

Trouble sleeping?

You're not alone. Almost 1 in 3 has occasional sleep problems and 1 in 10 experiences an ongoing, chronic insomnia that can sometimes last for years.

Do you want to get a good night's sleep without having to use sleeping pills?

Thankfully, there is extensive evidence that a non-medication treatment for insomnia called CBT-I can work better than sleeping pills.

Virginia Runko, PhD, CBSM, DBSM



Board-certified in Behavioral Sleep Medicine (BSM), Dr. Runko earned her PhD in Clinical Health Psychology at the University of Miami and completed her postdoctoral fellowship in BSM at Johns Hopkins. Dr. Runko has been providing CBT-I since 2008.

Cognitive Behavioral Therapy for Insomnia (CBT-I)



DC Psychology and Sleep Services

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2168 Wisconsin Ave NW
Washington, DC 20007
Phone: (202) 455-5387
Fax: (855) 288-0080

Email: vrunko@dcpsychandsleep.com
Website: dcpsychandsleep.com

Virginia Runko, PhD, CBSM, DBSM

Licensed Psychologist
Behavioral Sleep Medicine Specialist
Behavioral Sleep Medicine Diplomate



What is Insomnia?

- Insomnia is a difficulty falling or staying asleep that leads to daytime problems, such as feeling tired, trouble focusing, or worrying about sleep.
- Insomnia is a common problem with more than one treatment option.



Many of us know about sleeping pills but what is less well-known is that there is a non-medication treatment called Cognitive Behavioral Therapy for Insomnia (CBT-I). Moreover, CBT-I is the preferred treatment for insomnia.

Based on the research, CBT-I (*not* sleeping pills) is recommended as the first-line treatment of insomnia by the National Institutes of Health (NIH), the American Academy of Sleep Medicine (AASM), and the American College of Physicians.

What is CBT-I?

- CBT-I is typically conducted during 45-minute sessions occurring weekly for 6-8 weeks.
- Dr. Runko's goals when conducting CBT-I are to empower and educate people so that they understand their sleeping problems, identify factors impacting their sleep, and find effective ways to manage their sleep, ultimately leading to improved sleep and daytime functioning.
- Specific CBT-I strategies may include sleep restriction, stimulus control, sleep hygiene, and reducing any mental or physical activation that may be interfering with sleep. Reducing activation would be addressed with a variety of stress management skills such as relaxation training, cognitive therapy, and mindfulness.

Is CBT-I right for me?

If you have difficulty falling or staying asleep, then CBT-I could be right for you. Even if you notice your sleep problems are related to something else like anxiety, pain, or menopause, CBT-I may still help. Dr. Runko conducts a thorough, 90-minute initial evaluation to discuss your sleep difficulties, medical and psychiatric background, and more. Based on that evaluation, a treatment plan, which may include CBT-I, will be discussed with you.

What if I'm taking sleeping pills?

You are not required to stop taking sleeping pills before starting CBT-I. During your first visit, Dr. Runko will ask about your sleeping pill use, including your thoughts about wanting to stop them vs. continuing to take them. Options for how to proceed with the sleeping pills in the context of CBT-I will be discussed and will ideally include the collaboration of your prescribing doctor.

Will I need an overnight sleep study?

A sleep study, or polysomnogram, is not required to diagnose insomnia. However, if an underlying sleep disorder, such as sleep apnea, is suspected, a sleep study will likely be recommended. DC Psychology and Sleep Services doesn't conduct sleep studies but a list of accredited sleep centers can be found at <http://sleepeducation.org/find-a-facility>.

