Practice Parameters for the Psychological and Behavioral Treatment of Insomnia

AASM LEVELS OF RECOMMENDATIONS

TERM | DEFINITION
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STANDARD | This is a generally accepted patient-care strategy, which reflects a high degree of clinical certainty. The term standard generally implies the use of Level I Evidence, which directly addresses the clinical issue, or overwhelming Level II Evidence.
GUIDELINE | This is a patient-care strategy, which reflects a moderate degree of clinical certainty. The term guideline implies the use of Level II Evidence or a consensus of Level III Evidence.
OPTION | This is a patient-care strategy, which reflects uncertain clinical use. The term option implies either inconclusive or conflicting evidence or conflicting expert opinion.

RECOMMENDATIONS ACCORDING TO TYPE OF INSOMNIA

3.1 | Psychological and behavioral interventions are effective and recommended in the treatment of chronic primary insomnia. STANDARD
3.2 | Psychological and behavioral interventions are effective and recommended in the treatment of secondary insomnia. STANDARD

RECOMMENDATIONS FOR SPECIFIC THERAPIES

3.3 | Stimulus control therapy is effective and recommended therapy in the treatment of chronic insomnia. STANDARD
3.4 | Relaxation training is effective and recommended therapy in the treatment of chronic insomnia. STANDARD
3.5 | Sleep restriction is effective and recommended therapy in the treatment of chronic insomnia. GUIDELINE
3.6 | Cognitive behavior therapy, with or without relaxation therapy, is effective and recommended therapy in the treatment of chronic insomnia. STANDARD
3.7 | Multicomponent therapy (without cognitive therapy) is effective and recommended therapy in the treatment of chronic insomnia. GUIDELINE
3.8 | Paradoxical intention is effective and recommended therapy in the treatment of chronic insomnia. GUIDELINE
3.9 | Biofeedback is effective and recommended therapy in the treatment of chronic insomnia. GUIDELINE
### RECOMMENDATIONS FOR SPECIFIC THERAPIES (CONTINUED)

| 3.10 | Insufficient evidence was available for sleep hygiene education to be an option as a single therapy. Whether this therapy is effective when added to other specific approaches could not be determined from the available data. | No recommendation level |
| 3.11 | Insufficient evidence was available for imagery training to be an option as a single therapy. Whether this therapy is effective when added to other specific approaches could not be determined from the available data | No recommendation level |
| 3.12 | Insufficient evidence was available for cognitive therapy to be recommended as a single therapy. | No recommendation level |
| 3.13 | Insufficient evidence was available to recommend one single therapy over another, or to recommend single therapy versus a combination of psychological and behavioral interventions. | No recommendation level |

### RECOMMENDATIONS RELEVANT TO SPECIFIC PATIENT GROUPS

| 3.14 | Psychological and behavioral interventions are effective and recommended in the treatment of insomnia in older adults. | STANDARD |
| 3.15 | Psychological and behavioral interventions are effective and recommended in the treatment of insomnia among chronic hypnotic users. | STANDARD |