

WHAT A CBT-I THERAPIST-BEGINNER SHOULD KNOW ABOUT PRACTICING ONLINE?

Magdalena Komsta IBLM Dipl

Polish Sleep Research Society, Warsaw, Poland

Introduction

While cognitive-behavioral therapy for insomnia (CBT-I) is a first-line, empirically supported intervention for insomnia (Riemann et al., 2017), it remains limited in availability across Europe due to a shortage of behavioral sleep specialists. Additionally, since the outbreak of the COVID-19 pandemic, many patients suffering from insomnia have **started looking for help online**.

Numerous digital CBT-I apps (dCBT-I) have been found effective (Simon et al., 2023), but some **real-world patients refuse to use them or drop out** for various reasons, while others may be excluded from dCBT-I due to comorbidities.

Hence, the demand for **synchronous telemedicine delivered CBT for insomnia (tele-CBT-I)** is on the rise. To my knowledge, there are several studies demonstrating the efficacy of tele-CBT-I. Furthermore, tele-CBT-I has been shown to be non-inferior to face-to-face delivered CBT-I in terms of the therapeutic alliance between specialist and patient (Arnedt et al., 2021; Conroy et al., 2020; Gehrman et al., 2021, 2016; Holmqvist et al., 2014).

However, there are currently **no official recommendations or educational programs** for CBT-I therapists that include sharing of **best practices for those interested in providing telemedicine delivered CBT-I**.

Methods

The **databases** PsycINFO, PsycARTICLES, MEDLINE, and PubMed were searched for publications from 1987 until August 31st, 2023. Terms indicative of insomnia disorder, CBT-I, and telemedicine were combined for the search. Moreover all available **CBT-I manuals** from Amazon.com, as well as the ethics codes of the AMA and ACA were reviewed. Only papers and manuals published in English and Polish were eligible for inclusion.

As the author has been practicing telemedicine since 2016 and tele-CBT-I since 2019, **case studies** from her practice were analyzed.

Results

Research and analysis led to creating **best practices in synchronous tele-CBT-I** that were summarized into an acronym **CATS**:

Confidentiality

Arrangement

Technology

Surroundings

CONFIDENTIALITY

Assure the patient about **confidentiality and privacy**:

- 👉 Wear headphones to ensure the patient knows no one else can hear them.
- 👉 Explain your note-taking process if it is not visible on the camera (handwriting is preferable to typing on a computer as it may distract the patient).
- 👉 Refuse to accept sending any health documents from the patient if you are not confident in the security of data transfer.
- 👉 For confidentiality reasons, request that the patient does not write their name on any forms sent to you.
- 👉 Protect the security of documents if you are working from home – use lockable drawers.

ARRANGEMENT

Before the first session:

- 👉 Clearly explain the logistics to the patient, including how to attend sessions, how to pay for therapy etc.
- 👉 Ensure that the patient can speak freely and is in a setting that allows them to pay attention, take notes or analyze their sleep diary (e.g., their kids are taken care of).
- 👉 Decide how the patient should fill out their questionnaires and sleep diary (e.g., using printables and scanning them before the session/reading them during the session or using apps).
- 👉 Discuss professional boundaries with the patient regarding email and phone communication between sessions.
- 👉 Be prepared to advise the patient on when and where to arrange an on-site consultation if needed – develop referral sources in the patient's local area.

TECHNOLOGY

To ensure **data security** and minimize **technical malfunction**:

- 👉 Use only encrypted telemedicine platforms ("in transit" is safer than "end-to-end" encryption).
- 👉 Be proficient in the use of relevant technologies – practice with a friend or colleague before your first teleconsultation.
- 👉 Follow HIPAA and HiTech guidelines for technology use.
- 👉 Invest in high-quality camera, headphones, a microphone, and a broadband internet connection for effective communication and demonstration of techniques.
- 👉 Keep the software up to date.
- 👉 Establish alternative means of contact in case of power or internet outages (e.g., exchange phone numbers).

SURROUNDINGS

Maintain an appropriate **working environment**:

- 👉 Remove distractions from the background of your room (including cats).
- 👉 Use rugs and soft materials to reduce room echo.
- 👉 Avoid having doors or heavily trafficked windows in the camera frame to prevent accidental interruptions.
- 👉 Adjust the lighting to look natural – front-facing sunlight is recommended.
- 👉 Ensure that camera is stable.
- 👉 Avoid rolling on your chair while on camera.
- 👉 Monitor session time – keep a clock near the camera.



Conclusions:

It is important to start the discussion about effective and ethical synchronous telemedicine delivered CBT for insomnia.

CATS best practices proposed by the author should be evaluated through research to develop official recommendations not only for beginners but also for experienced therapists who would like to start practicing CBT-I in this setting.

References:

- American Counseling Association, ACA Code of Ethics, 2014.
- American Medical Association, Code of Medical Ethics of the American Medical Association, 2022.
- Arnedt, et al. (2021). Sleep, 44, 1–11.
- Conroy, et al. (2020). Sleep, 43, 1, A196–A197.
- Gehrman, et al. (2021). J. Clin. Psychiatry, 82, 1–7.
- Gehrman, et al. (2016). Telemed. eHealth, 22, 1041–1046.
- Holmqvist, et al. (2014). Sleep Medicine, 15, 187–195.
- Jacob, et al. (2020). A Practical Ethics Worktext for Professional Counselors.
- Riemann, et al. (2017). J Sleep Res, 26(6), 675–700.
- Simon, et al. (2023). Scientific Reports, 13 (19292023).

<https://esleepeurope.eu/>

