

Treating Insomnia with Behavioral and Psychological Treatments: A Patient's Guide



Chronic insomnia disorder, or difficulty sleeping at least three nights a week for longer than three months, can be a challenging experience. While it can impact how you feel during the day, your mood, concentration, general health and enjoyment of activities, it doesn't have to. The diagnosis of chronic insomnia disorder requires a clinical evaluation. There are treatments that are effective. Talk to your provider about the right ones for you.

What treatments can I try?

Cognitive behavioral therapy for insomnia (CBT-I) is a recommended treatment for chronic insomnia disorder. Brief behavioral therapy for insomnia (BBT-I) is a suggested treatment for chronic insomnia disorder. There is good evidence that these are the treatments of choice for people with insomnia that has lasted a few months or longer.¹

What is CBT-I?

CBT-I is a multi-session insomnia treatment that focuses on improving sleep-specific thoughts and behaviors. Its behavioral components include sleep restriction, stimulus control, relaxation therapy/counter-arousal strategies, and sleep hygiene education. CBT-I also includes cognitive restructuring, targeting unhelpful thoughts and beliefs about sleep.¹



What is BBT-I?

BBT-I also involves multiple sessions and components to treat insomnia by addressing sleep-specific behaviors. It focuses on the behavioral components of sleep restriction, stimulus control, and some sleep hygiene.¹

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

Sleep medication is generally only taken for a short period of time and hasn't been shown to be effective in treating insomnia in the long term. The benefits of CBT-I last longer than the effects of sleep medication and with fewer potential side effects.¹



CBT-I and BBT-I Techniques¹



Sleep restriction therapy limits time in bed to actual sleep duration.



Stimulus control are routines you can do to help you start thinking about your bed as a cue to sleep.



Relaxation therapy/counter-arousal strategies help you slow your body down so you are ready for sleep.



Sleep hygiene, or sleep strategies, are tips about changing behaviors that may be making it harder to sleep.



Cognitive restructuring (CBT-I only) helps you learn to question unhelpful thoughts you may have about sleep.



If I have another condition as well as insomnia, can I still receive CBT-I or BBT-I?¹

Many people with insomnia have other health conditions. CBT-I or BBT-I may be a good option for you, but your provider may need to tailor or delay your treatment if you are receiving an exposure-based PTSD treatment or have:

- An unstable medical condition
- An active alcohol or drug use disorder
- Excessive sleepiness during the day
- Pregnancy/postpartum insomnia
- An uncontrolled seizure disorder
- Bipolar disorder
- Acute mental health symptoms
- A history of falling at nighttime or difficulty getting in and out of bed

Some people who have trouble sleeping also have mental health conditions, such as depression or anxiety. Make sure to talk to your health care provider about any mental health or other symptoms you are struggling with so they can work with you to make the best treatment referral.

Resources



Military OneSource provides 24/7 support and information on housing, financial, legal, medical, and psychological services.

- CONUS: 800-342-9647
- OCONUS and collect options available at: militaryonesource.mil



SUICIDE & CRISIS
LIFELINE

988 provides free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988. 988lifeline.org



DIAL 988 then
PRESS 1

Military/Veterans Crisis Line provides free, confidential resource for those in crisis that is available 24/7. Dial 988, then press 1 to talk with a counselor or text 838255 for live chat. OCONUS options available.

militarycrisisline.net



Path to Better Sleep is a free CBT-I based course offered by the VA. This course is not designed to replace an individual's health care but can be used to support your care.

veterantraining.va.gov/sleep



Real Warriors Campaign provides resources to decrease stigma, increase psychological health literacy, and open doors to access to care. health.mil/RealWarriors

Consider the following questions:

- Do you have trouble falling asleep?
- Do you wake up in the night and can't go back to sleep?
- Do you wake up too early in the morning?

These could be symptoms of insomnia disorder.²

If you answered "yes" to any of these and are dissatisfied with the amount or quality of your sleep, talk to your health care provider. Let them know about all conditions you are struggling with so they can work with you to create an insomnia treatment plan that is right for you.

Mobile App



CBT-i Coach

For people who are engaged in CBT-I, this free app provides supplemental support and strategies to improve sleep. Find it at mobile.va.gov/app/cbt-i-coach, or your preferred app store.

References

- 1 Veterans Affairs and Department of Defense. (2025). *VA/DOD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea*. Version 3.0. https://www.healthquality.va.gov/guidelines/CD/insomnia/I-OSA-CPG_2025-Guideline_final_20250422.pdf
- 2 American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev). <https://doi.org/10.1176/appi.books.9780890425787>

Department of Veterans Affairs and Department of Defense health care providers who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education.



Created May 2025 by the Psychological Health Center of Excellence