

The Nightly Torment:
CBT-I for Transformative Outcomes in Depression, Anxiety and Trauma
Video Course
Dr Colleen Carney

Video Course
CPD hours: 6 / CE credits: N/A



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Case Study: When Sleep Became the Turning Point

Emma (not her real name) is a domestic violence survivor. She escaped the relationship but not its grip on her body. Each night, her heart raced the moment she lay down; her mind scanned for danger. Sleep was fitful, shallow—a torment rather than a refuge. By day, she was exhausted, vulnerable to panic surges and emotional collapse. Therapy felt stuck; progress was fleeting.

Her therapist introduced CBT-I - adjusting Emma's time in bed, reshaping her relationship with the bedroom, and addressing her catastrophic beliefs about sleeplessness. Within weeks, her sleep began to stabilise. Her nervous system quietened. Panic attacks lessened. And crucially, therapy opened up. She could finally engage—her resilience was returning.

Her story is not unique. Time and again, clients describe the same torment: **"I'm exhausted all day. I can barely function. But the second my head hits the pillow, my body jolts awake—as if it's bracing for danger."**

For many clients grappling with trauma, anxiety, or depression, this nightly torment is more than exhaustion—it is a slow unravelling of psychophysiological homeostasis. **Sleep, evolutionarily designed as a restorative mechanism, becomes paradoxically a terrain of hypervigilance.** Emotional resilience erodes, therapy stalls, and clients remain ensnared in a perpetual cycle of autonomic dysregulation, manifesting as panic spirals, affective instability, and intrusive cognitions.

When sleep architecture disintegrates, the brain's capacity for emotional modulation and distress tolerance is fundamentally compromised. The nervous system persists in sympathetic dominance; amygdalar hyperreactivity becomes the default. Anxiety intensifies. Depression deepens. Trauma responses remain unprocessed and raw. Therapeutic progress stagnates as clients exist in a state of chronic neurobiological depletion.



Yet, sleep difficulties are frequently minimized in clinical conceptualisations—relegated to secondary symptomatology rather than recognized as a cardinal driver of psychopathology. Clients receive perfunctory sleep hygiene recommendations they have invariably attempted without success. Meanwhile, their neurophysiological systems remain in a state of persistent arousal, their capacity for affective regulation compromised, and their potential for therapeutic engagement significantly attenuated.

Contemporary research elucidates a critical paradigm shift: **insomnia is not merely an epiphenomenon of psychological distress—it functions as the underlying catalyst perpetuating it.**

Cognitive Behavioural Therapy for Insomnia (CBT-I) represents the empirically validated intervention that disrupts this pathological cycle. Recognized globally as the preeminent treatment modality for chronic insomnia (Qaseem et al., 2016; Riemann et al., 2017), CBT-I demonstrates robust efficacy even for clients with complex presentations including PTSD, anxiety disorders, and major depression. When sleep consolidation improves, affective lability diminishes, regulatory capacity expands, and psychotherapeutic processes can proceed with enhanced efficacy.

This workshop presents an exceptional opportunity to learn directly from Dr. Colleen Carney—widely acknowledged as the preeminent authority on CBT-I. Their scholarly contributions have not only informed international treatment guidelines but have revolutionised the integration of sleep interventions into comprehensive mental health care. Over two consecutive evenings, they will **elucidate the theoretical foundations and clinical applications of CBT-I, providing clinicians with sophisticated interventional strategies and enhanced clinical acumen to address insomnia as a primary treatment target—rather than a peripheral consideration.**

Why This Training Is Essential

Sleep is not a passive state but an active neurobiological process fundamental to psychological regulation. When sleep integrity is compromised, emotional stability inevitably deteriorates. Contemporary research has fundamentally reconceptualized our understanding of insomnia:

- **Insomnia as Perpetuator:** Rather than a mere secondary manifestation, insomnia functions as a maintaining factor in psychopathology. Disrupted sleep intensifies anxiety, exacerbates depressive symptomatology, and potentiates trauma-related hyperarousal through multiple neurobiological mechanisms (Harvey et al., 2014; Alvaro et al., 2013).
- **CBT-I as First-Line Intervention:** International clinical guidelines unequivocally endorse CBT-I as the most efficacious intervention for insomnia—even in the context of comorbid psychiatric conditions (Qaseem et al., 2016; Riemann et al., 2017).
- **Transdiagnostic Benefits:** Empirical evidence demonstrates that CBT-I not only ameliorates sleep disturbance but concurrently reduces depressive symptomatology and PTSD severity—often with greater clinical impact than conventional mood-focused interventions (Manber et al., 2008; Ho et al., 2016).

Despite this compelling evidence, most clinicians receive minimal training in sleep-focused interventions. Sleep pathology remains relegated to clinical afterthought, while clients endure chronically fragmented sleep—perpetuating a state of emotional and physiological dysregulation.

This specialized workshop will transform your clinical approach. You will emerge equipped with sophisticated methodologies to integrate CBT-I into your therapeutic repertoire—interrupting the insomnia cycle and restoring your clients' intrinsic capacity for psychological recovery.

What You Will Gain

Dr. Carney will present a comprehensive theoretical and practical framework for incorporating CBT-I into your clinical practice—illustrating how enhanced sleep architecture facilitates improved emotional regulation in clients with depression, anxiety, and trauma:

- **Conceptualise Insomnia as a Cardinal Driver of Affective Dysregulation**
Develop a nuanced understanding of how disrupted sleep perpetuates autonomic hyperarousal, emotional dysregulation, and therapeutic resistance.
- **Conduct Sophisticated Sleep Assessment**
Learn to carry out targeted screening and clinical evaluation of insomnia, distinguishing chronic insomnia from other sleep pathologies (e.g., obstructive sleep apnea), and identifying when CBT-I is the appropriate first-line intervention or when referral is warranted.
- **Implement CBT-I's Core Methodologies with Clinical Precision**
Develop mastery of the four foundational components of CBT-I:
 - **Collaborative Psychoeducation:** Reconceptualise clients' understanding of sleep physiology and attenuate counterproductive sleep effort.
 - **Sleep Restriction:** Systematically recalibrate homeostatic sleep drive through empirically validated protocols.
 - **Stimulus Control:** Disrupt maladaptive conditioned associations between sleep environment and wakefulness.
 - **Cognitive Restructuring:** Implement targeted behavioural experiments to challenge catastrophic cognitions and sleep perfectionism.
- **Adapt CBT-I for Complex Clinical Presentations**
Customise interventional approaches for clients with trauma histories, anxiety disorders, and depressive conditions—ensuring interventions stabilize rather than exacerbate clinical presentation.
- **Integrate Sleep-Focused Treatment into Your Therapeutic Armamentarium**
Receive comprehensive clinical tools, intervention scripts, and assessment protocols—designed for immediate clinical implementation.

Secure Your Place – Restore Sleep, Unlock Recovery

Registration is limited to ensure optimal learning experience—early booking is strongly recommended. All registrants receive comprehensive access to video recordings of the complete workshop, ensuring flexibility for those unable to attend synchronously.

About the speaker

Dr Colleen Carney is internationally recognized as a pioneer in CBT-I methodology and application. They serve as President of the ABCT Sleep Special Interest Group and direct the Sleep and Depression Laboratory at Toronto Metropolitan University. With over 200 scholarly publications, their contributions have fundamentally shaped contemporary clinical approaches to sleep disturbance within complex psychiatric presentations. Their pedagogical approach is distinguished by an elegant synthesis of cutting-edge empirical research with pragmatic clinical strategies—equipping clinicians with sophisticated interventional skills to transform therapeutic outcomes.

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There is no known commercial support for this program

This course does not qualify for CE credits.

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