

## **EUROPEAN ACADEMY FOR COGNITIVE BEHAVIOURAL THERAPY FOR INSOMNIA (CBT-I)**

The present document is provided to give guidelines to professionals who want to practice CBT-I and/or to structure a new CBT-I training course for health professionals.

### **LEVELS OF EXPERTISE IN CBT-I**

The aim of the Academy is to facilitate an increase in the number of health experts in CBT-I, to improve the focus on effective clinical practice in insomnia care and to reduce treatment variability across clinicians. This should be done with adequate training and supervision offered by experts in insomnia and CBT-I.

CBT-I expert clinicians will be health professionals who have:

- a) a licence to practice clinically;
- b) attended an accredited CBT-I course.

The Academy has identified three levels of expertise which should be considered:

1. **Expert level:** This level of expertise would allow licensed health professionals to be expert CBT-I practitioners, who are able to conduct individually tailored CBT-I. This level of expertise is suited to clinical and healthcare psychologists, psychotherapists, psychiatrists and sleep experts whose CBT-I expertise is core to their professional clinician level knowledge. They would be expected to have attended a high-quality, certified course, endorsed by the Academy and specifically directed to this level of knowledge. They should have followed at least three cases over the course of 3–6 months under the guidance of a CBT-I

qualified expert. CBT-I practitioners with certificated knowledge in sleep medicine and sleep clinical psychology could operate also as CBT-I trainers and supervisors.

2. **Advanced level:** This advanced level of expertise would allow health professionals to be trained therapists who could conduct manualized CBT-I delivered face to face or digitally, under the supervision of an expert-level CBT-I supervisor. This level of expertise would be suited to clinical and health psychology master's graduates and psychiatrists in training and, in some countries, nurses or social workers. To be entitled to an advanced level of expertise, practitioners would be expected to have attended a certified course, endorsed by the Academy, including interactive and supervising activities.
3. **Foundation level:** This level of expertise is specifically suited to GPs (or paediatricians, gynaecologists, etc.) and should reflect more basic knowledge of CBT-I behavioural strategies and sleep medicine obtained through attendance at a CBT-I Academy certified course.

Table 1 summarizes schematically the three levels of expertise in CBT-I in terms of skills.

**Table 1. Definition of CBT-I skills for each level of expertise**

<b>Skill/Level of expertise</b>	<b>Foundation level</b>	<b>Advanced level</b>	<b>Expert level</b>
Diagnostics of Insomnia Disorder (Questionnaires, sleep logs, actigraphy, polysomnography)*	YES	YES	YES
Differential diagnosis	YES	YES	YES
Core behavioural components (bedtime restriction and stimulus control must be included)	YES	YES	YES
Knowledge on basic elements of sleep mechanisms (e.g. sleep psychophysiology)*	YES	YES	YES
Knowledge on insomnia pathophysiology	YES	YES	YES
Basic knowledge of CBT-I stepped care model	YES	YES	YES
Cognitive components	NO	YES	YES
CBT-I for specific populations: e.g. infants, toddlers, children, preadolescents, adolescents, women (e.g. pregnancy, menopause), elderly, persons with disabilities, shiftworkers, psychiatric populations, etc.)	NO	YES	YES
Delivering a manual-based behavioural treatment for insomnia	NO	YES	YES
Additional CBT-I components (e.g.	NO	NO	YES

motivational and emotional interventions)			
Medication tapering	NO	NO	YES
Individual tapered interventions	NO	NO	YES
Promote a CBT-I course	NO	NO	YES

## **TRAINING PRINCIPLES AND CHARACTERISTICS**

Courses for aspiring CBT-I practitioners of foundation and/or advanced levels should be of a minimum of 2 days in duration and may be offered to people with pre-existing qualifications in different healthcare areas with a recognized licence to see patients in mental healthcare contexts. Courses should include teaching on sleep itself, on insomnia disorder and its assessment, as well as on core CBT-I components (such as behavioural and cognitive intervention). Courses directed at a foundation level of expertise may focus specifically on diagnostic aspects and CBT-I behavioural components. Courses should include conceptual elements covering sleep mechanisms and pathophysiology; theoretical underpinnings of insomnia development and maintenance; formulation of CBT as an intervention. The stepped-care model of insomnia service delivery may be also taught. Courses should cover basic principles of CBT therapy. Courses should be organized to be interactive (e.g., role playing, work in small groups and difficult situations) and case supervision should be offered. It is possible that some elements of the CBT-I programme could involve interactive training and be offered online. Courses directed at an advanced level should further include specific focus on cognitive techniques and delivery of manualized CBT-I. A module on sleep, insomnia and associated treatment in specific populations seem relevant to this level. Finally courses directed at an expert level

may necessitate of long-term duration and/or follow-up refresher courses or should be directed to those practitioners who have already gained in their professional training good knowledge in sleep medicine, insomnia and clinical practice. At this level, modules on additional CBT-I components (such as emotional and motivational strategies) should be added. A module on sleep medication and tapering off/withdrawing medication should be included. Depending on national laws, some health professionals may be prohibited from discussing any change in medication status with patients as they do not have the necessary professional competences. Nevertheless, any health professional dealing with patients with insomnia at a clinical level should be aware of sleep medication mechanisms and effects during intake and withdrawal. For the expert level, courses should comprise extensive teaching of the individual tailoring of treatment, advanced knowledge on sleep medicine, insomnia and CBT principles, and clinical experience (e.g., at least three case studies), and either have a long-term duration or include a follow-up/refresher course to discuss cases. Trainers should all be expert-level CBT-I professionals. Table 2 summarizes the CBT-I course criteria identified by the Academy.

These criteria are not intended to be overly prescriptive, neither are they completely comprehensive. However, we have attempted to set expectations and minimum standards for what may be regarded as necessary and feasible.

**Table 2. CBT-I courses criteria identified by the European Academy for Cognitive-Behavioural Treatment for Insomnia**

	<b>Duration</b>	<b>Teachers</b>	<b>Participants</b>	<b>Teaching content and methods</b>
Criteria	At least 2 days	Expert level CBT-I practitioners	Health professionals with a recognized licence to provide clinical psychology, psychotherapy, mental health care. CBT-I clinicians should be fully insured for all of their work in health-care practice and should practice within the boundaries of their professional training.	All courses should offer comprehensive knowledge on sleep physiology and insomnia pathophysiology. CBT-I core strategies should be taught with a practical interactive approach (e.g. using practical experiences and clinical cases exposition). The stepped care model should be explained. Courses may be offered face-to-

				face or online.
Notes	For expert level, courses may necessitate of long-term duration and/or follow-up refresher courses or should be directed to those practitioners who have already gained in their professional training good knowledge in sleep medicine, insomnia and clinical practice.	/	For expert level: Qualified and essential further supervised education in sleep medicine should be given during the course or previously obtained.  For advanced and foundation levels: Basic relevant education in sleep medicine and insomnia should be given during the course.	For expert level, supervision of clinical cases should be provided.