

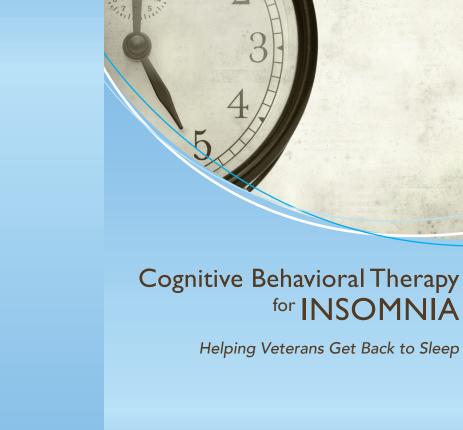


Cognitive Behavioral
Therapy for Insomnia (CBT-I) is
an effective treatment available at
many facilities in the Department
of Veterans Affairs health care system.
CBT-I is highly recommended as a
first-line treatment for insomnia.

What is Insomnia?

People with insomnia may have a hard time falling asleep, staying asleep, or may wake up too early. They also usually experience effects of poor sleep during the daytime, such as:

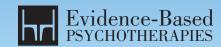
- Feeling tired
- Having low energy
- Trouble with attention, concentration, and memory
- Becoming easily irritated
- Having difficulty at work or school





For more information about CBT for Insomnia, please talk with your local VA provider.

www.va.gov



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What is Cognitive Behavioral Therapy for Insomnia (CBT-I)?

CBT-I is a short-term psychotherapy (or "talk therapy") for insomnia that is based on scientific knowledge about sleep.

- The "cognitive" part of CBT-I focuses on your thoughts, feelings, and expectations about sleep and insomnia that may affect how well you sleep.
- The "behavioral" part of CBT-I helps you develop proven sleep habits, based on the science of sleep that will help you sleep better.

What are the goals of CBT-I?

The goals of CBT-I are to help you fall asleep, stay asleep, and improve your daytime functioning and quality of life as a result of better sleep at night.

Does CBT for Insomnia work?

CBT-I is one of the most studied and effective therapies. It has been shown to be very effective in improving the quality of sleep and in helping people sleep longer. CBT-I is based on many years of research and has been shown to be very effective with many people, including Veterans. In fact, for many Veterans who have completed CBT-I, their sleep and quality of life are greatly improved.







Your commitment to making changes to your every day sleep behaviors during treatment can make a big difference in your results!

Research has shown CBT-I to be at least as effective as sleep medications for insomnia in the short-term, and is usually more effective than sleep medications in the long-term.

CBT-I helps specific problems like:

- Canceling activities either because of being too tired or out of fear that such activities will interfere with sleep
- Not keeping regular bed times and/or wake times
- Large amounts of time spent in bed
- Spending time in bed worrying about sleep, rather than sleeping

How long does CBT-I last?

CBT for insomnia usually requires only 6 sessions to be effective. In some cases, extra sessions may be needed, but your insomnia may also get better in fewer than 6 sessions. Each session lasts about 50–60 minutes if delivered one-on-one or 90 minutes if delivered in a group.

If you decide to participate in CBT-I, you will be asked to:

- Attend sessions regularly
- Describe your sleep problems to help your therapist understand what your insomnia is like
- Work together with your therapist to set therapy goals
- Monitor your sleep using a simple sleep diary each morning
- Learn about sleep and insomnia and ways to help improve your sleep
- Practice new CBT-I skills in your life outside of session

To help the treatment succeed, you will be asked to be an active partner in solving your sleep problem with your therapist.





Can I participate in CBT-I and take medication for sleep or be in other types of therapy?

You do not need to stop other mental health treatments or sleep medications while you are participating in CBT-I. If you are taking sleep medications but want to reduce or discontinue use, you should seek help from your prescribing provider. Research has shown CBT-I to be at least as effective as medications for insomnia in the short-term, and is usually more effective than medications in the long-term.

How will I know if CBT-I is helping?

Most people participating in CBT-I experience improvement in the quality of their sleep first and then begin to sleep longer. They also experience improved alertness and energy. Continuing to use the skills you learn in CBT-I can help you sleep well long after the therapy ends.