

# The Effect of Videoconference-Delivered Cognitive Behavioral Therapy for Insomnia on Health Workers on Disability Leave

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## Introduction

Insomnia has been linked to a higher risk of work disability and prolonged absence from work<sup>1</sup>. However, little is known about the efficacy of cognitive behavioral therapy for insomnia (CBT-I) for employees who are on disability leave.

The current study examined the **effects of a CBT-I program (HALEO) on the insomnia symptoms of healthcare workers on disability leave diagnosed with chronic insomnia.**

Additionally, we assessed the **effects of the program on symptoms of depression and anxiety, sleep medication use, and readiness to return to work.**

## Methods

### Patient sample

32 adult healthcare workers (mean age = 43.9 years, 100% female) of a Canadian Hospital diagnosed with chronic insomnia.

### Protocol

1. Online or in-app screener
2. Call with sleep care coordinator
3. Five-week online psychotherapy

### Intervention

Five to six weekly 30-minute online CBT-I sessions with a licensed therapist, supported by a digital platform and mobile app.

### Outcome measures

#### Baseline and post-therapy:

- Insomnia Severity Index (ISI)
- Hospital Anxiety and Depression Scale (HADS)

#### Post-therapy questions:

- **Sleep medication use across therapy**  
How did your use of this medication change across the program?  
Choices were: Stayed the same; Increased; Decreased.
- **Impact of the program on returning to work**  
Has your participation in the program made you feel more comfortable returning to work?  
Choices were: Not at all; A little; To some extent; A lot; A great deal.

### Analysis

Data were analyzed with two-tailed Student paired t-tests.

## Discussion

In the healthcare sector, the consistent well-being and alertness of professionals are paramount to patient care<sup>2</sup>. Ensuring that healthcare workers receive tailored treatments for sleep disorders is essential to reduce absenteeism and ensure they remain active and present in their crucial roles.

Shorter, flexible, and accessible interventions delivered via telehealth on a digital platform offer promising treatment options to answer the lack of resources available for the sleep of healthcare workers.

## Results

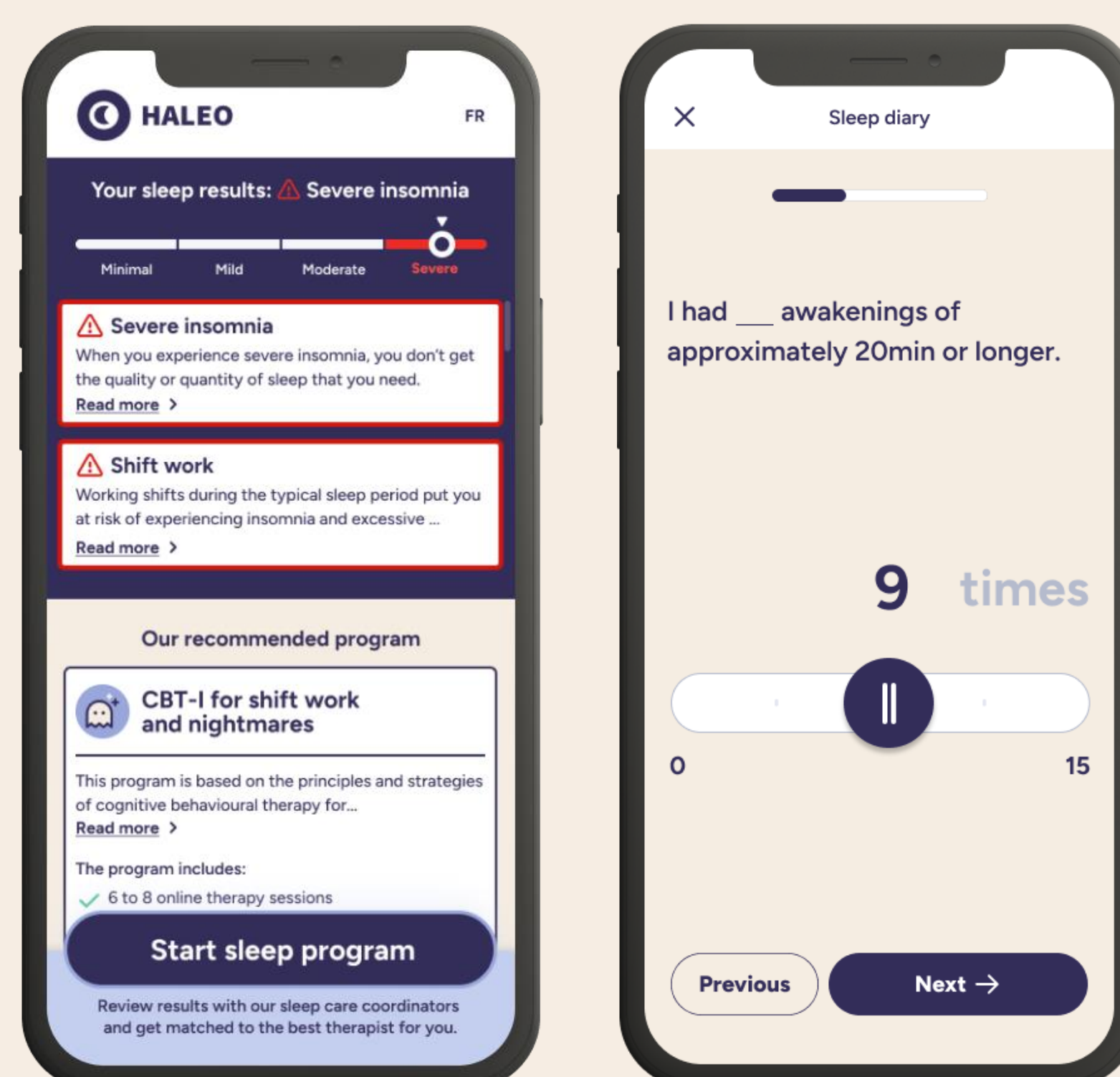
Twenty-eight out of 32 (87%) participants completed the program and answered the Post-therapy questionnaire.

CBT-I delivered through telehealth represents a feasible treatment for healthcare workers suffering from insomnia **by reducing the ISI score** ( $p < .001$ ).

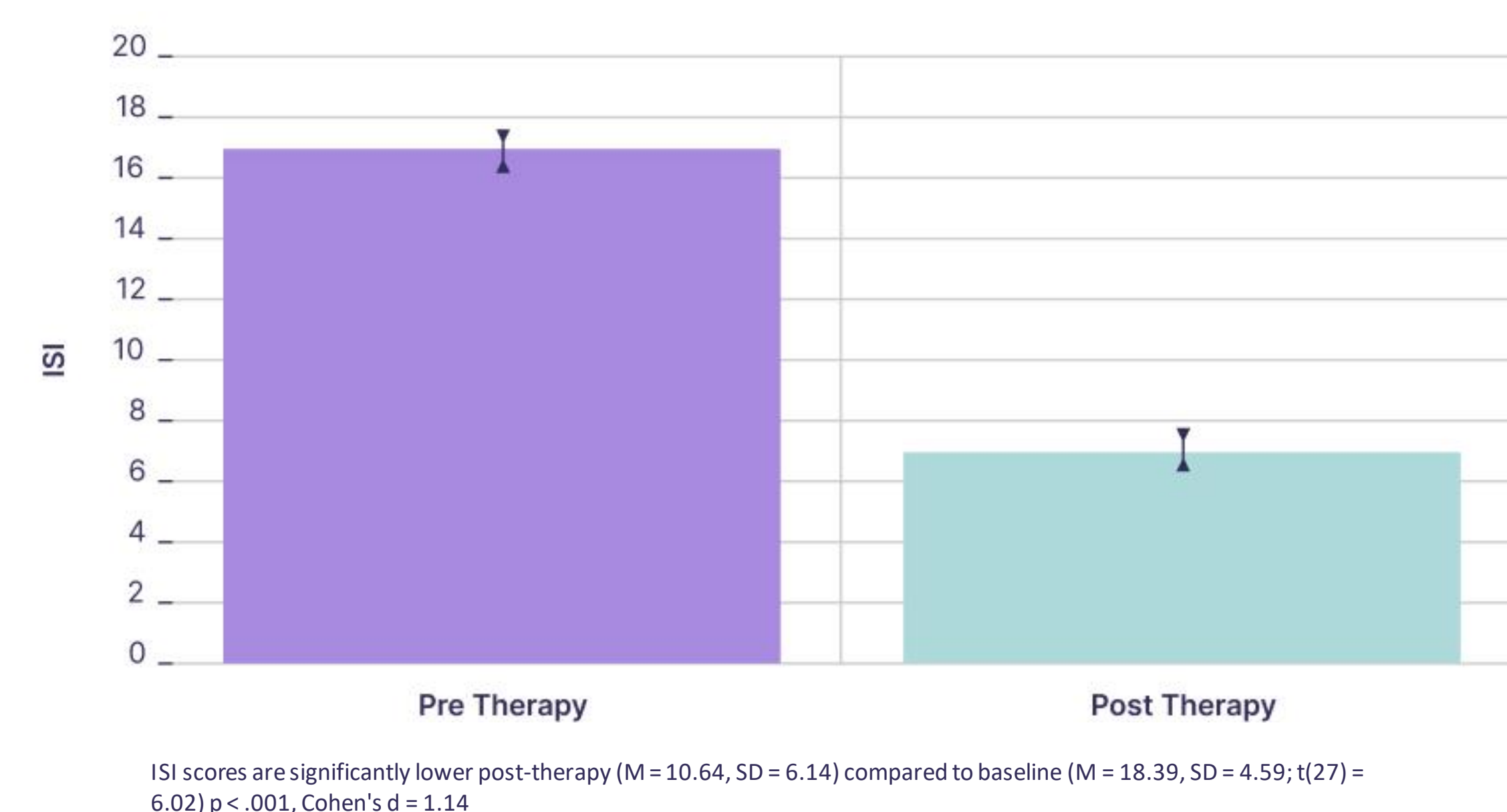
Five to six weeks of insomnia therapy also **reduced symptoms of anxiety and depression** ( $p < .001$ ).

Out of the 18 participants using sleep medication, **66% reported reduced sleep-medication use across therapy, and none reported an increase.**

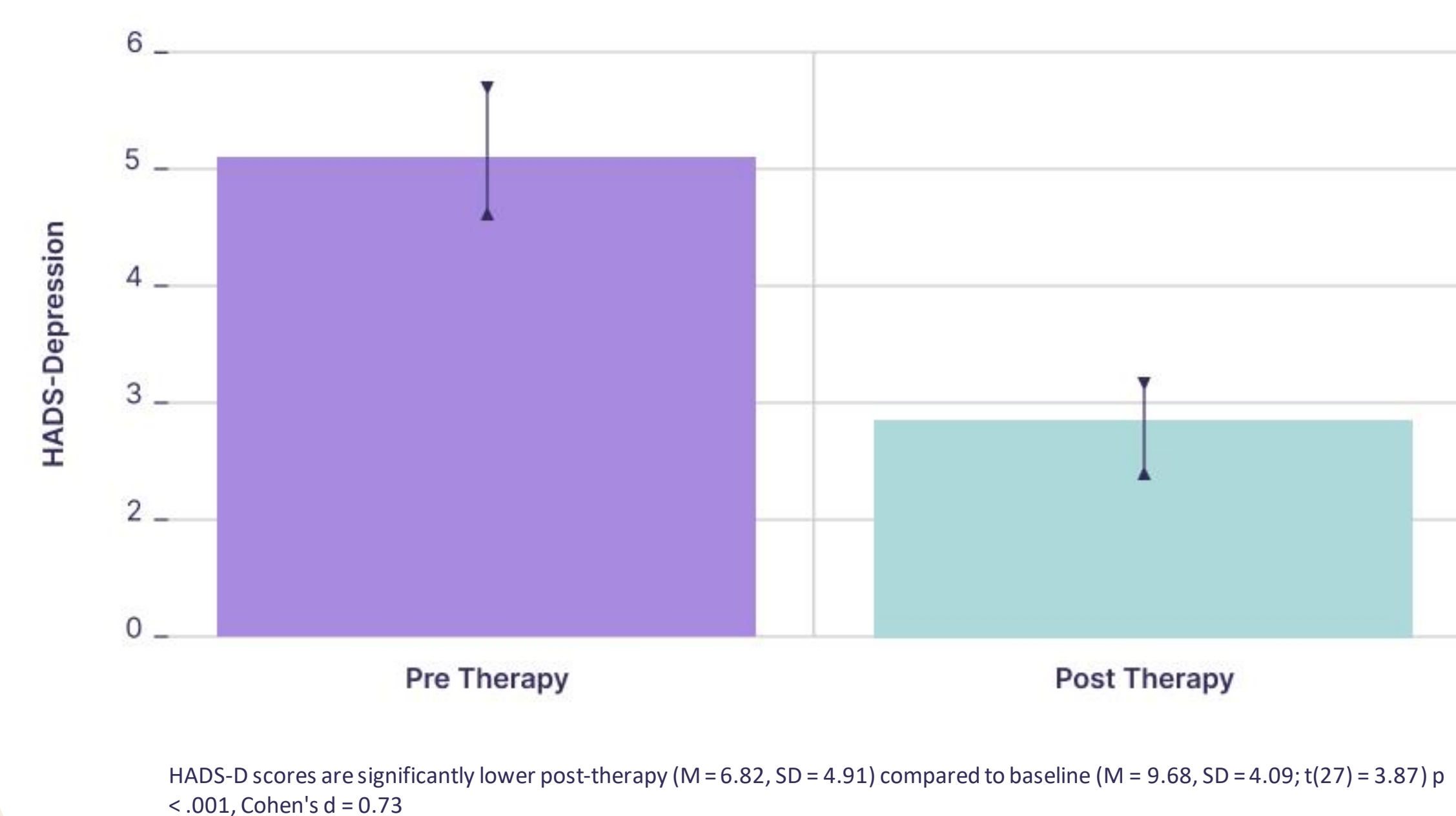
In response to the FU question about **returning to work**, out of 16 participants, 31.2% answered “not at all”, 18.7% “a little”, 12.5% “to some extent”, 12.5% “a lot” and 25% “a great deal”.



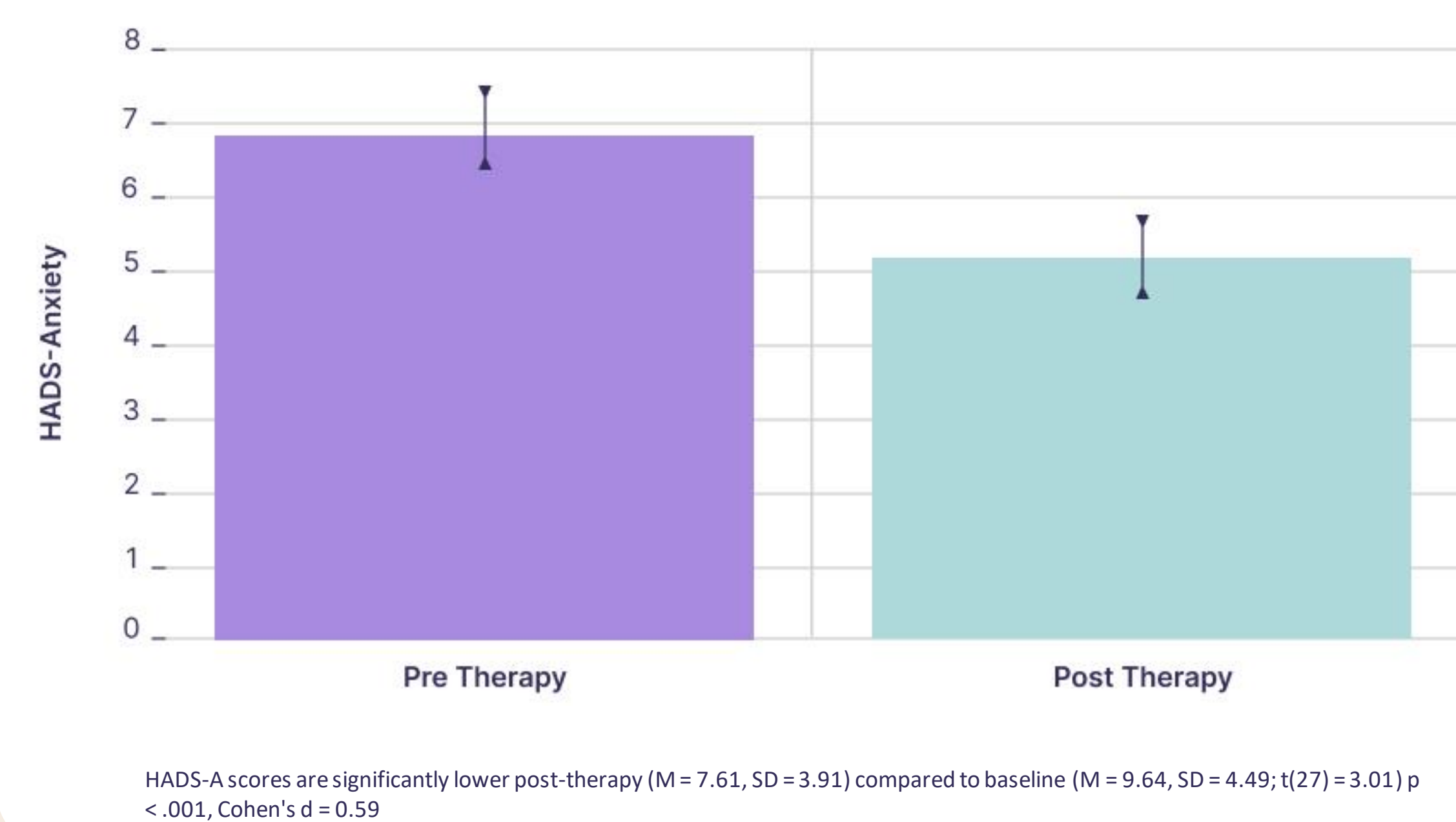
### Insomnia symptom



### Depression symptom



### Anxiety symptom



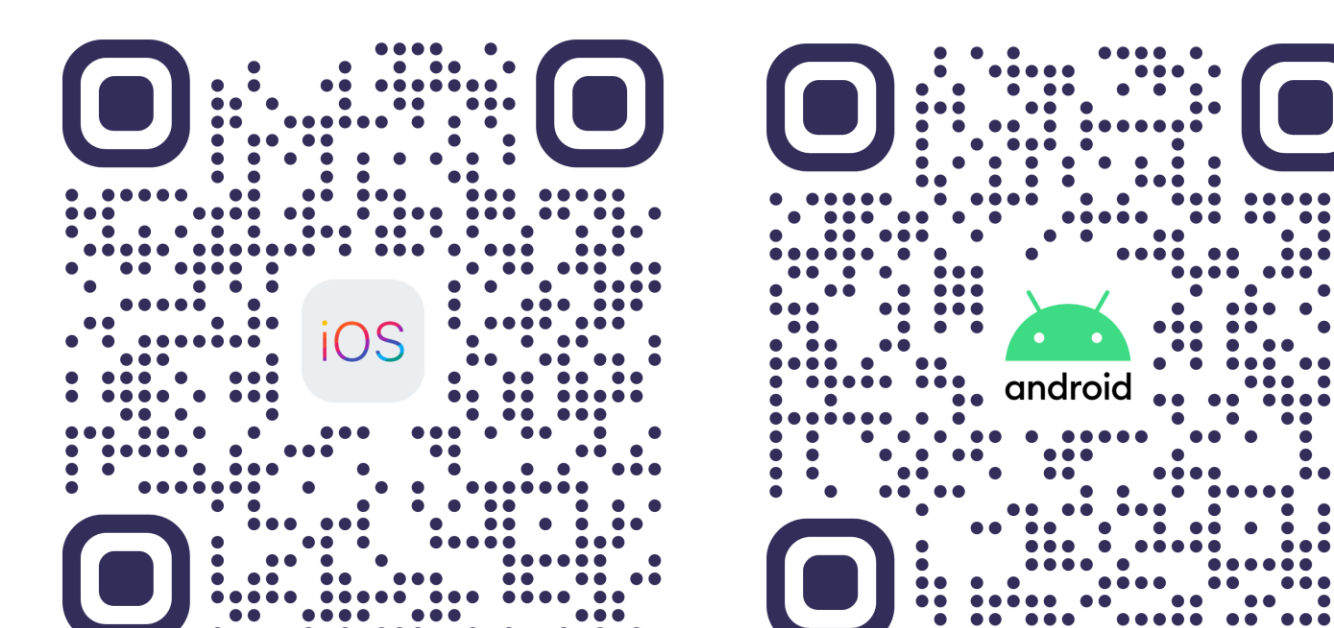
## Conclusion

The results indicate that a therapist-led, videoconference-delivered CBT-I program can be effective at **reducing the symptoms of insomnia, depression, and anxiety** in a population of healthcare workers on disability leave. Furthermore, the program may contribute to **reduce sleep medication usage** and in making **some participants feel more comfortable returning to work.**

## References

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