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Abc cognitive therapy

Recording your sleep regimen for a few weeks can help you (or your doctor) identify a problem. (ANDERSON ROSS/DIGITAL VISION/GETTY/VEER) Cognitive behavioral therapy (CBT) for insomnia is just that: a combination of mental exercises (cognitive part) and lifestyle adjustments (or behaviors) that help you create a more consistent, restorative sleep schedule. When you visit a doctor for insomnia, he or she may initially suggest some of the ingredients of CBT before prescribing sleep medications. These may include better sleep hygiene-no daily naps, avoiding caffeine and alcohol, creating a quiet sleep-environment and relaxation techniques. If simple changes don't reduce the severity of your sleep problems, your other options are medications or structured CBT sessions with a sleep professional. Often people try CBT when the medication no longer keeps them asleep or when they don't want to feel addicted anymore. Learning sleep habits The first step of CBT will be to keep a sleep diary – a detailed overview of how and when you sleep in a matter of weeks to months. Using protocol, your therapist will evaluate your current sleep schedule and develop a plan for you, says Matthew R. Ebben, PhD, behavioral sleep medicine specialist at Weill Medical College at Cornell University. People come up with a question about what their problem is, and they could go to bed and wake up at different times every day, he explains. Biological rhythms in your body cannot adapt to these constant fluctuations – no wonder they have insomnia. How to get back on track Once they start keeping the log, a lot of people realize how erratic they are and they start fixing it, continues Ebben. They come into the office and say, 'You know, I started following the routine and I really feel better.' Other times, patients need strict instructions. We tell them they can't go to bed some time ago, says Ebben. They can stay up later if they're not tired, but then they still have to get up at some given time—even if it's only an hour later-every day. No sleep, no nap. How CBT helped chronic insomnia problem sleeper learned to set their worries aside Read more about behavioral therapy Middle-of-the-Night anxiety explained at first it can lead to even more sleep deprivation than normal, but it's the quickest way to retrain your body and brain to take a sleep when bedtime comes up again. Conquering fear, embracing relaxation A large chunk of CBT learns to manage your fears. People with insomnia tend to think that their lack of sleep will have disastrous consequences, says Ralph Downey III, PhD, director of the Sleep Disorders Center at Loma Linda University Medical Center in California. If patients fear they can't survive on the amount of sleep they receive, Downey reminds them they may be as healthy as someone who sleeps eight hours every night. It can really help, he says. Self assurance is a very important part of cognitive behavior therapy. You don't have to believe it - it just can take a few weeks or even months to see results from CBT. Your treatment schedule may vary, anywhere from weekly visits to check-in once a month or less. The important thing is that at home, every night, you practice what you've learned. I tell my patients they just have to be willing to try, says Ebben. They don't believe it's going to be any good—and many of my patients aren't at first—but they must at least give it a try for a few weeks. This is a choice that people with insomnia have to make on their own, and many don't want to be bothered at the time of the investment, says Ebben. Some people just want medication, says Ebben. We work as their counselors, and we try to show them: CBT tends to be more effective in the long run. But in the end, it's their decision. What is Cognitive Behavioral Therapy (CBT)? Cognitive behavioral therapy (CBT) is a type of psychotherapy. This form of therapy adjusts thought patterns in order to change moods and behaviors. It is based on the idea that negative actions or feelings are the result of contemporary distorted beliefs or thoughts, not unconscious forces of the past. CBT is a mixture of cognitive therapy and behavioral therapy. Cognitive therapy focuses on your moods and thoughts. Behavioral therapy specifically focuses on actions and behaviors. The therapist practicing the combined CBT approach works with you in a structured environment. You and your therapist work to identify specific negative thought patterns and behavioral responses to challenging or stressful situations. Treatment involves developing more balanced and constructive ways to respond to stressors. Ideally, these new reactions will help minimize or eliminate disturbing behaviors or disorders. CBT principles can also be used outside the therapist's office. Online cognitive behavioral therapy is one example. It uses CBT principles to help you track and manage your depression and anxiety symptoms online. CBT is a shorter-term approach than psychoanalysis and psychodynamic therapy. Other types of therapies may require several years for discovery and treatment. CBT often requires only 10 to 20 sessions. Sessions provide opportunities to identify current life situations that may be causing or contributing to your depression. You and your therapist identify current patterns of thinking or distorted perceptions that lead to depression. This is different from psychoanalysis. This type of therapy involves working back through your life history to discover an unconscious source of the problems you face. You may be asked to journal as part of CBT. Magazine provides a place for you to record life and your reactions. A therapist can help you break down reactions and thought patterns into several categories of self-defeating thinking. These include: all-or-nothing thinking: viewing the world in absolute, black-and-white expressions exclude positive ones: rejecting positive experiences by insisting that they don't count out some reason for automatic negative reactions: having the usual, swearing thoughts to magnifying or minimizing the significance of an event: making a bigger deal about a particular event or moment overgeneralization: drawing too broad conclusions from one event: taking things too personally or feeling the action are specifically aimed at youmental filter : choosing from a single negative detail and dwelling on it solely so that the vision of reality becomes obliterationYou and your therapist can use the magazine to help replace negative thought patterns or perceptions with more constructive ones. This can be done through a series of well-practiced techniques such as: learning to control and edit distorted thoughts and reactions to learn to accurately and comprehensively assess external situations and responses or emotional behaviors to practice self-talk that is accurate and balanced by using self-assessment to reflect and respond appropriatelyYou have to practice these coping methods on your own or with your therapist. Alternately, you can practice them in controlled settings where you're facing challenges. You can use these settings to create your ability to respond successfully. Another option is online CBT. It allows you to practice these methods in the comfort of your home or office. Cognitive behavioral therapy is widely used to treat several disorders and conditions in children, adolescents and adults. These disorders and conditions include: antisocial behaviour (including lying, steal, and hurt animals or other people) anxiety disordersattention deficit hyperactivity disorderbipolar disorderswater disorders depressive disorders such as overeating, anorexia, and bulimiageneral stresspersonality disorders phobiaspsychopreniasexual disordercommunal disorderssocial problems with lack of ability to imaginative abuseCold behavioral therapy can be combined with other treatments to help with depression. There is little long-term emotional risk associated with CBT. But exploring painful feelings and experiences can be stressful. Treatment may include facing situations that you would otherwise avoid. For example, you may be asked to spend time in public places if you are afraid of crowds. Alternately, you will have to face the death of a loved one who causes your depression. These scenarios may provide opportunities to practice altered responses to stressful or adverse situations. The ultimate goal of therapy is to teach you how to deal with anxiety and stress in a safe and constructive way. There is a massive wave of evidence for cognitive behavioral therapy that suggests it is very effective in treating certain problems, Simon Rego, Psy.D. of Montefiore Medical Center in New York city told Healthline. The scope of the evidence is not so extensive for other forms of psychotherapy. This, however, say other therapies are not as effective and beneficial. They just don't fit so neatly into something that can be studied, says Rego. More evidence-based studies have been conducted on the results of cognitive behavioral therapy than any other species. The prevalence of insomnia in the general population is approximately 6% to 10%.¹ In addition, it is estimated that 30% of the general population may have symptoms of insomnia without meeting diagnostic criteria.² As a disorder, insomnia is characterised by persistent difficulty in initiating or maintaining sleep or waking up in the morning with an inability to return to sleep that has been present for at least 3 months. In addition, difficulty sleeping must occur at least 3 nights a week, resulting in impaired functioning during the day and cause considerable anxiety.¹Cognitive behavioral treatment of insomnia (CBT-I) is an effective treatment, supported by several systematic evaluations and meta-analysis.³⁻⁵ In the short term, CBT-I is as effective as pharmacotherapy.⁶ However, CBT-I is the preferred treatment for chronic insomnia as recommended in the European and US guidelines.^{7,8} Those we examine here 8 recent studies that examined CBT-I. These studies are summarised in Table 9-16 ¹. Cheng P, Kalmbach DA, Tallent C, et al. Prevention of depression through digital cognitive behavioral therapy for insomnia: a randomized controlled trial. *Sleep*. 2019;42(10):zsz150. doi: 10.1093/sleep/zsz150. Although CBT-I is a first-line treatment for chronic insomnia, it is underutilized in clinical practice primarily due to limited availability. Since few doctors are certified in CBT-I, it is necessary to develop alternative delivery methods for CBT-I, such as fully automated, internet-delivered approaches to reach more patients with insomnia. Digital CBT-I (dCBT-I) is comparable to in-person CBT-I in improving symptoms of insomnia and reducing concomitant depressive symptoms with insomnia. It is unclear whether unmanaged, internet-issued CBT-I is effective for achieving relief from depression or preventing depression in the long run. Chen et al⁹ investigated the effectiveness of dCBT-I in reducing and preventing depression during the 1-year follow-up. The draft study, participants from various centers in southeastern Michigan, were recruited between 2016 and 2017. Data were obtained from the Sleep For the Prevention of Developing Affective Disorder (SPREAD) study. Participants who met the DSM-5 criteria for chronic insomnia disorder were randomised to dCBT-I (n=358) using Sleepio digital CBT over the Internet or online sleep (n = 300). The primary result was depression as measured by rapid inventory of depressive symptomatology self-reporting (QIDS-SR-16) in a 1-year follow-up sequence. The incidence of depression has also been tested against a response to treatment for insomnia. ResultsWeight depression was significantly lower in the 1-year follow-up in the dCBT-I group compared to the control group. The dCBT-I Group reported a 51 % higher remission rate than the control group under the 1-year follow-up. The incidence of moderate to severe depression in subjects with minimal to no depression at baseline was halved after 1 year after dCBT-I treatment compared to the control group. Continue: Conclusion Page 2 Fully automated, internet-based CBT-I is effective in maintaining positive effects on sleep and daily functioning up to 18 months after stopping treatment.Cormorbid insomnia and sleep apnea (COMISA) can affect the patient's ability to receive and adhere to continuous positive airway pressure (CPAP) therapy. Providing adequate treatment for these patients can be challenging. Sweetman et al¹¹ evaluated the acceptance and use of CPAP in patients with obstructive sleep apnea and chronic insomnia after initial CBT-I therapy compared to treatment as usual (TAU). Design of the studyIn this RCT, 145 participants with COMISA were randomised to 4 sessions of CBT-I or TAU prior to initiation of CPAP therapy up to 6 months after randomisation. The primary results were objective adherence to CPAP and objective sleep efficacy at the end of 6 months. Secondary results were CPAP acceptance/rejection, changes in sleep parameters, global insomnia severity, and daily impairment after 6 months. Continue: Results 1. Diagnostic and Statistical Manual of Mental Disorders, 5. Washington, DC: American Psychiatric Association; 2013.2. Morin CM, LeBlanc M, Daley M, et al. Epidemiology of insomnia: prevalence, self-help treatment, consultation and determinants of behavior seeking help. *Sleep Med*. 2006;7(2):123-130.3. Trauer JM, Qian MY, Doyle JS, et al. Cognitive behavioral therapy for chronic insomnia: systematic review and meta-analysis. *Ann Intern Med*. 2015;163(3):191-204.4. Wu JQ, Applemann ER, Salazar RD, et al. Cognitive behavioral therapy of insomnia co-morbid with psychiatric and medical conditions: meta-analysis. *JAMA Intern Med*. 2015;175(9):1461-1472.5. van Straten A, van der Zwerde T, Kleiboer A, et al. 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