



Dr. Bill Moorcroft



# Sleep Problems Update

Number 18

## Case Study: A Quick Fix for a Case of Insomnia

**Patient:** G.A., a 27 y/o single woman who is co-owner of a thriving limousine service.

**Problem:** G.A. said her sleep for about the last year had been “horrible.” She would usually fall asleep with little problem at about 8 pm after taking a sleeping pill, but as the night wore on she had more and more difficulty staying asleep. As morning approached she would increasingly “anticipate” her wake up time that she said then prevented her from sleeping before getting out of bed at 11. She estimated that she was only getting a total of about 6 to 7 hours of sleep.

Her poor sleep was very distressing to her because she felt like a “zombie” until she took a nap. She felt that people were noticing bags under her eyes. She said that she was too tired to exercise like she had in the past and had been putting on weight.

She admitted to generally overly obsessing about things. She grew up in an abusive home and had been anorexic. For a number of years she had been a cocktail waitress, not getting to bed until 5 am or so. She hinted that her good looks had made her a successful cocktail waitress, but now she was getting old and did not like to be around young people.

**Diagnosis:** Psychophysiological Insomnia (307.42).

**Treatment:** During the initial appointment, I gave her a sleep log to keep track of her sleep. She was eager to get going with the treatment, so I also introduced her to an imaging technique modified for sleep improvement and got her started on keeping a journal of her negative thoughts about her sleep.

**Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for cognitive-behavioral treatment insomnia and children’s sleep problems. Offices in Fort Collins, Loveland, and Denver.**  
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The very next morning she telephoned to say she had had a terrible night. “Focusing on my sleep is making me nervous. I am stressed with negative thoughts about my sleep.”

During a phone appointment later that day, I rehearsed with her how to restructure her negative thoughts about her sleep to more positive, yet realistic thoughts using cognitive restructuring. I

also had her restrict her time in bed from midnight to 9am.

**Outcome:** Two weeks later, on the day of her next appointment, she telephoned to cancel because as she applied what I had taught her, her sleep had gotten gradually better. She was now sleeping fine. She has been sleeping for 8 – 9 hours and “got her energy back.”

“Thanks to you, I now have more trust in my ability to sleep, and I do not need any further appointments.”

### Did You Know?

**There are many benefits for primary care providers who refer their patients with insomnia to Northern Colorado sleep Consultants:**

- ◆ Patients with insomnia can take up a lot of your time telling you the details of their sleep problems and repeatedly making requests to you for more or different sleeping pills
- ◆ Patients can be frustrating to treat when their sleeping pills are not helping
- ◆ Sleeping pills usually only bring symptomatic relief, whereas behavioral treatment most often results in a **life-long cure**
- ◆ Behavioral treatment is short (usually about 8 weeks), but intensive
- ◆ The success rate of behavioral treatment for improving insomnia has been shown in several well-designed studies to be quite high
- ◆ Behavioral treatment of insomnia has been shown to be **effective** for all ages and for people with many medical and psychological co-morbid conditions

**Comment:** It is not unusual for a person with insomnia to dwell on their sleep problem to such an extent that it becomes the major contributor to their poor sleep. For such people, sleeping pills only temporarily cover up the problem and offer no long-term solution. Getting at the root of the problem, such as the anxiety, rumination, and lack of confidence about the ability to sleep, is a more effective and enduring solution.