral Sleep Medicine Program
Associate Professor, Department of Psychiatry
Associate Professor, School of Nursing
University of Pennsylvania

Dr. Perlis is internationally known for his work in the area of Behavioral Sleep Medicine. He is a coauthor of the first text book in this field and he is the senior author of a published CBT-I treatment manual and a larger text summarizing all BSM treatments. The CBT-I manual (published in collaboration with Dr. Posner [Cognitive Behavioral Treatment of Insomnia: A Session-by-Session Guide]) has been translated into Spanish, Italian, Korean, and Chinese. In addition, his program offers an Advanced CBT-I Course, individual and group supervision, a BSM mini-fellowship, and (via CBT-I Educational Products) a video mock case vignette DVD.

Dr. Perlis authored or co-authored more than 150 articles and chapters on sleep research related topics and he serves on the editorial boards of SLEEP, the Journal of Sleep Research, the journal of Sleep Medicine Research, the journal of Behavioral Sleep Medicine, the journal of Behavioral Research and Therapy, and the journal of Health Psychology.

Dr. Perlis was a founding member and served as the first president of the Society of Behavioral Sleep Medicine. He was also a recipient of this society's Peter Hauri Award (acknowledges life time achievement and mentorship).

Donn Posner PhD
President, Sleepwell Consultants
Clinical/Research Psychologist
Palo Alto Institute for Research

Dr. Donn Posner is the Founder and president of Sleepwell Consultants and has been consulting to organizations and individuals on a wide variety of sleep health issues including insomnia, circadian dysrhythmia, and CPAP adherence. He is also currently a consulting psychologist, for the Palo Alto VA, working on a number of grants exploring the effects of CBT-I in Gulf War Veterans.

Dr. Posner served as an Adjunct Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. Prior to his role at the VA he spent 25 years serving as the Director of Behavioral Sleep Medicine for the Sleep Disorders Center of Lifespan Hospitals, and was a Clinical Associate Professor in the Department of Psychiatry and Human Behavior at the Alpert School of Medicine at Brown University. Dr. Posner is a member of the American Academy of Sleep Medicine and is one of the first Certified Behavioral Sleep Medicine specialists recognized by that group. He is also a founding member of the Society of Behavioral Sleep Medicine, a Diplomate of the Board of Behavioral Sleep Medicine (DBSM), and a recipient of the SBSM's Peter Hauri Award.

DAY ONE: June 8, 2018

7:30-8:00 AM
Registration and breakfast

8:00 AM – 10:00 AM
Welcome announcements and orientation
Basics of sleep and behavioral model of insomnia

10:00 AM – 10:15 AM   Break

10:15 AM-12:00 PM
Pharmacological and Behavioral treatment options
for insomnia, Efficacy of CBT-I

12:00 PM – 1:00 PM
Lunch

1:00PM – 3:00 PM
Assessment of insomnia Part I-Definition, differential
diagnosis, indications for treatment,

3:00 PM – 3:15 PM   Break

3:15 PM – 5:00 PM
Assessment of insomnia Part II-Eficacy of CBT-I for primary
vs. secondary insomnia, contraindications

DAY TWO: June 9, 2018

8:00 AM – 10:00 AM
Breakfast
Comorbid Insomnia and perpetuants

10:00 AM – 10:15 AM   Break

10:15 AM-12:00 PM
Treatment- Set up of sleep diary, Sleep Restriction,
Stimulus Control, obstacles to adherence.

12:00 PM – 1:00 PM
Lunch

1:00PM – 3:00 PM
Treatment- Sleep Hygiene, Cognitive Therapy

3:00 PM – 3:15 PM   Break

3:15 PM – 5:00 PM
Assessment Tools, Case
Conceptualization, Relapse prevention

Objectives -Two-day CBT-I Workshop

By the end of the presentation attendees will be able to:

1. Articulate the basics of sleep nomenclature.

2. Discriminate acute insomnia from Insomnia Disorder and articulate the importance of treating the chronic form as a specifically targeted co-morbidity.

3. Assess for the most common intrinsic sleep disorders such as OSA, RLS, PLMS, circadian rhythm disorders, and narcolepsy.

4. Evaluate the common medications used in the treatment of insomnia and understand their relative strengths and weaknesses.

5. Communicate the relative efficacy of pharmacotherapy and cognitive behavioral therapies for insomnia.

6. Communicate the evidence for the efficacy of CBT-I for both primary and co-morbid insomnia disorder.

7. Apply the principles of the Spielman model of insomnia and employ it in the delivery of CBT-I.

8. Apply the principles of Borbely's two-process model of sleep regulation and demonstrate how to utilize this concept in the deployment of CBT-I

9. Score and analyze patient sleep diary data, and create a treatment plan based upon the data in the course of CBT-I treatment.

10. Apply the techniques of Sleep Restriction therapy to the treatment of chronic Insomnia.

11. Apply the techniques of Stimulus Control to the treatment of chronic Insomnia

12. Educate patients in sleep hygiene principles and tailor to individual needs.

13. Apply the techniques of cognitive therapeutic strategies to the treatment of chronic insomnia.

14. Calculate sleep efficiency and titrate patient sleep windows

15. Anticipate, identify and problem solve common resistances in CBT-I.

16. Implement an action plan to prevent patient relapse.