

Cognitive Behavioral Therapy for Insomnia

A PATIENT-FRIENDLY GUIDE

What is CBT-I?

CBT-I (*Cognitive Behavioral Therapy for Insomnia*) is a short-term, structured program that helps you change thoughts and behaviors that keep you from sleeping well. It is the first-line treatment for chronic insomnia and works for most people.

Who Benefits from CBT-I?

- Adults with trouble falling asleep, staying asleep, waking too early, or feeling unrefreshed despite having the opportunity to sleep
- People who prefer non-drug treatments or want longer-lasting results than sleep medications usually provide

Goals of CBT-I

- Help you fall asleep faster, sleep more efficiently, and feel more rested during the day
- Change unhelpful thoughts about sleep and the habits that maintain insomnia

What to Expect

- Typical program: 4–8 weekly sessions (in-person, telehealth, or digital programs). Some people do self-help guided programs
- Early weeks may include feeling more tired as your sleep schedule is adjusted; this is usually temporary
- Improvements often appear within 2–6 weeks, with continued gains over months

Key Components of CBT-I:

What You'll Do

- 1. Sleep education:** Learn basic sleep biology and how habits and thoughts affect sleep.
- 2. Sleep diary:** Track bedtimes, wake times, naps, time to fall asleep, awakenings, and sleep quality for 1–2 weeks. This guides treatment.
- 3. Stimulus control:** Rebuild the bed–sleep connection. Key rules
 - A. Go to bed only when sleepy.
 - B. Use the bed only for sleep and sex (*no reading, screens, or worrying*).
 - C. If unable to sleep after ~20 minutes, get out of bed, do a quiet activity, and return only when sleepy.
 - D. Maintain a consistent wake time every day.
- 4. Sleep restriction therapy:** Temporarily limit time in bed to match average sleep time (*not less than ~5 hours*). This increases sleep drive and sleep efficiency. Gradually increase time in bed as sleep improves.
- 5. Cognitive therapy (*reframing thoughts*):** Identify and challenge unhelpful beliefs about sleep (*e.g., "If I don't get 8 hours I'll fail tomorrow"*) and replace them with realistic, calming thoughts.
- 6. Sleep hygiene and lifestyle changes:** Regular exercise (*not too close to bedtime*), reduce caffeine/alcohol, avoid heavy meals before bed, make the bedroom cool, dark, and quiet, and establish a relaxing pre-sleep routine.
- 7. Relaxation and mindfulness techniques:** Breathing exercises, progressive muscle relaxation, guided imagery, or brief mindfulness practices to reduce arousal at night.

Tips for success

- ▶ Complete the sleep diary honestly.
- ▶ Keep a consistent wake time, even on weekends.
- ▶ Avoid naps unless advised; if needed, keep short (<30 minutes) and early.
- ▶ Share goals with family so they can support your schedule.
- ▶ Be patient: small, steady changes add up.

Benefits vs. Challenges

Benefits

- Long-term improvement in sleep and daytime functioning.
- Reduces reliance on sleeping pills.
- Helps with anxiety and worry about sleep.

Challenges

- Short-term increased sleepiness when starting sleep restriction.
- Requires commitment to follow rules and track sleep.
- Not instant — needs active participation.

When to See a Clinician

- If insomnia lasts >3 months and affects daily life
- If you have other sleep problems (*loud snoring, gasping, restless legs*) or medical/mental health issues
- If excessive daytime sleepiness leads to dangerous situations (*falling asleep while driving*)

How to Get CBT-I

- Ask your primary care clinician for a referral to a therapist trained in CBT-I or a sleep specialist
- Many mental health providers offer CBT-I; there are also evidence-based online programs and apps (*ask your clinician which are reputable*)