For the treatment of chronic insomnia disorder, the 2019 VA/DoD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea:

- Recommends offering cognitive behavioral therapy for insomnia (CBT-I) and suggests offering brief behavioral therapy for insomnia (BBT-I).
- Suggests offering CBT-I for chronic insomnia disorder that is comorbid with another psychiatric disorder.
- Suggests against sleep hygiene education as a standalone treatment.

What is CBT-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.

What is BBT-I?
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.

CBT-I and BBT-I Techniques

- **Sleep restriction therapy** limits time in bed to sleep time only, gradually increasing time in bed as sleep efficiency improves.
- **Stimulus control** utilizes routines to strengthen the association between sleep environment and sleep, and includes establishing consistent sleep patterns.
- **Relaxation therapy/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 negative or unhelpful thoughts about sleep.

CBT-I and BBT-I have demonstrated efficacy. There is more robust evidence for CBT-I.

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

<table>
<thead>
<tr>
<th>Treatment Suitability</th>
<th>Treatment Course and Availability</th>
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<td>Patients with significant comorbidities may need tailored treatment and may fare better with CBT-I’s greater provider contact. CBT-I may need to be tailored or delayed if a patient is receiving an exposure-based PTSD treatment or has:</td>
<td>CBT-I: Four to ten, hour-long weekly sessions; BBT-I: Four sessions over four consecutive weeks.</td>
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<td>- An unstable medical condition.</td>
<td>With shorter duration and contact time, BBT-I may be more feasible in primary care than CBT-I.</td>
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<td>- An active alcohol or other substance use disorder.</td>
<td>BBT-I is more widely available within the DoD, where patients are frequently offered BBT-I as an initial course of treatment.</td>
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<td>- Excessive daytime sleepiness.</td>
<td>BBT-I non-responders may be “stepped up” to a higher level of care with CBT-I, if available.</td>
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<td>- An uncontrolled seizure disorder.</td>
<td>CBT-I is typically offered in specialty mental health or sleep clinics.</td>
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<td>- Bipolar disorder.</td>
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<td>- Acute mental health symptoms.</td>
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What should I tell my patients about CBT-I and BBT-I?

Providers are encouraged to provide patient education to individuals with insomnia, including an accurate description of behaviorally-based treatments. Below are some helpful points about CBT-I and BBT-I that may facilitate your dialogue with patients.

How do I introduce CBT-I and BBT-I to my 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 insomnia that lasts a few months or longer. These treatments are more effective than sleep hygiene education alone.”
- “The effects of CBT-I and BBT-I are longer lasting than if we treat the insomnia with sleep medication, and these behavioral treatments do not have 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. In the long run, behavioral therapies are more likely to be effective than sleep medications.”

What key points about CBT-I and BBT-I components should I share with patients?

- “CBT-I and BBT-I use multiple techniques, including sleep hygiene education, to target factors that maintain insomnia. Both treatments also provide skills to help you regulate when you’re asleep and awake.”
- “A technique called ‘stimulus control’ will help strengthen the cues of your bed and bedroom to better signal your brain that it’s time to sleep.”
- “Sleep restriction is a technique that will help you determine how much time you should spend in bed in order to sleep well.”
- “You may also learn skills to help you relax at bedtime and techniques to address thoughts and beliefs that interfere with sleep.”
- “CBT-I has a longer treatment course than BBT-I, but your provider will work with you to create an individualized plan.”

Resources

- Society of Behavioral Sleep Medicine [behaviorsleep.org](http://behaviorsleep.org)
- CBT-i Coach: For people who are engaged in CBT-I, this free app helps develop positive sleep routines and sleep environments. Find it at mobile.va.gov/app/cbt-i-coach, or your preferred app store.
- Path to Better Sleep: Free CBT-I based course offered by the VA. This course is not designed to replace health care but can be used to support a patient’s care. [veterantraining.va.gov/insomnia/index.asp](http://veterantraining.va.gov/insomnia/index.asp)

Reference


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

Photos courtesy of the Department of Defense. Created September 2020 by the Psychological Health Center of Excellence.