

Cognitive-Behavioral Therapy for Insomnia in the Military

RATING SCALES

Daniel J. Taylor, PhD, C.BSM, D,ABSM

Allison Wilkerson, PhD

Ann S. Hryshko-Mullen, PhD, ABPP-CHP, C.BSM

Jeffrey L. Goodie, PhD, ABPP

Cognitive-Behavioral Therapy for Insomnia in the Military

RATING SCALES

Suggested Citation:

Taylor, DJ, Wilkerson, A, Hryshko-Mullen, AS, & Goodie, JL, (2019).
Cognitive-Behavioral Therapy for Insomnia in the military: Rating scales.
Retrieved from <http://insomnia.arizona.edu/CBTI-M>

Conditions of Use

Students, clinicians, non-funded users:

This manual is free for personal and individual clinical use.

You may download it at: <http://insomnia.arizona.edu/CBTI-M>

Commercial users, healthcare organizations, funded users:

Please contact Daniel Taylor (DanielJTaylor@email.arizona.edu) for permission and licensing information.

Acknowledgements

Support for this manual was provided by the Department of Defense:

- » “Comparing internet and in-person brief cognitive behavioral therapy of insomnia” (PI: Taylor; W81XWH-10-1-0828)
- » “Web-based provider training for cognitive behavioral therapy of insomnia” (PI: Taylor; W81XWH-17-1-0165)

Table of Contents

Instructions 2

Behavioral Anchors..... 3

Score Sheets 14

Cognitive Behavioral Therapy for Insomnia in Military Rating Scale (CBTI-M-RS)

Instructions

Directions: Assess the therapist's skill level on a scale of 0-3, using the correct session Behavioral Anchors, and record the score on the correct session Score Sheets. The Behavioral Anchors are provided for each rating level descriptor for each scale therapist behavior. If the therapist falls between two descriptors, round up or down based on your own judgement of which rating they most closely approximated. Please do not leave any item blank. These rating scales are patterned after the Cognitive Therapy Rating Scales (Beck & Young, 1980). The following guidelines were fitting and thus were copied verbatim for overall recommendations of how to rate a therapists' skills, with the exception of we inserted our own rating scale numbers as our scaling was different from theirs.

General Instructions to Raters

1. The most serious problem we have observed in raters is a "halo effect". When the rater thinks the therapist is good, he/she tends to rate the therapist high on all categories. The reverse is true when the rater believes the session is bad. One of the most important functions of the Cognitive Therapy Scale is to identify the therapist's specific strengths and weaknesses. It is rare to find a therapist who is uniformly good or bad. It may be helpful, therefore, for raters to list positive and negative observations as they listen to a session, rather than concentrate on forming one global impression.

2. A second problem is the tendency of some raters to rely solely on their own notions of what a particular scale point means (e.g., [2] is average) and to disregard the descriptions provided on the form. The problem with this is that we each attach idiosyncratic meanings to particular numbers on the [4]-point scale. The most critical raters assign a [0] whenever the therapist is "unsatisfactory", while the most generous raters assign a [3] when the therapist has merely "done a good job" or "tried hard". The descriptions on the scale should help to insure more uniformity across raters. Therefore, we urge you to base your numerical ratings on the descriptions provided whenever possible. Do not be concerned if the resulting numerical score does not match your overall "gut feeling" about the therapist."

Protocol Level Sessions

For each session, an average score is obtained. In our work, a session was considered to have adequate fidelity if the average score was at least two. This means that a therapists could perform better on some behaviors and actually forget to cover other areas and still have a protocol level session. However, when therapists consistently missed behaviors, we gave them corrective feedback.

Training

All therapists were originally provided with a 1-day training in the CBTI-M training (now available at CBTiweb.org) using the treatment manual. After this intensive training, therapists were required to treat at least two clinical patients who had chronic insomnia using the 6-session CBTI-M treatment manual. These sessions were video-taped, self-rated, and the treatment reviewed by Drs. Peterson and Taylor. Therapist were allowed to see protocol patients after they consistently receive passing scores (i.e., average greater or equal to two) on these CBTI-M-RS. Dr. Taylor, and later Dr. Pruiksma, subsequently provided weekly supervision to the therapists. During treatment, at least 10% of the therapy tapes were reviewed for fidelity of adherence to the CBTI-M treatment manual using the CBTI-M-RS. If any session had an average score of less than two, which never occurred, they were to be given corrective feedback. If the therapist continued to have sessions rated under an average of two, which never occurred, they were to begin having every session rated, and if they could not achieve protocol level, they would be removed from the study.

CBTI-M-RS: Session 1 Behavioral Anchors

Developed rapport with the patient

- 0 Therapist did not attempt to develop rapport with patient.
- 1 Therapist attempted to develop rapport but missed important details from patient or allowed patient to dominate the session with extraneous material not necessarily relevant to insomnia treatment.
- 2 Therapist attempted to develop rapport and environment of mutual respect; irrelevant information was minimal.
- 3 Rapport appeared exceptional and environment of mutual respect was established near beginning of session; therapist engaged patient and elicited responses, ideas, and feedback which were built on throughout the session; irrelevant information was validated but kept to a minimum.

Explained basics of sleep

- 0 Therapist did not address basics of sleep as instructed in the manual.
- 1 Therapist explained minimal basics of sleep but left out important concepts or details such as sleep drive, sleep cycles, or sleep stages.
- 2 Therapist explained the basics of sleep, utilizing the supplemental figures as necessary, in an orderly fashion and at a satisfactory pace.
- 3 Therapist very skillfully explained the basics of sleep, utilizing the supplemental figures as necessary, in an orderly fashion, at an optimal pace, and in a confident manner.

Solicited and answered any patient concerns or questions

- 0 Therapist did not ask questions or attempt to elicit feedback of any kind.
- 1 Therapist elicited questions but did not elicit concerns or vice-versa; OR elicited questions or concerns but gave vague or poor responses.
- 2 Therapist elicited questions and concerns appropriately; if patient had questions they were answered to the satisfaction of the patient and in accordance with the manual. Any concerns were addressed appropriately.
- 3 Therapist was especially adept at eliciting questions and concerns appropriately; therapist answered questions accurately and in a confident manner; if patient expressed common concern, supplemental figures and documents were explained and given to patient.

Explained behavioral model of insomnia

- 0 Therapist did not address the model of insomnia as instructed in the manual.
- 1 Therapist explained minimal elements of behavioral model of insomnia but left out important concepts such as predisposing, precipitating, or perpetuating factors.
- 2 Therapist explained the behavioral model of insomnia, elaborating on chronic insomnia, and utilizing the supplemental figures as necessary, in an orderly fashion and at a satisfactory pace.
- 3 Therapist very skillfully explained the behavioral model of insomnia, elaborating on chronic insomnia, and utilizing the supplemental figures. Therapist solicited client feedback regarding relevant behaviors and maintained an optimal pace.

Solicited and answered any patient concerns or questions

- 0 Therapist did not ask questions or attempt to elicit feedback of any kind.
- 1 Therapist elicited questions but did not elicit concerns or vice-versa; OR elicited questions or concerns but gave vague or poor responses.
- 2 Therapist elicited questions and concerns appropriately; if patient had questions they were answered to the satisfaction of the patient and in accordance with the manual. Any concerns were addressed appropriately.
- 3 Therapist was especially adept at eliciting questions and concerns appropriately; therapist answered questions accurately and in a confident manner; if patient expressed common concern, supplemental figures and documents were explained and given to patient.

Explained cognitive behavioral treatment for insomnia

- 0 Therapist did not address cognitive behavioral treatment as instructed in the manual.
- 1 Therapist explained minimal elements of cognitive behavioral treatment for insomnia but left out important details.
- 2 Therapist explained cognitive behavioral treatment for insomnia as instructed in the manual.
- 3 Therapist very skillfully explained cognitive behavioral treatment for insomnia in an orderly fashion and at an optimal pace; therapist expressed enthusiasm for effectiveness of treatment.

Solicited and answered any patient concerns or questions

- 0 Therapist did not ask questions or attempt to elicit feedback of any kind.
- 1 Therapist elicited questions but did not elicit concerns or vice-versa; OR elicited questions or concerns but gave vague or poor responses.
- 2 Therapist elicited questions and concerns appropriately; if patient had questions they were answered to the satisfaction of the patient and in accordance with the manual. Any concerns were addressed appropriately.
- 3 Therapist was especially adept at eliciting questions and concerns appropriately; therapist answered questions accurately and in a confident manner; if patient expressed common concern, supplemental figures and documents were explained and given to patient.

Explained the sleep diary

- 0 Therapist did not address the sleep diary.
- 1 Therapist introduced sleep diary but did not review any items or the importance of completing it.
- 2 Therapist introduced sleep diary and elaborated on some items (e.g., differentiating between time patient went to bed and time patient tried to fall asleep or giving examples of notes intended for the comments sections).
- 3 Therapist introduced sleep diary and elaborated on some of the items; additionally, therapist explained the importance of using the sleep diary to guide treatment.

Practiced completing sleep diary with patient and assigned it for homework

- 0 Therapist did not address the sleep diary.
- 1 Therapist attempted to complete sleep diary with patient but left out important details or did not assign it for homework.
- 2 Therapist completed a sample day with patient, reviewing items to a satisfactory degree, and assigned sleep diary for homework.
- 3 Therapist completed a sample day with patient, reviewing items to an optimal degree, and assigned sleep diary for homework.

CBTI-M-RS: Session 2 Behavioral Anchors

Developed rapport with the patient

- 0 Therapist did not attempt to develop rapport with patient.
- 1 Therapist attempted to develop rapport but missed important details from patient or allowed patient to dominate the session with extraneous material not necessarily relevant to insomnia treatment.
- 2 Therapist attempted to develop rapport and environment of mutual respect; irrelevant information was minimal.
- 3 Rapport appeared exceptional and environment of mutual respect was established near beginning of session; therapist engaged patient and elicited responses, ideas, and feedback which were built on throughout the session; irrelevant information was validated but kept to a minimum.

Reviewed sleep diary and discussed any difficulties

- 0 Therapist did not attempt to review sleep diary.
- 1 Therapist confirmed patient completed sleep diary but did not discuss any of its details.
- 2 Therapist reviewed sleep diary with patient, encouraged progress, and inquired of any difficulties patient encountered completing sleep diary.
- 3 Therapist reviewed sleep diary, encouraged progress, and inquired and troubleshoot any difficulties patient encountered completing sleep diary.

Reviewed helpful habits and harmful habits

- 0 Therapist did not acknowledge helpful and harmful habits.
- 1 Therapist left out one or more of the six habits in the treatment manual.
- 2 Therapist mentioned all six habits in the treatment manual but left out important points or only briefly reviewed an area where patient seemed to be having particular difficulty.
- 3 Therapist appropriately reviewed all six habits, spending more time on habits with which the patient reported struggling and less time on those that were not causing difficulty for the patient. Therapist was able to elicit input from patient in all areas related to the new sleep plan.

Prescribed bed time and wake time based on diary average

- 0 Therapist did not plan a new bed time and wake time.
- 1 Therapist calculated average sleep per night and prescribed new bed time but did not work with patient to determine optimal times for him or her.
- 2 Therapist calculated average sleep per night and collaborated with patient to decide a bed time and wake time patient would be most likely to maintain.
- 3 Therapist calculated average sleep per night and collaborated with patient to decide a bed time and wake time patient would be most likely to maintain. Therapist optimally validated and worked through any reluctance or anxiety from patient.

Discussed TST vs TIB and sleep restriction rationale

- 0 Therapist did not review TST, TIB, or the importance of sleep restriction.
- 1 Therapist mentioned the importance of sleep restriction or TST vs. TIB but left out important details.
- 2 Therapist used pizza dough analogy and patient's actual TST and TIB to explain TST vs. TIB and importance of sleep restriction.
- 3 Therapist was adept at communicating the importance of sleep restriction through clearly communicating the discrepancy of TST vs. TIB using the pizza dough analogy (or something similar). The patient's understanding of these concepts was evident.

Solicited and answered any patient concerns or questions

- 0 Therapist did not ask questions or attempt to elicit feedback of any kind.
- 1 Therapist elicited questions but did not elicit concerns or vice-versa; OR elicited questions or concerns but gave vague or poor responses.
- 2 Therapist elicited questions and concerns appropriately; if patient had questions they were answered to the satisfaction of the patient and in accordance with the manual. Any concerns were addressed appropriately.
- 3 Therapist was especially adept at eliciting questions and concerns appropriately; therapist answered questions accurately and in a confident manner; if patient expressed common concern, supplemental figures and documents were explained and given to patient.

Discussed the importance of sticking to the program

- 0 Therapist did not encourage patient to stick to the program.
- 1 Therapist encouraged the patient to stick to the program but left out important suggestions from the manual (e.g., remembering the program is only for six weeks or encouraging patient to enlist help of friends/family).
- 2 Therapist emphasized the importance of sticking to the schedule/program utilizing points addressed in the manual.
- 3 Therapist very skillfully emphasized the importance of sticking to the schedule/program utilizing points addressed in the manual. Therapist elicited, validated and troubleshoot any concerns the patient had regarding compliance.

Solicited and answered any patient concerns or questions

- 0 Therapist did not ask questions or attempt to elicit feedback of any kind.
- 1 Therapist elicited questions but did not elicit concerns or vice-versa; OR elicited questions or concerns but gave vague or poor responses.
- 2 Therapist elicited questions and concerns appropriately; if patient had questions they were answered to the satisfaction of the patient and in accordance with the manual. Any concerns were addressed appropriately.
- 3 Therapist was especially adept at eliciting questions and concerns appropriately; therapist answered questions accurately and in a confident manner; if patient expressed common concern, supplemental figures and documents were explained and given to patient.

Gave information review and reviewed answers

- 0 Therapist forgot to administer information review.
- 1 Therapist gave information review but did not review incorrect items.
- 2 Therapist administered information review and minimally addressed any incorrect answers given by patient.
- 3 Therapist administered information review; if any answers were incorrect, therapist reviewed appropriate portions of treatment manual again with patient.

Gave my new sleep plan and completed with them

- 0 Therapist did not attempt to review the new sleep plan.
- 1 Therapist attempted to review the sleep plan but left out important items.
- 2 Therapist appropriately completed sleep plan as instructed in the manual.
- 3 Therapist and patient effectively collaborated to develop a tailored, realistic sleep plan that was realistic for the following week.

CBTI-M-RS: Session 3 Behavioral Anchors

Developed rapport with the patient

- 0 Therapist did not attempt to develop rapport with patient.
- 1 Therapist attempted to develop rapport but missed important details from patient or allowed patient to dominate the session with extraneous material not necessarily relevant to insomnia treatment.
- 2 Therapist attempted to develop rapport and environment of mutual respect; irrelevant information was minimal.
- 3 Rapport appeared exceptional and environment of mutual respect was established near beginning of session; therapist engaged patient and elicited responses, ideas, and feedback which were built on throughout the session; irrelevant information was validated but kept to a minimum.

Reviewed sleep diary and discussed sleep efficiency

- 0 Therapist did not attempt to review sleep diary.
- 1 Therapist reviewed sleep diary but did not inform patient of his or her sleep efficiency during the previous week.
- 2 Therapist reviewed sleep diary and discussed the past week's sleep efficiency with patient.
- 3 Therapist reviewed sleep diary with patient and discussed the past week's sleep efficiency compared to previous weeks.

Solicited and troubleshoot any problems with following sleep plan

- 0 Therapist did not inquire if patient had any challenges the previous week.
- 1 Therapist acknowledged client difficulties with following sleep plan but did not troubleshoot with ideas to help in the future.
- 2 Therapist acknowledged any patient difficulties with following the sleep plan and troubleshoot ways to help patient follow the plan in the future.
- 3 Therapist inquired into each aspect of the sleep plan, acknowledged any client difficulties with following the sleep plan and troubleshoot ways to help patient follow the plan in the future.

Encouraged patient progress

- 0 Therapist did not acknowledge patient progress.
- 1 Therapist acknowledged patient progress but did not encourage continued or increased progress going forward.
- 2 Therapist praised current patient progress and encouraged patient using guidance from the manual
- 3 Therapist praised current patient progress and encouraged patient using guidance from the manual, reviewing the importance of sticking to the program if necessary, and expressing enthusiasm for potential future progress.

Adjusted bedtime based on sleep efficiency data

- 0 Therapist did not adjust sleep schedule even though it was necessary.
- 1 Therapist attempted to adjust new sleep schedule but was inaccurate in calculations.
- 2 Therapist reviewed sleep diary with patient and appropriately adjusted patient's bedtime and wake time for the following week.
- 3 Therapist reviewed sleep diary with patient and enlisted patient's help to create a realistic bedtime/wake time for the following week.

Discussed sleep hygiene helpful habits

- 0 Therapist did not acknowledge the sleep hygiene habits
- 1 Therapist did not acknowledge all seven habits in the treatment manual.
- 2 Therapist mentioned all seven habits in the treatment manual but left out important points or only briefly reviewed an area where patient seemed to be having particular difficulty.
- 3 Therapist appropriately reviewed all seven habits, spending more time on habits with which the patient reported struggling and less time on those that were not causing difficulty for the patient. Therapist was able to elicit input from patient in all areas related to the new sleep plan.

Solicited and answered any patient concerns or questions

- 0 Therapist did not ask questions or attempt to elicit feedback of any kind.
- 1 Therapist elicited questions but did not elicit concerns or vice-versa; OR elicited questions or concerns but gave vague or poor responses.
- 2 Therapist elicited questions and concerns appropriately; if patient had questions they were answered to the satisfaction of the patient and in accordance with the manual. Any concerns were addressed appropriately.
- 3 Therapist was especially adept at eliciting questions and concerns appropriately; therapist answered questions accurately and in a confident manner; if patient expressed common concern, supplemental figures and documents were explained and given to patient.

Gave information review and reviewed answers

- 0 Therapist forgot to administer information review.
- 1 Therapist gave information review but did not review incorrect items.
- 2 Therapist administered information review and minimally addressed any incorrect answers given by patient.
- 3 Therapist administered information review; if any answers were incorrect, therapist reviewed appropriate portions of treatment manual again with patient.

Updated my new sleep plan and completed with them

- 0 Therapist did not attempt to review the new sleep plan.
- 1 Therapist attempted to review the sleep plan but left out important items.
- 2 Therapist appropriately completed sleep plan as instructed in the manual.
- 3 Therapist appropriately completed sleep plan and thoroughly explored options associated with each item.

CBTI-M-RS: Session 4 Behavioral Anchors

Developed rapport with the patient

- 0 Therapist did not attempt to develop rapport with patient.
- 1 Therapist attempted to develop rapport but missed important details from patient or allowed patient to dominate the session with extraneous material not necessarily relevant to insomnia treatment.
- 2 Therapist attempted to develop rapport and environment of mutual respect; irrelevant information was minimal.
- 3 Rapport appeared exceptional and environment of mutual respect was established near beginning of session; therapist engaged patient and elicited responses, ideas, and feedback which were built on throughout the session; irrelevant information was validated but kept to a minimum.

Reviewed sleep diary and discussed sleep efficiency

- 0 Therapist did not attempt to review sleep diary.
- 1 Therapist reviewed sleep diary but did not inform patient of his or her sleep efficiency during the previous week.
- 2 Therapist reviewed sleep diary and discussed the past week's sleep efficiency with patient.
- 3 Therapist reviewed sleep diary with patient and discussed the past week's sleep efficiency compared to previous weeks.

Solicited and troubleshoot any problems with following sleep plan

- 0 Therapist did not inquire if patient had any challenges the previous week.
- 1 Therapist acknowledged client difficulties with following sleep plan but did not troubleshoot with ideas to help in the future.
- 2 Therapist acknowledged any patient difficulties with following the sleep plan and troubleshoot ways to help patient follow the plan in the future.
- 3 Therapist inquired into each aspect of the sleep plan, acknowledged any client difficulties with following the sleep plan and troubleshoot ways to help patient follow the plan in the future.

Encouraged patient progress

- 0 Therapist did not acknowledge patient progress.
- 1 Therapist acknowledged patient progress but did not encourage continued or increased progress going forward.
- 2 Therapist praised current patient progress and encouraged patient using guidance from the manual
- 3 Therapist praised current patient progress so and encouraged patient using guidance from the manual, reviewing the importance of sticking to the program if necessary.

Adjusted bedtime based on sleep efficiency data

- 0 Therapist did not adjust sleep schedule even though it was necessary.
- 1 Therapist attempted to adjust new sleep schedule but was inaccurate in calculations.
- 2 Therapist reviewed sleep diary with patient and appropriately adjusted patient's bedtime and wake time for the following week.
- 3 Therapist reviewed sleep diary with patient and enlisted patient's help to create a realistic bedtime/wake time for the following week.

Discussed relaxation rationale and relaxation techniques

- 0 Therapist did not address the purpose of relaxation exercises.
- 1 Therapist commented on relaxation rationale but left out important concepts such as the relationship between stress, arousal, and sleep problems or why relaxation techniques are often not helpful by themselves.
- 2 Therapist appropriately reviewed the relationship between stress and sleep as well as the different relaxation techniques and barriers to practicing.
- 3 Therapist very skillfully reviewed the relationship between stress and sleep as well as the different relaxation techniques and barriers to practicing; therapist was able to answer any questions and discuss any doubts/challenges from patient.

Walked patient through relaxation exercise

- 0 Therapist did not practice relaxation exercise with patient.
- 1 Therapist attempted relaxation exercise with patient but did not complete all parts such as instructions on belly breathing or eliciting pre- and post-exercise relaxation ratings.
- 2 Therapist completed relaxation exercise, including eliciting pre- and post-exercise relaxation ratings and walking through the deep breathing script.
- 3 Therapist very skillfully completed relaxation exercise in its entirety and successfully managed any client resistance while maintaining rapport.

Solicited and answered any patient concerns or questions

- 0 Therapist did not ask questions or attempt to elicit feedback of any kind.
- 1 Therapist elicited questions but did not elicit concerns or vice-versa; OR elicited questions or concerns but gave vague or poor responses.
- 2 Therapist elicited questions and concerns appropriately; if patient had questions they were answered to the satisfaction of the patient and in accordance with the manual. Any concerns were addressed appropriately.
- 3 Therapist was especially adept at eliciting questions and concerns appropriately; therapist answered questions accurately and in a confident manner; if patient expressed common concern, supplemental figures and documents were explained and given to patient.

Discussed importance of practicing relaxation exercises

- 0 Therapist did address the importance of consistent practice.
- 1 Therapist briefly attempted to address the importance of practicing but seemed to miss cues of hesitation from client.
- 2 Therapist appropriately attempted to emphasize the importance of practicing, following line of encouragement in the manual and addressing any hesitations of patient.
- 3 Therapist emphasized the importance of practice beyond the script in the manual and successfully elicited and addressed any hesitations of the patient.

Updated my new sleep plan and relaxation schedule and suggested app

- 0 Therapist did not attempt to review the new sleep plan.
- 1 Therapist attempted to review the sleep plan but forgot to mention the relaxation log or suggesting Breathe2Relax App (if applicable).
- 2 Therapist appropriately completed sleep plan, relaxation log, and suggested Breathe2Relax app according to instructions in the manual.
- 3 Therapist appropriately completed sleep plan, relaxation log, and suggested Breathe2Relax app according to instructions in the manual and thoroughly explored options for each part of the sleep plan as needed.

CBTI-M-RS: Session 5 Behavioral Anchors

Developed rapport with the patient

- 0 Therapist did not attempt to develop rapport with patient.
- 1 Therapist attempted to develop rapport but missed important details from patient or allowed patient to dominate the session with extraneous material not necessarily relevant to insomnia treatment.
- 2 Therapist attempted to develop rapport and environment of mutual respect; irrelevant information was minimal.
- 3 Rapport appeared exceptional and environment of mutual respect was established near beginning of session; therapist engaged patient and elicited responses, ideas, and feedback which were built on throughout the session; irrelevant information was validated but kept to a minimum.

Reviewed sleep diary and discussed sleep efficiency

- 0 Therapist did not attempt to review sleep diary.
- 1 Therapist reviewed sleep diary but did not inform patient of his or her sleep efficiency during the previous week.
- 2 Therapist reviewed sleep diary and discussed the past week's sleep efficiency with patient.
- 3 Therapist reviewed sleep diary with patient and discussed the past week's sleep efficiency compared to previous weeks.

Solicited and troubleshoot any problems with following sleep plan

- 0 Therapist did not inquire if patient had any challenges the previous week.
- 1 Therapist acknowledged client difficulties with following sleep plan but did not troubleshoot with ideas to help in the future.
- 2 Therapist acknowledged any patient difficulties with following the sleep plan and troubleshoot ways to help patient follow the plan in the future.
- 3 Therapist inquired into each aspect of the sleep plan, acknowledged any client difficulties with following the sleep plan and troubleshoot ways to help patient follow the plan in the future.

Encouraged patient progress

- 0 Therapist did not acknowledge patient progress.
- 1 Therapist acknowledged patient progress but did not encourage continued or increased progress going forward.
- 2 Therapist praised current patient progress and encouraged patient using guidance from the manual
- 3 Therapist praised current patient progress and encouraged patient using guidance from the manual, reviewing the importance of sticking to the program if necessary.

Adjusted bedtime based on sleep efficiency data

- 0 Therapist did not adjust sleep schedule even though it was necessary.
- 1 Therapist attempted to adjust new sleep schedule but was inaccurate in calculations.
- 2 Therapist reviewed sleep diary with patient and appropriately adjusted patient's bedtime and wake time for the following week.
- 3 Therapist reviewed sleep diary with patient and enlisted patient's help to create a realistic bedtime/wake time for the following week.

Discussed harmful habit of worrying and helpful habit of thought replacement

- 0 Therapist did not acknowledge the harmful and helpful habits.
- 1 Therapist mentioned the harmful and helpful habit in the treatment manual but left out important points.
- 2 Therapist appropriately reviewed the content discussed in the harmful and helpful habits but did not link these concepts to the following activity of reviewing common sleep worries.
- 3 Therapist very skillfully reviewed the content discussed in the harmful and helpful habits and connected it to the following activity.

Called patient's attention to common dysfunctional thoughts and alternatives handout

- 0 Therapist did not give patient the patient packet to follow along with therapist.
- 1 Therapist gave the patient the appropriate papers but did not encourage him or her to follow along.
- 2 Therapist gave the patient the appropriate papers and used it to guide patient through the session.
- 3 Therapist gave the patient the appropriate papers and used it to guide the session, stressing the importance of becoming familiar with each replacement thought.

Identified and discussed dysfunctional thoughts from the DBAS

- 0 Therapist did not address patients DBAS responses.
- 1 Therapist addressed some dysfunctional thoughts but missed others and did not engage patient in activity.
- 2 Therapist addressed all relevant, dysfunctional thoughts but left out important points or only briefly reviewed an area where patient seemed to be having particular difficulty; therapist minimally engaged patient in activity.
- 3 Therapist very skillfully reviewed all relevant dysfunctional thoughts, spending more time on thoughts with which the patient reported struggling and less time on those that were not causing difficulty for the patient; therapist elicited patient engagement by having him/her generate alternative thoughts.

Solicited and answered any patient concerns or questions

- 0 Therapist did not ask questions or attempt to elicit feedback of any kind.
- 1 Therapist elicited questions but did not elicit concerns or vice-versa; OR elicited questions or concerns but gave vague or poor responses.
- 2 Therapist elicited questions and concerns appropriately; if patient had questions they were answered to the satisfaction of the patient and in accordance with the manual. Any concerns were addressed appropriately.
- 3 Therapist was especially adept at eliciting questions and concerns appropriately; therapist answered questions accurately and in a confident manner; if patient expressed common concern, supplemental figures and documents were explained and given to patient.

Updated my new sleep plan, sleep hygiene, relaxation, and negative thoughts handout, and reminded patient to read the remainder of the DBAS handout

- 0 Therapist did not attempt to review the new sleep plan.
- 1 Therapist attempted to review the sleep plan but left out the negative thoughts component or another important piece from prior weeks.
- 2 Therapist appropriately completed sleep plan according to instructions in the manual and drew attention to remainder of DBAS handout
- 3 Therapist appropriately completed sleep plan according to instructions in the manual as well as thoroughly explored options for each part of the sleep plan as needed; additionally, therapist explained importance of reading through DBAS handout

CBTI-M-RS: Session 6 Behavioral Anchors

Developed rapport with the patient

- 0 Therapist did not attempt to develop rapport with patient.
- 1 Therapist attempted to develop rapport but missed important details from patient or allowed patient to dominate the session with extraneous material not necessarily relevant to insomnia treatment.
- 2 Therapist attempted to develop rapport and environment of mutual respect; irrelevant information was minimal.
- 3 Rapport appeared exceptional and environment of mutual respect was established near beginning of session; therapist engaged patient and elicited responses, ideas, and feedback which were built on throughout the session; irrelevant information was validated but kept to a minimum.

Reviewed sleep diary and discussed sleep efficiency

- 0 Therapist did not attempt to review sleep diary.
- 1 Therapist reviewed sleep diary but did not inform patient of his or her sleep efficiency during the previous week.
- 2 Therapist reviewed sleep diary and discussed the past week's sleep efficiency with patient.
- 3 Therapist reviewed sleep diary with patient and discussed the past week's sleep efficiency compared to previous weeks.

Solicited and troubleshoot any problems with following sleep plan

- 0 Therapist did not inquire if patient had any challenges the previous week.
- 1 Therapist acknowledged client difficulties with following sleep plan but did not troubleshoot with ideas to help in the future.
- 2 Therapist acknowledged any patient difficulties with following the sleep plan and troubleshoot ways to help patient follow the plan in the future.
- 3 Therapist inquired into each aspect of the sleep plan, acknowledged any client difficulties with following the sleep plan and troubleshoot ways to help patient follow the plan in the future.

Encouraged patient progress

- 0 Therapist did not acknowledge patient progress.
- 1 Therapist acknowledged patient progress but did not encourage continued or increased progress going forward.
- 2 Therapist praised current patient progress and encouraged patient using guidance from the manual
- 3 Therapist praised current patient progress and encouraged patient using guidance from the manual, reviewing the importance of sticking to the program if necessary.

Adjusted bedtime based on sleep efficiency data

- 0 Therapist did not adjust sleep schedule even though it was necessary.
- 1 Therapist attempted to adjust new sleep schedule but was inaccurate in calculations.
- 2 Therapist reviewed sleep diary with patient and appropriately adjusted patient's bedtime and wake time for the following week.
- 3 Therapist reviewed sleep diary with patient and enlisted patient's help to create a realistic bedtime/wake time for the following week.

Discussed making a "to do" list/problem solving

- 0 Therapist did not discuss worrying about or making a "to do" list.
- 1 Therapist mentioned the "to do" list but left out important points regarding its purpose or did not review the suggested method for creating a "to do" list before bedtime.
- 2 Therapist appropriately reviewed the issue of worrying about a "to do" list and followed the manual's instructions regarding creating a "to do" list before bedtime
- 3 Therapist very skillfully reviewed the issue of worrying about a "to do" list and followed the manual's instructions regarding creating a "to do" list before bedtime, spending more time in areas that seemed to be of difficulty for the patient and managing any hesitation from the patient, referring back to Session 5 material as necessary.

Solicited and answered any patient concerns or questions

- 0 Therapist did not ask questions or attempt to elicit feedback of any kind.
- 1 Therapist elicited questions but did not elicit concerns or vice-versa; OR elicited questions or concerns but gave vague or poor responses.
- 2 Therapist elicited questions and concerns appropriately; if patient had questions they were answered to the satisfaction of the patient and in accordance with the manual. Any concerns were addressed appropriately.
- 3 Therapist was especially adept at eliciting questions and concerns appropriately; therapist answered questions accurately and in a confident manner; if patient expressed common concern, supplemental figures and documents were explained and given to patient.

Discussed guidelines for developing flexibility in sleep habits

- 0 Therapist did not address changing the sleep schedule in the future.
- 1 Therapist mentioned developing flexibility in sleep habits/schedule but left out important points or only briefly reviewed an area where patient seemed to be having particular difficulty.
- 2 Therapist appropriately reviewed how to develop flexibility in sleep habits, managing time to emphasize aspects of sleep schedule client is most eager to modify.
- 3 Therapist very skillfully reviewed how to develop flexibility in sleep habits, managing time to emphasize aspects of sleep schedule client is most eager to modify or encouraged no change for the time being if client is still making progress/requiring sleep restriction.

Discussed what to do if insomnia returns

- 0 Therapist did not address what to do if insomnia returns.
- 1 Therapist acknowledged what to do if insomnia returns but left out important points.
- 2 Therapist appropriately reviewed what to do if insomnia returns, covering each point in the manual.
- 3 Therapist very skillfully reviewed what to do if insomnia returns, covering each point in the manual and referring back to Session 5 material or patient's previous reported issues as necessary.

Reviewed patient assignments for the next week

- 0 Therapist did not review homework assignment.
- 1 Therapist reviewed homework assignment but left out important details such as the final sleep plan.
- 2 Therapist reviewed homework assignment, encouraged patient, and addressed concerns to a satisfactory degree.
- 3 Therapist very skillfully reviewed homework assignment, encouraged patient, and addressed concerns.

Cognitive Behavioral Therapy for Insomnia in the Military Rating Scale (CBTI-M-RS): Session 1 Score Sheet

Therapist: _____ Subject ID: _____ Rater _____

Therapist Procedures	Delivery			
	Poor Not at all	Fair	Good	Excellent
Developed rapport with the patient	0	1	2	3
Explained basics of sleep	0	1	2	3
Solicited and answered any patient concerns or questions	0	1	2	3
Explained behavioral model of insomnia	0	1	2	3
Solicited and answered any patient concerns or questions	0	1	2	3
Explained cognitive behavioral treatment for insomnia	0	1	2	3
Solicited and answered any patient concerns or questions	0	1	2	3
Explained the sleep diary	0	1	2	3
Practiced completing sleep diary with patient and assigned it for homework	0	1	2	3
			Sum	
			Average (Sum/9)	

Cognitive Behavioral Therapy for Insomnia in the Military Rating Scale (CBTI-M-RS): Session 2 Score Sheet

Therapist: _____ Subject ID: _____ Rater _____

Therapist Procedures	Delivery				
	Poor Not at all	Fair	Good	Excellent	
Developed rapport with the patient	0	1	2	3	
Reviewed sleep diary and discussed any difficulties	0	1	2	3	
Reviewed helpful habits and harmful habits	0	1	2	3	
Prescribed bed time and wake time based on diary average	0	1	2	3	
Discussed TST vs TIB and sleep restriction rationale (e.g., pizza dough analogy)	0	1	2	3	
Solicited and answered any patient concerns or questions	0	1	2	3	
Discussed the importance of sticking to the program	0	1	2	3	
Solicited and answered any patient concerns or questions	0	1	2	3	
Gave information review and reviewed answers	0	1	2	3	
Gave my new sleep plan and completed with them	0	1	2	3	
				Sum	
				Average (Sum/10)	

Cognitive Behavioral Therapy for Insomnia in the Military Rating Scale (CBTI-M-RS): Session 3 Score Sheet

Therapist: _____ Subject ID: _____ Rater _____

Therapist Procedures	Delivery			
	Poor Not at all	Fair	Good	Excellent
Developed rapport with the patient	0	1	2	3
Reviewed sleep diary and discussed sleep efficiency	0	1	2	3
Solicited and troubleshoot any problems with following sleep plan	0	1	2	3
Encouraged patient progress	0	1	2	3
Adjusted bedtime based on sleep efficiency data (<u>Increase TIB if SE>90%; No change to TIB if 90%>SE>85%; Decrease TIB if SE<85%; revise bed/wake times if SE<70%</u>)	0	1	2	3
Discussed sleep hygiene helpful habits	0	1	2	3
Solicited and answered any patient concerns or questions	0	1	2	3
Gave information review and reviewed answers	0	1	2	3
Updated my new sleep plan and completed with them	0	1	2	3
				Sum
				Average (Sum/9)

Cognitive Behavioral Therapy for Insomnia in the Military Rating Scale (CBTI-M-RS): Session 4 Score Sheet

Therapist: _____ Subject ID: _____ Rater _____

Therapist Procedures	Delivery			
	Poor Not at all	Fair	Good	Excellent
Developed rapport with the patient	0	1	2	3
Reviewed sleep diary and discussed sleep efficiency	0	1	2	3
Solicited and troubleshoot any problems with following sleep plan	0	1	2	3
Encouraged patient progress	0	1	2	3
Adjusted bedtime based on sleep efficiency data (<u>Increase TIB if SE>90%; No change to TIB if 90%>SE>85%; Decrease TIB if SE<85%; revise bed/wake times if SE<70%</u>)	0	1	2	3
Discussed relaxation rationale and relaxation techniques	0	1	2	3
Walked patient through relaxation exercises	0	1	2	3
Solicited and answered any patient concerns or questions	0	1	2	3
Discussed importance of practicing relaxation exercises	0	1	2	3
Updated my new sleep plan and relaxation schedule and suggested Breathe2Relax app (if smart phone available)	0	1	2	3
				Sum
				Average (Sum/10)

Cognitive Behavioral Therapy for Insomnia in the Military Rating Scale (CBTI-M-RS): Session 5 Score Sheet

Therapist: _____ Subject ID: _____ Rater _____

Therapist Procedures	Delivery			
	Poor Not at All	Fair	Good	Excellent
Developed rapport with the patient	0	1	2	3
Reviewed sleep diary and discussed sleep efficiency	0	1	2	3
Solicited and troubleshoot any problems with following sleep plan	0	1	2	3
Encouraged patient progress	0	1	2	3
Adjusted bedtime based on sleep efficiency data (<u>Increase TIB if SE>90%; No change to TIB if 90%>SE>85%; Decrease TIB if SE<85%; revise bed/wake times if SE<70%</u>)	0	1	2	3
Discussed harmful habit of worrying and helpful habit of thought replacement	0	1	2	3
Called the patient’s attention to the common dysfunctional thoughts and alternatives handout in the patient packet	0	1	2	3
Identified and discussed alternatives to dysfunctional thoughts from the DBAS	0	1	2	3
Solicited and answered any patient concerns or questions	0	1	2	3
Gave updated sleep plan, sleep hygiene, relaxation, and negative thoughts handout, and reminded patient to read the remainder of the DBAS handout	0	1	2	3
				Sum
				Average (Sum/10)

Cognitive Behavioral Therapy for Insomnia in the Military Rating Scale (CBTI-M-RS): Session 6 Score Sheet

Therapist: _____ Subject ID: _____ Rater _____

Therapist Procedures	Delivery			
	Poor Not at all	Fair	Good	Excellent
Developed rapport with the patient	0	1	2	3
Reviewed sleep diary and discussed sleep efficiency	0	1	2	3
Solicited and troubleshoot any problems with following sleep plan	0	1	2	3
Encouraged patient progress	0	1	2	3
Adjusted bedtime based on sleep efficiency data (<u>Increase TIB if SE>90%; No change to TIB if 90%>SE>85%; Decrease TIB if SE<85%; revise bed/wake times if SE<70%</u>)	0	1	2	3
Discussed making a “to do” list/problem solving	0	1	2	3
Solicited and answered any patient concerns or questions	0	1	2	3
Discussed guidelines for developing flexibility in sleep habits	0	1	2	3
Discussed what to do if insomnia returns	0	1	2	3
Reviewed patient assignments for next week	0	1	2	3
Sum				
Average (Sum/10)				