



# Lifestyle Redesign and Cognitive Behavioral Therapy for Insomnia: A Synergistic Approach to Insomnia Management

*Lindsey Shomer, OTD, OTR/L, CEAS, LRC*

*Anna Lynch, OTD, OTR/L, LRC*



# No Financial Disclosures



# Insomnia

- The subjective experience of difficulty falling asleep, staying asleep, or waking earlier than intended.
- Prominent complaint of dissatisfaction with sleep quality
  - Falling asleep
  - Staying asleep
  - Waking too early
- Significant distress or impairment in daytime functioning as reports by at least one of the following
- At least 3 nights/week, for at least 3 months

(Roth, 2007)

# Lifestyle Redesign®

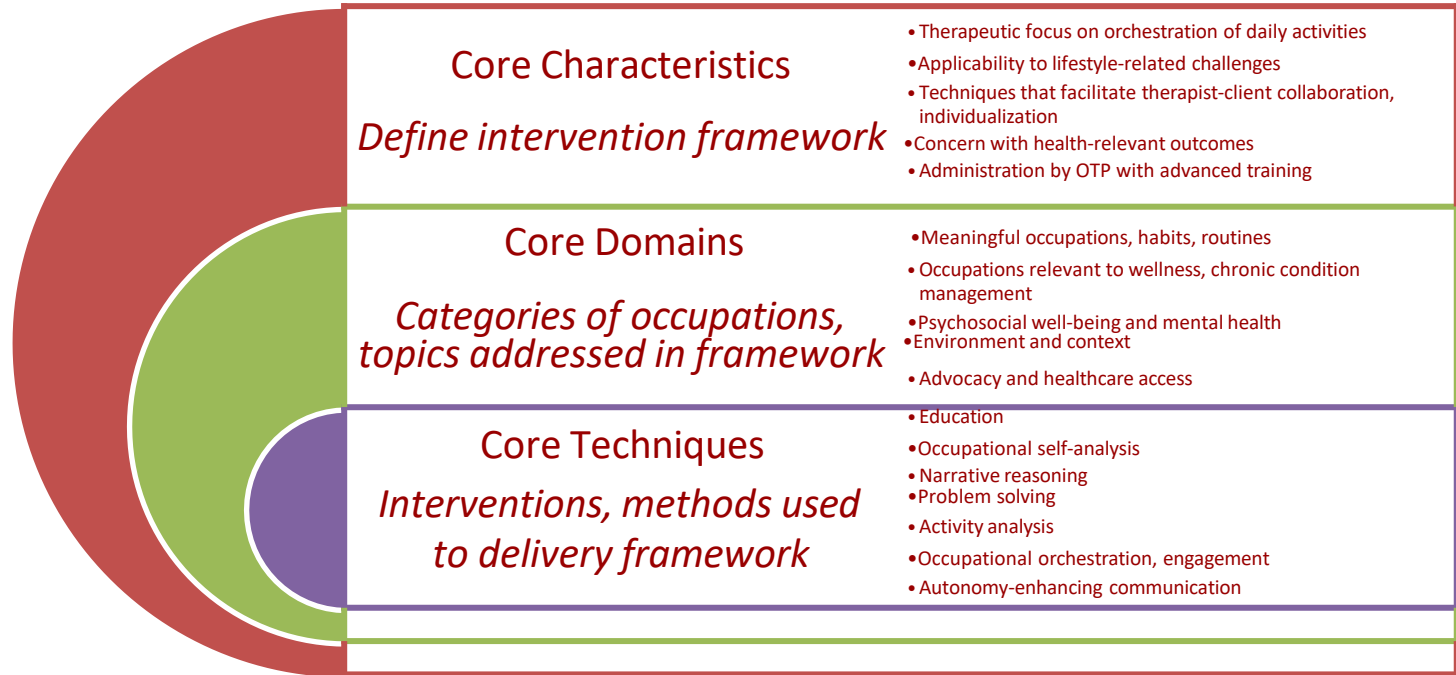


“An occupational therapy intervention framework that **promotes awareness** of the relationship between everyday activities and health, and guides people in the process of **orchestrating** occupations, habits, and routines to **enhance health and well-being.**”

(NOTE: Lifestyle Redesign® is a service mark registered in the U.S. Patent and Trademark Office and owned by USC.)

(Pyatak, Carandang, Collins, & Carlson, 2022)

# Lifestyle Redesign Intervention Framework



(Pyatak, Carandang, Collins, & Carlson, 2022)

# Lifestyle Redesign Topic Areas



Habits and  
Routines

Sleep Hygiene

Eating  
Routines

Physical  
Activity

Healthy  
Coping

Medication  
Management

Meaningful  
Leisure

Environmental  
Factors

Meaningful  
Relationships

School/Work/  
Volunteering

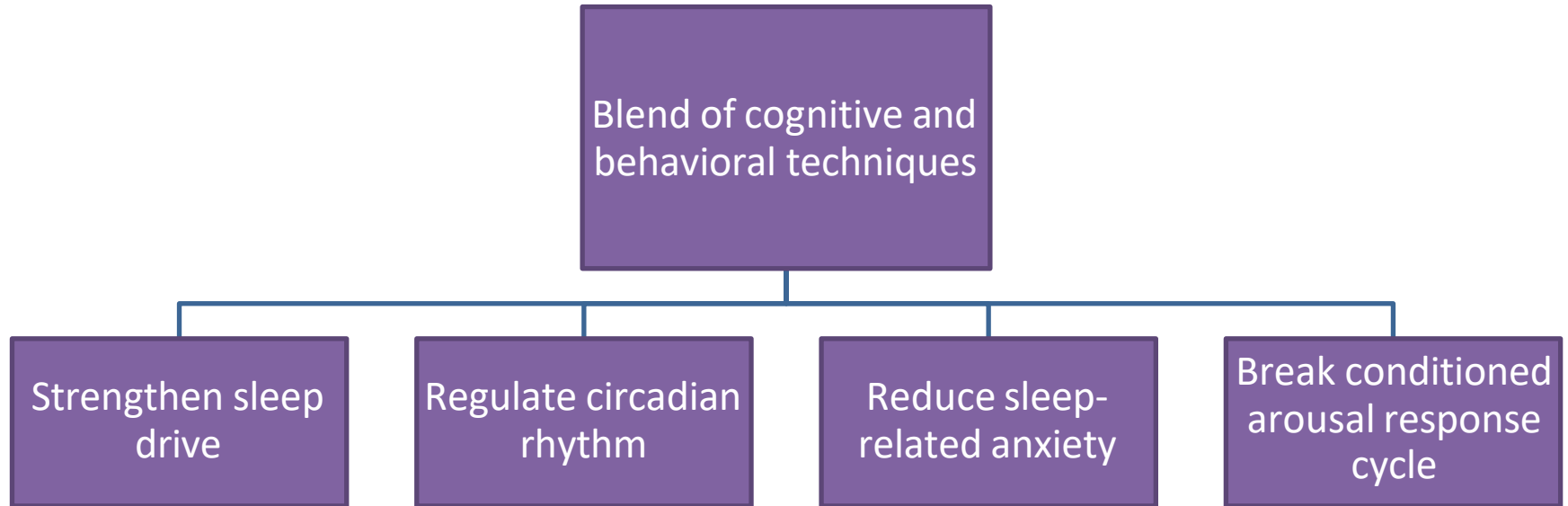
Time  
Management

Chronic  
Condition  
Management

Pacing and  
Energy  
Conservation

Home  
Management

# Cognitive Behavioral Therapy for Insomnia (CBT-I)



Beaulieu-Bonneau et al., 2017; Koffel et al., 2020; Mitchell et al., 2012; Okajima et al., 2011; Pallesen et al., 1998; Qaseem et al., 2016; Rios et al., 2019; Smith et al., 2002)



# Components of CBT-I

Sleep Restriction  
Therapy (SRT)

Stimulus Control

Sleep Hygiene

Cognitive Therapy

Mindfulness

Relaxation  
Training

Beaulieu-Bonneau et al., 2017; Koffel et al., 2020; Mitchell et al., 2012; Okajima et al., 2011; Pallesen et al., 1998; Qaseem et al., 2016; Rios et al., 2019; Smith et al., 2002; VA/DOD, 2019)



# Merging *Lifestyle Redesign* and CBT-I

- “24 hour approach”
- Strengthens patient’s inherent motivation for change to improve adherence to more challenging aspects of treatment:
  - Sleep diary
  - Stimulus control
  - Sleep restriction
  - Sleep hygiene
- Chronic condition management:
  - Chronic pain
  - Mental health



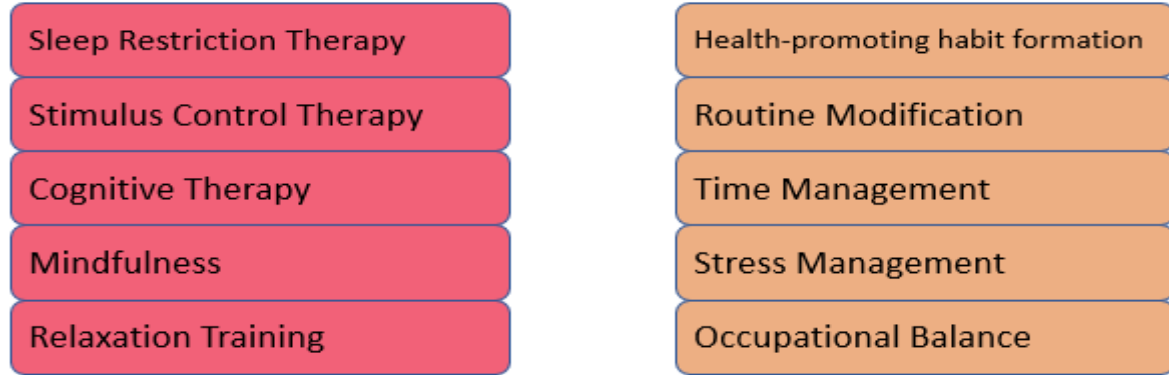
photo: Unsplash



photo: Unsplash



# *Lifestyle Redesign + Cognitive Behavioral Therapy for Insomnia*



Addressing Environmental and Contextual Barriers  
Motivational Interviewing

# Lifestyle Redesign + CBT-I Evaluation



## Medical History

- Secondary symptoms
- Relevant comorbidities
- History of sleep study
- Sleep related falls
- Medication routines

## CBT-I Components

- Sleep baselines:
  - Sleep-wake time
  - Sleep onset latency (SOL)
  - Number of awakenings after sleep onset (NWAK)
  - Duration of awakenings after sleep onset (WASO)
  - Early morning awakenings (EMA)
- Naps

## Lifestyle Redesign Components

- Timing and regularity of routines
- Eating
- Physical activity
- Meaningful leisure
- Social participation
- Self-regulation
- Sleep wind-down
- Sleep environment

# Assessments and Outcome Measures



- Insomnia Severity Index (ISI)
- Sleep Disorders Symptom Checklist 25 (SDS-CL 25)
- Canadian Occupational Performance Measure (COPM)
- Epworth Sleepiness Scale (ESS)
- Dysfunctional Beliefs about Sleep (DBAS)
- STOP-BANG
- Morningness Eveningness Questionnaire

# Training and Certifications

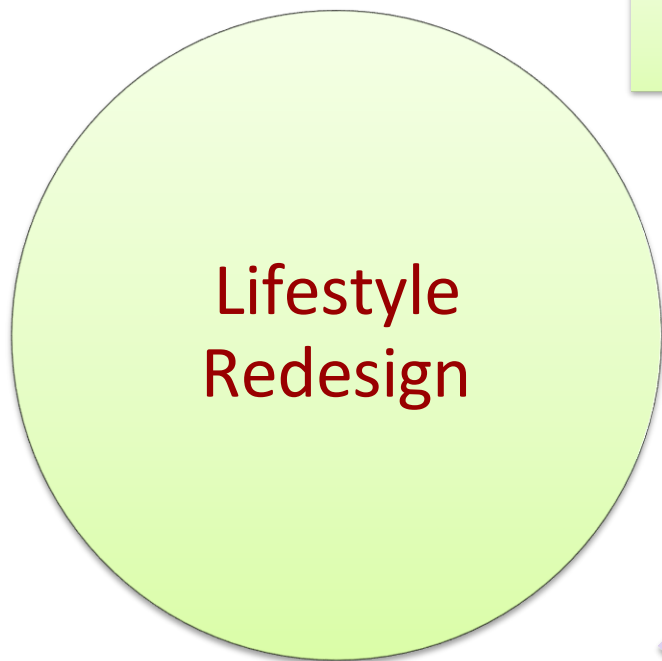


## Lifestyle Redesign Certification

- Active OT licensure
- Education: Completed didactic coursework
- Experience: Mentored and independent practice hours
- Evaluation: Successfully completed the LRC exam
- Maintain certification

## CBT-I for OTs

- Online from Colorado State University
- 1.8 CEUs



**Synergistic  
Approach**



# References



- Roth, T. (2007). Insomnia: definition, prevalence, etiology, and consequences. *Journal of clinical sleep medicine*, 3(5 suppl), S7-S10.
- Pyatak, E. A., Carandang, K., Rice Collins, C., & Carlson, M. (2022). Optimizing occupations, habits, and routines for health and well-being with Lifestyle Redesign®: A synthesis and scoping review. *The American Journal of Occupational Therapy*, 76(5), 7605205050.
- Beaulieu-Bonneau, S., Ivers, H., Guay, B., & Morin, C. M. (2017). Long-term maintenance of therapeutic gains associated with cognitive-behavioral therapy for insomnia delivered alone or combined with Zolpidem. *Sleep*, 40(3).  
<https://doi.org/10.1093/sleep/zsx002>
- Koffel, E., & Hagedorn, H. (2020). Provider perspectives of implementation of an evidence-based insomnia treatment in Veterans Affairs (VA) primary care: Barriers, existing strategies, and Future Directions. *Implementation Science Communications*, 1(1).  
<https://doi.org/10.1186/s43058-020-00096-4>
- Mitchell, M. D., Gehrman, P., Perlis, M., & Umscheid, C. A. (2012). Comparative effectiveness of cognitive behavioral therapy for insomnia: A systematic review. *BMC Family Practice*, 13(1). <https://doi.org/10.1186/1471-2296-13-40>
- Okajima, I., Komada, Y., & Inque, Y. (2010). A meta-analysis on the treatment effectiveness of cognitive behavioral therapy for primary insomnia. *Sleep and Biological Rhythms*, 9(1), 24–34. <https://doi.org/10.1111/j.1479-8425.2010.00481.x>
- Pallesen, S., Nordhus, I. H., & Kvale, G. (1998). Nonpharmacological Interventions for insomnia in older adults: A meta-analysis of treatment efficacy. *Psychotherapy: Theory, Research, Practice, Training*, 35(4), 472–482. <https://doi.org/10.1037/h0087829>
- Qaseem, A., Forciea, M. A., & Kansagara, D. (2016). Management of chronic insomnia disorder in adults: A clinical practice guideline from the American College of Physicians. *Annals of Internal Medicine*, 165(2). <https://doi.org/10.7326/p16-9016>
- Rios, P., Cardoso, R., Morra, D., Nincic, V., Goodarzi, Z., Farah, B., Harricharan, S., Morin, C. M., Leech, J., Straus, S. E., & Tricco, A. C. (2019). Comparative effectiveness and safety of pharmacological and non-pharmacological interventions for insomnia: An overview of reviews. *Systematic Reviews*, 8(1). <https://doi.org/10.1186/s13643-019-1163-9>
- Smith, M. T., Perlis, M. L., Park, A., Smith, M. S., Pennington, J. M., Giles, D. E., & Buysse, D. J. (2002). Comparative meta-analysis of pharmacotherapy and behavior therapy for persistent insomnia. *American Journal of Psychiatry*, 159(1), 5–11.  
<https://doi.org/10.1176/appi.ajp.159.1.5>