

You want to sleep, but you can't!

Understanding and treating insomnia

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You want to sleep, but you can't. Thoughts are racing through your mind and are preventing you from relaxing. When you finally do fall asleep, you wake up at some point in the night and have trouble getting back into sleep. As you lie there awake, you know that tomorrow, or the day after, or the day after that, this frustrating attempt to sleep will likely happen again as it did the night before.

If this sounds at all familiar, you may be dealing with insomnia. Difficulties initiating, maintaining, or having a non-restorative sleep causing significant distress or impairment are characteristics of Primary Insomnia, particularly if the symptoms are not related to another sleep disorder, substance use or medical condition. Insomnia can also last a few days, weeks or lead to a chronic condition. Current research suggests that about 10 per cent or more of adults report chronic insomnia, while one in two adults will report some insomnia during their lifetime.

The significant impact sleep difficulties have on individuals' lives and health has attracted a great deal of attention. This is not a surprising find, if you consider the fact that sleep occupies about 30 per cent or more of your entire



life span, and that poor sleep can have a significant impact on your mood, work, family, relationships, health and overall happiness.

While a combination of several different situational, psychiatric or medical conditions can lead to insomnia, it is agreed that cognitive and behavioral factors play central roles in triggering and perpetuating it. Such factors can include false beliefs about sleep, anxiety provoking thoughts, disruption to the wake and sleep cycle, irregular sleep scheduling, poor sleep hygiene, conditioned arousal, and poor pre-bed and in-bed habits.

Treatment options and effectiveness:

Current research on chronic insomnia in adults suggests that Cognitive Behavioral Therapy (CBT) outperforms other treatment models (such as Behavioural therapy or use

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of hypnotic medications) and that CBT shows over a 70 per cent success rate. However, issues around compliance or the presence of other illnesses might hinder the effectiveness of CBT in the other 30 per cent of clients in treatment.

So what does CBT actually do? CBT treatment of insomnia involves a careful examination and challenging of dysfunctional beliefs about sleep, and provides the tools to address these misconceptions and behaviours that may be preventing you from sleeping. This usually includes modifying your thoughts (cognitions) to create a more positive association with sleep, and changing these habits and behaviours through practice.

CBT work includes identifying and changing common false beliefs and attitudes about sleep such as:

- “I MUST have eight hours of sleep or I will have a nervous break down tomorrow.”
- “I will never be able to fall asleep or recuperate my lost sleep.”
- “My thoughts overwhelm me at night and I cannot control my racing mind.”
- “By staying in bed longer, I will fall sleep.”
- “I can force myself to sleep.”

Such beliefs can be stress-promoting and need to be changed to more realistic, fact based and sleep-promoting cognitions. For example, saying to oneself “if I do not get as much sleep as I would like to, chances are I will fall asleep more quickly tomorrow night and recuperate”, will likely be more accurate and less stress provoking than the belief that “I MUST have eight hours of sleep or I will have a nervous break down tomorrow.”

Relaxation and behavioural techniques, such as looking at sleep hygiene, lifestyle issues, sleep rituals, stress or anxiety management, the use of sleep diaries, as well as addressing underlying issues that may disturb one’s sleep are also used in CBT.

Tips to Improve Your Sleep Hygiene:

Avoid stimulating activities late in the evening. Give yourself three to four hours without heavy, physically

demanding activity. Give yourself 45 minutes or more to unwind and relax.

Exercising regularly helps improve sleep, as long as it is not late in the evening.

Do not go to bed before feeling tired. Tossing and turning when you are not tired yet may lead to a stimulating frustration, which rarely helps your body relax!

Get up in the morning at the same time (even on weekends). This will help you get back into, and maintain, a regular sleep cycle.

Do not nap. Any minute or more spent sleeping during the day could make you less tired at night, and may increase the chance for a sleepless night

Do not consume alcohol, caffeine and nicotine late in the evening. These are stimulants and will have a direct effect on your difficulty sleeping. Alcohol also affects the quality of sleep (even if it helps initiate it).

Observe what you consume and when. For example, avoid eating heavy meals or too many liquids late at night, as they may disrupt your digestion level and hinder a soothing sleep.

Modify your sleeping environment. A sound sleep is often promoted by a comfortable, darkened, quiet and not overly warm room.

Sleep is an important aspect of our lives and can have a significant effect on our health and well-being. There are a variety of treatment models available, with current research demonstrating CBT as one of the most effective ones to date in helping individuals overcome insomnia. If you find that sleep disturbance has had a big impact on your life, you may want to consult your physician or a sleep specialist.

Barak Raz has been working in the field of addictions, trauma and sleep since 2000. As a therapist at Bellwood Health Services, Barak provides addiction therapy to Bellwood’s addiction clients and trauma therapy to clients in Bellwood’s PTSD/Trauma & Addictions Treatment Program. In addition, Barak offers outpatient counselling and CBT treatment of insomnia and sleep management.