#### Outline

#### Sleep Disturbance Doesn't Resolve on Its Own

#### Why Treating a Primary Mental Health Disorder Won't Cure Insomnia

Insomnia as a risk factor for behavioral health and medical disorders

Treatment issues when insomnia is comorbid with depression, anxiety, and PTSD

Sleep quality concerns with co-occurring chronic pain and illness

What weakens sleep drive and disturbs circadian rhythms?

Common thoughts and behaviors that contribute to sleep-interfering arousal

How to teach clients about the 3 P's predisposing, precipitating, and perpetuating

#### **Insomnia-Informed Assessment**

#### **How and What to Ask Your Clients**

Top questions for the initial interview Assessments for co-occurring sleep disorders

Talking with clients about the impact of medications and drugs on sleep

Evaluate sleep continuity, discern bad sleep habits, and identify daytime symptoms of

Sleep diary and other take-home assessment resources

How to get clear, useable information about your clients' sleep patterns

#### **Treatment Planning with Cognitive Behavioral Therapy for Insomnia** (CBT-I)

# Behavioral Strategies to Improve Sleep and Outcomes for Primary Mental Health

Clinical practice guidelines and the state of research on insomnia treatment

Who is a good candidate for CBT-I?

Effective sleep hygiene for clients who haven't addressed the basics

Clock watching and its implications Sleep environment concerns

Impact of eating, substances, and exercise

Strengthen the sleep drive and circadian clock with sleep restriction therapy (SRT)

Psychoeducation on rationale and addressing clients' fears to increase engagement

How to set the sleep window and when to extend time-in-bed

Rules for before-bed activities and strategies for waking up on time

Address conditioned arousal with Stimulus Control (SC)

Overcoming obstacles to strengthening the association between bed and sleep

Counter-arousal strategies

Activities your clients can use during periods of nighttime wakefulness

#### **Cognitive Strategies to Help Clients** Change Sleep-Interfering Thoughts & Beliefs

Create a buffer zone and worry schedule for your clients

Tools to identify thoughts and beliefs that perpetuate sleep problems

Combat intrusive thoughts during sleep time Help clients reduce sleep effort and worry about lack of sleep

Strategies to restructure expectations and thoughts

Behavioral experiments to evaluate sleeprelated thinking

#### **Clinical Considerations**

#### Additional Factors for the Insomnia-Informed Clinician

Best practices to address clients' concerns about

Troubleshooting insufficient progress in CBT-I When to refer to a sleep specialist

Limitations of the research and potential risks

# Live Webinar Schedule

**8:00** Program begins

**4:00** Program ends

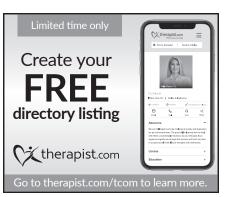
There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker. A more detailed schedule is available upon request.

# (Times listed in Eastern)

# 11:50-1:00 Lunch Break

# **Objectives**

- 1. Distinguish acute insomnia from chronic insomnia and identify treatment
- 2. Conduct a thorough sleep assessment.
- 3. Analyze data from sleep diaries to inform treatment.
- 4. Employ stimulus control to strengthen the association between bed and sleep.
- 5. Conduct sleep restriction therapy to improve clients' sleep drive.
- 6. Utilize cognitive strategies to reduce alarming sleep-related thoughts.



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Featuring Donn Posner, PhD, DBSM Diplomate of Behavioral Sleep Medicine and Founding Member of the Society of Behavioral Sleep Medicine

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# Beyond Sleep Hygiene

CBT Solutions to Improve Outcomes and Resolve Insomnia Symptoms in Clients with Anxiety, PTSD, Depression, and More

Stuck progress. Incomplete treatment gains. Symptom recurrence.

These aren't the outcomes you want for your clients.

Anxiety, PTSD, and depression share a common problem - sleep disturbance. And you're likely underestimating its significance.

While old wisdom suggested that insomnia was just a symptom of other disorders that would resolve along with the primary mental health condition...

...new evidence reveals that not only is insomnia a risk factor for numerous behavioral health issues and medical problems - if left unaddressed, insomnia complicates your treatment efforts and diminishes your clients' recovery.

Insomnia must be targeted directly - and often, simply helping your clients sleep better actually decreases their other symptoms.

In this essential training, Dr. Donn Posner, distinguished Diplomate in Behavioral Sleep Medicine and founding member of the Society of Behavioral Sleep Medicine, will teach you **Cognitive Behavioral Therapy for Insomnia (CBT-I)**, a powerful evidence-based, gold-standard treatment to help your clients put chronic insomnia behind them. You'll get the skills you need to:

- Increase sleep efficiency so your clients consistently get the rest they need
- Transform your clients' bed into a cue for sleep so they don't toss and turn all night
- Deconstruct unhelpful beliefs to decrease anxiety about sleep
- Troubleshoot sleep-related problems at any stage of therapy

Register today and add to your clinical toolbox the treatment that is more strongly recommended than medications to improve sleep!

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## Meet Your Speaker



**Donn Posner, PhD, DBSM,** is the founder and president of Sleepwell Consultants and provides consultation to organizations and individuals on a wide variety of sleep health issues including insomnia, circadian dysrhythmia, CPAP adherence, and parasomnias. He is an

adjunct clinical associate professor in the department of psychiatry and behavioral sciences at the Stanford University School of Medicine and a consulting psychologist for the Palo Alto VA. Dr. Posner works on a number of grants exploring the effects of CBT-I in Gulf War Veterans, and Veterans with insomnia and mild traumatic brain injury. He is also conducting a pilot aimed at using CBT-I techniques to decrease fatigue in breast cancer survivors by increasing total sleep time. Dr. Posner spent 25 years 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 Warren Alpert School of Medicine at Brown University. He 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 a founding member of the Society of Behavioral Sleep Medicine and he has achieved the status of Diplomate of Behavioral Sleep Medicine (DBSM).

#### Speaker Disclosure

Financial: Dr. Donn Posner is the founder and president of Sleepwell Consultants and has employment relationships with the Stanford University School of Medicine and the Palo Alto Veterans Institute for Research. He serves on the advisory board for Dawn Health, Delta Sleep.io, Brain Train 2020 LTD, and iSleep Clinic. Dr. Posner receives a speaking honorarium and recording royalties from PESI, Inc. All relevant financial relationships with ineligible organizations have been mitigated.

Non-financial: Dr. Donn Posner is a member of the American Academy of Sleep Medicine, the American Psychological Association, the Society of Behavioral Sleep Medicine, and the Association for Behavioral and Cognitive Therapies.

### Here's What Your Colleagues are Saying about Dr. Posner!

"Made me realize how little I know about sleep and insomnia!"

—John A., Counselor

"Excellent material, excellent instruction. This is the best program I've taken."

—Cindy S., Psychologist

"Loved the speaker!"
—Deborah W., MFT

"This course surpassed my expectations. Thank you!"

—Beth S., Social Worker



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