

# Treating Insomnia with Behavior Change: A Patient's Guide



**Chronic insomnia disorder** means having trouble sleeping at least three nights a week for more than three months. It can make you feel tired during the day and affect your mood, focus, health, and enjoyment of activities. But help is available! There are effective treatments that can be found in places like primary care offices, behavioral health clinics, and sleep clinics.



## I'm having trouble sleeping. Why would I need a behavioral therapy?

Cognitive behavioral therapy for insomnia (CBT-I) and brief behavioral therapy for insomnia (BBT-I) are special treatments that focus on changing behaviors to improve sleep. Studies show these are the best treatments for people who have chronic insomnia.

## What are CBT-I and BBT-I?

- These treatments typically occur over 4 to 6 sessions and focus on changing habits and thoughts that make it hard to sleep. Treatment involves helping you determine the right amount of time in bed, building healthy bedtime routines, using relaxation strategies, and learning better sleep habits.
- Treatment also helps you change unhelpful thoughts and beliefs that can make it harder to sleep. Both CBT-I and BBT-I use Sleep Efficiency Training and Stimulus Control, which are proven to work well.
- BBT-I is a shorter version of CBT-I that does not focus on changing thoughts about sleep. BBT-I has less research history, but since both treatments work well, patients should choose the one that is easiest to access.
- Many patients have been offered sleep hygiene as a treatment for insomnia, but this is not recommended. The table below helps to explain the difference between Sleep Hygiene and research-supported treatment. Generally speaking, sleep hygiene education helps normal sleepers maintain their healthy sleep while CBT-I and BBT-I are treatments for a sleep disorder called, Insomnia Disorder.



**Sleep Efficiency Training** helps you find the right timing of sleep and the right amount of time in bed so you can sleep better.



**Stimulus control** teaches you routines that help your mind connect your bed with sleep.



**Relaxation therapy and counter-arousal strategies** help you calm your body and mind to get ready for sleep.



**Sleep hygiene** means using tips to change behaviors that might be making it harder for you to sleep.



**Cognitive restructuring (used in CBT-I)** teaches you how to recognize and question unhelpful thoughts about sleep.

## How does Sleep Hygiene differ from CBT-I?

Sleep Hygiene Education	CBT-I and BBT-I
<ul style="list-style-type: none"><li>• Avoid stimulants for several hours before bedtime.</li><li>• Avoid Alcohol around bedtime.</li><li>• Exercise regularly.</li><li>• Allow at least 1-hour period to unwind before bedtime.</li><li>• Keep the bedroom environment quiet, dark and comfortable.</li><li>• Maintain a regular sleep schedule.</li></ul>	<ul style="list-style-type: none"><li>• Sleep Restriction</li><li>• Stimulus Control</li><li>• Relaxation Training</li><li>• Cognitive Therapy (CBT-I only)</li><li>• Sleep Hygiene Education</li></ul>
<b>Helps Normal Sleepers Maintain Sleep Health</b>	<b>Treatment for Insomnia Disorder</b>
<b>Preventive</b>	<b>Curative</b>
<b>The Dental Hygienist</b>	<b>The Dentist</b>
<b>Minimal Impact on Insomnia Disorder</b>	<b>Very Effective Insomnia Disorder Treatment</b>



## If I have another condition as well as insomnia, can I still receive CBT-I or BBT-I?

Many people with insomnia also have other health conditions. CBT-I or BBT-I may still be a good choice for you. However, your provider might need to adjust or delay your behavioral insomnia if you are going through exposure-based PTSD treatment or if you have:

- An unstable medical condition
- An active alcohol or drug use disorder
- Excessive sleepiness during the day
- An uncontrolled seizure disorder
- Bipolar disorder
- Acute mental health condition(s)

Some people who have trouble sleeping also have mental health conditions like depression or anxiety. It is important to talk to your health care provider about any mental health concerns or other symptoms you are experiencing. This will help them find the best treatment or referral for you.



### Why can't I just take medication to help me sleep?

Sleep medication is recommended only for short-term and has not been shown to treat insomnia over the long term. CBT-I provides longer-lasting benefits than sleep medications and has fewer possible side effects.

**Self-Management Options:** Some individuals may also require treatment from a healthcare provider.



**Insomnia Coach** <https://mobile.va.gov/app/insomnia-coach>



**SleepEZ** <https://www.veteranstraining.va.gov/apps/insomnia/index.html>



## Treatment Modalities

### Provider-Based Options (most effective)

- Individual training
- Group therapy
- Supported self-management

### Self-Management Options (less effective)

- Digital
  - Telephone applications (apps)
  - Web-based courses
- Print
  - Workbooks
  - Books
  - Manuals

## Resources



**Sleep Education**

[Sleepeducation.org](https://Sleepeducation.org)



**National Sleep Foundation**

[Sleepfoundation.org](https://Sleepfoundation.org)



**Society of Behavioral Sleep Medicine**

[Behavioralsleep.org](https://Behavioralsleep.org)



**CBT-i Coach**

[mobile.va.gov/app/cbt-i-coach](https://mobile.va.gov/app/cbt-i-coach)



## Reference

The Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea Work Group, Department of Veterans Affairs & Department of Defense (2025). VA/DoD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea. [https://www.healthquality.va.gov/guidelines/CD/asthma/Asthma-CPG\\_2025-Guideline\\_final\\_20250324.pdf](https://www.healthquality.va.gov/guidelines/CD/asthma/Asthma-CPG_2025-Guideline_final_20250324.pdf)



# Behaviorally-based Treatments for Insomnia: A Provider's Guide



## What are CBT-I and BBT-I?

CBT-I is a multi-session, multi-component treatment focused on sleep-specific thoughts and behaviors. Its behavioral components include sleep restriction, stimulus control, relaxation therapy/counter-arousal strategies, and sleep hygiene education. Cognitive therapy components target maladaptive thoughts and beliefs about sleep.

BBT-I is a multi-session, multi-component treatment that focuses on the behavioral components of sleep restriction, stimulus control, and some sleep hygiene education. BBT-I is shorter in duration and has less contact time than CBT-I.

### Self-Management Options

- Digital Platforms (e.g., apps) for guided CBT-I
- Unguided Digital CBT-I: Self-directed online programs
- Unassisted Self-Help: Books and worksheets
- Telephone-Assisted CBT-I: Remote treatment options
- Group CBT-I: Online or community-based group therapy options

**For the treatment of chronic insomnia disorder**, the 2025 VA/DoD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea:

- ✓ CBT-I is the “Gold Standard” for insomnia care
- ✓ BBT-I is a suggested alternative when CBT-I is not readily available in a timely manner.
- ✗ Do not use sleep hygiene as a **standalone** treatment for chronic insomnia.



**Sleep Efficiency Training** focuses on optimizing sleep timing and the amount of time spent in bed to improve sleep quality.



**Stimulus control** utilizes routines to strengthen the association between sleep environment and sleep, and includes establishing consistent sleep patterns.



**Relaxation therapy and counter-arousal strategies** help patients relax and achieve a sleep-ready state.



**Sleep hygiene** includes sleep strategies and tips to change behaviors that may interfere with sleep.



**Cognitive restructuring** (CBT-I only) helps patients learn to question and counter unhelpful thoughts and beliefs about sleep.

## Factors to note when considering CBT-I or BBT-I for your patient

### Treatment Suitability

- Patients with significant comorbidities may need tailored treatment and may fare better with CBT-I treatment. CBT-I may need to be tailored or delayed if a patient is receiving an exposure-based PTSD treatment or has:
  - An unstable medical condition
  - An active alcohol or other substance use disorder
  - Excessive daytime sleepiness
  - An uncontrolled seizure disorder
  - Bipolar disorder
  - Acute mental health symptoms

### Treatment Course and Availability

- CBT-I: Four to ten, hour-long weekly sessions; BBT-I: Four sessions over four consecutive weeks
- With shorter duration and contact time, BBT-I may be more feasible in primary care than CBT-I
- BBT-I is more widely available within the DoD, where patients are frequently offered BBT-I as an initial course of treatment
- BBT-I non-responders may be “stepped up” to a higher level of care with CBT-I, if available
- CBT-I is typically offered in specialty mental health or sleep clinics



## What should I tell my patients about CBT-I and BBT-I?

Below are some helpful points about CBT-I and BBT-I that may facilitate your dialogue with patients.

### Helpful points about CBT-I and BBT-I for your patients.

- CBT-I and BBT-I are behavioral treatments for insomnia. Research provides evidence for the effectiveness of CBT-I and BBT-I for patients with chronic insomnia disorder (i.e., lasting more than 3 months). These treatments are more effective than sleep hygiene education alone.
- The effects of these behavioral treatments are longer lasting than sleep medications without the risk of medication interactions and side effects.
- Sleep inducing medications have **NOT** been found to be as effective as behavioral therapies in the treatment of chronic insomnia.
- Behavioral therapies target the underlying cause of insomnia whereas sleep medications treat symptoms.

### Key points about CBT-I and BBT-I components to share with your patients.

- CBT-I and BBT-I use multiple treatment components, to target behavioral and cognitive factors that initiate and maintain insomnia symptoms. Both treatments provide skills to help patients regulate the timing of wake and sleep.
- A behavioral treatment component called 'stimulus control' helps strengthen the bed and bedroom as cues signaling to the brain that it's time to sleep.
- When discussing CBT-I/BBT-I with your patients, you should use the term Sleep Efficiency Training rather than sleep restriction because, in the absence of the understanding gained from working with a provider, many patients will decline treatment.
- Patients engaged in behavioral insomnia treatments may also learn skills to help them relax at bedtime and techniques to address thoughts and beliefs that interfere with sleep.

## Resources



### Insomnia Disorder: A VA Clinician's Guide to Managing Insomnia Disorder (2019):

[pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic\\_Detailing\\_Educational\\_Material\\_Catalog/Ins\\_Provider\\_EducationalGuide.pdf](https://pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/Ins_Provider_EducationalGuide.pdf)



### Society of Behavioral Sleep Medicine

[Behavioralsleep.org](https://Behavioralsleep.org)



### SleepEZ

<https://www.veterantraining.va.gov/apps/insomnia/index.html>



### CBT-i Coach

[mobile.va.gov/app/cbt-i-coach](https://mobile.va.gov/app/cbt-i-coach)



## Reference

The Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea Work Group, Department of Veterans Affairs & Department of Defense (2025). VA/DoD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea.

[https://www.healthquality.va.gov/guidelines/CD/asthma/Asthma-CPG\\_2025-Guideline\\_final\\_20250324.pdf](https://www.healthquality.va.gov/guidelines/CD/asthma/Asthma-CPG_2025-Guideline_final_20250324.pdf)

