

Delivering Cognitive Behaviour Therapy for Insomnia via Virtual Platform

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Presenter Disclosures



Faculty: Erin Desmarais, MSW, RSW; Clinical Social Worker, Queen's Family Health Team

Relationships with commercial interests: None

Potential for conflict(s) of interest: None

Presenter Disclosures



Faculty: **Cynthia Leung**, RPh, Pharmacist, Department of Family Medicine, Queen's University

Relationships with commercial interests: None

Potential for conflict(s) of interest: None

Learning Objectives



At the end of this session the participant will be able to:

- Understand CBT-I (Cognitive Behavioural Therapy for Insomnia) as the first line treatment for chronic insomnia and its key components
- Describe key processes and a general outline in setting up a virtual group CBTi program
- Identify tools and resources to develop and individualize your own CBT-I program

Suggested Training for CBT-I



- **Judith Davidson & Queen's University CPD On-demand program:**
<https://healthsci.queensu.ca/opdes/programs/insomniaondemand>
- **Colleen Carney, Ryerson University:**
www.drcolleencarney.com
- **Sleep training program at Oxford:**
<https://www.ox.ac.uk/admissions/graduate/courses/msc-sleep-medicine>
- **Sleep Course by Dr Ralph Lydic of University of Michigan:**
- <https://www.coursera.org/learn/sleep>

*This presentation has been adapted with permission from
Dr Judith Davidson, Katherine Fretz, PhD Candidate and
Queen's Continuous Professional Development Office based on
material from the Insomnia Online Intervention Series
(April – May 2021)*



Delivering Cognitive Behaviour Therapy for Insomnia via Virtual Platform

Cynthia Leung, Erin Desmarais, Jennifer MacDaid, Diane Cross

Objectives

Covid-19 pandemic can cause insomnia for many individuals as well as exacerbate insomnia in those who already have it. We hope to share our experience in transforming our face-to-face CBTi-based sleep program to a virtual CBTi program.

Patient Recruitment & Assessment

Patient Eligibility:

- A physician referral
- A valid email address & internet connection
- A device with webcam, microphone & speaker
- A printer (optional for printing program material)

Recruitment & Assessment:

- Patient recruitment was initiated via telephone. Interested candidates were invited to complete an online survey (via email) which include the following components:
 - Program Material & Consent
 - Davidson Sleep Questionnaire
 - Insomnia Severity Index
 - Epworth Sleepiness Scale
 - HADS & PhQ9
- A follow up phone call was conducted to discuss result and confirm enrollment. Also explored (if relevant) if the patient was receptive to medication deprescribing and discussed program goals. Patients were also asked to complete weekly sleep diaries.



Program Set Up & Administration



The program was delivered via Zoom.

- **Share screen feature** was used to present program material, useful websites and smartphone apps.
- **Breakout room features** were used to allow smaller group discussion with individual facilitators.
- **Chat feature** was used to facilitate Q&A and encourage interactions with participants.
- **Poll feature** was not used, could be explored to encourage interactions or assessment of knowledge base.

Patient Satisfaction & Improvement in Sleep

20% Moderate improvement
60% Much improved
20% No trouble at all

On Line. Warm & friendly. Super well organized.

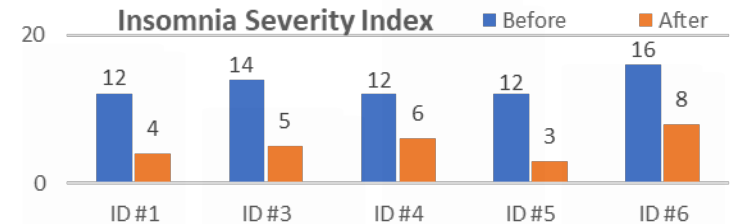
Although, I had never used Zoom for learning purposes, I found the mode of communication more than adequate and very handy

I am completely satisfied with the whole program ...My sleep habits have improved tremendously!

Results & Discussion

Insomnia Severity Index Scoring

0-7	No clinically significant insomnia
8-14	Subthreshold insomnia
15-21	Clinical Insomnia (moderate severe)
22-28	Clinical Insomnia (severe)



Pearls to share:

- We completed ~ 12 patient assessments and enrolled 6 patients. Reasons for non-enrollment include lack of interest, timing, contraindications.
- Of the 6 enrolled patients, 1 patient dropped out.
- Patients who are prescribed sleep medications may be more reluctant to participate in the sleep program
- Our first virtual sleep program suggests this platform is effective in delivering cognitive behaviour therapy for insomnia with high patient satisfaction. However, we are limited to recruiting less complex cases.
- Further validation is needed with more experience with larger group.

Suggestions for future:

- Develop a secured portal for sharing material
- Set up a program specific email for streamlined communications

Insomnia

- a complaint of difficulty initiating or maintaining sleep
- causes clinically significant distress or impairment in functioning
- often associated with fatigue

Chronically for ≥ 3 months

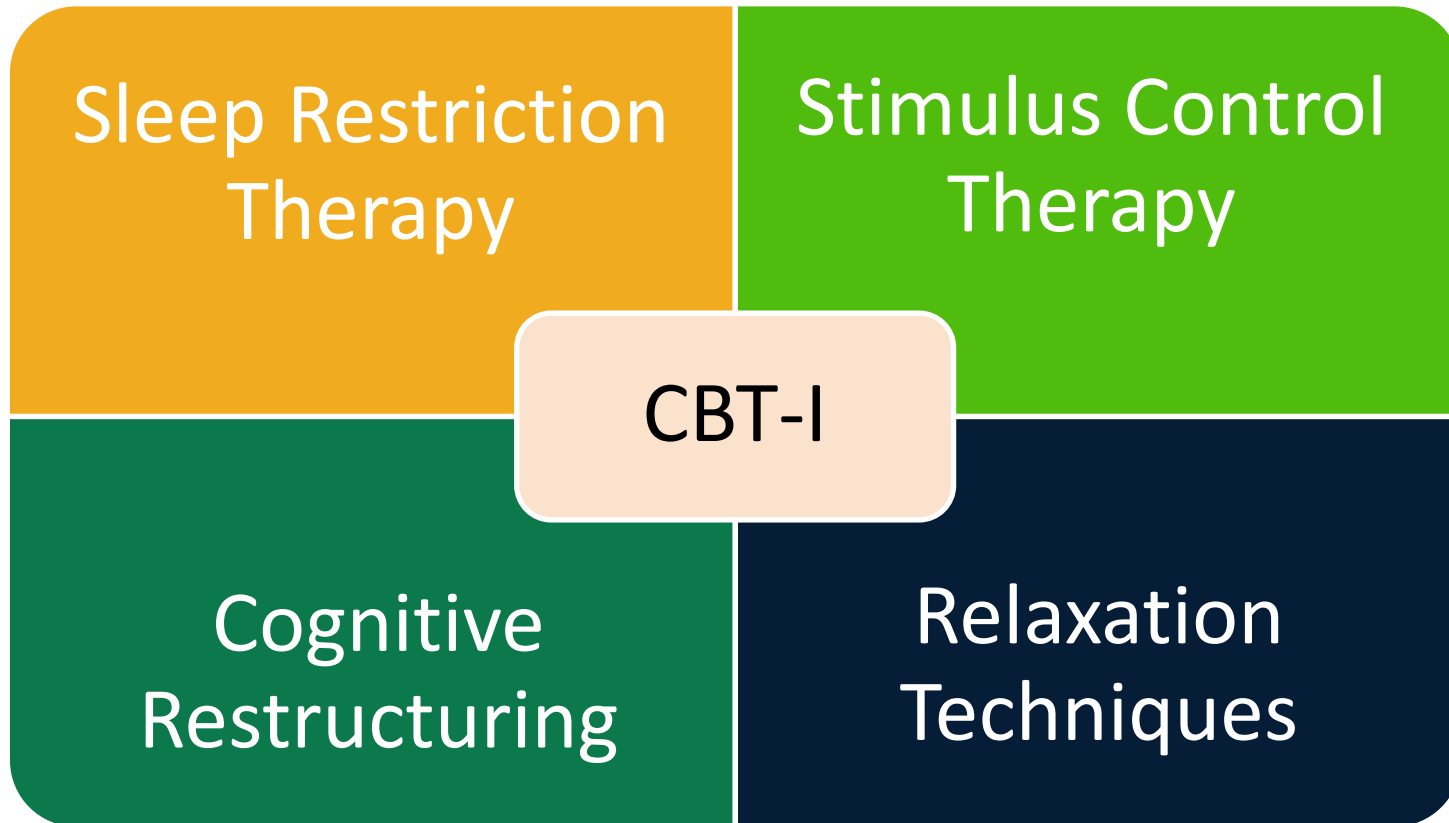


What is CBT-I?



- A set of techniques that have been shown through research to improve sleep for the long term.
- Involves uncovering the biological processes that control sleep and wakefulness.
- Recommended first-line treatment for chronic insomnia
- For adults, including elderly and patients with comorbidities

Four Components Of CBT-I



Stimulus Control Therapy

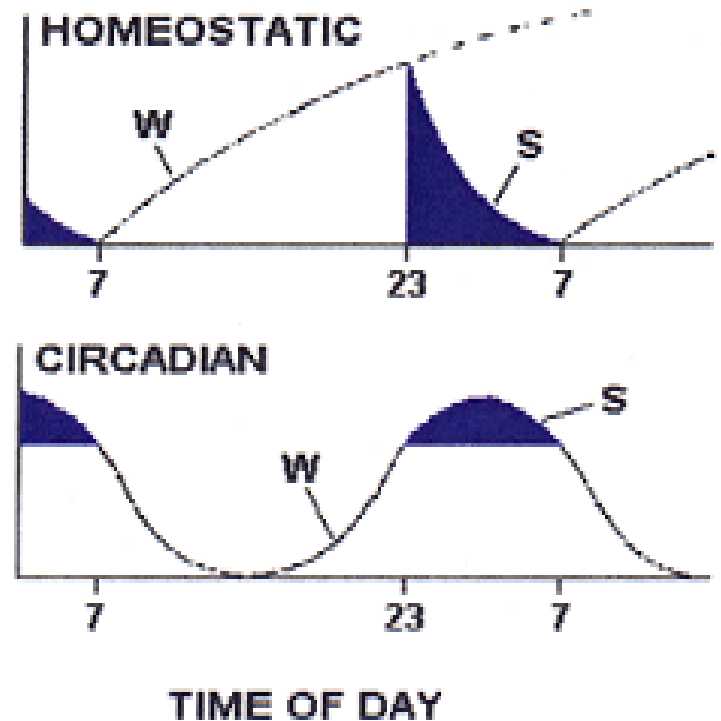
- Learned associations
- People with insomnia spend a lot of time in bed while awake.
- Involves breaking the connection between being in bed and wakefulness and strengthening the relationship between the bed and sleep



Sleep Restriction

- Considered one of the most effective components of CBT-I
- Works to build your **sleep drive**.
- Involves spending less time in bed
- Use sleep diaries to calculate the amount of time spent in bed vs. the amount of time sleeping. Restrict time in bed to amount of time sleeping

SLEEP PROPENSITY



Cognitive Restructuring

- 1) Identify the thoughts that are keeping you up
 - “I will never be able to fall asleep”



- 2) Challenge unhelpful sleep thoughts

- Is it really true? Is there another way of looking at it?
Am I falling into a thought trap?



- 3) Find a more balanced sleep thought

- “I will sleep again. I will focus on one night at a time. I will use the tools I am learning to help restore my sleep”

Relaxation Techniques



- Goal is to achieve the relaxation response, which is the opposite of the “fight or flight” response
- Deep Breathing- Set aside time 2 times daily for 1-2 minutes to practice
- Use of guided meditation
 - Mental Vacation
 - Body scan
 - Progressive muscle relaxation



Stepped Care for Insomnia



Behavioural Sleep Experts

Providers with expertise in behavioural sleep medicine, insomnia clinics

Trained CBT-I Providers

Family Health Team group programs, community providers

Primary Care and Community Pharmacy

Education, brief appointments to introduce and support CBT-I core strategies and sedative-hypnotic deprescribing and avoidance

Self-care

Self-guided books, apps, and online resources and services

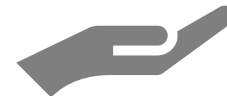
Benefits of Group Programs

- Access to social support
- Increased motivation
- Increased capacity & access



Our Program Overview

- 6-week program run, 1.5 hours in duration
- 3 programs per year, with one offered in the evening
- Maximum 10 patients with 2 facilitators.
- Offer Sleep Therapy Drop-In Sessions to support maintenance plans



How to set up a CBT-I Group Program



	Face-to-Face Sleep Program	Virtual Sleep Program
Planning Stage	<ul style="list-style-type: none"> <input type="checkbox"/> Set up assessment dates <input type="checkbox"/> Set up program dates <input type="checkbox"/> Develop Program Poster for promotion <input type="checkbox"/> Advertise <input type="checkbox"/> Book Board Room 	<ul style="list-style-type: none"> <input type="checkbox"/> Set up assessment dates (optional) <input type="checkbox"/> Set up program dates <input type="checkbox"/> Develop program poster for promotion <input type="checkbox"/> Advertise <input type="checkbox"/> Book Zoom Account? <input type="checkbox"/> Set up sleep program email
Patient Recruitment	<ul style="list-style-type: none"> <input type="checkbox"/> Review Waiting list to recruit patients <input type="checkbox"/> Admin support to mail out information package 	<ul style="list-style-type: none"> <input type="checkbox"/> Review waiting list to recruit patients <input type="checkbox"/> Email information package & assessment link
Patient Assessment	<ul style="list-style-type: none"> <input type="checkbox"/> Book appointment for 45 minutes <input type="checkbox"/> Patient to be allotted 20 minutes to complete assessment forms <input type="checkbox"/> If deemed appropriate, will enroll patient into program 	<ul style="list-style-type: none"> <input type="checkbox"/> Review assessment forms completed online <input type="checkbox"/> Schedule phone appointment to discuss assessment results <input type="checkbox"/> If deemed appropriate, will enroll patient into program.

How to set up a CBT-I Group Program



	Face-to-face Sleep Program	Virtual Sleep Program
Program Set Up	<ul style="list-style-type: none"> <input type="checkbox"/> Physical set up <input type="checkbox"/> Book Room and arrange for tables and chairs <input type="checkbox"/> Projector/Laptop <input type="checkbox"/> Print program materials, pens, markers, extra forms, calculators 	<ul style="list-style-type: none"> <input type="checkbox"/> Set up Zoom appointment <input type="checkbox"/> Email participants <input type="checkbox"/> Zoom support on-demand, phone number of participants if need trouble shooting <input type="checkbox"/> Program materials in PowerPoint / PDF documents
Program Administration	<p>Overall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Print program material (week by week or all together) <input type="checkbox"/> Print name tags <input type="checkbox"/> Set up projectors if necessary 	<p>Overall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Email program material (week by week or all together?) <input type="checkbox"/> Know how to share screen <input type="checkbox"/> Use whiteboard <input type="checkbox"/> Mute participants <input type="checkbox"/> Use of chat room / break out room as needed

Program Poster

Sleep Therapy Group Program

Queens
UNIVERSITY

DEPARTMENT OF
FAMILY MEDICINE

Facilitated by: Cynthia Leung, RPh
Erin Desmarais, MSW, RSW

This free, six-week group program via Zoom introduces cognitive behaviour therapy for insomnia. The program will discuss cognitive and behavioural strategies to allow biological sleep processes to operate without interference.

MAIN COMPONENTS INCLUDE:

- Sleep Restriction Therapy
- Stimulus Control Therapy
- Cognitive Restructuring
- Relaxation Techniques

INDIVIDUAL ASSESSMENT:

To determine if this program is right for you, interested patients will be invited to attend an online assessment followed by a phone appointment to review with the facilitator, if appropriate. Patients who meet the criteria will be invited to register for the program.

SIX-WEEK ZOOM PROGRAM:

WEDNESDAYS:
May 5 to June 9, 2021
1 – 2:30 p.m.

Participants should have access to a valid email address and internet connection; and a device with webcam, microphone, and speaker.

WEEK 1:

Introduction to Sleep

WEEK 2:

Reconnecting Your Bed with Sleep

WEEK 3:

Consolidating Your Sleep

WEEK 4:

Relaxing Your Mind and Body

WEEK 5:

Putting It All Together

WEEK 6:

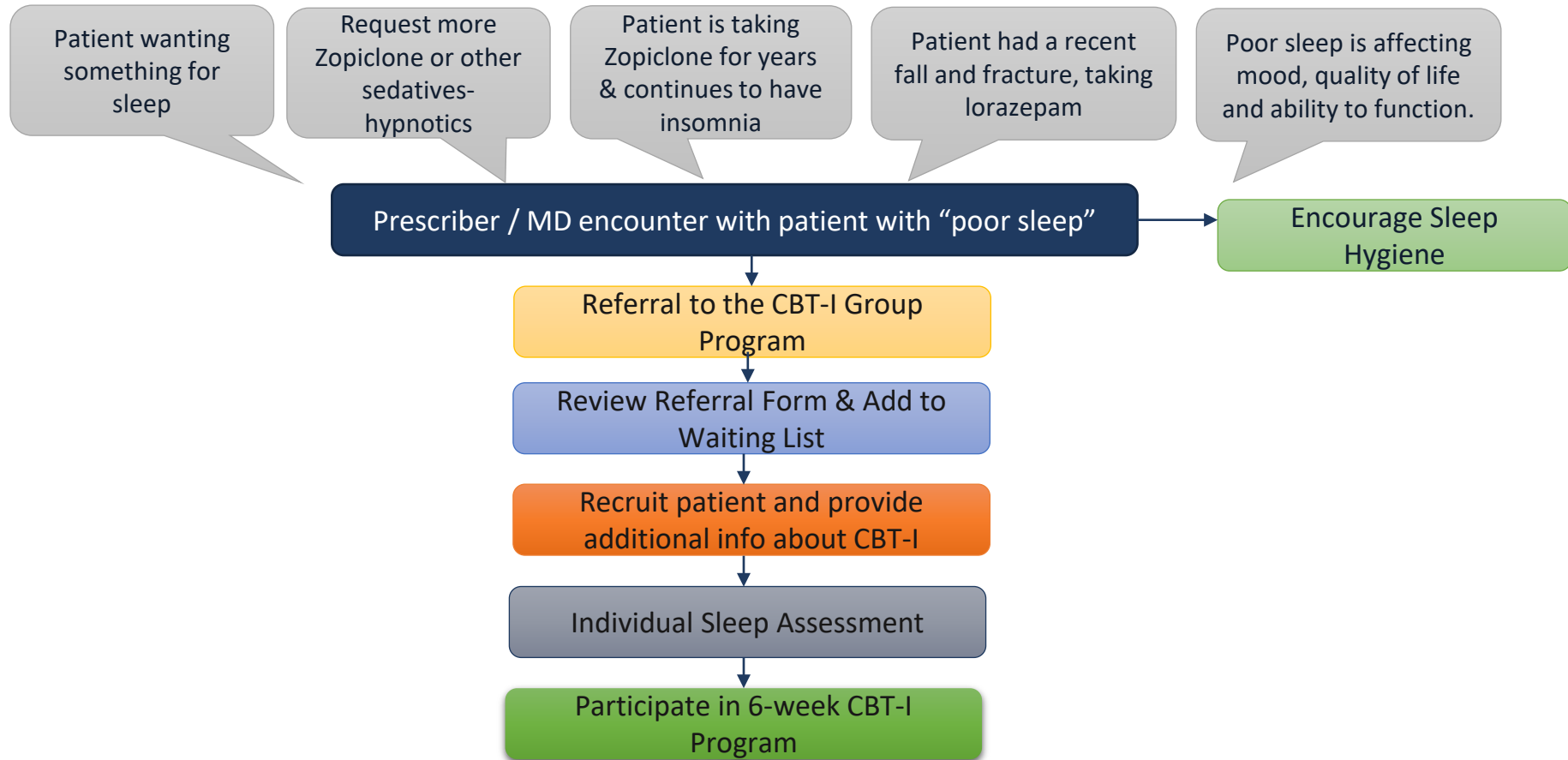
Maintaining Your Progress

Patients interested in reducing or tapering off their sleep medications will have the option to discuss this component of the plan with the pharmacist.

For more information, please speak to your primary health-care provider.



Referral Pathway to the CBT-I Group Program



How to refer?



E-Form: QFHT Sleep Therapy Referral

Preventive Care Checklist (Female) - New	Female Adult wellness exam/periodic health visit/pap	2015-07-13
Preventive Care Checklist (Male) - New	Male adult form for Periodice Health Visit/Wellness visit	2015-07-13
Preventive Care IDD Intellectual Developmental Disability Health Review	For patients with intellectual/developmental disabilities	2019-09-25
Procedure Consent		2019-03-04
Pulmonary Rehabilitation Program		2019-02-20
QFHT Sleep Therapy Referral		2019-07-29
Quinte Health Care Belleville Diagnostic Imaging: Ultrasound		2018-05-25
Radiology, Interventional-KGH		2017-02-20
Radiology, MRI-St. Josephs (Toronto)		2017-02-20
Records request - Patient requesting		2019-03-04

Sleep Therapy Referral (QFHT)

TEST, BABY ARTHUR

01/03/1987 (d/m/y)

1. Does the patient have chronic insomnia?

 Yes No

Chronic Insomnia =

- trouble falling asleep or staying asleep at least 3 days a week
- Sleep difficulty is interfering with functioning or causing significant distress
- Duration at least 3 month

Confirms this patient
has chronic insomnia

2. Is the patient committed to learning an effective non-pharmacological treatment which includes completing screening forms and doing homework (e.g., sleep scheduling, keeping sleep logs)?

 Yes No

Assess patient's readiness
for change

3. Does the patient have any of the following conditions?

(Note that if so, he or she may not be suitable for sleep restriction, a key component of the program)

Contraindications <i>May not be safe for sleep restriction therapy</i>	Let us know if the patient has any of the following: <i>(does not disqualify for participation but may influence outcome)</i>
<input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Untreated Sleep Apnea <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Parasomnia	<input type="checkbox"/> Restless legs syndrome or Periodic limb movement disorder <input checked="" type="checkbox"/> Sleep Apnea <ul style="list-style-type: none"> ○ Prescribed treatment for sleep apnea: <input type="text" value="CPAP"/> <input type="checkbox"/> Concussion (past 3 years) <input type="checkbox"/> Unstable Mental Health <ul style="list-style-type: none"> ○ Please specify: <input type="text"/>

Ensure the patient does
not have any
contraindications

4. Is the patient currently prescribed any medication for sleep?

 Yes No

If yes, is the patient agreeable to taper the sleep medication while participating in this program?

 Yes No Patient would like to think about it

Please specify plan for
Gradual Dose Reduction

Please list/attach sleep medications: if applicable

Zopiclone 7.5mg po dailyPhysician (MRP): Signature:

Information Package - Virtual

Virtual Sleep Program - Assessment for January 27 to March 2021 - Message (HTML)

File Message Help Acrobat Tell me what you want to do

Delete Archive Move Reply Reply All Forward Mark Unread Find Read Aloud Zoom

Virtual Sleep Program - Assessment for January 27 to March 2021

DS DFM Sleep Therapy Program
To: DFM Sleep Therapy Program
Cc: Erin Desmarais; Cynthia Leung

Reply Reply All Forward

Tue 2021-01-05 12:03 PM

CBTiInfographic.pdf.CBTiInfographic (1).pdf .pdf File

Example of Sleep Diaries.docx .docx File

Instruction on how to complete Sleep Diaries.docx .docx File

Sleep diary blank copy.pdf .pdf File

Welcome!

You have been referred to the Sleep Therapy Program at Queen's Family Health Team. This Sleep Therapy Program provides Cognitive Behavior Therapy for insomnia ("CBT-I"), which is the recommended treatment for chronic insomnia.

As discussed previously, this program will run virtually via Zoom from **Wednesday January 27 2021 1:00pm to 2:30pm to Wednesday March 3 2021 for 6 sessions**. To participate in this program, you will need to have access to the following:

- A valid email address
- An internet connection
- A device with webcam, microphone and speaker that can install Zoom (e.g. smartphone, iPad, laptop computer with webcam)
- A printer (This is optional for printing program material. However, each participant will be asked to complete a sleep diary every week which may be easier done on paper)

The next steps are as follow:

- 1) Please complete the sleep assessment survey in the link below. This assessment survey will take approximately 20 minutes to complete and will give us insights into your particular sleep related difficulties.
https://queensu.qualtrics.com/jfe/form/SV_01BMCpvu6fuXatv
- 2) Please complete one-week of sleep diary **PRIOR** to the start of the program. This will involve taking 2 minutes each morning to record your sleep for 7 consecutive nights. Your completed sleep diary will provide valuable information to help us match your specific sleep problem with appropriate treatment strategies. For additional information on how to complete, please refer to the attached page, which includes step-by-step directions as well as a sample sleep diary for your reference.

After completing the sleep assessment survey, we will reach out to have a brief telephone conversation to discuss any outstanding issues related to the sleep program.

Cynthia Leung RPh, Pharmacist
Erin Desmarais MSW, RSW, Social Worker
Group Leaders for Sleep Group Program

Encl:

- Sleep Therapy Poster
- CBTi Infographics
- Instruction on how to complete Sleep Diaries
- Example of Completed Sleep Diaries
- Sleep Diary Blank Copy

Information Package – Attachments



Welcome!

You have been referred to the Sleep Therapy Program at Queen's Family Health Team. This Sleep Therapy Program provides Cognitive Behavior Therapy for insomnia ("CBT-I"), which is the recommended treatment for chronic insomnia.

The Program consists of six (6) workshop-style sessions, designed by clinical psychologist Dr. Judith Davidson. The first session will start on Wednesday May 22, 2019 from 2:00-3:30pm at 115 Clarence Street in the Basement Boardroom.

The first step is for you to attend an individual assessment session with the group leaders Cynthia and Erin to determine if this sleep program will address your sleep concerns.

Please call Jose Chicco at 613-533-9300 ext 79550 to schedule this appointment if it has not been made already.

In the week prior to your initial assessment session, please complete the attached Sleep Diary. This will involve taking 2 minutes each morning to record your sleep for 7 consecutive nights. Your completed sleep diary will provide valuable information to help us match your specific sleep problem with appropriate treatment strategies.

For additional information on how to complete, please refer to the attached page, which includes step-by-step directions as well as a sample sleep diary for your reference. **Please bring the completed sleep diary to your individual assessment session.**

Sincerely,

Cynthia Leung RPh, Pharmacist
Erin Desmarais MSW, RSW, Social Worker
Group Leaders for Sleep Group Program

Enc:

- Sleep Therapy Poster
- CBTi Infographics
- Instruction on how to complete Sleep Diaries
- Example of Completed Sleep Diaries
- Sleep Diary Blank Copy

What is CBTi?

Cognitive Behavioural Therapy (CBTi) consists of five different components. Learn more about how it all comes together here.

Sleep Drive

SLEEP RESTRICTION

Build your later sleep drive by following a process that starts with staying up late and reducing your time in bed. Over the bedtime and rise time are determined by how much time you are sleeping currently based on your sleep log. As your sleep quality improves, gradually increase your allowed time in bed each week (sometimes referred to as your "sleep opportunity").

Relax

RELAXATION THERAPY

Use a variety of relaxation techniques, such as in the day and/or just before going to sleep, to bring yourself to the present moment allowing your mind and body to let you ease into sleep.

For suggested guided meditations and relaxing sounds visit mySleepwell.ca

Hygiene

SLEEP HYGIENE

Habits and practical considerations that you can do or avoid doing that promote sleep. Avoid stimulants (caffeine, nicotine, some other substances & medications). Avoid sleep disruptors (alcohol, naps). Exercise wisely (vigorously by day, not before bed). Eat wisely (don't go to bed hungry or full). Get consistently into a relaxing routine that ends in dark, quiet room with a goldilocks temperature and a comfy bed.

Control

STIMULUS CONTROL

Change your habits, break the cycle of being awake and being frustrated in bed. Develop a healthy relationship between your bed and sleep. **Only use your bed for sleep and intimacy.** If you are still awake after 10-15 minutes of trying to fall asleep, leave the bedroom and only return when feeling sleepy. Leave again in 10-15 minutes if not asleep. Repeat.

Thoughts

COGNITIVE THERAPY

Provides education about sleep and sleep difficulties. In order to change negative attitudes and address false beliefs about sleep that contribute to insomnia. Learn techniques that help you manage the thoughts that cause stress and worry in advance of going to bed (rather than when in bed).

Sleepwell
your insomnia solutions library

Sleep Diary for the week of: **Sept 7/15** Louise

BASELINE

DAY of the WEEK <small>Which night is being reported on?</small>	MON	TUES	WED	THURS	FRI	SAT	SUN
1. I went to bed at: (clock time)	9:45 PM	11:00 PM	10:30 PM	9:00 PM	11:00 PM	10:00 AM	10:30 PM
2. I turned out the lights after: (minutes)	40	5	25	20	40	10	10
3. I fell asleep in: (minutes)	60	30	120	didn't	30	20	120
4. I woke up: (time(s) during the night, number of awakenings)	5	2	4	sleep at all!	0	2	1
5. The total duration of these awakenings was: (minutes)	60	20	80	—	—	40	30
6. After awakening for the last time, I was in bed for: (minutes)	2	10	5	—	2	30	10
7. I got up at: (clock time)	6:00 AM	7:10 AM	6:00 AM	5:30 AM	6:00 AM	9:00 AM	6:10 AM
The quality of my sleep was: (every piece 1=awful)	3	4	2	1	4	3	3
Naps <small>Number, time and duration</small>	—	—	—	2 PM 30 min	—	10 AM 40 min	—
Alcohol <small>Time, amount, type</small>	—	—	—	—	—	—	—
Sleep Medication <small>Time, amount, type</small>	—	11:00 PM Zopiclone 7.5 mg	—	—	11:00 PM zopiclone 7.5 mg	—	—
Notes				Had work turn off!			

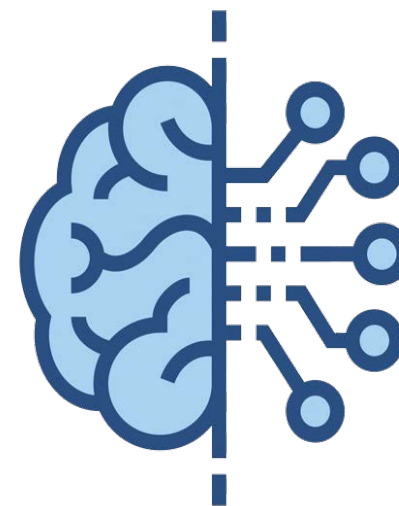
An Example of the Sleep Diary

Sleep Diary for the week of: Sept 14 /15 Louise Bedtime: Midnight Rise Time: 6:00 AM

DAY of the WEEK <i>Which night is being reported on?</i>	MON	TUES	WED	THURS	FRI	SAT	SUN
Sleep timing	1. I went to bed at (clock time):	12 ⁰⁰ AM	11 ⁴⁵ PM	12 ⁰⁰ AM	11 ⁵⁰ PM	12 ⁰⁰ AM	11 ⁵⁰ PM
	2. I turned out the lights after (minutes):	2	15	5	10	2	5
	3. I fell asleep in (minutes):	40	15	30	2	20	10
	4. I woke up ___ time(s) during the night. <i>(number of awakenings):</i>	1	—	1	2	1	—
	5. The total duration of these awakenings was (minutes):	20	—	10	20	10	—
	6. After awakening for the last time, I was in bed for (minutes):	5	0	2	0	0	2
	7. I got up at (clock time):	6 ⁰⁵ AM	6 ⁰⁰ AM	6 ⁰⁰ AM	6 ⁰⁰ AM	6 ⁰⁵ AM	6 ⁰⁵ AM
Sleep quality	The quality of my sleep was:						
	4	7	7	7	8	9	9
Naps <i>Number, time and duration</i>							
						1:00 PM	
						30 min.	
Alcohol <i>Time, amount, type</i>							
Sleep Medication <i>Time, amount, type</i>							
Notes:							


The purpose of the assessment is to rule out any other sleep disorders, to answer questions and to reduce attrition rate.

- Davidson Sleep Questionnaire
- Epworth Sleepiness Scale
- Insomnia Severity Index
- HADS
- PHQ-9
- Stop-Bang Questionnaire



Online Assessment

0% 100%
Survey Completion



Sleep Therapy Program - Information and Consent

The Sleep Therapy Program is for adults (those 18 years and older) who have chronic insomnia and who wish to learn strategies to restore good sleep.

The **treatment** that we provide is cognitive behavioural therapy. Cognitive Behavioural Therapy (CBT) involves learning specific skills - actions and ways of thinking - that have been shown through research to be effective. If you have chronic insomnia, the treatment of choice is called cognitive behavioural therapy for insomnia (CBT-I). This is the recommended first line treatment for chronic insomnia in medical guidelines in North America and Europe. It is an effective set of techniques that includes scheduling your time in bed and learning strategies to deal with thoughts that interfere with sleep.

Session Duration: Sessions will be approximately 90-minutes long, and run for 6 consecutive weeks.

Cancellation Policy: If you are unable to attend a group session, please send an email to DFM-SleepTherapy@queensu.ca OR contact Jose Chico at 613-533-9303 ext. 79550. Please note that it is important that you make a commitment to attend all 6 therapeutic sessions, although we appreciate that there may be circumstances beyond your control that require cancellation.

Group Facilitators: The group facilitators include Cynthia Leung (Pharmacist) and Erin Desmarais (Social Worker) with consultation from Dr. Judith Davidson (Psychologist).

In the **PAST 3 MONTHS**, have you had any trouble sleeping?

Yes

No

Approximately how many **NIGHTS PER WEEK** have you had trouble sleeping (over the past 3 months)?

0-1 per week 2 per week 3 or more per week

What has your trouble sleeping involved? *Please choose as many as apply.*

trouble falling asleep

waking up during the night several times

waking up during the night for a long time

waking up too early

other, specify

Program Outline

**The description is a general guide. Each program may vary according to the patients' needs.*

Assessment	To meet with Erin and Cynthia
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Program Outline

Session 1	Introduction to Sleep
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Session 2	Reconnecting your Bed with Sleep
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Session 3	Consolidating your Sleep
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Session 4	Relaxing Your Mind and Body
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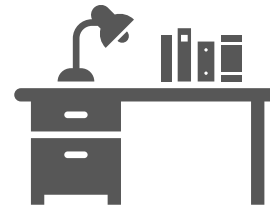
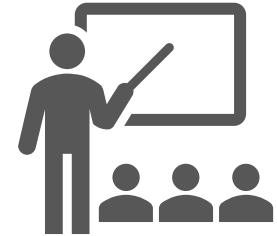
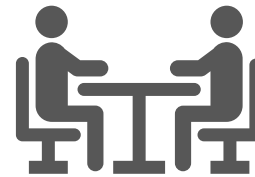
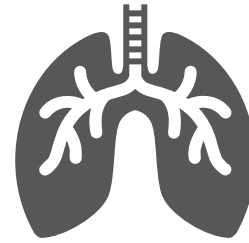
Session 5	Putting it All Together
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Session 6	Maintaining Your Progress
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General Structure of Sessions

- 1) Deep breather
- 2) Large group check-in
- 3) Small group with an assigned facilitator
- 4) Introduction of new strategy
- 5) Review homework
- 6) Medication discussion with pharmacist, if relevant

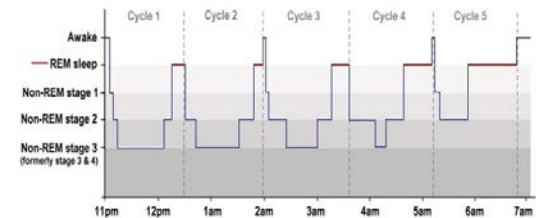
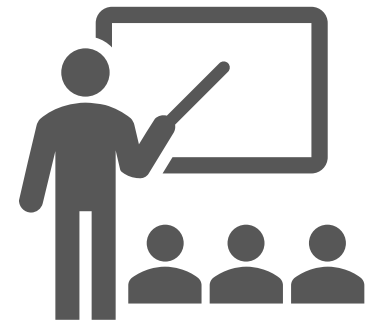
** exception are sessions 1 & 6



Week #1: Introduction to Sleep

💡 Facilitator Tips

- Provide psychoeducation and rationale for program
- Group introduction and setting the stage
- Ensure group participants understand how to complete their sleep diary.
- Discuss the safety concerns with sedatives-hypnotics
- Introducing the deep breathing exercise
- Review of sleep tips



Example of Outline for Week #1: Introduction to Sleep

Week #1

Introduction to Sleep

Introduction

- Purpose of the Session – information about sleep and insomnia
- Introductions of the leaders and participants
- Group rules
- Overview of today's session

Information (Presentation)

- Sleep stages and cycles
- The sleep-wake cycle
- Insomnia – What is it? How does it come about? (predisposing, precipitating and perpetuating factors)
- What the Sleep Therapy program involves

Questions and Answers on Insomnia

Sleep Medication

- Pharmacist to speak with those who are wanting to slowly taper off of sleep pills

Relaxation Response & Introduce Deep Breather

Strategies Today

- Handout sleep diaries
- Determine constant rise time
- Sleep Tips

At Home this Week:

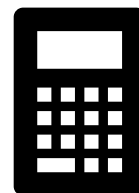


- Follow sleep tips (if not already doing so)
- Maintain a constant rise time
- Keep sleep diary this week and bring it with you next week

Week #2:Reconnecting Your Bed With Sleep

Facilitator Tips

- **Begin sleep restriction & review rationale**
- In breakout rooms, calculate sleep efficiency using sleep diary & set new bedtime & rise time*
- Introduce stimulus control therapy and “Six Solid Steps to Sleep”
- Follow up with participants a few days



Provide the following warning:

If you find that you are very sleepy during this program (especially likely in the first few days), be sure to avoid driving and other potentially dangerous activities that require vigilance during this time



Six Steps to Solid Sleep

Six Steps to Solid Sleep

1. Go to bed only when sleepy and not before your threshold bedtime. _____
2. Maintain a regular threshold rise time in the morning.

3. Use the bed only for sleeping. Sexual activity is the only exception. Do not watch television, use electronic devices, eat or read in bed.
4. Leave the bed if you can't fall asleep or go back to sleep within 10-15 minutes. Return when sleepy. Repeat this step as often as necessary during the night.
5. If sleepiness is overwhelming, you may take a short nap (no longer than one hour) in the afternoon, starting before 3 p.m.
6. Keep a sleep diary.

Example of Outline for Week #2: Reconnecting Your Bed With Sleep

Week # 2

Reconnecting Your Bed With Sleep

Deep Relaxing Breathing

Review of how things went during the week with:

- How was deep breathing
- Maintaining a constant rise time
- Keeping a sleep diary and bringing it in

How to study your own sleep

- (pull up website) <https://sinkintosleep.com/SleepTest/SleepCalc4.html>
- Using data from your sleep diary for this past week: Take a look over your rise time. Learn how to estimate your average sleep duration and sleep efficacy.

The Processes that Control Sleep and Wakefulness

- Getting acquainted with two simple and powerful internal rhythms

Stimulus Control Therapy and Sleep Restriction

- Discuss the six solids steps to sleep and provide handout
- Establishing a threshold "bedtime" and a threshold "rise time"-
- Discussion on what to do when they get out of bed i.e. laundry, listen to music, write letters etc

Medication

At Home this Week:



- Follow Stimulus Control Therapy including using your threshold bedtime and threshold rise time
- Complete sleep diary each morning and bring in next week
- Do deep breathing (1-2 minutes) twice per day

Week #3: Consolidating Your Sleep

💡 Facilitator Tips

- **Emotional Support & Reassurance**
- Most challenging week.
Participants are tired, may not have responded to sleep restriction.
- Focus on cognitive strategies
- Offer to follow up with patient if needed



Example of Outline for Week #3: Consolidating Your Sleep

3 Consolidating Your Sleep

Deep Relaxing Breathing Adjusting Threshold Bedtime and Rise Time

- Practice together to start the session



Review of the week: How did it go?

- How did deep breathing go?
- Were there obstacles to following the six solid steps to sleep and sleep restriction? Did your sleep get better or worse?

In Small Groups with an Assigned Facilitator

- Calculate your sleep efficiency
- Adjust Threshold Bedtime and Rise Time
- Set your new bedtime according to your latest sleep efficiency value

What is CBT ?

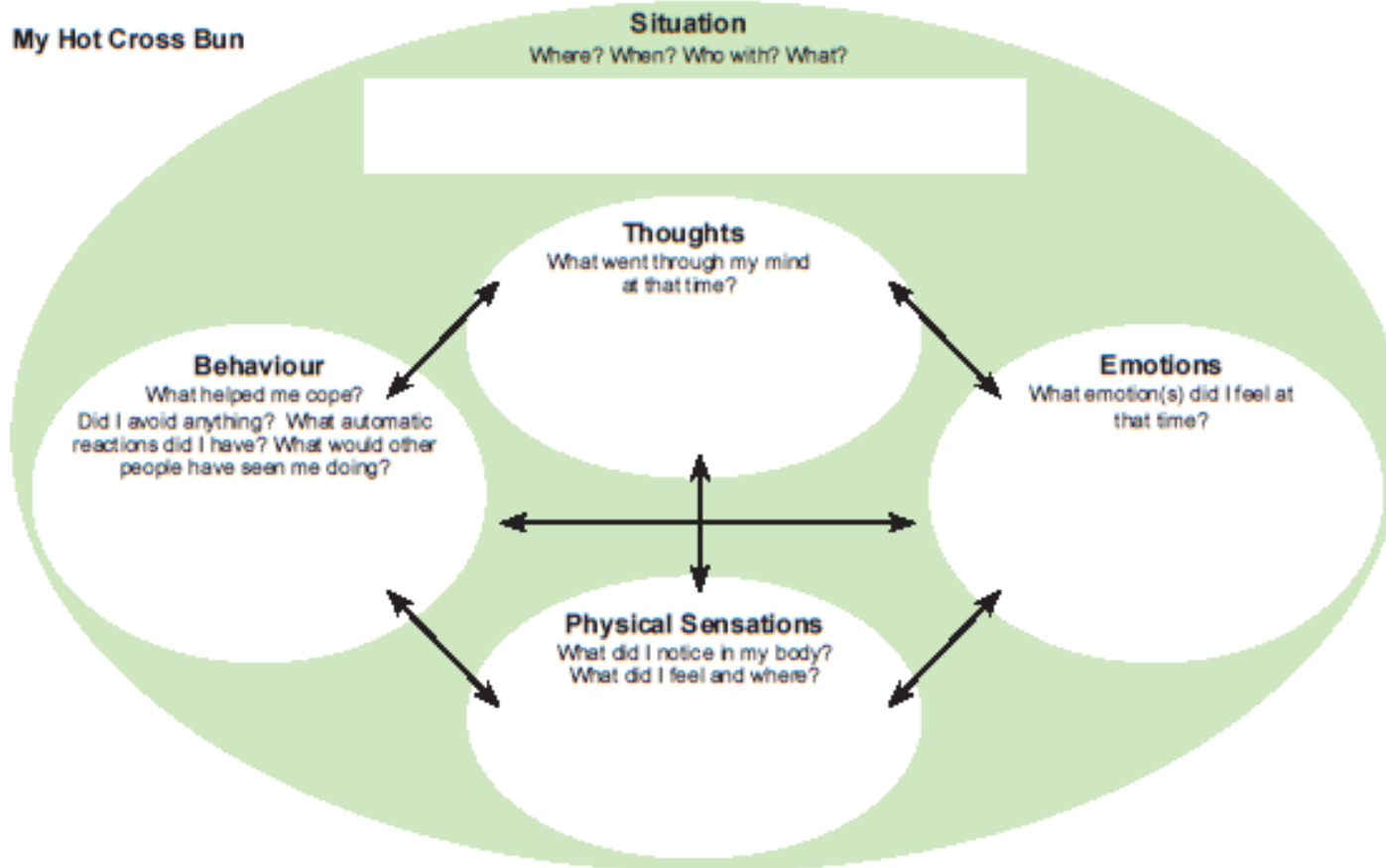
Cognitive Awareness – Identifying your negative underlying sleep thoughts and learn to challenge them

Sleep Medication Tapering (for those tapering off sleeping medication)

At Home this Week:



- Follow six steps to solid sleep using your most recent threshold bedtime and threshold rise time.
- Complete sleep diaries each morning and bring in next week.
- Practice catching your negative sleep thoughts and challenging them.
- Continue to find at least 2 times per day to take deep, relaxing breaths.



Adapted from Cognitive Behaviour Therapy Skills training workbook
(<https://www.hpft.nhs.uk/media/1655/wellbeing-team-cbt-workshop-booklet-2016.pdf>)

Week #4: Relaxing your Mind and Body

💡 Facilitator Tips

- **Encourage patients to continue to follow sleep schedule** and brainstorm any challenges they are encountering.
- Sleep improvement should be noted by this time.
- “Clear Your Head Time” introduced as a means of managing worries.



Clear your head time

Instructions

1. Schedule 30 minutes in the early evening as “Clear-Your Head Time”.
2. Take some paper and a pen or pencil with you to a quiet place (away from your bed and bedroom).
3. Sit and relax, take a deep breath, and let your thoughts and worries come to mind. Keep breathing.
4. Write each issue down on paper (no matter how big or small).
5. Do this for about 10-15 minutes, or until you can't come up with any more issues.
6. Consider each item and write down a solution, even if it is a temporary solution. For example, if your issue is that you have too much to do tomorrow, write down a realistic plan.
7. Put the paper away. You have done your work of thinking about these issues for the night.



Example of Outline for Week #4: Relaxing your Mind and Body

4 Relaxing your Mind and Body

Deep, relaxing breathing - 2 minutes of breathing



Review of the week: How did it go?

- How was your sleep?
- Have you been integrating deep breathing into your day?
- Did you catch any unhealthy sleep thoughts?

Introduce 'Clear your Head Time' strategy

In Small Groups with an Assigned Facilitator

- Calculate your sleep efficiency
- Adjust Threshold Bedtime and Rise Time
- Set your new bedtime according to your latest sleep efficiency value

At Home this Week:



- Follow six steps to solid sleep using your most recent threshold bedtime and threshold rise time
- Complete sleep diaries each morning and bring in next week
- Use deep breathing daily (twice per day)
- Practice Clear your head time

Sleep Medication Tapering (for those tapering off sleeping medication) – consulting with pharmacist/pharmacy student.

Week #5: Putting it all Together

💡 Facilitator Tips

- **Continue to explore relaxation strategies**
- Although sleep has improved, patients may have anxious thoughts about sleep deteriorating again.
- Sleep Jeopardy quiz to de-bunk sleep myths
- Remind patient to complete final assessment (Insomnia Severity Index, HADS, PHQ-9) before the next session



Example of Outline for Week #5: Putting it all Together

5 Putting it all Together

Deep, relaxing breathing - 2 minutes of breathing

- How are you doing with integrating it into your day? Are you using cues to remember?



Review of the week: How did it go?

- How was your sleep?
- Have you been integrating deep breathing into your day?

In Groups with Assigned Facilitator

- Calculate your sleep efficiency
- Adjust Threshold Bedtime and Rise Time
- Set your new bedtime according to your latest sleep efficiency value

Relaxing your Mind and Body

- A Mental Vacation (<https://www.anxietycanada.com/articles/quick-mental-vacation/>)
- A Body Scan (<https://www.anxietycanada.com/articles/mindful-body-scan/>)

Sleep Jeopardy Game

At Home this Week:



- Follow six steps to solid sleep using your most recent threshold bedtime
- Complete sleep diaries each morning and bring in next week
- Use deep breathing daily (twice per day)
- Do a “brief mental vacation” or a body scan or (app CBT-I Coach) daily OR another relaxation exercise of your choice.

Sleep Medication Tapering (for those tapering off sleeping medication) – consulting with pharmacist.

Week #6: Maintaining Your Progress

💡 Facilitator Tips



- **Celebrate that everyone is sleeping better.**
- Maintenance Planning & Individual Support Session
- Program evaluation
- Invite patients to attend future drop-in sessions

Example of Outline for Week #6: Maintaining Your Progress

6 Maintaining Your Progress

Group zoom

Confirm that all participants have completed the Final Sleep Assessment (includes ISI, HADS, PHQ-9)

Deep, relaxing breathing- 2 minutes of breathing

- How are you doing with integrating it into your day? Are you using cues to remember?



Review of the week: How did it go?

- Following the six steps to solid sleep with your most recent bedtime and rise time
- Review your sleep diary and calculate your new sleep efficiency using the most representative night. Compare with your initial sleep diary

Reminder of Strategies learned throughout the program

5 Ways to Manage Racing Thoughts

- Synopsis of techniques is found in handout "Thoughts keeping you up?"

Program Evaluation

Phone Individual Review

Facilitators meet with patients individually to review program and develop and plan moving forward

Sample of Post Group Sleep Note



DEPARTMENT OF FAMILY MEDICINE
QUEEN'S FAMILY HEALTH TEAM

Insomnia Treatment Program Post-Group Note

Date: Nov 26, 2020

██████████ attended the QFHT insomnia treatment virtual program via Zoom that ran from October 22nd, 2020 to November 26, 2020. This group program provides cognitive behavioural therapy for insomnia (CBT-I). The program was led by Erin Desmarais MSW and Cynthia Leung, RPh. ██████████ attended six of six sessions.

Sleep

██████████ initial sleep problem was related to difficulties falling asleep and waking up several times throughout the night.
His initial score on the Insomnia Severity Index (ISI) was 18 (moderate clinical insomnia).

Based on his final sleep diaries, his sleep efficiency is estimated to be around 90% and his ISI score is now 6 (no clinically significant insomnia).

Mood

During initial assessment, his HADS scores are: A8D2
During final session, his HADS score are: A3D2

Sleep Medication

██████████ was not taking any sleep medication

Summary

██████████ has learned CBT-I techniques to improve his sleep. At the final session, ██████████ expressed confidence in knowing how to apply these techniques if sleep problems arise in the future.

Erin Desmarais, MSW Social Worker
Cynthia Leung, RPh Pharmacist

Post Group Sleep Note

- Important to update the physician once the program is complete
- Outcomes:
 - Sleep improvement (before and after Insomnia Severity Index)
 - Gradual Dose Reduction
 - Drop Out

Patient Feedback and Satisfaction

Program Evaluation
Queen's Family Health Team
Sleep Therapy Program

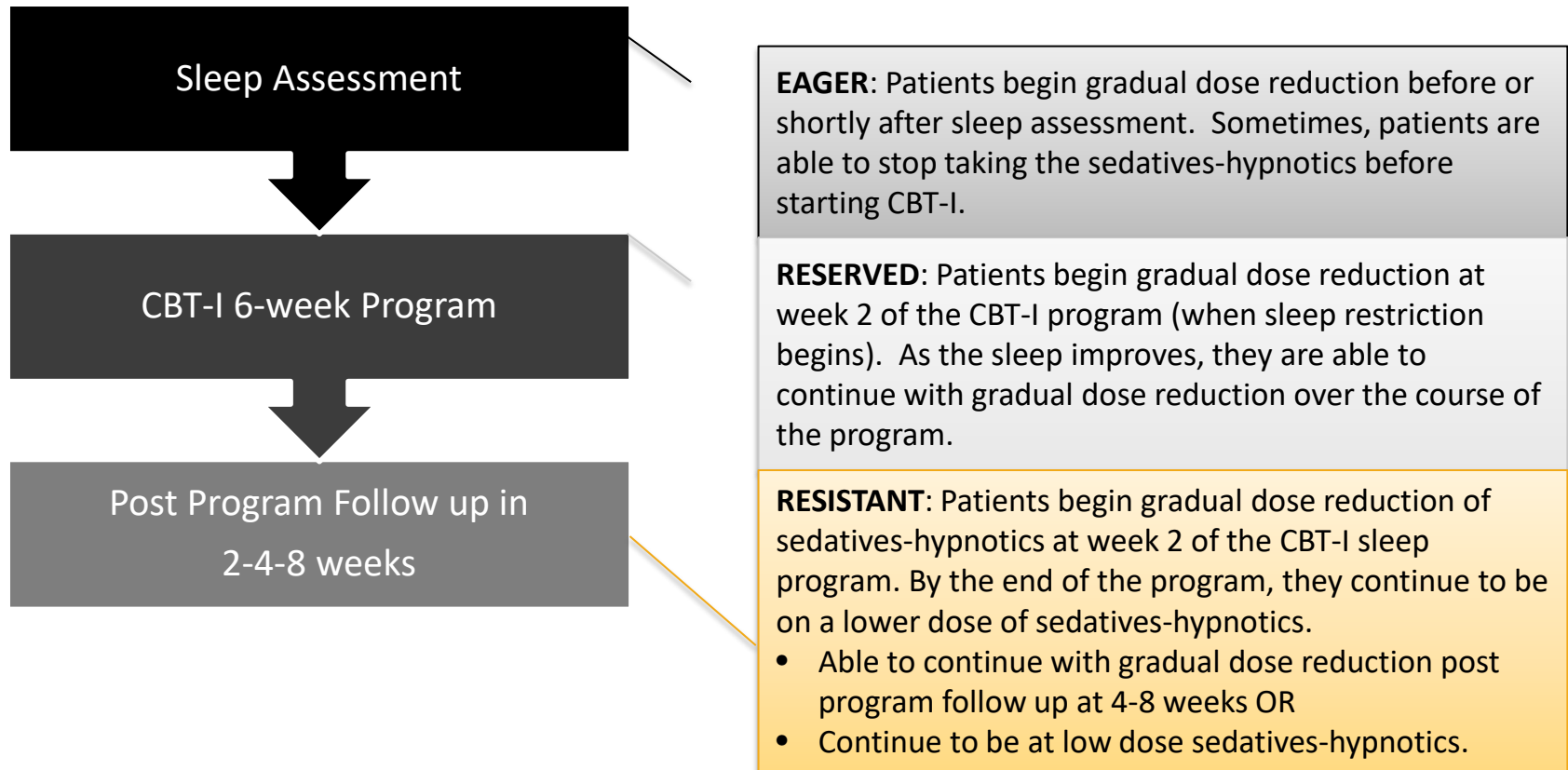
Date of Evaluation:
Patient's Name (optional):
Length of Program: 6 weeks
1. Please comment on the comfort of the program's facilities (room size, location, lighting etc.).
<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Improvement
2. Please comment on your wait time to access this program.
<input type="checkbox"/> Accessed right away <input type="checkbox"/> On waiting list for 1 session <input type="checkbox"/> On waiting list for 2 sessions <input type="checkbox"/> Had to wait over a year
3. Please rate the approach of the staff who conducted this program.
<input type="checkbox"/> Very pleasant <input type="checkbox"/> Pleasant <input type="checkbox"/> Unapproachable <input type="checkbox"/> Abrupt
4. Please rate the information and education received from this program.
<input type="checkbox"/> Very informative <input type="checkbox"/> Informative <input type="checkbox"/> Basic <input type="checkbox"/> Needs Improvement
5. Would you recommend this program to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
6. Are there any areas that you would recommend for improvement?
7. Is there anything else you would like to tell us?

Thank you for taking the time to answer our questions and improve our program.

Also include the following questions:

- How would you rate the quality of the treatment you received?
- If a *friend* had a problem like yours would you recommend this treatment program to her or him?
- Did you feel that the group leaders gave you enough personal *attention*?
- Did you feel that the leaders were *warm* and *accepting* of your problem?
- Did the leaders seem *competent* to treat your problem?
- Do you feel that you still have trouble getting a good sleep?
- What do you like best and least about the program?
- Other Comments

CBT-I & Gradual Dose Reduction of Sedative-Hypnotics



Be Flexible and Individualize the Gradual Dose Reduction Plan to Your Patient's Needs.

Lessons Learned.....

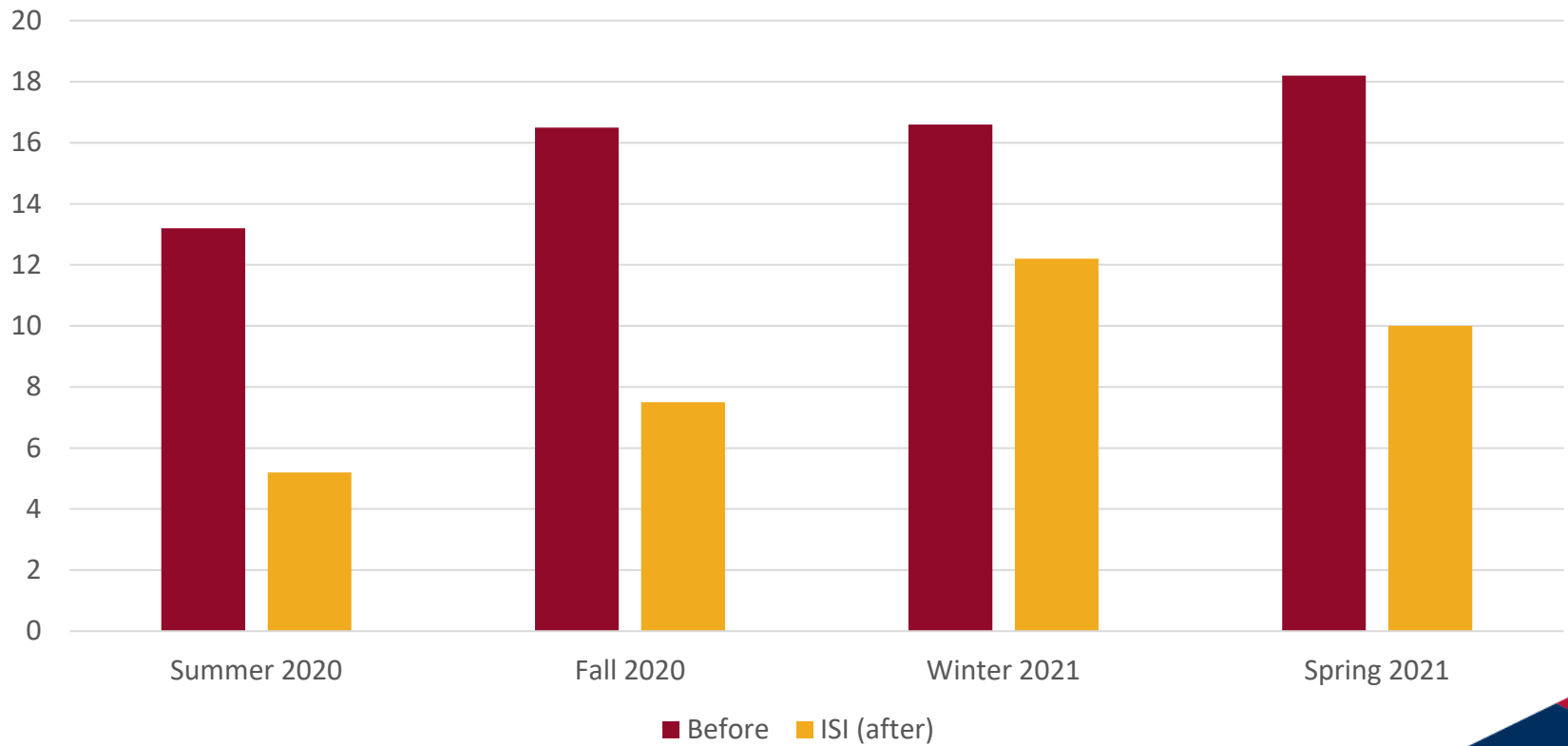


- CBT-I is effective for insomnia.
- Both in-person and virtual formats are effective. Patients may have specific preferences.
- Group programs are great to engage patients and motivate them to be accountable for behavioural changes
- Group programs require routine administrative support and sufficient resources must be built into program development

Outcome Measures



Average Insomnia Severity Index Before & After CBT-I Virtual Group Program



How to improve accessibility of Virtual Programs?

- Make transcripts available
- Allow captions for video
- Adapt material for Screen Reader
- Still make program material available in other formats (e.g. word document available)
- Interactions should be accessible friendly
- Offer on-demand programs, evening programs, in-person programs

Other Resources

INSOMNIA INTERVENTIONS Resources for Professionals



Primary Care and Community Pharmacy

Primary care providers (e.g., family doctors, nurse practitioners, nurses) can introduce sleep scheduling CBT-I strategies. Together with community pharmacists, they can guide the tapering and de-prescribing of hypnotic medications.



USEFUL TOOLS

- CBT-I forms from sinkintosleep.com
- Stop Sleeping Pills Guide and Planner from mysleepwell.ca
- Patient handouts (e.g., EMPOWER package) from deprescribingnetwork.ca

Trained CBT-I Providers

Health care professionals (e.g., psychologists, social workers, nurses etc.) can offer individual or group CBT-I within family health teams /primary care networks, working together with the family physician and the team pharmacist. Private community providers (usually psychologists) may also offer CBT-I.



TIP

- Get to know CBT-I providers in your community or obtain CBT-I training

Behavioural Sleep Experts

Sleep experts (e.g., psychologists, physicians) offering assessment and treatment of sleep disorders



TIP

- Get to know behavioural sleep medicine experts in your community or study behavioural sleep medicine

INSOMNIA INTERVENTIONS Resources for Professionals



HOW TO FIND PROVIDERS

- Canadian Sleep Society Provider Map
 - <https://css-scs.ca/provider-map/>
 - Can find verified behavioural sleep experts and sleep clinics in your community
- Psychology Today
- <https://www.psychologytoday.com/ca>
- Can filter searches by location and issue à select 'Sleep or Insomnia' and find providers who offer CBT-I in your community



PROVIDER RESOURCES FOR FURTHER TRAINING

• Courses and Workshops:

- Judith Davidson, Queen's University: sinkintosleep.com
- Colleen Carney, Ryerson University: drcolleencarney.com
- Sleep training program at Oxford: <https://www.ox.ac.uk/admissions/graduate/courses/msc-sleep-medicine>
- Sleep course by Dr. Ralph Lydic of University of Michigan: <https://www.coursera.org/learn/sleep>

• Credentialing:

- Somnologist designation: <https://esrs.eu/esrs-examination-in-sleep-medicine/>
- European CBT-I Academy: <https://esrs.eu/the-european-cbt-i-academy/>
- US Behavioral Sleep Medicine <https://www.bsmcredential.org/>

• CBT-I How To:

- Morin CM, and Espie C. Insomnia: A Clinical Guide to Assessment and Treatment. 2003. Springer.
- Perlis, Jungquist, Smith and Posner. Cognitive Behavioral Treatment of Insomnia. 2008 Springer.

• Sleep Health Information

- National Sleep Foundation: sleepfoundation.org
- Sleep On It Canada: sleeponitcanada.ca

Resources for Patients



INSOMNIA INTERVENTIONS

Self-Help Resources

BOOKS

- Sink into Sleep. A Step-by-Step Workbook for Reversing Insomnia
- Quiet your Mind and Get to Sleep: Solutions to Insomnia for those with Depression, Anxiety or Chronic Pain
- The Insomnia Workbook

ONLINE RESOURCES

- mysleepwell.ca
- sinkintosleep.com
- sleeponitcanada.ca
- deprescribingnetwork.ca

ONLINE CBT-I

- Go! To Sleep
- SHUTi (now Somryst)
- HALEO
- Sleepio

APPS

- CBTi Coach

RESOURCES FOR YOUTH SLEEP PROBLEMS

- Book: Goodnight Mind for Teens
- Website and app: dozeapp.ca
- Online program: betternightsbetterdays.ca

Your Prescription for Insomnia

Rx

Name:

DOB:

Online CBT-I
Go! To Sleep
SHUTi (now Somryst)
HALEO
Sleepio

Online Resources
mysleepwell.ca
sinkintosleep.com

Apps
CBTi Coach

Sleep Diary

Patient Handouts

Instructions:

- Try Online CBT-I
- Check out Online Resources & Apps
- Read Patient Handouts
- Start a Sleep Diary
-

Prescriber: Date:

Can you (or your practice setting) provide CBT-I?

Stepped Care for Insomnia



Behavioural Sleep Experts

Providers with expertise in behavioural sleep medicine, insomnia clinics

Trained CBT-I Providers

Family Health Team group programs, community providers

Primary Care and Community Pharmacy

Education, brief appointments to introduce and support CBT-I core strategies and sedative-hypnotic deprescribing and avoidance

Self-care

Self-guided books, apps, and online resources and services

QUESTIONS?