Transcript: Sleep Junkies Podcast Episode 007

Cognitive behavioural therapy for insomnia explained - Dr Lindsay Browning

https://sleepjunkies.com/cognitive-behavior-insomnia-explained/

Jeff Mann: 00:08 Welcome to the Sleep Junkies podcast. My name's Jeff and I'm the founder and the editor of sleepjunkies.com. And at Sleep Junkies we cover the whole conversation on sleep, so we talk about the health and the science aspects.

00:23 We talk about the culture of sleep, we talk about the sleep industry, we talk about interesting new sleep products. Pretty much if there's an interesting topic and it's got anything to do with sleep, we'll cover it

00:34 And today's podcast is going to be all of that. The topic of CBT, which stands for cognitive behavioural therapy for insomnia. And the reason we're going to talk about CBTi today is hopefully dispel a few myths, hopefully be a bit of it an explainer. A bit of an education to anyone that's looking for an effective treatment for insomnia. It's a cognitive and behavioural therapy. It's about changing your behaviour and changing your thinking rather than taking a medication.

Jeff Mann: 01:06 So on the other end of the line, we're going to talk to somebody who was trained at a very high level to be qualified as a CBTi practitioner, as a chartered psychologist. And we're going to talk about what CBTi is. We're going to talk about what it involves. You're going to talk about the background that you're going to talk about, what CBTi isn't, and hopefully you'll go away with a much better understanding of what it could do for you if you're suffering from sleep problems.

01:34 If you're liking the Sleep Junkies podcast, don't forget to subscribe, leave us a little review on iTunes. You can also check us out on the website, sleepjunkies.com and we're all over social media, junSleep Junkies on Instagram, on Facebook, on Twitter, on Pinterest. And that's it for the introduction. Really hope you enjoy this episode on with the show.

Jeff Mann: 02:03 We're here with Dr. Lindsay Browning. Hi Lindsay.

Dr Lindsay Browning: 02:06 Hi. Thank you so much for having me.

Jeff Mann: 02:08 Before we get into the discussion, can you describe to our listeners who may not have heard of you exactly what you do and what your organization, Trouble Sleeping does?

Dr Lindsay Browning: 02:21 Yes, sure. I'm Dr Lindsay Browning and I'm a chartered psychologist. I studied insomnia at the University of Oxford with Professor Alison Harvey, who was a pioneer in looking at cognitive behavioural therapy for insomnia.

02:36 So I worked with her during my doctoral thesis looking at worry and rumination and insomnia. And at that time when I graduated was in 2006 there were literally 10 people in the United Kingdom who were doing CBT for insomnia. Looking at, helping people with their insomnia by looking at their commissions and behaviours about sleep.

02:57 And it was such a hugely important issue. So at that point I set up Trouble Sleeping, which is the company that I used to run services whereby I help people with cognitive insomnias and I say cognitive insomnia's rather than insomnia caused by pain or caused by sleep apnea or some kind of a REM disorder, a sort of more medical insomnia

03:19 Because those are the ones that historically have had lots of money put into them being investigated. Cause you could treat them with equipment and medicine. But a normal insomnia,

which affects 90 plus percent of people with trouble sleeping has been historically not had lots of focus on.

03:35 So I set up Trouble Sleeping in 2006 seeing clients and I see them either face to face or on the phone or via Skype. Following that I've moved, abroad, I lived in Singapore and America and back in the UK and doing my Trouble Sleeping business again.

Jeff Mann: 03:51 Great, gonna big you up a bit. Lindsay. You studied at Oxford and Oxford is, in the states, you'd call it an Ivy League university. The reason I'm bringing this up is because you know, you, you've been to arguably the top university in the country. You've studied with one of the pioneers in this field. Yup. And you know, you're a sleep expert and I don't think there's any question about that.

04:19 But we were having this discussion where a lot of people that are getting on this trending sleep bandwagon and calling themselves experts. And I don't want to go into this too much, but I want to stress the importance because you're trying to see people and patients.

04:36 Whereas a lot of people will be taking people on as clients and trying to solve their sleep issues. And as you said, as we had this discussion, you know, you've looked some of these people up and what are their credentials? Well they're are a mum.

Dr Lindsay Browning: 04:50 Yes that's true.

04:50 You know, we love mums.

Dr Lindsay Browning: 04:53 I'm a mum.

Jeff Mann: 04:55 And that's great but that doesn't give you the qualification to see patients in, in a professional setting.

Dr Lindsay Browning: 05:02 I think it's very difficult for people because I'm sure there are plenty of sleep experts without formal qualifications who are doing an excellent job.

05:12 That they've done their own research and they're probably providing, they're giving great advice. However, the trouble for the average person seeking help is that you don't know without a government regulated body or some kind of agreed criteria for seeking help for sleep. Then people, they don't know whether they're getting somebody who may just be a mum, but they might be great and might give great advice. Versus someone who's just a mom or just a dad or just Joe Blogs down the street who is giving advice that isn't based on science and actually maybe damaging or harmful.

05:50 When I see clients, I rule out medical problems they might be undergoing, which is really important because the worst thing would be to treat someone's insomnia in the way that we're going to discuss later. But actually their real problem is medically caused and if you're treating the insomnia, you could be making that medical problem worse with really disastrous consequences.

06:12 So I think that's, that's really important to do your research when you are looking at getting help to make sure that the person you're speaking to is really, do they really seem like they're qualified to help you?

Jeff Mann: 06:22 Yeah, it's exactly what you said. So we're going to be talking about CBTi again, it's another, it's another big buzzword and it's interesting you say back in 2006, there was 10 people in the UK.

Dr Lindsay Browning: 06:40 I remember going to sleep conferences and there wasn't, there wasn't the money or interest in doing it because it's a talking therapy as opposed to something that you can make a lot of money selling piece of equipment or medicine.

06:55 But obviously now that CBTi has been proven to be so effective over a longer period of time and with the, the society looking at sleep and, and seeing how absolutely vital is it the moment that people are thinking, okay, we do need to look at it and deal with it and help people.

07:13 So now it's, it's become a lot more mainstream, which is fantastic. So CBT or cognitive behavioural therapy has been used for a long time for the anxiety disorders and depression whereby if people have anxious thoughts, they can worry too much about anxieties, cognitive behavioural therapy looks at your cognitions and your behaviour and looks to change those to help you to become less anxious, less depressed. So CBTi is like that. But for insomnia.

Jeff Mann: 07:44 Yeah. I'm sorry to interrupt let me pause you there. Sleep problems. Um, they've generally been medicalized and we think of medicine. We think of pills, we think of treatments and we think of surgeries. You think of going to the doctor and the doctor will say, do this. A medical intervention.

08:02 CBTi is a talking therapy, but it's also a behavioural therapy. And I think there's a lot of people out there. Certainly this was my view before I got to know about CBTi, 'well that's therapy. That's going to see someone and talk to someone. But I've got a medical problem, I've got insomnia. I don't need to go and talk to someone. How's that? Gonna help me.' So I think, you know, I think it's important to talk about this in really basic terms.

08:24 Because one of the reasons CBTi, my understanding, one of the reasons CBTi has been adopted, it's been proven to be that effective. Ilt's not the, this concept of going to see a counsellor, I don't know. Let's say you had some relationship problems and they might talk about your relationship and then you go away and think about it. I mean CBTi it's, it's not a magic bullet, but it's at least or if not more effective than sleeping pills in regards to long term sleep problems.

Dr Lindsay Browning: 08:50 So the difference between seeing a counsellor, if you're unhappy and you want to talk about, about your feelings versus CBTi, is that CBTi is very prescriptive. It's very scientific.

09:01 It's following a group of rules and basically when you come and see a practitioner or somebody to help you with your sleep with CBTi, they're going to look at your sleep in a factually scientific way, analyze it and say, right, what you're doing here is right. What you're doing there is wrong. Change their, start doing this. Stop doing this.

09:20 They give you a whole list of things to change to make you sleep better. Whereas when you see a counsellor, there is no counsellor. You're going to see who was going to say, well your boyfriend sounds like an idiot. You should leave him and your job's a bit stressful. So look for a new one. That's not how counselling works. It's patient led.

09:38 So you cannot do both things at once. You can't be giving counselling at the same time as CBTi because they're two completely different things. CBT is so prescriptive and you have to tell someone what to do.

09:50 So when I see clients, if, if their primary problem is that they have post traumatic stress disorder or they're chronically depressed, then I tell them, I'm not the person you should be speaking to you right now. And I refer them on to a specialist who can help them with their post traumatic stress or their chronic depressive disorder because that's the front line thing. I only see people where insomnia is their primary issue.

Jeff Mann: 10:17 Thanks for that. That's a really, that's a really good distinction. You've made this, so this idea of counselling and therapy and CBTi as a therapy, CBT is prescriptive is telling you you need to do this. Whereas the counselling thing is, is kind of, a lot of times it's more a reflective space, isn't it?

Dr Lindsay Browning: 10:34 Yeah, and counselling is hugely valuable. Well, I'm not saying it's not it because it absolutely, yes. It's amazing for, for someone who needs to talk things through. It's just, it's not the same thing as CBTi, which is specifically looking at your sleeping and changing it to make it better

Jeff Mann: 10:49 Action points, isn't it? I just want to go back to the origins. It's got quite an interesting history isn't it? I was doing a bit of studying philosophy just on my own, you know, just some reading and I was interested to read that CBTi the roots are based in very ancient ideas going back to the Greeks thousands of years ago of Stoic ideas about recognizing your thoughts and recognizing how your thoughts influence your behaviour. I wondered if you could talk about that a little bit.

Dr Lindsay Browning: 11:19 Sure. Well, one of the key points of cognitive behavioural therapy for insomnia or for depression is that when you're in a situation that is troubling you or you're thinking about a lot, then you tend to have attentional bias to those things.

11:36 So for example, if a couple are having trouble conceiving a child, they will see babies everywhere. They will look on TV and almost every advert they see will be for a baby or diapers or they'll walk down the street and see pregnant people because they're looking out for it. Their attentional bias is about babies.

11:54 If you are depressed, your attentional bias is about depression, depressive thoughts. So you'll remember bad times and you'll think about something that's going to happen in the future and think, oh, it's probably not going to work out because nothing works out for me. Everything's hopeless and you will, your cognitions are all to do with that negativity.

Dr Lindsay Browning: 12:13 The same thing applies to insomnia. When you have trouble sleeping, your attentional bias is your concern for your lack of sleep. So you're worried about if I don't sleep tonight, then my job performance tomorrow will be affected. If I look in the mirror and I see extra wrinkles because I haven't slept. I drove a cup and you think, oh, that's because I'm so clumsy because I haven't been sleeping.

12:37 You're looking inside your brain at what your attending to, what you're thinking about actually changes your behaviour because at that point you will, if you're depressed, you might not go out for the day because, well, it's pointless. I'll just have a, I'll be terrible. I won't make friends. I wouldn't have a good day. So you don't go out or with insomnia, you might not go for that new job or that promotion because, there's no point, because I'm not sleeping, I'm not doing my best. I won't even do that. And before you know it, your actual life is being changed because of your attentional bias.

Jeff Mann: 13:08 So it is paying attention to the negative thoughts as opposed to the negative thoughts are causing the negative outcomes.

Dr Lindsay Browning: 13:15 Yeah, exactly. You pay by paying attention to those negative thoughts, you give them power and then you'll make choices based on them. And also paying attention to the negative thoughts will increase your anxiety.

13:26 So with insomnia, sleep, happens when we're relaxed. Sleep doesn't happen if we concentrate really hard and we try our best and we're really tense and we're trying to sleep.

13:37 If you want to pick up a table, then that's going to work. You'll concentrate and you really try to pick up this heavy table. That'll work, but it doesn't work with sleep. So if you're stressing and thinking about sleep and you're really worried about your lack of sleep and how important sleep is and how you must sleep, then your anxiety levels start to increase.

13:56 And the more anxious you are, the less likely you are actually to sleep as well. So it has, not only does it have behavioural consequences on your, what you choose to do during the day, but it also has physiological consequences on your body itself by increasing your, your stress levels.

Jeff Mann: 14:13 Yeah. it's incredibly complex. How all these things interact. And I'm lucky not to have suffered from sleep problems historically, but I have had a couple of times in my life and I, I distinctly remember that state of being in bed and my mind just racing and racing and racing and going in circles and trying to get these thoughts out of my head is not working.

14:36 And it's like I can't get to sleep. I can't get to sleep. And I'm lucky that, you know, these things have only happened to me once or twice in my life. But some people have this as an ongoing thing. So I think this is where CBTi has, has come to the fore because it gives you tried and tested methods for actually targeting these things.

14:55 And we're going to go into the nuts and bolts of how that works in a little bit. Um, can you explain how, it's kind of been adopted as a, let's say, a front line treatment or as a recommended first line treatment in, in lots of places in the world now, isn't it?

Dr Lindsay Browning: 15:13 Yes it has. Yeah. The NICE guidelines, the National Institute for Clinical Excellence in the UK for example, suggest if you have an ongoing insomnia that the first line of attack, the first thing you should do is to seek cognitive and behavioural interventions for that insomnia much before looking at pharmaceutical methods. So before you start having sleeping pills to look at your cognitive behavioural aspects of sleep.

15:43 But unfortunately there aren't loads of practitioners, they're getting a lot more, like we say that the, the world is changing and people are seeing how important is that there are becoming more and more people being trained, which is great.

15:58 But there still aren't loaded them. So actually, even though the NICE guidelines say that's what you should do, reality is that GPs often don't know where to put somebody, where to let someone turn to. So they might give them sleeping pills instead. But luckily there are things like computerized CBT delivery, which we'll probably talk about, which are another option that you can have.

Jeff Mann: 16:20 Hmm. Do you know what the situation is in the States?

Dr Lindsay Browning: 16:24 The States, is a lot ahead of us. The American Academy of Sleep Medicine for example, there is an exam in the States that you can take to be certified. I can't remember the exact terminology, sorry.

16:35 But there's an exam you take there to be qualified. There are a lot more sleep clinics in America. They'd been ahead of us on that zone. So in America, there are a lot more geared up for providing CBTi. But of course it depends on your health insurance. Nothing is free. And I lived in the States, I lived in Atlanta, Georgia for just under four years and moved back in 2005 to the UK. So I had experience of the American health system out there.

Jeff Mann: 17:01 So whereas in the past it may have been the case that your doctor, your physician, your health professional may have recommended sleeping tablets, taking pills, pharmaceuticals. Now it's CBTi. So, so this is how important CBTi has become over the last couple of decades, let's say. And it is a very recent thing, isn't it?

Dr Lindsay Browning: 17:23 Yeah, it really is. Before I left the UK to go live abroad and came back. It's a different country with regards to sleep, which is amazing. It's brilliant. I'm really pleased.

Jeff Mann: 17:33 Well, one of the things that's happened to help that situation, and of course I think it's a way for governments and health bodies to actually spread the cost of this, technology has kind

of come into this CBTi world and now there are loads and loads and loads and loads of apps in particular, online programs.

17:57 And in the UK there's a thing called Sleepio, which people may or may not be aware of what's available worldwide because it's an app, but Sleepio they've done a a licensing agreement with the NHS, which is the National Health Service in the UK.

18:11 So that's one way of getting CBTi. So whereas before you'd have to pay for Sleepio, you can now get it for free as an insomnia treatment. And there are obviously other other apps and other online programs you can do, but it is something you can either choose to do with a person such as yourself or in a group or on your own with an app.

Dr Lindsay Browning: 18:35 Or with a book.

Jeff Mann: 18:37 Or a book. Yeah.

18:38 So at least there are many ways of getting the help in different delivery systems and like you say, I think there's evidence to show that one on one therapy is absolutely the gold standard, best way of delivering it.

18:51 However, it's very expensive because you're paying a person for their time for a minimum of six hours. Whereas an app you can enable everyone to be able to have that help. And the success rates of online or self directed CBTi, it's pretty good.

19:12 It's been shown to be not so great in older people and unemployed people and they respond better to therapist delivered CBTi , and people who need that little bit of extra one on one encouragement. But it's been shown that CBT for anxiety disorders delivered by computer, computerized delivery is very effective.

19:34 So it's a great thing to be able to give to the masses and if someone feels like they need a bit of extra help or they've tried them and they haven't quite yet quite being compliant with following what it says to do on the screen. I mean I've seen patients who have tried an online program but they haven't really stuck to it, it hasn't felt like it really did for them what they needed and just having someone to speak to and to really help explain to them the reason you're doing this is for this reason and, and to help them to comply with what it's asking you to do, can be quite effective.

Jeff Mann: 20:08 Yeah. I mean there's, the cynical side of me says that, you know, everything gets privatized. The health service in particular, so the government's saying, okay, well we can't afford to roll out private CBT therapists for everybody. We just can't, we just don't have the budget to do it, so we're just going to give them an app to do it. You know, that's the cynical side of me.

Dr Lindsay Browning: 20:29 I think it's a realistic side. I mean if we had unlimited funds, the waitlist for depression therapies is shocking and some parts of the country can be up to 18 months I've heard. And there's no way somebody who is depressed at that moment and needs help there and then can wait 18 months for depression therapy.

20:48 So it's a balancing act. The NHS, I genuinely believe is doing its absolute best by everyone, but they don't have unlimited funds. So you know, Sleepio is a really good way of getting at least some help to people rather than just saying, well, you know, you can't help you. Sorry about that. Well have these sleeping pills, which will might help you very short term. But actually the longterm effects of them are, as you know, is awful.

Jeff Mann: 21:16 Oh no, it's brilliant. That is available and is freely available. And also these kinds of things are inevitable because the robots are coming and technology and a lot of jobs are going to go because of automation and online services.

21:34 And so, you know, I can be cynical like this, there is an inevitability that this will happen. But just to just go back to this, there are different entry points that you can use an app - the best obviously is to see someone one on one such as yourself or hopefully there's more than 10 people in the UK now we can do it in a group as well.

Dr Lindsay Browning: 21:55 Yeah, that works pretty well.

Jeff Mann: 21:56 Yeah. How does that work? Doing CBTi in a group therapy setting.

Dr Lindsay Browning: 22:01 You can do it. People can have the opportunity to ask questions about a particular thing they don't understand, but you don't get in the CBTi group setting, the opportunity where people really open up, because I find that when I see clients one on one, a lot of times they'll tell me things, even though it's not counselling, they will tell me things that all bordering on counselling that they maybe have never ever, ever told anyone else before.

22:29 And it gives them an opportunity to let that go and to feel free from those thoughts as just as part of it. Which I think in group counselling you don't get that intimacy, but it is , it can be very effective.

Jeff Mann: 22:42 Yeah. It's obviously, you'll be making a connection with other people with similar problems as well. So there's obviously a lot of benefits that are going to come to that. I just want to give people an overview of how, you know, the different ways that they can do this.

Dr Lindsay Browning: 22:59 Yes. It's just like personal training. You know, seeing a personal trainer one on one is rqp more effective than being in a group class, which is arguably more effective than doing online personal training.

Jeff Mann: 23:12 That's a great analogy.

Dr Lindsay Browning: 23:13 Yeah. I think it's the same because with online personal training, no one's there to tell you, come on, you can do it one more. Whereas in the group training, you've got that support group. But equally, if you didn't turn up, would anybody notice?

23:26 You know whereas in a one on one personal training, very expensive, you've paid to go, there's one person there who's rooting for you. You want him to be happy with you. So you're going to go and, and get a great body and get really fit, which you might not do with online or with a book. You know, you can, you can look at it. Things for personal exercise in a book.

Jeff Mann: 23:45 Okay, well let's go into the nitty gritty. What actually happens when someone with a sleep problem decides to do a program of CBT for insomnia. And we're going to obviously tailor it to how you work with people on a one on one basis, but all of the things that you, you're going to talk about, they will also apply to what happens in the other forms of, you know, the book, the app, the group as well.

24:15 So, um, there's a few technical terms, you'll probably bring them up, cause it is quite a technical and scientific thing, but I'm just going to let you take us on a walk through for a typical person approaching it with a sleep problem and how you would structure their treatment.

Dr Lindsay Browning: 24:37 Let's start with, I always want to talk someone on the phone before we start, just to make sure that I'm really the person to help them. Because often I might be able to easily help solve their issue that they might have that isn't a big insomnia that needs, um, CBTi and I wouldn't want to embark someone on a program of therapy if that isn't what they needed.

24:58 But once you've decided that they have insomnia that's been going on for some time and it's affecting their life and they want to do something about it, then I would send them out

questionnaires to rule out other disorders. Like I touched on before, if somebody has post traumatic stress disorder or OCD that's really causing the issue and that's the thing that needs to be sorted

25:18 Equally if they have sleep apnea, which is, I'm sure you know, it's where people stop breathing during the night. It's incredibly dangerous, left untreated. So if I see through the questionnaires or speaking to somebody that they have something else that's clearly causing their insomnia, then I'll refer them to either a sleep clinic or a psychiatrist, psychologist, back to their GP to get that looked at.

Jeff Mann: 25:42 Sorry to interrupt but that goes back to our point of making sure who you do see actually knows what they're talking about because if you have got one of those conditions and it goes ignored, you can be in a lot of trouble as you say.

Dr Lindsay Browning: 25:55 Yeah, absolutely especially when I've seen sleep apnea, once you know about it, it's obvious, but the number of times I've spoken to somebody and say, you know, do you stop breathing during the night? They're like, oh yeah, my wife is always telling me that I snore and I stop and I snore and I stopped for a minute throughout the night.

26:12 You know, alarm bells are ringing because you might be tired during the day and think you have insomnia, but you don't have insomnia. You have sleep apnea. You need a machine to keep you alive. Not, not me. And then I will give people a sleep diary to complete for two weeks before I see them because it's really important to know what's really going on with their sleep. So a two week sleep diary to look at what's going on during the day and what's going on at night.

Jeff Mann: 26:38 It's really hard to keep a diary isn't it.

Dr Lindsay Browning: 26:40 I send them out a blank one so they just sort of fill it in. But I'm looking for things like, are they eating regularly throughout the day? Are they exercising? How much caffeine are they drinking each day? How much alcohol are they drinking each day, those kinds of things. If you just ask somebody how much do you drink, they might give you a figure and say, oh, I hardly drink at all.

27:03 But actually when you are often write it down every day for two weeks, then you can actually see, oh actually I'm having four cups of coffee every day and then I can explain to them the impact of caffeine on sleep and move forward from there. And exercise if they're having any nap. Often people, I've seen people who have only, you know, five hours sleep a night, they go to bed at 10 and they wake up at three in the morning and, and they're really stressed because they're not sleeping enough.

27:33 But actually when you do a sleep diary, they're getting a nap of an hour or two every day. Yeah, we'll add those two numbers together and you're getting seven hours asleep. So it's more of a sleep expectation problem there.

27:45 So the sleep diary is looking at daytime behaviours but also looking at their sleep. So when do they go to bed? When do they actually fall asleep once they've got in bed. How many times they wake up in the night? How long are they awake for in the night and what time do they wake up in the morning? And critically, crucially, what time do they get out of bed.

28:03 Because often people will wake up at, let's say, half five in the morning, but they won't get out of bed until seven. And that's an awfully long time to be spending in bed, not sleeping. Which is one of the core fundamentals of CBTi.

28:18 So once we're armed with all that information, so I've ruled out medical problems, psychological issues that might be causing the insomnia and looked at their sleep diary. You're able to look at a plan which looks at their cognitive and behavioural changes that they need to make to help them fix their insomnia.

Jeff Mann: 28:39 One thing that springs to mind is that this idea of perception of sleep and sleep misperception. What I'm trying to get at is can technology help in these things for tracking your sleep or do you feel that that's actually, uh.... there was some research last year about this idea of orthosomnia where people who are tracking their sleep it was actually making them worse and worried about it.

Dr Lindsay Browning: 29:03 Yeah, I've had experience with both of those actually. So when, when I was doing my doctorate, we used Actiwatches, which are basically a very rudimental Fitbit. Back in the day they were really expensive, but they just track movement in your arm so they can tell you if you're awake with your sleep based on the fact that are you moving.

29:21 And there is, depending on the devices like Fitbit or Apple watches or Garmins or those various devices you could buy, they can be pretty accurate. And they can be helpful. However, people with insomnia do tend to lie very still because they think really important to give every opportunity, they're trying to sleep.

29:45 So they'll lie there really, really still. So your watch might well think that you you're asleep when you're not. And then on the other side, I've had people phone me up, who've said, I need to see you, because my Fitbit tells me I'm waking up four or five times every night. And I say to them well, how long were you awake for and they'll say, well, you know, just a minute or so. And that's normal.

30:09 If you look at someone's sleep. That is what sleep is. Every 90 minutes. Pretty much everybody wakes up throughout the night. But this person armed with the information is saying my sleep is disrupted. I need to sleep in a solid block.

30:21 But actually, that's not true. Or another person came to see me, they phoned me up to say I need to see you because my Fitbit's telling me I'm only getting 30% deep sleep and I need to get the whole night of deep sleep because 30% is not good enough. And I'd explain to them 30% deep sleep is amazing.

30:40 I mean that's the most deep sleep anyone could hope to get basically. But sleep isn't just deep sleep or deep sleep doesn't equal good sleep. Deep sleep is one part. There's light sleep. Deep Sleep, dreaming, sleep. Yeah. But without that information, if they're being told, well, you wake up five times last night and you've only got 25% deep sleep, then people could think, oh my goodness, that's terrible. My sleep's really disrupted and it's not enough deep sleep. And then you start to worry about sleep. Start to stress about the fact that you don't think you'll seeping well. And before you know it, you can actually give yourself a real sleeping disorder because of that.

Jeff Mann: 31:18 There's actually another layer to this where the information that they're telling you what is actually based on, because these aren't medical devices, they're consumer devices, but with CBTi you say just keep a diary.

Dr Lindsay Browning: 31:31 Yeah,if people want to look at their devices, they can, but I'd much rather I try and tell people that they're not as reliable as you might think. That most of the devices wouldn't be allowed in a scientific journal. That's how I put it. If I wanted to make a paper, I wouldn't be allowed to use these devices as supporting evidence. So I'd much rather that they just had their impressions of their sleep, which is the important thing.

Jeff Mann: 31:56 Maybe in five years, 10 years time, we might, we might get there with these gadgets, these Fitbits, but they're not quite there yet are they. Sorry I interrupted your flow there. So we've got the diary. So this is the like the pre, um, what would you call it? A pre assessment?

Dr Lindsay Browning: 32:11 Pre-consultation. Yeah. So then they'll send that to me before we meet and I will analyze all the information that they've given me, and come up with, the plan and see them and start recommending the things that I think would help them. And of which there are two major

things. There's behavioural changes and there's cognitive changes to their sleep. Hence the cognitive behavioural therapy.

32:37 The behavioural changes is very much looking at sleep hygiene, sleep restriction. So sleep restriction was the sort of the thing people used to do to help people with insomnia before CBTi really came to the forefront of everything which looks at cognitions as well, not just your sleep behaviour.

32:59 Because most of the time when people have insomnia, the reason it turns from a transitory sort of short term insomnia that happens when you've got an exam stress or someone's just died or something bad has happened and you don't sleep well, which is perfectly normal.

33:12 The reason that perpetuates, has a life of its own and turns into a big chronic insomnia that's going on longer term is because people tend to have sleep extension. They tend to try to give themselves more opportunity to sleep. Because I didn't sleep well last night, so I'll go to bed early tonight or I lie in tomorrow or I'll have a nap and all these kinds of things just lead to you spending too long in bed trying to sleep too much energy. Trying to sleep, which increases your anxiety, increases your stress actually means that you get less sleep than you would have done.

33:47 So sleep restriction looks at how much sleep you're actually getting and looking at a thing called sleep efficiency. So sleep efficiency is how efficient your sleeping. So if you went to bed at 10 o'clock and got up at seven in the morning, but of that time in bed, so you're in bed from 10 PM until 7 AM.

34:09 But of that time you were only asleep for six hours. So you would have spent three of those hours, it either took you a long time to fall asleep, or you woke up too early or you're awake in the night, then you would have a sleep efficiency of 66% that means 66% of the time you're in bed, you're actually asleep.

34:29 And that isn't great. What we want is your sleep efficiency. The representative time you're actually asleep in bed to be as big as possible so that you're not spending large amounts of time lying there in bed being unable to sleep.

34:43 And there's a really good reason for that. So have you heard of Pavlov's dog? Yes. I'll just explain in case some people haven't heard from.

34:51 So Pavlov was this guy who had a dog surprisingly. And this dog. He rang a bell. The dog did nothing because why would it? But then he rang the bell and gave the dog a treat and did that repeatedly. Repeatedly ringing the bell, give the dog a treat until before you know it, he just had to ring the bell and the dog was salivating. It was really excited. Even if the treat didn't follow, the dog had learned that this bell was a wonderful thing. I love this bell. I'm really excited.

35:18 When you spend time in bed not sleeping, you're in bed, you're lying there trying to sleep and it's a stressful, anxious time. You're pairing anxiety and stress and not sleeping with your bed. So repeatedly your bed is becoming this place where you're not asleep. You're stressed, you're anxious. It's a bad place be. A lot of people I see, they can fall asleep on the sofa, fine. Or they can go to a friends house and sleep in their bed. But when they get up from the sofa, lie down in their own bed to try to go to sleep, it's like a light is turned on, their mind's awake and they absolutely cannot sleep.

35:55 Because their bed has become this place of anxiety and not sleep. So with sleep restriction, we try to reduce the amount of time that you spend in bed to try to stop these large amounts of time which are being wasted in bed, just not sleeping and being anxious and also forcing your body to learn to sleep more efficiently.

36:15 So sleep restriction means if your sleep efficiency is less than 85% you reduce your sleep window as it were. You reduce the amount of time that you were allowed to be in bed that night.

36:25 So let's say , like I said in the example you've been going to bed at 10 and getting out of bed at 7 AM, but your sleep efficiency is only 66%. So I would push back your going to bed time to half past 10. So I'd say no you're not allowed to go to bed until half past 10 and you can get out of bed at seven and you have to set the alarm for 7:00 AM seven days a week and you have to get out of bed at that point. Now for somebody with insomnia, who's not sleeping enough. The idea of spending less time in bed seems ridiculous.

Speaker 3: 36:57 That's crazy because you know it takes me, however long to fall asleep, and if I'm going to bed later, then I'm not going to sleep enough. But the point is, it will help and it does help because you're starting to break the cycle of anxiety and sleep.

37:11 So then we move the bedtime forwards. That means even if you're tired at nine o'clock in the evening, you cannot go to bed until half past 10 and then you go to bed. And then after a few days, maybe your sleep efficiency is still not 85% then after a week I'm going to push it back to 11 o'clock so you're not allowed to go to bed until 11 o'clock and you get out of bed at seven. And we push it back and back and back until your sleep efficiency starts to go up, which means your body has learned to go to bed more quickly and to sleep within that sleep window.

Speaker 3: 37:44 And once your sleep efficiency starts going up, you've started to break that negative cycle of anxiety on your bed. You've started to maybe stop the middle of the night awakenings because you've been squeezing this sleep opportunity down so you don't have, now all that extra time to catch up sleep

38:01 Because people get stressed, even if they're getting eight hours sleep, but if it takes them from nine in the evening until 10 o'clock the next morning to get those seven, eight hours sleep, that's very stressful because there's all that time when you're not sleeping, being stressed.

38:17 What do you want is to sleep in one block or near enough one block in one period of time. And this is what will help. So you use sleep restriction to learn how to sleep in a good sleep window and then you start to extend it back again back to a normal, going to bed and waking up time. Until you're getting good sleep, not spending too long falling asleep. Not spending too long waking up in the middle of the night and not waking too early and boom, you're fixed easy as that.

Jeff Mann: 38:46 Yeah, I mean it sounds so counterintuitive, but two, it sounds almost too simple. It's like, well how can that work?

Dr Lindsay Browning: 38:56 So what you do is, there's a lot of sleep education as well involved. Because I could just tell you do this and you'd be like, well that doesn't really make sense. But I explain what sleep really is, how sleep works, your sleep drive, your circadian rhythm, all the factors that go into it. And talk about Pavlovian conditioning to really explain why we're doing this. And therefore the compliance level is much stronger. But it isn't just about sleep restriction. It's about also about your cognitions, about sleep. It's looking at other things like , people can have an irregular sleep schedule.

39:32 So some nights they might be going to bed at 10. Other nights they might be going to bed at two in the morning. And if you're moving your bedtime and getting up time wildly, you're giving yourself jet lag basically. And that's not helpful. Your body does its best sleep when it's at a regular going to bed and waking time.

Jeff Mann: 39:48 Okay. This is just a curiosity question, but what's the most extreme you've ever restricted people?

Dr Lindsay Browning: 39:54 So there is a limit. You shouldn't really go less than five and a half, five hours. Even if somebody say only getting two hours a night sleep, there is no way you should only give them a really small opportunity. There is a minimum.

Jeff Mann: 40:06 Okay, so people don't have to worry. You're not going to say you have half an hour sleep tonight.

Dr Lindsay Browning: 40:10 No, no, no. I mean five and half hours is still a very short sleep window that's going to bed at midnight and getting up at six. Yeah, there is a minimum because otherwise it would be very unhealthy.

Jeff Mann: 40:22 Do you find it's more common with with regards to this idea of sleep efficiency that people are staying in bed not asleep at the beginning of the night or in the morning or does it tend to vary?

Dr Lindsay Browning: 40:33 It's really of across the board actually. Some people have trouble getting to sleep so they will lie in bed and trying fall asleep for two to three hours. It tends to be people who would have trouble falling asleep. It tends to be that their minds are whirring, they're worrying about the next day. They're mulling over the previous day. It's very much a sort of anxiety related issue.

40:56 People who wake up in the middle of the night or wake up early in the morning, that tends to be more related to, maybe there's something emotional in your mind or if someone's drinking cause often people drink to help them see, but actually that disrupts your REM sleep continuity.

41:11 But basically the sleep restriction works which ever end of the spectrum you're having the issue whether it's falling asleep, staying asleep or waking up too early. The fact that you're squeezing that sleep window means that your body is having to learn to fall asleep more efficiently.

41:27 But like I said, it isn't the only tool. There's also the idea that if you are lying in bed, unable to sleep, you should get up out of bed and go to another room. If you've been trying to sleep for say, 15 minutes. The 15 minute rule, some people call it the 20 minute rule, but it just means that you're breaking that cycle again of anxiety and your bed.

41:46 Lying in bed trying to sleep if the single least productive thing you can do when you have insomnia. And yet it's the thing everyone thinks that you should do.

Jeff Mann: 41:54 Let's talk about this. This is this idea of stimulus control. CBTi is like all of these, these tools, uh, and they've all been brought together. So let's talk about this idea, because stimulus control. You know what on earth is that?

Dr Lindsay Browning: 42:07 Yeah. So that's that your bedroom should be used for only sleep and sex. Nothing else. You shouldn't read in bed. You shouldn't check your phone in bed. You shouldn't do work in bed. You shouldn't listen to music. You shouldn't do anything else in bed other than sleep and sex.

42:26 Because you want in the same way that you want to stop the Pavlovian conditioning of your anxiety in your bedroom. You do want to stop your bedroom being a place of anxiety. You also want to stop it being a place of awakeness.

42:39 You want to start conditioning your body that your bedroom is a place of sleep. So even if you're, and that's just the biggest thing he would say, well what do you mean I can't read in bed? That's crazy. But reading in bed, even though it's relaxing and it's nice, it's still, your brain is saying, we should be reading this. This book's interesting.

42:57 Let's stay awake and read this book. You're getting mixed messages to your body. Your body isn't saying, oh, I'm in bed. It's time for sleep. It's saying I'm in bed. It's time to read. Which even though it's a nice thing, it's not what you want. You want it to be a time for sleep. When you don't have insomnia, you can do what ever you like in bed. But this is to fix your sleeping problem.

Jeff Mann: 43:19 It sounds pretty hardcore. You think of just reading in bed, well where's the harm in that? But what we're talking about is someone coming to you with a sleep problem.

Dr Lindsay Browning: 43:28 Yeah, exactly. If I have trouble sleeping, which I rarely do, but occasionally I do. Then I'll follow my own rules. And if I'm lying there awake not being able to sleep, then I'll get up out of bed, go to another room and read there.

43:42 You know, get up out of my room and go and do a puzzle or a do something somewhere else so that my bedroom can then become again the place for sleep. So this sort of 15 minute rule thing that I mentioned, if it was just one thing people were going to do, just one, that would be the one I would most recommend.

44:01 But it is really hard because it's two in the morning, it's cold outside. You're snuggled up next to your partner and you're thinking, well I'm not asleep, but at least I'm getting rest in bed and it's warm. But actually that's not helpful because yes, you are resting, but you'd be resting in a chair in the lounge, you know?

44:21 And if you took yourself out of that bedroom environment, to another room to do something else, you'd be fixing your sleep problem rather than perpetuating it.

Jeff Mann: 44:29 Yeah. This is one of the things when people talk about CBTi and it's not like taking a pill it is more like deciding to do a fitness program because you have to do it.

Dr Lindsay Browning: 44:42 And they talk about that in my sessions. I say, I'm like a nutritionist. You've come to see me because you want to be fitter and healthier and I'm going to say, right, well you need to exercise more and you need to eat less junk food. No one wants to hear that. You know, people want to hear, oh, well actually you just have this special pill and sit on the sofa and you'll lose weight and be fit.

45:00 You know, people want to come and see me and I'll say, oh well actually this special spray or just count to 20 two times and everything will be fine now. And what we're telling them is something that's hard work. It's hard work to get up out of bed at two in the morning when it's cold outside, but it is what you need to do to fix the problem.

Jeff Mann: 45:21 It's incontrovertible the evidence CBTi works. Yeah, if you follow the instructions.

Dr Lindsay Browning: 45:27 And that's why even if people only see me face to face one or two times, I'm helping them over the internet, over by email, by phone to keep them adjusting their sleep efficiency, adjusting their sleep window, making sure that they're keeping on track. Then there's the cognitive aspects of the cognitive behavioural therapy.

Jeff Mann: 45:47 Let's go into that a little bit.

Dr Lindsay Browning: 45:48 Yeah, sure. So, well, one of the major problems about when people have insomnia is that they place so much stress and importance on the need to sleep. And like I said before about the people who struggled to have a child and that they're really paying attention to things to do with babies, if you are struggling to sleep, then you'll be extra heightened and worried about the fact that you're not sleeping.

46:15 So you'll get stressed, not choose to do things during the day because you don't want to stop yourself being able to sleep well. You can just be extra anxiety at bedtime. The need to sleep, the worry about, I need to sleep increases your arousal. People become heightenedly attuned to their own bodies. They'd be lying there and there'll be hyper aroused about paying attention to the cues within their own body to try and sort of see, am I falling asleep? And that kind of heightened arousal

of paying attention to your own body is not helping you sleep. So it's all about the worries about sleep.

46:57 But also just worry in general because people can lie down in bed and like I said before, you can suddenly start thinking about all the worries that you have, things that you need to do tomorrow, things you didn't do today, things you could have done better today. All those thoughts that start whirring in your mind when you're trying to fall asleep.

47:16 Now, the best way of dealing with those is to make time to worry before you go to bed. Now we're so busy, we're rushing it a hundred miles an hour trying to cram our days with everything that we have to do that we don't make any time to stop and think about either what's on our heart or what's on our mind or to think about what happened during the day.

47:37 But your brain, all these thoughts are there. It still wants to think about them. So even if you haven't made time to think about them during the day, your brain is going to do it for you at night, either when you're trying to fall asleep or it's going to have disrupted dreams because it's doing it during your dreaming sleep, which will wake you up and disrupt your sleep there.

47:58 So make time to worry before you go to bed. That means like a couple of hours before bed. Sit down with a piece of paper and either you can do a structured problem solving with an issue that you have or just brain dump, like expressive writing is such a powerful tool. It's just means just sit there for 15 minutes and just write whatever is on your mind. Just sort of brain dump.

48:20 Because the physical act of writing is so powerful. To get those thoughts out of your brain is much more powerful than just talking about it with somebody. And then once you've made that time, just think about, and get rid of all those sorts from inside your head. When you lie down to sleep, that isn't the first time that day that you've had a chance to stop and think. So therefore you're going to allow yourself to be able to sleep at that point.

Jeff Mann: 48:44 You've been rushing around thousand miles an hour and then you look at your watch, time to go to bed and all of those worries, all those anxieties, all those thoughts about work, about family, about whatever. Your head hits the pillow, boom. That's the first time you've actually had to think about that.

Dr Lindsay Browning: 49:01 Exactly. And you can take a sleeping pill to mask it, but that's not really going to help. A bit like with depression. The reason talking therapy is so good is because you're actually dealing with the issues. You're not just masking it.

49:17 So you can't just take a sleeping pill or just force yourself to fall asleep. Because the reason your brain is having all these thoughts is because they're important thoughts and it needs to deal with them. So you need to choose, do you want to deal with them at two in the morning or do you have to deal with them at eight o'clock in the evening for 15 minutes and then you're good to go.

Jeff Mann: 49:36 Yeah. So you've, you've described a little bit about the practical action steps that people can, can do, you know, you said it, do a brain dump. I just want to give people a few little takeaways, you know, if they just want to try this out, you know, just as a single aspect of what you do in the whole of CBTi. So for instance, you say just writing things down, what are some other practical, you know, really practical thing.

Dr Lindsay Browning: 50:02 Like having a notebook by the bed is really helpful because sometimes you're lying in bed and it's a little thought will pop into your head. Not a massive worry, but maybe I've got to pay that bill tomorrow. Then just write it down on a piece of paper next to the bed. Have a notebook next to the bed. Because once you've written it down, your brain knows that you've dealt with it. It's fine. It doesn't have to keep reminding you. So have a notebook by the bed. Do that. Expressive writing earlier in the day.

50:28 And then things like mindfulness or relaxation techniques in bed are very helpful to help you to relax. So a progressive relaxation or body scan can be really helpful. Progressive relaxation is where you're progressively relaxing your body from the toes up. It's a relaxation technique that you tense different parts of your body and relax them progressively from your feet up top of your head, which helps your body to physically relax as you're trying to fall asleep.

Speaker 3: 50:57 But also it keeps your brain focused on what it's doing instead of all those other worries and thoughts that are going on. So I teach people a progressive relaxation technique and that will take about 10 minutes to do. And if you've done that in bed and you're still wide awake, then at that point use the 15 minute rule -okay, get up out of bed, go to another room, do something else until you start to feel sleepy and then come back to bed again.

51:24 But with the sort of cognitive aspects of insomnia as well, looking at sort of thought records and looking at people's thoughts and worries about the lack of sleep and saying well, is that realistic? And people worry, if I don't sleep tonight, then I won't be able to work tomorrow. And you say, well, what happened last time you didn't sleep well? Were you able to go to work? And they'll invariably say, well, yes I did. And did anything terrible happen? No, it didn't. So then you challenging those catastrophic thoughts that are happening to show, yes, you might not sleep really well tonight, but if you don't, then the world isn't going to end. You know, just the very fact of carrying on with it takes that power away from insomnia.

Jeff Mann: 52:05 And that's going to be very personal, isn't it? If you're, if you're doing CBTi with an app, they'll have some sort of feedback or bots or whatever that will direct you through the app. But if you're doing this with someone such as yourself, a psychologist, you're going to very much tailor the types of thoughts that they're having and be able to question those directly.

Dr Lindsay Browning: 52:26 Exactly so I get them to write down in a diary of sorts, their thoughts across the week that they've had. And then we look at them we challenge them and we change them week to week. So it's very much looking at it their particular things.

52:41 And the techniques that I talk about with regards to falling asleep or, you're dealing with worries, anxieties, it's different depending on whether the person has emotional issues on them. Not if they're, clinically depressed, then I'm not the person for them and I would refer them to a psychologist. But if it's just general smaller issues, then there are ways to look at that and deal with that versus obtrusive thoughts, that are just popping into your head worries and things that need a different way of looking at them and analyzing them.

Jeff Mann: 53:16 So this is not like they're going to see you and they go away or they see you for a week and then that's it. This generally happens over a period of a few weeks and what, do you have one meeting a week once the the treatment starts?

Dr Lindsay Browning: 53:31 If somebody comes to see me and they have insomnia that's been going on for real long time and they have a lot of negative thoughts about their sleep and it's so ingrained that it's been going on for a long time, they need a course of CBTi, then it would take place over over a number of weeks.

53:46 So the first week you would start to look at their sleep hygiene and and get them to change their sleep window and touch on some of the other aspects. And as the weeks go on you would bring in things like their cognitions about sleep, their thoughts about sleep and their preoccupation with sleep. Getting them to record their thoughts, bring in more relaxation techniques like the progressive relaxation body scan and also do a bit more of your sort of sleep hygiene and looking at different aspects of their sleep whilst also tailoring their sleep restriction window over the weeks and then hopefully increasing it back up again.

54:27 But some people don't have all that time in the world or the finances to be able to do that. And in which case then I can help them in either in one or two sessions to do a sort of a best case. You know, this is what I think is good for you. And then they can go off and either do the CBT online or in a book or continue it with the support from me remotely.

54:50 Obviously the gold standard is to come and see someone for six week period, a weekly or every two weeks sessions. But you know, I'm, I'm a realist and especially in the UK where we don't have a lot of CBTi face to face on the NHS. Then if someone's paying for it themselves, then I really do try and help them in as short a timeframe as possible that is going to be effective.

Jeff Mann: 55:12 Yeah. Let's say if someone was signed up to a full program, it's going to run for you, say, what would you, four, six, eight weeks, that sort of time span, that sort of time span. Yeah. So it's not something that's gonna go on for months and months and months. There's no, definitely not. No. But as you say, there could be somebody who maybe is thinking about using an app or even getting a book, but they just wanted to speak to somebody first and maybe that has some really pressing questions and then so if they came to see someone like yourself, you may in one or two sessions be able to sort of answer the things that were really concerning them and they, and they were able to go away.

Dr Lindsay Browning: 55:52 Yeah, definitely. I do try very hard to help people in as a small time frame as possible. That is actually going to help. There's no point in just seeing someone for one session, if you know that's not gonna help. But I do make that quite clear from the start. But there was a lot of advice you can give. Maybe it's not a formal full CBTi program, but it's based on that and if they've only got finances and ability to see someone for one session, then you can give them a, give them a good start and point them in the right direction of where they can get continued support.

56:23 I think that it's important that people know that it really, really does work. There's so much scientific evidence to show that it works. And I feel like it's my job as a sleep expert, helping people to persuade them why it works and to make them buy into it so they, they do it because if they do it, they're going to be fixed.

56:46 If I do a half baked job of persuading them why they should do it, and they don't really comply with what I've asked him to do, then they won't get better. But if they do what I've asked him to do, and then I've done my job. And time and time and time and time again, people's sleeping, issues that have potentially been going on for a lifetime are better. Which is you know, amazing. It gives me such huge happiness to help people to, to fix their sleep.

Jeff Mann: 57:13 Really, really super grateful for you. Speaking to us today, Where can people find out more about you?

Dr Lindsay Browning: 57:20 My website is troublesleeping.co.uk. I'm on Instagram and Twitter and Facebook at @drbrowningsleep . So you can follow me there and look at all the various posts about sleep and my dog.