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Treating Insomnia

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DESCRIPTION OF INSOMNIA

Insomnia influences an individual's psychological, occupational, and physical health, as well as his or her economic status, and can result in decreased overall functionality and production (American Psychiatric Association [APA], 2013). Nearly 29 % of the population in 2013 were impacted by frequent episodes of insomnia (Karlson, Gallagher, Olson, & Hamilton, 2013) suggesting that many people struggle with insomnia on a daily basis. There is the potential for the condition to develop at any age, including childhood, adolescence, menopause, and later in life (APA, 2013). The risk of developing insomnia; however, increases with age, with 65 % of individuals over 65 years of age reporting difficulty with insomnia. Women are also more likely to have trouble with insomnia reporting rates twice as high as men (Insomnia, 2014). There have also been some cultural patterns identified with insomnia. African American males tend to report lower than average rates of insomnia (12%) compared to Caucasians (29.8%) and Asian Americans (6.9%) (Harmon et al., 2014).

Insomnia Disorder can be precipitated by various biological, sociological, and environmental factors that may be considered when assessing symptoms and rendering a diagnosis. It sometimes occurs as a response to a situational trigger, such as a stressful life event, and can last anywhere from a few days to weeks. In these cases, the insomnia typically resolves soon after the stressor subsides. In persistent cases of insomnia, the condition is likely to remain for longer (APA, 2013). In such cases, assessment strategies are helpful in differentiating insomnia from another sleep-wake disorder or a medical condition.

Professional Counselors are able to diagnose most sleep-wake disorders, including Insomnia Disorder, through the use of diagnostic, clinical interviews. Formal assessment tools may be used in addition to clinical interviews to increase diagnostic accuracy, identify symptoms and evaluate the severity of the disorder. As with the use of all assessment tools, professional counselors are responsible for assuring that they are competent to use the instruments and they need to make a referral to a medical physician when warranted.

Polysomnography (Sleep Study)

In occasions where symptoms are extreme or clinical presentation is atypical, professional counselors may choose to make a referral to a sleep disorder center or to a sleep disorder specialist (e.g., a physician certified in sleep medicine) for laboratory examinations, which include all-night polysomnography (e.g., records of EEG activity). The medical testing may increase the accuracy of the diagnosis and treatment approach of many sleep-wake disorders within a controlled, safe environment.

Resource:

Paylo, M. J., Kress, V. E., & Kelly Gilea, B. L. (2014). Sleep-wake disorders, sexual dysfunctions, paraphilic disorders, and gender dysphoria. In V. Kress & M. Paylo (Eds.), *Treating mental disorders: A strength-based,*

Examples of diagnostic questions may include:

% How long have you been experiencing trouble with sleeping?
%
