



Updates to Managing Sleep Problems in People with Trauma, Anxiety, Depression, or Pain

Presented by

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Overview

Insomnia is a condition that impairs our clients' quality of life. It is an independent predictor of suicide and predicts future onset of PTSD after trauma exposure, depression, anxiety disorders and substance use disorders. Many believe that the insomnia that occurs along with another disorder, such as depression, will go away after we treat the other disorder. Sadly, that is rarely the case, and unaddressed insomnia is predictive that depression will relapse. Moreover, insomnia is likely negatively impacting your current therapy outcomes, as insomnia predicts greater treatment resistance. Cognitive behavior therapy for insomnia (CBT-I) is a very effective tool for those with or without co-occurring conditions.

Although many clinicians report knowing how to do CBT-I, there have been updates to the diagnostic criteria for insomnia disorder as well as updates to CBT-I itself, and studies suggest that most clinicians are unaware of these updates. Gaps in knowledge include believing that "we don't diagnose or treat insomnia when there is a comorbid condition", "we all need 8 hours of sleep" or "sleep hygiene is effective". Join a sleep specialist for a practical, clinical webinar that provides updates and guides you through step-by-step CBT-I in the context of comorbid insomnia. Replacing sleep hygiene advice with the powerful tools of CBT-I, and learning how to adjust strategies with those who suffer from complex issues, helps your clients sleep and feel better.

Objectives: Participants will be able to:

- Describe the three things that cause chronic insomnia to their clients
- Identify conditioned arousal (i.e., the tendency to become alert when trying to sleep)
- Develop with clients an optimized, tailored time-in-bed schedule
- Identify clients design tests of sleep-interfering beliefs such as "I need to exert effort to sleep".
- Describe client strategies to manage fears of sleeplessness and fatigue
- Identify strategies to accommodate diverse clientele (e.g., those who cannot leave the room during stimulus control)

The difference between occasional and chronic insomnia: Why it matters (1:28)

- What causes chronic insomnia?
- Explaining the sleep system to clients

How to re-associate the bed with sleep (1:30)

- Collaborating on a sleep schedule that works

Assessing for sleep extension,

"Quiet Your Mind" strategies and facing the fear of sleeplessness (1:32)

- Counter arousal, fatigue management

Relapse Prevention (1:30)

- Adapting CBT-I in complex cases
- Questions

Dr. Colleen Carney is a Professor at Toronto Metropolitan University and the Director of the Sleep and Depression Laboratory. Dr. Carney is a leading expert on the cognitive behavioral insomnia treatment for those with comorbid illness. They have over 20 years of experience in behavioral sleep medicine, with over 100 publications, including 12 books on CBT for insomnia. Dr. Carney trains students and professionals in behavioral sleep medicine internationally and is a passionate advocate for improving access to evidence-based treatments for insomnia.

6 CE Hours for Psychologists Counselors Social Workers MFT

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Practice Level—Intermediate

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