

Intake Form: Cognitive Behavioral Therapy for Nightmares

It is recommended to pair this intake with the following self-report forms:

<input type="checkbox"/> Medications & Substance Use	<input type="checkbox"/> Insomnia Severity Index (ISI)	<input type="checkbox"/> Sleep Habit Survey
<input type="checkbox"/> Nightmare Assessment (e.g., Trauma-Related Nightmare Survey [TRNS], Disturbing Dream and Nightmare Severity Index [DDNSI], Nightmare Disorder Index [NDI])	<input type="checkbox"/> Trauma & PTSD Assessment (e.g., Life Events Checklist [LEC] and the PTSD Checklist for DSM-5 [PCL-5])	<input type="checkbox"/> Sleep and Nightmare Log

NIGHTMARES		
Reminder: CBT for Nightmares is appropriate for anyone experiencing <u>D</u> reams, that cause <u>A</u> wakenings, that they at least partially <u>R</u> emember, and that cause <u>C</u> linically significant impairment (DARC).		
	Subthreshold	Threshold
1. <u>D</u>reams “How often do you have disturbing dreams?” _____ (Note: DSM-5 requires one nightmare per month to diagnose nightmare disorder. Nightmare frequency can vary over time. Use clinical judgment to determine if a patient experiencing fewer than 1 nightmare per week would benefit from CBT-N.)	<1 per week (SKIP to # 7)	≥1 per week
2. <u>A</u>wakening “How often does the intensity of these disturbing dreams cause you to wake up?”	<1 per week (SKIP to # 7)	≥1 per week
3. <u>R</u>emember “In general, do you remember these disturbing dreams that wake you up?” [If unclear]: “Would you be able to tell me what happens in these disturbing dreams with some details?”	No (SKIP to # 7)	Yes
4. <u>C</u>linically Significant Impairment “Do these disturbing dreams interfere with your life or your sleep?” [If unclear]: “Do the disturbing dreams make it difficult to fall or stay asleep, impact your mood during the day, or interfere with work, family, or social interactions?” “Do you make efforts to avoid having disturbing dreams?”	No (SKIP to # 7)	Yes

<p>5. "How long have you been experiencing disturbing dreams that wake you up?"</p> <p>_____</p>	<p><1 month (SKIP to # 7 and consider monitoring to allow natural recovery prior to CBT-N)</p>	<p>≥1 month</p>	
<p>6. "Did the disturbing dreams <u>only</u> begin when you started a new medication?"</p>	<p>Yes (Refer to prescriber and consider CBT-N)</p>	<p>No</p>	
<p>DECISION:</p> <p>7. CBT for Nightmares indicated as a treatment option based on answers to questions 1-6?</p>	<p>No (SKIP to # 10)</p>	<p>Yes</p>	
<p>NIGHTMARE DIFFERENTIAL REMINDERS:</p> <ul style="list-style-type: none"> • If the patient or bed partner reports the patient is waking up with some arousal (e.g., sweating, breathing heavy), but the patient cannot remember the episode or any dream content, they may be experiencing a night terror (episodes of fear while still asleep), a nocturnal panic attack (waking up with panic but no dream recall), or sleep apnea (waking up gasping/choking but maybe no dream recall). In these cases, consider referring to a sleep clinic. Medications may also interfere with dream recall. • CBT-N is indicated if nightmares co-occur with night terrors, nocturnal panic attacks, and sleep apnea. However, CBT-N is not indicated if nightmares are not present. • If the patient or bed partner report getting injured because the patient is acting out dreams or making large body movements during sleep, consider referring to a sleep clinic. 			
<p style="text-align: center;">Nightmare Type</p>			
<p>8. "Did your nightmares begin after a traumatic event, such as sexual assault, combat, fire, or any other stressful event?"</p>	<p>No (Idiopathic Type, SKIP to # 10)</p>	<p>Yes (Trauma-Related Type, CONTINUE to # 9)</p>	
<p>9. "How similar are your nightmares to the stressful or traumatic event you experienced?"</p>	<p>Almost exactly the same</p>	<p>Similar, but not exact</p>	<p>Unrelated/dissimilar</p>

INSOMNIA DISORDER

Reminder: Review the Insomnia Severity Index (ISI) and Sleep Habit Survey.

<p>10. “In addition to waking from disturbing dreams, do you ever have difficulty falling asleep, staying asleep, or waking up too early?” (Note. “Difficulty” is typically defined as ≥ 30 minutes) [If unclear]: “For example, do you ever have difficulty falling asleep but not because you are worried about having a nightmare? Or do you ever have difficulty staying asleep but not because of disturbing dreams?”</p>	<p>No (SKIP to # 14)</p>	<p>Yes</p>
<p>11. “Does this difficulty occur on 3 or more nights per week?”</p>	<p>No (SKIP to # 14)</p>	<p>Yes</p>
<p>12. “Have these difficulties falling asleep or staying asleep not due to nightmares lasted at least 3 months?”</p>	<p>No (SKIP to # 14)</p>	<p>Yes</p>
<p>13. “Do these difficulties falling or staying asleep interfere with your life?” [If unclear]: “For example, does it impact your mood during the day, or interfere with work, family, or social interactions?”</p>	<p>No (SKIP to # 14)</p>	<p>Yes</p>
<p>DECISION: 14. Probable insomnia disorder indicated based on answering Yes to questions 10-13 (i.e., non-shaded boxes selected)?</p>	<p>No</p>	<p>Yes</p>
<p>REMINDERS:</p> <ul style="list-style-type: none"> • Nightmares often co-occur with insomnia. Although CBT-N addresses many factors that maintain insomnia, additional CBT for Insomnia (CBT-I) components like sleep efficiency training (also known as sleep restriction therapy) from a trained provider may be indicated if a patient spends excessive time awake in bed. • Additionally, CBT-I may be indicated first if the patient experiences nightmares only occasionally and meets criteria for potential insomnia disorder unrelated to nightmares based on Q10-Q13. • CBT-I training is available at www.cbitweb.org. 		

OBSTRUCTIVE SLEEP APNEA (OSA) Screening and History		
15. "Do you snore loudly?"	No	Yes
16. "Do you often feel tired, fatigued, or sleepy during the day?"	No	Yes
17. "Has anyone observed you stop breathing, choking, or gasping during your sleep?"	No	Yes
18. "Do you have or are you being treated for high blood pressure?"	No	Yes
DECISION: 19. Possible sleep apnea indicated based on answering "Yes" to <u>at least 2</u> of questions 15-18 (i.e., non-shaded boxes)?	No	Yes (Refer to sleep clinic)
20. "Have you ever been diagnosed with sleep apnea?"	No (End)	Yes
21. "Are you currently being treated for sleep apnea (e.g., CPAP, BiPap, Oral Appliance)?"	No (End)	Yes
22. "Are you treating the apnea at least 4 hours per night on most nights?"	No (Refer to sleep clinic)	Yes
REMINDER:		
<ul style="list-style-type: none"> Patients are encouraged to receive treatment for sleep apnea, as apnea treatment may improve nightmares. However, nightmares can make it difficult to be adherent to apnea treatment, so CBT-N can still be initiated while the patient is in the process of receiving care through a sleep clinic. 		