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Insomnia: Psychological Assessment and Management. Charles M. Morin. New York: Guilford Press, 1993, 238 + xvii pages, \$26.95 hard.

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This book is among the latest in the Guilford Press series, *Treatment Manuals for Practitioners*, edited by David Barlow. While there are only 11 manuals in this series, it already has received significant praise and recognition. Previous volumes have described programs for the psychological management of such problems as chronic headaches, post-traumatic stress disorder, sexual dysfunctions, and panic disorders. This current volume in the series once again provides practitioners with useful information in treating a specific disorder.

The book is divided into three sections with appendices. The first section of the book discusses diagnosis (including general information about sleep and its disorders), assessment, and a well-articulated cognitive behavioral model for insomnia. The model is aimed at recognizing the amount of personal control individuals with insomnia have over their own sleep. It is obvious from his review of the literature that Morin has a thorough knowledge of sleep disorder research.

The second section of the book, which consumes approximately half of the core written text, discusses in detail the ten-session treatment protocol that Morin employs in his sleep disorder clinic at Virginia Commonwealth University. The treatment model includes the standard behavioral treatment components of stimulus control and changing maladaptive sleep habits. It also includes a standard sleep hygiene education package describing such issues as caffeine, exercise, and environmental factors.

The treatment includes a cognitive therapy component, often overlooked in treatment programs for insomnia. This component attempts to address directly the maladaptive cognitions related to the increases in arousal which then serve to perpetuate chronic psychophysiological insomnia. Morin makes a strong case for why a cognitive component is an important part of his treatment program. For individuals who might be unfamiliar with cognitive therapy, the manual includes a specific introduction as to how cognitive therapy is appropriate and how it would be applied for this population.

The second section concludes with a discussion of sleep medications. Psychologists are often ill-prepared for dealing with the wide variety of pharmacological interventions which patients have sought for dealing with their insomnia. Morin points out that while these medications do have short-term benefits their long-term use often has more side effects than benefits. As a result, cognitive

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behavioral treatment can be complicated by the tolerance, dependence, or abuse of sleep medications. Morin describes not only the effects of these medications, but also how a withdrawal program for drug-dependent insomnia can be integrated into his cognitive behavioral treatment model. Thus, the second section of the manual details a wide array of treatment components aimed at giving patients greater control over their sleep.

The third section deals with "clinical efficacy" and is probably the weakest part of the book. Morin certainly has done what psychologists have been trained to do. In prior sections of the book, he reviewed the research, developed the model, developed an assessment protocol and treatment program based on the model, and evaluated that program. Morin reports only a modest gain of 25 minutes in total sleep time, but looks to other measures as being better indicators of the program's clinical efficacy. He points out that his program did achieve clinical efficacy by significantly increasing sleep efficacy and significantly decreasing the use of sleep medications. Thus, both measures were very important indicators of the utility of the program. Morin also describes a meta-analytic review of 59 controlled outcome studies which compared psychological treatment methods for changing insomnia. The results indicated that many of the important aspects of his program have been supported in prior research.

The weakness of this third section comes not from the work that was reported, but from what was not reported. One of the results of prior meta-analyses in other areas of clinical efficacy of psychological treatment programs is that the people who develop a program are more efficacious in its administration than are other practitioners with that same technique (Smith, Glass, and Miller, 1980). It would have been very useful to see what rates of change were evident when someone else employed the technique in a different sleep disorders clinic. For example, if a practitioner were to employ this program and get a lesser rate of clinical efficacy, is it because he or she is employing it incorrectly or because he or she is simply not the developer of the program? Therefore, while useful and appropriate, the third section of the manual is its weakest link.

Fortunately, for the practitioners who use this book, any weakness in the third section does not seriously hamper the employability of the program described within it. Following that section, there is a series of very useful appendices to aid in assessment and treatment, including an interview schedule, a sleep contract, and an example of a sleep diary. On the whole, the book is well written, with the use of clear and concise examples. It is very well organized, leading the reader from topic to topic, not only between the chapters, but also within them.

The book is also well written in terms of what is excluded. Morin sometimes includes a paragraph on a related topic, such as sleep walking, but does not go into long tangents on peripheral, although interesting, topics. Nonetheless, two topics were not addressed as thoroughly as they might have been. First, Morin discusses how insomnia is sometimes a symptom of a psychiatric disorder, such as major affective disorder. He also indicates that it is necessary to distinguish chronic sleep difficulties from insomnia associated with psychiatric disorders — Morin separates the two groups of patients prior to treatment in his sleep disorders clinic. Because of the importance of having the right treatment for each of these disorders, it would have been very useful for the reader-practitioner to have a firmer set of guidelines as to how to make that distinction between the two disorders.

Second, there are some patients who initially come to a practitioner because their sleep is disrupted by nightmares. This book contains only passing references to

nightmares (e.g., as a side effect of alcohol consumption). While I recognize that this issue should not be a major focus of the book, a few paragraphs acknowledging it and pointing practitioners in the right direction could have been useful.

On the whole, these are small issues. The book is aimed primarily at practitioners who treat sleep disorders. As such, it fills a void in the treatment literature for insomnia. Previously, practitioners have had to rely on review articles (Bootzin and Perlis, 1992), book chapters (Hartmann, 1988), or general sleep disorder guides (Reite, Nagel, and Ruddy, 1990).

Insomnia: Psychological Assessment and Management is comprehensive, user-friendly, and soundly based on theory and research. It is aimed at giving people who complain of insomnia information and tools by which they can control their own sleep. While I did have some difficulties with the book, these problems were small in comparison to the significant contribution this treatment manual will make to a practitioner's bookshelf.

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