



Dr. Bill Moorcroft



Sleep Problems Update

Number 7

Case Study: Behavioral Tx for Insomnia in a Pre-teen

Patient: D.C., an 11 y/o female competitive gymnast

Problem: D.C.'s problem was with falling asleep on some nights (taking 45 to 120 minutes), but occasionally on other nights having a problem returning to sleep after awakening. After a bad night she would feel tired, have trouble paying attention, and experience more negative emotions. Her sleep problems had begun to interfere with school and other activities.

She reported that her bed is lumpy. Often when she could not sleep, she would sit on the edge of her bed and watch the TV in her bedroom (Disney Channel) or she would go into her parents' bedroom to sleep on the floor. She usually slept-in on weekends to catch up on sleep.

D.C. reported a lot of negative cognition about sleep. During the day she would think, "Why can't I sleep?"

Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for cognitive-behavioral treatment insomnia, children's sleep problems, and sleep problems from shift-work. Offices in Fort Collins, Loveland, Greeley, and Denver.

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and at night would tell herself "Go to sleep!"

Overall she was very anxious about her sleep problems and wanted to sleep better.

curs" for her. I then taught her a version of guided imagery to help her relax her mind in place of worrying or getting anxious. This was supplemented by having her spend time during the day writing down her worries and concerns so they would not intrude at night and by showing her how to avoid her negative cognitions. Finally, I taught her a form of progressive relaxation modified for helping people relax their body when ready for sleep.

I also worked with her parents on what they could do. They bought her a new mattress and rewarded her for staying in her bedroom during the night.

Outcome: Very shortly D.C. was able to quickly fall and stay asleep and has continued to do so.

Comment: In treating D.C., I combined some elements of treatment methods designed for younger children with some elements used with adults.

Did You Know?

Harvard Study Finds Cognitive Behavior Therapy More Effective Than Top Selling Sleeping Pill For Treating Insomnia

A placebo controlled study appearing in the Archives of Internal Medicine, 2004, found that cognitive behavioral therapy (CBT) alone or CBT combined with Ambien is more effective than Ambien alone in treating chronic insomnia in young and middle-aged adults.

Short-term benefits in the time it takes to fall asleep were demonstrated, but also for sleep efficiency and for total sleep time. Longer-term benefits were maintained when CBT was used, but the beneficial effects of Ambien failed to last once the drug was no longer taken.

Diagnosis: Psychophysiological Insomnia (307.42-0) plus Inadequate Sleep Hygiene (307.41-1).

Treatment: We began by improving her sleep hygiene. For example, she agreed to use bed only for sleep (no reading, no TV, etc.) and to curtail sleeping-in on weekends (instead, she could take a brief afternoon nap). I emphasized that she needed to stay in her room at night so that would be "the place where sleep oc-