

Counting Sheep and Ambien Aren't Working? Try CBT-I and Hypnosis

By Tenley Fukui, MA, LPC

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Many Americans have difficulties with sleep. In 2005 43 million prescriptions were written for hypnotics, 26 million for Ambien (Carroll, 2006). For some insomnia is due to chronic pain, having to use the restroom, waking to tend a baby or elderly parent, anxiety, flashbacks, apnea, hotflashes or other medical conditions. The following are a number of solutions. Psychological help for chronic pain with sleep can come from cognitive behavioral therapy (CBT-I) and clinical hypnosis as adjuncts to sleep medication. Later in treatment, sleeping medications can be eliminated. By cutting back on intake of fluids in the evening you may eliminate the need or at least cut down on trips to the bathroom in the middle of the night. Next, find some respite care from a parent, spouse or relative to help so you can get some much needed sleep. The good news is that after a night of good sleep you will be functioning much better.* Work with your client on anxiety and ruminations. Flashbacks are easily treated with exposure therapy which can be much more comfortable in hypnosis than in vivo. If you suspect you may have sleep apnea get a sleep study done. If you suffer from hotflashes that keep you awake or wake you up, talk to your gynecologist and see if he/she has any suggestions. An

alternative is to seek hypnosis for hotflashes. A randomized controlled trial found that with hypnosis breast cancer survivors found their hotflashes decreased, along with their anxiety and depression while their sleep improved (Elkins, et al., 2008).

Many patients do not try the above psychological approaches; they call their doctor. Most physicians are glad to oblige with a prescription for a hallucinogen to help one sleep. However, there are two schools of thought. Some physicians believe that Ambien, Lunesta, etc. should be taken for a short period of time only; other physicians believe that they can be taken forever. Many patients develop a tolerance for their sleep medication and much like with other addictions they need more medication or are switched to another sleeping pill when the first one is no longer as effective (Carroll, 2006).

Do you think you aren't tired? Are you functioning at peak capacity? Take The Epworth Sleepiness Scale online.

Does CBT help so you don't have to count sheep or take sleeping pills? Yes. Research reveals that Cognitive Behavioral Therapy-Insomnia where patients are taught sleep hygiene and how to use a sleep diary are great steps towards improving their sleep so there is

no longer a need for sleeping pills. Typical topics in therapy include: not taking naps, drinking less caffeine earlier in the day and exercise. Hypnotherapy has also been found to be a great adjunct to treating sleeping disorders (Tan, Fukui, Jensen, Thornby & Waldman 2010; Graci & Hardie, 2007) plus it decreased their pain. In addition my current Treating Veterans with Chronic Low Back Pain with Clinical Hypnosis or Biofeedback study also shows a decrease in pain and improvement in sleep with the hypnotherapy groups. Learn self-hypnosis so you can relax and nod off into la la land. Pleasant dreams!

References

Carroll, L. (2006). Better sleeping through pills, *Neurology Now*, July-August, 18-19.

Elkins, G., Marcus, J., Stearns, V., Perfect, M., Rajab, M.H. Ruud, C., Palamara, L., and Keith, T. (2008). Randomized trial of a hypnosis intervention for treatment of hotflashes among breast cancer survivors, *J Clin Oncol*, 25, 5022-6.

Tan, G., Fukui, T., Jensen, M.P., Thornby, J., Waldman, K. (2010). Hypnosis treatment for chronic low back pain, *International J of Clinical and Experimental Hypnosis*, 58, 53-68.

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