



WHAT TO KNOW ABOUT

Cognitive Behavioral Therapy for Insomnia (CBT-I) Groups

Cognitive behavioral therapy for insomnia (CBT-I) is the gold-standard first-line treatment for chronic insomnia, recommended ahead of sleep medication by every major clinical guideline. It's structured and time-limited, targeting the behavioral patterns, cognitive distortions, and physiological hyperarousal that keep insomnia going, rather than just the symptom of sleeplessness. Chronic insomnia affects 10 to 15 percent of adults and is highly comorbid with depression, anxiety, and chronic pain, both causing and worsening them. CBT-I works regardless of comorbidities, and group delivery is the most accessible and cost-effective path to it.

WHO IT'S FOR, AND WHO IT'S NOT

- A fit for anyone whose sleep hygiene advice alone hasn't worked.
- Not first-line when apnea, circadian, or restless legs is the main cause.
- Those conditions need separate evaluation before or alongside CBT-I.

What it's for

Adults with chronic insomnia, including insomnia alongside depression or pain.

First-line even when insomnia is secondary to another condition.

For people wanting to reduce or discontinue sleep medication.

WHAT TO EXPECT

1 Groups of 6 to 10 meet weekly for 4 to 8 sessions, 60 to 90 minutes.

2 A nightly sleep diary drives weekly sleep-window adjustments.

3 Sleep restriction is the hardest part; quality improves before total time does.

Group CBT-I matches individual delivery, and it scales.

- A network meta-analysis of 241 trials (30,000+ people) found multicomponent CBT-I had the largest effect, with **group delivery comparable to individual**.¹
- A meta-analysis of 8 group CBT-I trials found significant gains in **sleep latency, efficiency, and insomnia severity**, on par with individual treatment.²

MAKING THE MOST OF IT

Keep the diary. It's the foundation; the whole plan titrates from it.

Sit with the discomfort. Sleep restriction is uncomfortable but it works.

Social proof helps. Watching others' diaries improve sustains persistence.

QUESTIONS TO ASK BEFORE YOU JOIN

- 1** Is the facilitator trained in behavioral sleep medicine (CBT-I)?
- 2** Have I been screened for apnea, circadian, or restless legs issues?
- 3** How many sessions, and does it cover sleep restriction and stimulus control?

Ready to find a group?

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If you're in crisis, call or text 988.



Sources

Cognitive Behavioral Therapy for Insomnia (CBT-I) Groups · references keyed to the numbers on page 1.

- 1 Furukawa, Y., Sakata, M., Yamamoto, R., et al. Components and delivery formats of cognitive behavioral therapy for chronic insomnia in adults: a systematic review and component network meta-analysis. *JAMA Psychiatry* (2024), 81(4), 357–365.
- 2 Koffel, E. A., Koffel, J. B., & Gehrman, P. R. A meta-analysis of group cognitive behavioral therapy for insomnia. *Sleep Medicine Reviews* (2015), 19, 6–16.

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The Group Guide is a directory, not a clinic. This handout is general education, not medical or mental health advice. Listings are written by group leaders and are not endorsements. Confirm details, cost, and fit with any group you contact.