



## "Psychology Works" Fact Sheet: Insomnia

### What is insomnia?

Many people, about 20-25% of the population, are dissatisfied with their sleep. Among these, some have a specific sleep disorder called insomnia. Insomnia is defined as persistent trouble getting to sleep or staying asleep that affects daytime functioning or causes distress. When the sleep difficulty occurs at least three nights per week and continues for at least three months, it is called chronic insomnia disorder. At least 10% of the adult population have chronic insomnia.

Common triggers of insomnia include stress at home, work or school; relationship changes; loss; health conditions; anxiety; depression; and pain. Stimulants such as caffeine and nicotine can also lead to sleep difficulty.

Chronic insomnia can be maintained by factors other than those that triggered it initially. Racing thoughts, worries about not sleeping, staying in bed when not sleeping, and irregular sleep schedules often serve to sustain the cycle of insomnia. Sometimes, the fear of not sleeping or trying too hard to sleep is enough to prevent sleep from arriving.

Insomnia can be a serious problem. It causes daytime fatigue, irritability, impaired attention and concentration, reduced enjoyment of relationships and decreased work productivity. It has also been found to increase the risk of depression, Type 2 diabetes and heart disease.

### What psychological approaches work in treating primary insomnia?

Good sleep hygiene is important for a good night's sleep (e.g., cutting down on caffeine or alcohol at bedtime, avoiding light and noise, increasing exercise). If you already have good sleep hygiene and still have insomnia, then the following approach may be helpful for you.

The recommended first treatment for chronic insomnia is called "cognitive behavioural therapy for insomnia", or CBT-I. This psychological treatment has been shown through research to effectively improve sleep. People also feel less fatigued, they function better, and their mood improves.

The behavioural, cognitive and relaxation components of CBT-I are outlined here:

- The behavioural components help you learn how to connect your bed with good sleep and to regulate your sleep schedule. For example, you discover what to do when you can't sleep, when to go to bed and when to get up in order to get solid sleep.
- The cognitive therapy component helps you control the worry and racing thoughts that interfere with sleep. For example, you learn how to deal with concerns about getting through the next day if you can't sleep.
- Relaxation techniques reduce bedtime mental and physical tension.





## How effective are psychological methods of treating insomnia?

Research demonstrates that 70–80% of people with insomnia benefit significantly from 4 to 6 sessions of CBT-I, and continue to have improved sleep for months or years.

CBT-I is as effective as, or more effective than, sleep medications and produces longer lasting improvements in sleep. CBT-I is also effective in reducing the use of sleep medications, which can interfere with alertness and motor coordination and cause dependency.

CBT-I is more effective for chronic insomnia than either sleep hygiene alone or relaxation techniques alone.

**You can consult with a registered psychologist** to find out if they offer psychological treatments for insomnia, specifically CBT-I. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to <https://cpa.ca/public/whatisapsychologist/ptassociations/>.

*This fact sheet has been prepared for the Canadian Psychological Association by Dr. Judith Davidson, Queen's University.*

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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: [factsheets@cpa.ca](mailto:factsheets@cpa.ca)

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