Course Code: PSYC 330 B

Target Audience: Adults suffering from chronic insomnia.

Format: Short undergraduate Brief course.

Linguistic Note: American spelling is used in the official title, research literature, and guidelines; British spelling is used in the audio lectures.

What this course IS

- An explanation of the insomnia disorder.
- A history of the ideas that shaped CBT-I treatment.
- A review of the evidence behind major clinical guidelines.

What this course is NOT

- Not a clinic.
- Not a license to treat others.
- Not a do-it-yourself treatment plan.



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Primary channel for detailed academic inquiries and course feedback.



@garyanderson

Available for public questions and broader engagement.

Questions or feedback about this course are always welcome.

Crucial safety protocols and clinical boundaries

Educational Boundary



This is educational, not medical advice, psychological treatment, or a substitute for qualified clinical care. Do not start, stop, or change any medicine. Do not begin a sleep-restriction or stimulus-control plan based on an hour of lectures.

Seek prompt clinical care if you experience:



Falling asleep while driving or at work



A bed partner reporting loud snoring or gasping



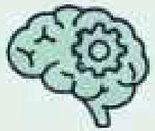
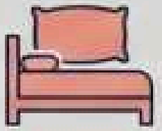
Signs of mania, a seizure disorder, or other urgent medical problems

Immediate Danger Routing

US Crisis: Call or text 988 (Suicide and Crisis Lifeline) for thoughts of suicide or severe emotional distress.

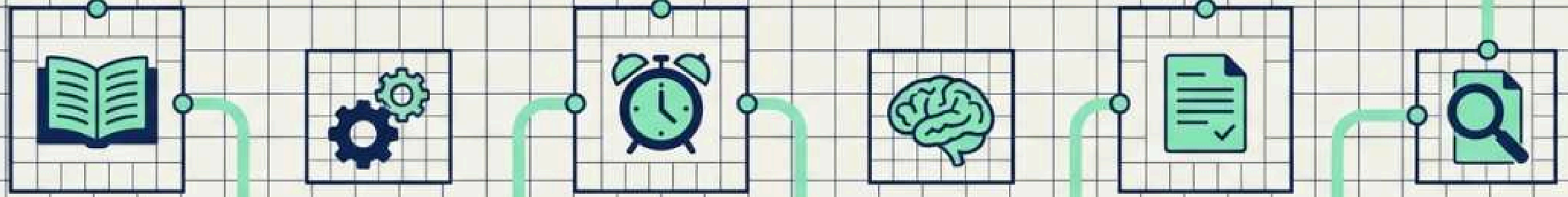
Immediate Danger: Call local emergency services immediately.

Moving past the common misunderstanding of chronic insomnia

The Common Misunderstanding		The Evidence-Based Approach	
	**The Problem:** Insomnia is common, costly, and deeply misunderstood.		**The Solution:** Structured psychological treatment.
	**Standard (Flawed) Advice:** Patients are often told only to practice better sleep hygiene.		**The Clinical Record:** This approach has a stronger and more durable record for treating chronic insomnia than temporary fixes.
	**Standard (Flawed) Prescription:** Patients are frequently offered short courses of sleeping medicine without alternative options.		**The Guidelines:** Supported directly by the American Academy of Sleep Medicine and the American College of Physicians.

In about one hour, an intelligent reader with a high-school education will understand diagnostic requirements and why insomnia persists after original stressors pass. This knowledge empowers you to read popular sleep advice critically and communicate clearly with your clinician.

The six-lecture architectural roadmap



Definition & Diagnosis: Defining insomnia as a disorder via diagnostic manuals. Separating it from a bad night, chosen short sleep, and other sleep problems.

Maintenance: Arthur Spielman's three-factor model and the mechanism of conditioned arousal.

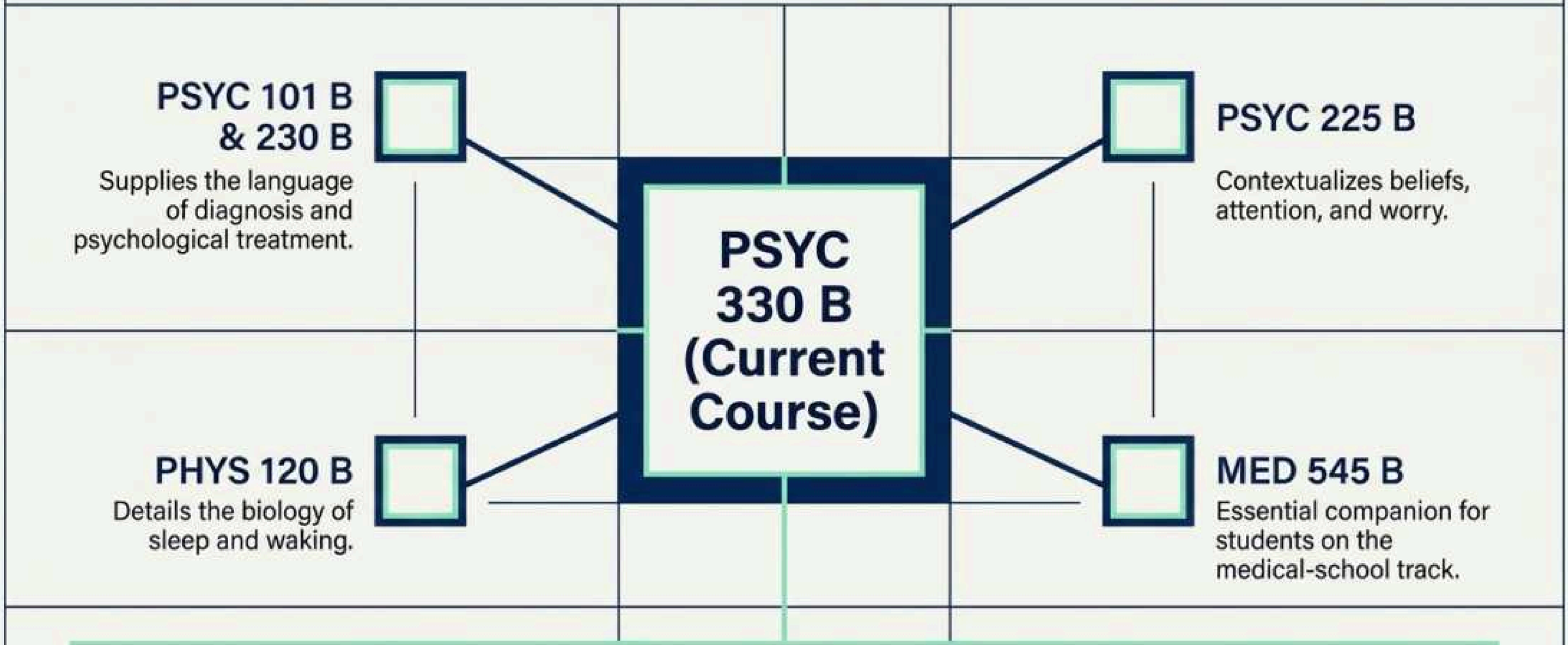
Core Behavioral: Stimulus control and sleep restriction (methods from Richard Bootzin, Spielman, and Michael Perlis), including their their limits and safety caveats.

Cognitive & Relaxation: Cognitive therapy, relaxation, and the modest place of sleep hygiene (following Charles Morin and Jack Edinger).

Trial Evidence: Reviewing trial evidence and the 2021 American Academy of Sleep Medicine guidelines.

Candidacy & Evaluation: Who is a candidate, the limits of this short course, and how to critically read claims about sleep.

Navigating the interdisciplinary knowledge ecosystem



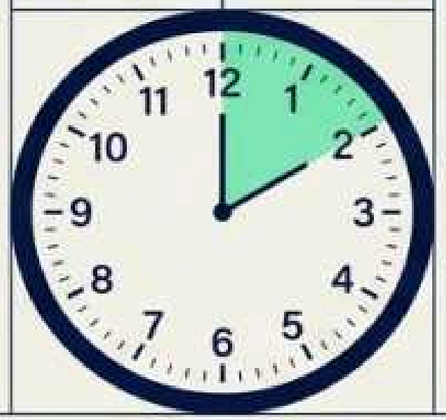
Prerequisites are helpful, but not required. New students can easily follow along provided they maintain an educational perspective and do not treat the lectures as a personal clinical protocol.

The analytical framework for evaluating claims

The core study tip is to maintain a two-column note system for every claim encountered in the course or the media.

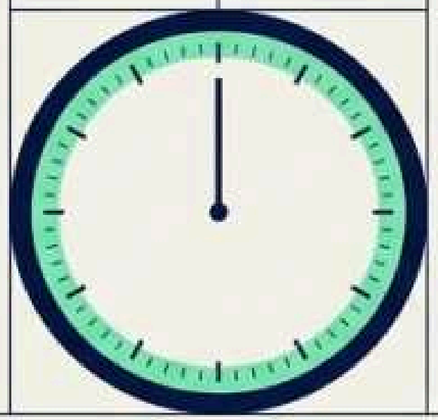
The Claim	The Scrutiny
Document what a theory or a guideline asserts. Always write the claim in its strongest, most fair form.	Note what kind of evidence would either support or weaken this claim. Note whether a clinician would have to individualize the method before it could be used safely. ⚠ If a popular article offers a rigid bedtime rule or a medicine plan without clinical assessment, place it in this column as a warning, not as a task.

Course logistics and launch sequence



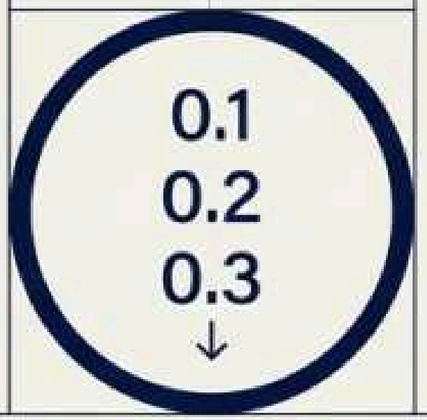
10 Minutes

Each individual lecture is written to be heard in about ten minutes.



1 Hour

The total Brief course duration.



Numbered Tracking

Every paragraph is uniquely numbered so that all quiz and examination questions can be accurately traced to a single place in the Course Book.

Proceeding to Lecture 1: Transitioning from the ordinary experience of poor sleep to the precise definition of insomnia as a disorder.