

## Addressing Insomnia in Primary Care: A Collaborative Approach

Using CBT Focused Psycho-educational groups to improve Patient Outcomes

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## Overview of Shared Mental Health Care in Calgary

- ▶ Traditional model began in 1998 and pairs consultants (clinical consultants and psychiatrists) with family physicians.
- ▶ 9 clinical consultants paired with 160 family physicians
- ▶ Physician is “in the room”
- ▶ Collaborative model that highlights service and education.

## Insomnia In Primary Care

- ▶ Prevalence
- ▶ Burden
- ▶ Consequence
- ▶ A Physician’s Experience

## Objectives of the Insomnia Psycho-educational Groups for Patients

- Patients will explore and understand their own experience with insomnia.
- They will learn how to change their experience with insomnia and improve their sleep patterns.
- Patients will consider new ways of thinking about sleep.
- Patients will share experiences and learn from other group members.

## Goals for Physicians

- ▶ Physicians will acquire an expanded skill set to help manage insomnia in primary care.
- ▶ To help reduce potential frustration for both the physician and the patient
- ▶ Comply with College of Physicians of Alberta best treatment Guidelines

## Patient Selection and Group Operation

- ▶ Patients identified by physician.
- ▶ Sessions occur in primary care.
- ▶ 6 sessions over 6 weeks; sessions 1 ½ hour.
- ▶ Physician is active co-leader.
- ▶ Pharmacist leads session on medications.
- ▶ Mixture of didactic material and group interaction.

## Sleep Group Session # 1

- › Definition of Insomnia and how it develops.
- › Types of Insomnia.
- › Stages of Sleep.
- › Cognitive Model of the Experience of Insomnia.
- › Motivation for Change.
- › Factors that Impact Sleep—Life Style Factors and Bedroom Factors.

## Medications and Sleep Aids Session# 2

- The Primary Care Network (PCN) pharmacist is co-leader for this session.
- Information is provided on:
  - Benzodiazepines and non-benzodiazepine hypnotics
  - Antidepressants
  - Non prescription OTC
  - Melatonin
  - L-Tryptophan
  - Use of Substances—Alcohol or Marijuana

## Calm Down: Triggering the Relaxation Response Session # 3

- What is the Relaxation Response?
- Strategies to Elicit the Relaxation Response
  - Deep Breathing
  - Progressive Muscle Relaxation
  - Mindfulness Meditation
  - Guided Imagery
- Cognitive Strategies to Decrease Worry
  - Worry Time
  - Two Question Technique
  - 5-4-3-2-1 Technique

## Stimulus Control and Sleep Restriction Session # 4

- › Sleep Diary
- › Stimulus Control
- › Sleep Restriction

## Challenging Thoughts to Improve Sleep Session # 5 and 6

- › The Cognitive Model—how thoughts impact sleep
- › Common cognitive distortions that impact sleep.
- › How to challenge thoughts and beliefs
- › The Dysfunctional Beliefs about Sleep Scale (DBASS), by Morin, 1993
- › Disputations for the sixteen unhelpful beliefs explored during the sessions

## Outcomes and Evaluations

- › Pre and Post DBASS scores
- › Pre and Post Qualitative Questionnaires
- › Anecdotal Learnings

## References

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- ▶ Spielman, A.J., and M.W. Anderson. (1999) The Clinical Interview and treatment planning as a guide to understanding the nature of insomnia: The CCNY insomnia interview. In *Sleep Disorders Medicine: Basic Science, Technical Considerations and Clinical Aspects*, 2<sup>nd</sup> Ed, edited by Chokroverty. Boston: Butterworth-Heinemann