

COGNITIVE BEHAVIORAL THERAPY FOR NIGHTMARES: OVERVIEW

January 31, 2024



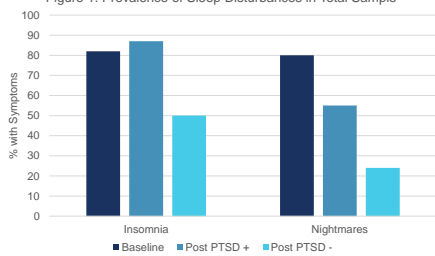
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Agenda

- Brief Review of Research Showing
 - Nightmares are responsive to PTSD treatment but often remain
 - Helpful sleep habits and relaxation training improves nightmares
- Overview of Nightmare Exposure and Rescription
- Resources

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Figure 1. Prevalence of Sleep Disturbances in Total Sample



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5 RCTs Evaluating the Mechanisms of Change in Nightmare Treatments

- Range of Interventions compared to Rescription:
 - Recording nightmares on diaries, Imaginal exposure to nightmare, Written exposure, Sleep habit modification with relaxation training, Positive imagery
- Improvements in both treatments
- No differences between groups
- Kunze et al., 2017; Pruiksma et al., 2018; Harb et al., 2019; Schmid et al., 2021

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Bottom Line

- Nightmares are important to treat
- Nightmares are treatable and can improve PTSD symptoms
- A range of approaches can be used
- We don't know what works best for whom
- Shared decision making with patients considering setting and resources available

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CBT-N Explained

Video

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Session	Contents
1	Sleep Psychoeducation Helpful Sleep Habits: Stimulus Control and Sleep Hygiene Using a Sleep Habit Survey Grounding
2	Additional Sleep Habits Psychoeducation about nightmares Progressive Muscle Relaxation with Guided Imagery
3	Write and Read a Nightmare Identify Themes in the Nightmare (i.e., Safety, Power/Control, Trust, Esteem, Intimacy) Introduce Dream Rescription (i.e., Writing New Version of the Nightmare) Diaphragmatic Breathing
4	Dream Rescription Diaphragmatic Breathing Introduce Imagery Rehearsal (i.e., Imagining Rescripted Dream)
5	Review Progress Second Rescription OR Target Second Nightmare
6	Review Progress Rescript Second Nightmare Plan for the Future

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Optional Sections	Indication
Nightmare Rescription with Minimal Exposure to the Nightmare Account	Idiopathic Nightmare Limited Time to Complete All Sessions
Trauma Psychoeducation	Patient Has Trauma-Related Nightmares But Has Not Received Trauma Psychoeducation
Additional Sleep Education	Patient is Interested or Could Benefit from Additional Treatment Rationale
Sleep Efficiency Training/Sleep Restriction Therapy	Therapist Has Training and Patient Spends Excessive Time Awake in Bed
Sleep Compression	Therapist Has Training and Patient Spends Excessive Time Awake in Bed

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Nightmare Differentials



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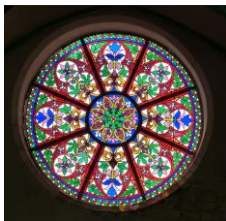


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Dreaming: Activation-Synthesis Hypothesis



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Nightmare Theories: Continuity Hypothesis of Dreaming

- "Mood matching" theory
- Dream content reflects our waking thoughts or concerns
- Nightmares = emotional metaphor

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Nightmare Theories: Trauma Processing



- Processing of information and emotions
- Helping to make sense of what happened
- Helping to prepare for future threats
 - Threat simulation theory
 - Fear memory extinction
- New understanding of trauma event allows person to move on

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Assessment



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CBT for Nightmares Intake Form

Intake Form: Cognitive Behavioral Therapy for Nightmares

It is recommended to pair this intake with the following self-report forms:

<input type="checkbox"/> Medications & Substance Use	<input type="checkbox"/> Insomnia Severity Index (ISI)	<input type="checkbox"/> Sleep Habit Survey
<input type="checkbox"/> Nightmare Assessment (e.g., Trauma-Related Nightmare Survey [TRNS], Disturbing Dream and Nightmare Severity Index [DDNSI], Nightmare Disorder Index [NDI])	<input type="checkbox"/> Trauma & PTSD Assessment (e.g., Life Events Checklist [LEC] and the PTSD Checklist for DSM-5 [PCL-5])	<input type="checkbox"/> Sleep and Nightmare Log

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CBT for Nightmares Intake Form: Assessing Nightmares

NIGHTMARES		Subthreshold	Threshold
<p>1. Onset</p> <p>"How often do you have disturbing dreams?"</p> <p><small>Note: CBT for Nightmares can improve or resolve nightmare symptoms. Consider nightmare frequency on your own (no clinical judgment) to determine if you're experiencing these types of nightmares or seek clinical support (CPT 90.78).</small></p>			
	<1 per week (DSM-5 7)	<input type="radio"/>	<input type="radio"/>
<p>2. Duration</p> <p>"How often have the elements of these disturbing dreams cause you to wake up?"</p>			
	<1 per week (DSM-5 7)	<input type="radio"/>	<input type="radio"/>
<p>3. Impairment</p> <p>"In general, do you remember these disturbing dreams that wake you up?"</p> <p>If checked, "Should you be able to tell me what happens in these disturbing dreams with some detail?"</p>			
	No (DSM-5 7)	<input type="radio"/>	<input type="radio"/>
<p>4. Clinically Significant Impairment</p> <p>"Do these disturbing dreams interfere with your life or your sleep?"</p> <p>If checked, "Do the disturbing dreams make it difficult to fall or stay asleep, avoid your usual daily life job, or interfere with work, family, or social relationships?"</p> <p>Do you make efforts to avoid having disturbing dreams?</p>			
	No (DSM-5 7)	<input type="radio"/>	<input type="radio"/>

<p>5. How long have you had experiencing disturbing dreams that wake you up?"</p>	<p><1 month (DSM-5 7) and moderate severity to allow clinical support (CPT 90.78)</p> <p><input type="radio"/></p>	<p>>1 month</p> <p><input type="radio"/></p>
<p>6. Did the disturbing dreams (DD) begin when you started a new medication?"</p>	<p>Yes (check the medication)</p> <p><input type="radio"/></p>	<p>No</p> <p><input type="radio"/></p>
<p>DECISION:</p> <p>7. CBT for Nightmares indicated as a treatment option based on answers to questions 1-7?</p>		
	No (DSM-5 7)	<input type="radio"/>
	Yes (DSM-5 7)	<input type="radio"/>

NIGHTMARE DIFFERENTIAL REMINDERS:

- The patient or bed partner reports the patient is waking up with some arousal (e.g., sweating, flushing, racing heart, rapid shallow respiration, the patient is prone to panic attacks). They recall the accompanying fight/flight response of that wake up arousal. A bed partner partner should be asked to get up with them for the dream recall. In these options look for significant details that include the dream recall. In these cases, consider referring to a sleep clinic. Medications may also interact with dream recall.
- CBT is indicated if nightmares occur with night terrors, nocturnal panic attacks, and sleep apnea. However, CBT is not indicated if nightmares are not present.
- If the patient or bed partner report getting up because the patient is asking out dreams or making large body movements during sleep, consider referring to a sleep clinic.

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CBT for Nightmares Intake Form: Assessing Nightmares

Nightmare Type			
<p>8. "Did your nightmares begin after a traumatic event, such as sexual assault, combat, fire, or any other stressful event?"</p>	<p>No (Idiopathic Type, SKIP to # 10)</p> <p><input type="radio"/></p>	<p>Yes (Trauma-Related Type, CONTINUE to # 9)</p> <p><input type="radio"/></p>	
<p>9. "How similar are your nightmares to the stressful or traumatic event you experienced?"</p>	<p>Almost exactly the same</p> <p><input type="radio"/></p>	<p>Similar, but not exact</p> <p><input type="radio"/></p>	<p>Unrelated/dissimilar</p> <p><input type="radio"/></p>

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Sleep Diary

Sleep Diary and Nightmare Log

Date	Sample	ID/Name	Appointment/Date				
1. What time did you get into bed?	8:30 PM						
2. What time did you try to go to sleep last night?	9:30 PM						
3. How long did it take you to fall asleep in minutes?	55 min.						
4. How many times did you wake up, not counting your first awakening?	3 times						
5. In total, how long did these awakenings last in minutes?	70 min						

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Sleep Diary

6. What time was your final awakening?	6:30 AM						
7. What time did you get out of bed for the day?	7:10 AM						
8. How would you rate the quality of your sleep? <small>(0=Very Poor, 1=Fair, 2=Good, 3=Very Good)</small>	3						
9. In total, how long did you nap or doze yesterday?	45 min						
10. Last night, how many nightmares did you have that woke you up?	2						
11. How would you rate the overall severity of your nightmares? <small>(0=Not at all to 4=Extremely, NA=not applicable)</small>	4						

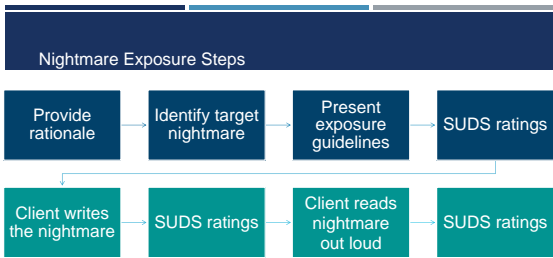
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Sleep Diary

TO BE COMPLETED ONLY WHEN ASSIGNED							
12. Relaxation Practice 1: SUDs ratings	Before 05 After 50	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___
13. Relaxation Practice 2: SUDs ratings	Before 05 After 50	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___	Before ___ After ___
14. How many times did you practice imagining the new dream yesterday and for how many minutes total?	1 (15 min)						
15. Comments	Have a cold 10 mg Ambien 4 beers						

Sleep Diary and Nightmare Log

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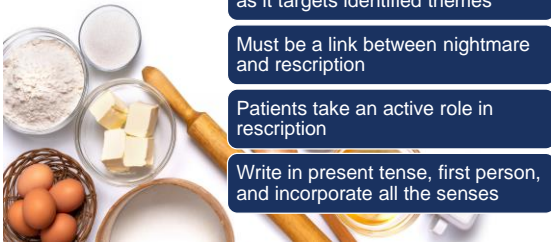
IDENTIFICATION OF TRAUMA THEMES

Safety	Trust	Esteem	Intimacy	Power/Control
<ul style="list-style-type: none"> Feeling or being unsafe Beliefs about the dangerousness of other people 	<ul style="list-style-type: none"> Lack of trust in others/equipment Lack of trust in self to make decisions 	<ul style="list-style-type: none"> Believing there is something wrong with/damaged about oneself Believing others are evil, out to get you Feeling unskilled/not good enough 	<ul style="list-style-type: none"> Feeling discomfort with emotional or physical intimacy Not feeling close to others Inability to soothe Desperate clinging to others 	<ul style="list-style-type: none"> Needing to be in control Feeling powerless Unable to make decisions/actions Believe others have power/control over events

[Lebowitz & Newman, 1996; Resick & Schnicke, 19

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Rescription Instructions



- Change any part they want as long as it targets identified themes
- Must be a link between nightmare and rescription
- Patients take an active role in rescription
- Write in present tense, first person, and incorporate all the senses

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IMPORTANCE OF THEMES

- Nightmare treatment of 48 U.S. Vietnam Vets with combat-related PTSD
 - 63% of rescriptions addressed the nightmare theme [as opposed to changing it any way you want]
 - Theme rescriptions predicted a reduction in overall sleep disturbance
- “These findings support the focus on identification of themes as practiced in a variant of Imagery Rehearsal (Davis & Wright, 2007) and suggest the importance of assessing for themes applicable to replicative nightmares of combat veterans” (p. 516).**

[Harb, Thompson, Ross & Cook (2012)]

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TYPES OF DESCRIPTION APPROACHES

- Concrete
- Humorous
- Violent
- Conversations
- Fantastical

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Video of Rescripting

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BREAKOUT: WRITE A DESCRIPTION

"It is night, and it is hard for me to see where I am going. I am running up the stairs trying to get away from a large man. I can't see his face but he is wearing a bright red hat. I hear him behind me, breathing heavily, and I am trying to run faster. My heart is racing out of my chest and I'm very scared. I can feel the sweat dripping down my forehead. I am trying to yell for help, but my voice only comes out as a whisper. It seems like no one will ever be able to help me. I see an open door and I go as fast as I can. I run in and shut the door and lock it. I quickly hide under the bed and wrap myself in a blanket. The man is angry and yelling for me to open the door. He is banging on the door with his fists. With each pound, I hear the door cracking. Then the door crashes open. He runs toward the bed and yells that I am in big trouble."

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Assigning Imagery Rehearsal

- Practice in session
- 10 minutes each night
- Before relaxation practice
- Reading or picturing the new dream over and over
- Highlight and emphasize the importance

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Signs of Progress

Nightmares happen less

Nightmares less intense

Can go back to sleep more easily

No longer feel they are being controlled by nightmares

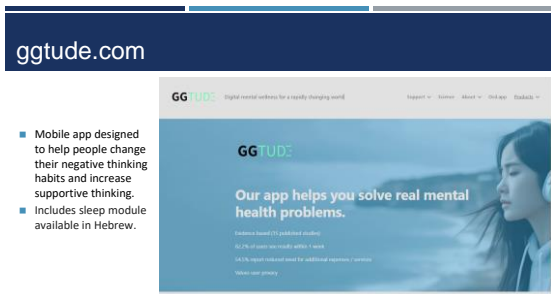
Less impact during the day

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Resources

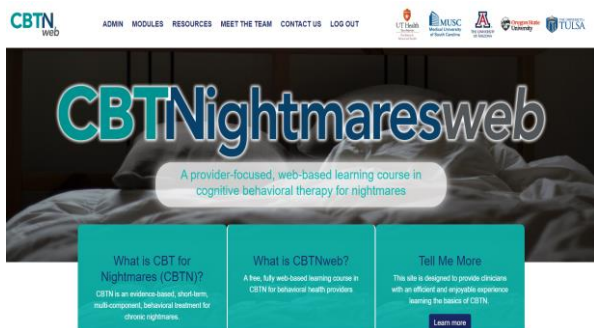


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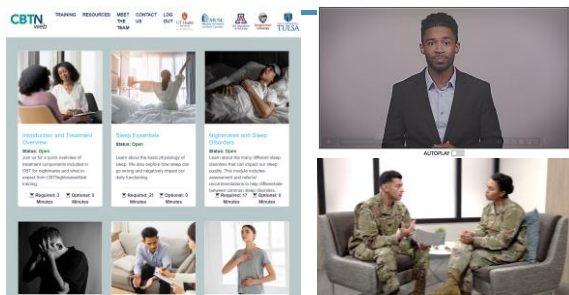


- Mobile app designed to help people change their negative thinking habits and increase supportive thinking.
- Includes sleep module available in Hebrew.

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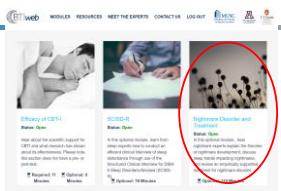
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WEB-BASED
CBTI
TRAINING
+
NEW NIGHTMARE
TREATMENT
MODULE!

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CBTiweb.org Nightmare Treatment Module based on Exposure, Relaxation, and Rescripting Therapy (ERRT)



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