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The Effects of a Self-Administered, Two-Session, Cognitive-Behavioral Intervention for Insomnia: A Pilot Study

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Abstract

Background: It is estimated that 1-in-3 (84M) adults in the US suffer from one or more symptoms of insomnia. This has a damaging effect on almost every area of life. Pharmacologic treatment carries dangers of addiction and side effects. Behavioral treatment is expensive and there are not enough therapists who offer such treatment. To meet this need, the present study explored the effectiveness of a two-session, self-administered cognitive-behavioral intervention.

Participants: Police personnel, firefighters, commercial airline pilots, veterans, patients of physicians and members of the general public.

Design: Data were collected on-line, with a within-subject, pre-post design.

Data source: Primary outcomes were the Insomnia Severity Index total score and two factor scores.

Data analysis: T-tests and chi-square/contingency statistics, as appropriate.

Results: The Baseline ISI was 13.8+/-4.1(range = 0-28). Factor scores: 5.2+/-1.8 (sleep continuity [SC]) and 8.5+/-3.1 (daytime effects [DE]). The Post treatment ISI was: 9.8+/-4.7 and factor scores were 3.7+/-2.1 (SC), and 6.1+/-3.0 (DE). Observed changes were significant ($p < 0.0001$) and had corresponding large effect sizes (Total ISI = 0.89, SC = 0.76, and daytime effects = 0.81). 40 of 49 participants (81.6%) had a Post-Treatment Summary Score that was lower (i.e., associated with improved sleep quality) than their Pre-treatment Summary Score.

On the post-treatment assessment, 71.4% reported their sleep began to improve within the first five nights. 65.3% reported the method was easy to use. 55.1% reported feeling better during the day and 36.7% reported reduced anxiety and/or stress during the day. 64% of subjects using sleep medications reported reduced dose or frequency of such substances.

Conclusions: The intervention produced significant change and large effects within a short time frame. Results suggest the Sleep Easily method may be ideal as a "first step" in a stepped care approach to the management of insomnia.

Future studies should assess this method within the context of a larger scale 1) controlled study and/or 2) dismantling study where the component parts of this method are assessed for their unique contribution to treatment outcome.

Keywords: Insomnia; Cognitive-behavioral Therapy; Stress; Anxiety; Depression; Trauma; Hypervigilance; Nonpharmacologic; Mind-body medicine

This is likely true for a variety of reasons including the ease and accessibility of pharmacotherapy and the lack of public awareness about CBT-I.

Additional considerations include the time commitment and cost