

Treatment Plans and Interventions for Insomnia: A Case Formulation Approach

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Of all the conundrums mental health professionals face, our attitude toward sleep difficulties must be one of the strangest. We all know that sleep is paramount: we spend a third of our lives asleep or trying to get to sleep and billions of dollars a year on everything from Ambien and white noise machines to “sleep consultants.” What’s more, as scientists and mental health professionals we know that few conditions are more universally associated with psychiatric dysfunction than sleep disturbance. And yet, despite the enormous importance of sleep and staggering lengths we all go to get more of it, as clinicians we can be surprisingly dismissive of sleep difficulties.

How many times have we listened to a patient’s sleep concerns only to dole-out a handful of sleep hygiene tips and jot down “sleep difficulties secondary to depression/anxiety/etc.” in their chart, choosing instead to focus our clinical attention on something more familiar? We assume sleep difficulties are either less important or less intelligible than other forms of psychopathology, and as a result they have become second-class disorders. It’s within this context that Drs. Manber and Carney have written a text designed to encourage the “special psychotherapeutic attention” disordered sleep needs.

In “Treatment Plans and Interventions for Insomnia: A Case Formulation Approach” the authors have developed a comprehensive and practical guide for clinicians treating patients with insomnia. But more than that, the book reads as a call to action for clinicians to think differently about sleep and its dysfunction. By deliberately not writing just “another treatment manual,” the authors have managed to write two books in one: a “flexible, patient-tailored” framework for implementing Cognitive Behavioral Therapy for Insomnia (CBT-I) as well as a kind of manifesto for a refreshed perspective on sleep disturbance in the context of mental illness—a perspective that views insomnia as deserving of primary clinical focus.

The first chapters provide a comprehensive overview of the nature of sleep and many of the most common ways it becomes disrupted. Next, several chapters are dedicated to the important work of describing insomnia, distinguishing it from other sleep disorders, and showing how it interacts with a variety of psychiatric comorbidities. But the text clearly shines in its exposition of the basic processes regulating sleep—sleep drive, the circadian clock, and hyperarousal—a thorough understanding of which the authors note is essential for implementing effective intervention:

Absence of such understanding hinders the delivery of treatment in terms of both specific and nonspecific therapeutic elements. A clinician’s failure to understand the scientific rationale will inevitably have an impact on patients’ buy-in, and therefore adherence, which will then compromise outcome.

By spending considerable effort early in the book to present a comprehensive and clear picture of the nature of insomnia, the authors model their own best advice: just as patients must have sufficient understanding in order to adhere to a treatment and then achieve a positive outcome, so too clinicians

hoping to better treat insomnia are encouraged to understand the basic processes before initiating treatment.

The middle portion of the book covers the assessment of insomnia and provides an introduction to the specific components of CBT-I. While the text is not intended to be a comprehensive introduction to and protocol for CBT-I, the authors describe its primary behavioral and cognitive interventions, including sleep restriction and compression, as well as secondary ones such as scheduled worry, relaxation, and sleep hygiene. The authors are especially attuned throughout to pragmatic clinical concerns, consistently addressing strategies for dealing with non-adherence, increasing motivation, and addressing common client concerns.

The final portion of the text describes case conceptualization and treatment planning in the context of two case examples. This section is especially helpful in offering guidance on the timing and quantity of specific interventions. Like nearly every other aspect of the book, these guidelines are supported by research and guided by careful attention to clinical detail, all while being written in a clear, accessible style. The last chapter offers a range of general information on specific questions of delivery, while several appendices provide a wealth of forms, charts, guidelines, and other helpful resources.

With a solid foundation in the research literature and an eye for the particulars of clinical practice, “Treatment Plans and Interventions for Insomnia: A Case Formulation Approach” exemplifies the scientist-practitioner ideal. But it goes beyond that in its educative capacity. Like all great teachers, Drs. Manber and Carney deftly manage not only to communicate their subject in a clear and accessible fashion, but also to inspire, challenging clinicians to think in newer and more creative ways about the difficulties of insomnia.

References

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