

Introduction

Sleep is an essential part of life that most people take for granted. We assume that the mind and the body will naturally “turn off” when we decide to lie down in bed and rest. After about 8 hours of sleep, we feel refreshed, we get out of bed, and we “turn on” the mind and the body to start our day. This routine sounds simple, like putting a computer in low-energy mode when not in use and then booting it up when needed. However, sleep does not always occur when we decide it should happen. Sometimes the mind will not shut off, or the body is restless and unable to power down. Wakefulness invades the bed, like an intruder in the night. If the inability to sleep persists, it can lead to tension, anxiety, and desperate attempts to shut off the mind and body. Unfortunately, these efforts are usually ineffective. This pattern is well-known to people with chronic insomnia.

Sleeplessness is a highly prevalent health problem, with about one third to one half of adults reporting regular difficulty falling asleep or staying asleep, and about 7% to 18% of

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Mindfulness-Based Therapy for Insomnia, by J. C. Ong

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adults meeting criteria for an insomnia disorder (Jansson-Fröjmark & Linton, 2008; Ohayon, 2002; LeBlanc et al., 2009). Sleep disturbance can impair cognitive functioning, compromise immune functioning, and exacerbate psychiatric conditions. The economic impact of insomnia-related absenteeism has been estimated to have an annual indirect cost of \$970.6 million, and insomnia-related productivity losses are estimated at \$5 billion (Daley, Morin, LeBlanc, Grégoire, & Savard, 2009).

When acute sleep disturbance goes untreated, it can evolve into a chronic insomnia disorder, which consists of sleep-specific symptoms (e.g., difficulty falling and staying asleep) associated with significant waking distress or impairment. Although the initial sleep disturbance is often triggered or precipitated by a stress response, development of chronic insomnia involves responses to the sleep disturbance that inadvertently dysregulate sleep physiology and perpetuate a state of mental and physical hyperarousal. These responses include behavioral changes, such as staying in bed to sleep in or taking naps, or using substances, such as sleep medication or caffeine. Furthermore, increased effort to sleep might also increase cognitive-emotional distress related to sleep by developing maladaptive beliefs and attitudes about sleep, rigid expectations about sleep, and increased attention given to figuring out how to sleep. All of these can create a vicious cycle of insomnia that is encapsulated by hyperarousal.

Pharmacological treatments can be effective short-term treatments, but side effects, such as amnestic episodes, are reported by patients. Furthermore, many patients still experience sleep disturbance despite taking these drugs, leading to dependence on and tolerance of the drugs. The leading nonpharmacological treatment is cognitive behavior therapy for insomnia (CBT-I), which has substantial evidence to support treatment effectiveness. However, the current cadre of qualified providers cannot meet the demand of the number of people who suffer from insomnia, and there are still many people who do not respond to CBT-I. Developing other empirically supported treatment options can provide more choices for consumers.

What Is Mindfulness-Based Therapy for Insomnia, and Why Is It Needed?

This book describes the principles and practices of a new treatment program for insomnia called *mindfulness-based therapy for insomnia* (MBTI). This integrative treatment package brings together the principles and

practices of mindfulness meditation with some of the behavioral strategies used in CBT-I. Mindfulness meditation is a form of Buddhist meditation that focuses on present-moment awareness as a means to see with discernment, cultivate self-compassion, and relieve one's suffering. The practice of mindfulness involves awareness of the impermanence of nature, including the observation that thoughts in the mind are not facts of reality but mental events that are dynamic rather than static. By choosing to become aware of whatever is present in the mind and reconceptualizing thoughts and desires as mental events that simply come and go, one can let go of the attachment to these thoughts and desires. This mental process is called *metacognitive shifting* and is one of the keys to reducing the stress and effort put into trying to sleep better in the MBTI program.

MBTI was originally developed by Rachel Manber, Shauna Shapiro, and me, refined with input from Zindel Segal. We developed MBTI not because we thought a new, better insomnia treatment was needed but because we recognized that most people who suffer from insomnia try too hard to solve their "sleep problem." We wanted to help sufferers of insomnia see the problem in a different way and to provide some tools to help them sleep better at night and function better during the day. We felt that teaching mindfulness meditation could provide an opportunity to create the space needed to allow sleep to come back. Through meditation practice, patients with insomnia can learn from their own thoughts, feelings, and sensations with an MBTI teacher as their guide.

The MBTI program is designed as an eight-session group intervention with an optional meditation retreat in between the later sessions. Each session is approximately 2.5 hours and consists of the following three activities: (a) formal meditations, (b) period of discussion, and (c) insomnia-related activities and instructions. Each week consists of a theme involving principles of mindfulness integrated with behavioral sleep medicine along with the practices of mindfulness meditation and behavioral strategies for sleep. In addition to activities in session, participants are assigned home meditation practice, starting from the first session. The type of meditation practice assigned varies according to the lessons and meditations that are taught during the session that week. Typically, participants are assigned to practice meditations for at least 30 minutes, 6 days per week. To aid in the home meditation practice, guided meditations using digital media are provided along with a log or diary to record their meditation practice and sleep patterns.

Research studies have provided empirical support for the efficacy of MBTI. A randomized controlled trial revealed that MBTI was superior to a self-monitoring control in decreasing self-reported total wake time in bed, decreasing presleep arousal, and reducing symptoms of

insomnia (Ong et al., 2014). Furthermore, patients can achieve clinically meaningful benefits from MBTI with a rate of response of 60% at posttreatment and 79% at 6-month follow-up. Similar results were found for remission, with a 33% remission rate at posttreatment and a 50% remission rate at 6-month follow-up for MBTI. When compared with mindfulness-based stress reduction, the standard mindfulness-based therapy, MBTI was superior in decreasing insomnia symptoms from baseline to 6-month follow-up.

A Road Map for Using This Book

This book is designed primarily for clinicians and trainees in psychology, psychiatry, medicine, nursing, and social work who work with individuals suffering from chronic insomnia or who wish to expand their practice into this area. It is also intended for teachers of mindfulness-based therapies who have appropriate credentials for working with clinical populations and are interested in expanding their work to people who have insomnia. Researchers and scholars will also find this book to be a useful resource for summarizing the research literature on MBTI and other mindfulness-based approaches for insomnia. Given the wide audience and range of potential practitioners, I have used the term *instructor* rather than *therapist* or *teacher* when referring to the individual delivering MBTI.

This book is organized into three parts. Part I provides the reader with a background on insomnia and the principles of mindfulness meditation to provide a context for understanding MBTI and its contents. Chapter 1 presents an overview of insomnia, with definitions and terms that are used throughout the book and in discussions of the scope of the problem. Chapter 2 describes the current pharmacological and nonpharmacological treatment options, with a discussion of the benefits and limitations of these treatments. Chapter 3 describes the principles and origins of mindfulness meditation to serve as a background for understanding the application of mindfulness to the problem of insomnia.

Part II features the theory and content of the MBTI program. The title, *Principles and Practices of MBTI*, was selected to emphasize the practice of meditation as a core feature of MBTI. Structurally, this section provides direct guidance to clinicians who are interested in delivering MBTI, including session-by-session program materials and instructions for delivering specific treatment components. Some readers might find it

helpful to refer back to Part I as they encounter parts of MBTI that refer to sleep physiology or mindfulness principles. Chapter 4 presents the application of mindfulness principles to insomnia and the metacognitive model of insomnia that serve as the theoretical basis for MBTI. The next four chapters provide detailed descriptions of the contents for each MBTI session, including session outlines and guidance for leading meditations and other in-session activities. Sample handouts that accompany these sessions can be found in the Appendix. Chapter 5 discusses the activities in Sessions 1 and 2, focusing on how to get started with MBTI. Chapter 6 describes Sessions 3 and 4, focusing on establishing the meditation practice and delivering the behavioral strategies for insomnia. Chapter 7 highlights the tools and activities for making metacognitive changes that are used in Sessions 5, 6, and 7. Chapter 8 describes the activities for bringing MBTI to closure in Session 8 and provides some suggestions for handling challenges that can occur while delivering MBTI. After reading this section, clinicians should understand the principles of MBTI, the skills needed to effectively deliver MBTI, and the materials that are needed throughout the MBTI program.

Part III discusses the empirical evidence for using mindfulness as a treatment for insomnia and considerations for implementing MBTI in real-world practice. Chapter 9 presents the program of research involved in developing and testing MBTI and the research base on other mindfulness-based therapies for insomnia. Researchers might be particularly interested in this chapter, which presents considerations and strategic decisions we made regarding research methodology. Chapter 10 broadens the discussion to consider how MBTI fits into the real world of health care delivery, with discussions on issues related to patient considerations and provider competency. Resources for further reading and training on mindfulness and insomnia are included in Chapter 10 to help guide instructors who are interested in delivering MBTI.

Insomnia is a widespread but treatable condition, and further efforts are needed to address this public health issue. The American Psychological Association (APA) recently recognized sleep psychology as a specialty, acknowledging the important role that psychologists can play in treating sleep disorders. My hope for this book is that it will bring the principles and practices of MBTI to a wider audience of clinicians, which can expand treatment options for people suffering from insomnia. Although I have previously published the research findings in scientific journals and presented workshops on MBTI at scientific meetings, this book provides details about the delivery of MBTI and describes the decisions that were made in putting the treatment package together. The materials include handouts and instructions that should enable clinicians with proper training to begin delivering MBTI. Other resources such as videos, workshops, and professional continuing education courses can be used to supplement

this book. In addition, I hope that the contents of this book will stimulate clinical researchers to consider new ways to improve MBTI, to study the treatment mechanisms, and to investigate other populations that could benefit from this treatment approach. Overall, I hope that the information in this book can provide the reader with novel ways to conceptualize insomnia and help those suffering from this common sleep disorder.