Sleep Improvement Treatment Planner (SITP)

Intended Use: *The SITP is a structured instrument designed to aid clinical mental health counselors and other appropriately trained mental health professionals in identifying appropriate cognitive behavioral treatment interventions for patients with a diagnosis of Insomnia Disorder. The SITP is not a diagnostic tool and should only be used after a diagnosis has been formulated.*

Instructions:

1. For each question, circle the appropriate response.
2. Read about the recommended treatment intervention(s) and consider adding the appropriate treatment objective to the patient's treatment plan.
3. Note the references listed for each intervention, enabling counselors to obtain additional information.

Client Name: _____ Date of Birth/Client ID #: _____ Date Completed: _____

Domain	#	Question	Counselor Response (circle one)	Recommended Intervention(s)
Assessment	1	Has the client been diagnosed with Insomnia Disorder?	Yes	→ (continue to next item)
			No	1. Discontinue completion of SITP until after a diagnosis has been formulated. 2. Conduct a diagnostic interview. Ask about annual exams, bloodwork, comorbid medical conditions, sleep studies, etc. Refer to or collaborate with physician(s) if necessary. 3. Review the diagnostic criteria for the most current edition of the *Diagnostic and Statistical Manual* (DSM). a. Consider using the DSM-5 Cross-Cutting Symptoms Measure, Level 2 for sleep disturbance (https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures) b. Consider using another validated test for Insomnia Disorder.
	2	Has the client completed a sleep log for 1-2 weeks?	Yes	→ (continue to next item)
			No	Instruct the client to create a baseline by completing a sleep log between sessions. • Consider using the log provided by Edinger (n.d.), p. 17, or • Create your own (or the client's own) using the following components: (1) date/day of the week; (2) time(s) a nap was taken; (3) medications/substances taken to aid sleep and doses; (4) time light was turned off/sleep attempted; (5) estimated length of time to fall asleep; (6) # of times patient woke up at night; (7) time woke up in the morning (that day); (8) Time patient got out of bed; (9) Patient's rating of quality of sleep each night on a scale of 1 to 5; and (10) how rested patient felt on a scale of 1 to 5 • Review with the client the option of using a smart watch or similar device that tracks sleep duration at night (e.g., FitBit Charge HR, Apple Watch, or similar device) to aid in estimating sleep duration (Manber & Carney, 2015, pp. 231-232)

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Psycho-education	3	Has the client been provided with psycho-education on sleep, including (e.g., sleep duration, sleep stages/cycles, Circadian rhythm, myths about sleep, etc.)?	Yes	→ (continue to next item)
			No	Provide psychoeducation on sleep stages and cycles and myths. Consider using the script provided by Edinger (n.d.), pp. 6-10. Consider reviewing pp. 54-64 from Jacobs (2000).
Cognitive Restructuring	4	Does the client ruminate on negative sleep thoughts (e.g., "I'm dreading bedtime;" "I must get eight hours of sleep;" "I won't be able to function tomorrow if I don't get eight hours of sleep;" "I only slept four hours last night, so I won't be able to function today")?	Yes	Provide appropriate psycho-education (see item #3) related to negative sleep thoughts. When noticing negative sleep thoughts, encourage the client to refocus on positive sleep thoughts, including: • "In most cases, the worst thing that can happen if I don't sleep well is that my mood may be impaired." • "I can handle one night of poorer sleep" (Jacobs, 2000, p. 160). Consider reviewing Chapter 9 of Manber & Carney (2015) for additional information on cognitive therapy techniques on countering negative sleep thoughts.
			No	→ (continue to next item)
Sleep Restriction Therapy	5	Has the client established a target time to go to sleep and to wake up?	Yes	• Advise the client to wake up at the target time, even if he or she did not get an adequate night's rest. • Coach the client on strategy of winding down an hour before bed, engaging in low-arousal leisure activities (e.g., reading, watching "neutral" TV) (Manber & Carney, 2015, pp. 107-108). • Advise the client to use an alarm clock with an appropriate sound and volume to wake up at the targeted time. Positioning the alarm clock far away from the bed may be helpful. • Consider utilizing cost-benefit analysis if the client is hesitant to adhere to a prescribed sleep schedule (Manber & Carney, 2015, pp. 131-132). • Advise the client to plan on one or more enjoyable activities in the morning (Jacobs, 2000, p. 72)
			No	Assist the client with developing a target time to go to sleep and to wake up each day. Then continue to "yes" above. Consider using the bed prescription formula provided by Edinger (n.d.), p. 11, Jacobs (2000), pp. 162-163, or Manber & Carney, 2015, pp. 94-102. • Calculate average sleep duration (based on sleep log) • Add one hour to average sleep duration to determine time allotted for sleep (lights out to wake time), but don't go below 5.5 hours of sleep • Once 85% sleep efficiency is reached, gradually increase allotment to target sleep duration

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	6	Does the client nap during the daytime?	Yes	Advise the client to refrain from napping. If the client is persistent in napping, advise the client to restrict the nap to 45 minutes and to avoid napping later than 4:00 p.m. (Jacobs, 2000, p. 75; Edinger, n.d., p. 11; Manber & Carney, 2015, pp. 17, 93).
			No	→ (continue to next item)
Stimulus Control	7	When in bed, does the client engage in activities that he or she engages in when awake (e.g., reading, watching TV, eating, studying, using the phone, etc.)	Yes	Advise the client to avoid these activities when in bed (with the exception of sexual activity), encouraging the client to engage in these activities before going to bed instead (Edinger, n.d., p. 11). If the client is persistent in engaging in these behaviors in bed, encourage him/her to restrict to 20-30 minutes, using an automatic timer for the television (Jacobs, 2000, p. 78, 176) and to use "night mode" lighting on devices when possible (i.e., yellow vs. white/blue light). White noise (fan, commercial white noise machine) may be suitable replacements for the sound of TV (Jacobs, 2000, p. 176; Manber & Carney, 2015, pp. 90, 113).
			No	→ (continue to next item)
	8	Does the client stay in bed awake for lengthy periods of time (i.e., greater than 20 minutes)?	Yes	Advise the client to leave the bedroom if he or she is unable to fall asleep within 30 minutes and go to another room to engage in a quiet activity until feeling sleepy for one hour or less (e.g., watching television, reading a book or magazine, listening to an audiobook or podcast, knitting, embroidering) (Jacobs, 2000, p. 79; Edinger, n.d., p. 11; Manber & Carney, 2015, pp. 81-83, 86-87).
			No	→ (continue to next item)
	9	Does the client spend time in bed worrying, planning future events, or focusing on problems?	Yes	Advise the client to avoid these ruminations in bed. The client may find it helpful to spend time prior to bedtime making a list of things to do, journaling about problems and solutions, etc. If the client is ruminating in bed, it is advisable to get out of bed and engage in some of these tasks in another room. Progressive muscle relaxation, guided imagery, deep breathing techniques, and meditation may be helpful strategies as well (Edinger, n.d., p. 11; Jacobs, 2000, pp. 81-94; Manber & Carney, 2015, pp. 108-111).
			No	→ (continue to next item)
	10	Does the client exercise daily (i.e., at least 20-30 minutes of moderately intense physical activity daily)	Yes	→ (continue to next item)
			No	Work with the client to create and implement an exercise schedule of at least 20-30 minutes of moderately intense physical activity a day, though not within four hours of sleep (Jacobs, 2000, pp. 95-99; Manber & Carney, 2015, pp. 62, 113).

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Sleep Hygiene	11	Does the client engage in "clock-watching" while attempting sleep (i.e., frequently checking the clock to see what time it is)?	Yes	Advised the client to avoid clock-watching. It may be helpful for the client to turn the face of the clock away from him- or herself (Jacobs, 2000, pp. 79, 110, 139, 167; Manber & Carney, pp. 75, 87).
			No	→ (continue to next item)
	12	Does the client take a hot bath at night?	Yes	→ (continue to next item)
			No	Suggest that the client experiment with this strategy by taking a hot bath for up to 25 minutes approximately two hours before bed (Jacobs, 2000, p. 99; Manber & Carney, 2015, p. 108).
	13	Does the client expose him- or herself to bright light in the mornings and evenings before sunset?	Yes	→ (continue to next item)
			No	Advise the client to increase morning exposure to sunlight. Examples of strategies include opening drapes or shades immediately after waking up, eating breakfast near a sun-exposed window, avoiding dark sunglasses in the morning and before sunset, taking an early morning walk and early evening walk, sitting near a sun-exposed window in the evening, leaving he drapes open until dark, and using an artificial bright light box that emits 10,000 luxes of light for about 30 minutes in the morning and late day (Jacobs, 2000, pp. 100-101; Manber & Carney, 2015, pp. 91-92, 113-114).
	14	Does the client use caffeine?	Yes	Advise the client to reduce to 1-2 servings (110-220 mg of caffeine) of caffeine in the morning, preferably prior to 10:00 a.m. If the client is caffeine-dependent, advising gradually reducing caffeine to minimize withdrawal symptoms (Jacobs, 2000, pp. 102-103, 174; Manber & Carney, 2015, pp. 18, 24, 61, 112).
			No	→ (continue to next item)
	15	Does the client use nicotine or other stimulants?	Yes	Aid the client in developing a plan to abstain from nicotine. If the client is unwilling to pursue this goal, offer an alternative of eliminating nicotine use before bed (i.e., within 2 hours of bedtime) or during the night (Jacobs, 2000, p. 104; Manber & Carney, 2015, pp. 112-113).
			No	→ (continue to next item)

Domain	#	Question	Counselor Response (circle one)	Recommended Intervention(s)
	16	Does the client drink alcohol?	Yes	Advise the client to reduce alcohol consumption to one serving at least two hours prior to bedtime, preferably no later than 7:00 p.m. (Jacobs, 2000, p. 105, 174; Manber & Carney, 2015, p. 112)
			No	→ (continue to next item)
	17	Does the client use a prescribed sleep medication (e.g., Ambien, Lunesta, Sonata), a benzodiazepine (e.g., clonazepam, alprazolam, lorazepam), marijuana, or other central nervous system depressant?	Yes	• Provide psycho-education on: (1) Tendency of sleep medications and other depressants to reduce slow wave and REM stage sleep (i.e., compromise sleep quality); (2) Tendency of clients to build a tolerance to these substances, resulting in the substance having less effect over time; (3) Various side effects of depressants, including risk of addiction (Jacobs, 2000, pp. 28-39; Manber & Carney, 2015, p. 60). • Discuss goal of tapering down from medications prescribed on an "as needed" (PRN) basis. Consider using the medication tapering procedure described by Jacobs (2000), pp. 65-66. • Advise the client to consult with his or her prescribing physician prior to tapering (Jacobs, 2000, p. 65). This is especially critical if the client is prescribed a medication for regular use rather than on a PRN basis, as abrupt withdrawal form some substances, such as benzodiazepine, can be serious and potentially fatal.
			No	→ (continue to next item)
	18	Does the client eat foods high in protein, sugar, refined carbohydrates, fatty or spicy foods, or foods with monosodium glutamate (MSG) within 1-2 hours of bedtime?	Yes	Advise the client to abstain from foods high in protein, sugar, refined carbohydrates, fatty or spicy foods, or foods with monosodium glutamate (MSG) within 1-2 hours of bedtime. Recommend the client avoid eating a heavy meal close to bedtime (Manber & Carney, 2015, p. 113). The client may eat a light high-carbohydrate snack just prior to bedtime (Jacobs, 2000, p. 105).
			No	→ (continue to next item)
	19	Does the client engage in emotionally-arousing or complex cognitive tasks in the hour before bed (e.g., computer work, video games, household finances, phone calls)?	Yes	Advise the client to replace these behaviors with relaxing activity that helps him or her wind down (e.g., reading, watching "neutral" television) (Jacobs, 2000, p. 163; Manber & Carney, 2015, pp. 107-108).
			No	→ (continue to next item)

Domain	#	Question	Counselor Response (circle one)	Recommended Intervention(s)
	20	Is the room temperature in the client's bedroom between 65° and 72° F?	Yes	→ (continue to next item)
			No	Advise the patient to consider adjusting the temperature to a more comfortable level. If a spouse is cold, use of a blanket for warmth may be suitable (Jacobs, 2000, p. 175; Manber & Carney, 2015, p. 114).
	21	Does the client sleep on a comfortable mattress with bedding that is washed weekly?	Yes	→ (continue to next item)
			No	Advise the client to consider replacing his or her mattress with a comfortable one (Manber & Carney, 2015, p. 114) and to wash bedding weekly.
	22	Does the client keep lights on at night?	Yes	Recommend that the client keep the room dark at night (Manber & Carney, 2015, p. 114). If a night light must be used, a dim light is recommended.
			No	→ (continue to next item)
Resources	23	Is the client aware of smartphone apps that can be used as a self-help aid in implementing CBT-I strategies?	Yes	→ (continue to next item)
			No	Refer the patient to mobile app resources (Manber & Carney, 2015, pp. 231-232), such as *CBT-i Coach*, developed by the U.S. Department of Veterans Affairs (VA), and Stanford Medical Center (https://mobile.va.gov/app/cbt-i-coach)

References

Edinger, J. (n.d.). *Treatment Manual: Cognitive-Behavioral Insomnia Therapy*. Retrieved from http://www.med.unc.edu/neurology/sleepclin/jdedingrCBTManual.pdf.

Jacobs, G.D. (2000). *Clinical Training Manual for a CBT-I Program*. Boston, MA: University of Massachusetts Medical School.

Manber, R. & Carney, C.E. (2015). *Treatment Plans and Interventions for Insomnia: A Case Formulation Approach*. NY, NY: Guilford Press.