Assessing a Cognitive Model of Trauma-related Sleep Disturbance

Date: September 18, 2020  
Time: 11:00 a.m. to 1:00 p.m.  
Place: Remote

Abstract
Sleep disturbance is a symptom of many mental health disorders that may negatively affect cognition and mood. Trauma-related sleep disturbance is a core reaction of traumatic stress and PTSD, similar to symptoms experienced by individuals with insomnia or other sleep-wake disorders. Although the cause and symptom progression of trauma-related sleep disturbance may be very different, research and clinical practice assess and treat it with measures and interventions designed for general insomnia. Using a cognitive model of insomnia modified for trauma-related sleep disturbance, the current study assessed the relations between select trauma and sleep variables within the proposed constructs of: 1) acute trauma-related sleep disturbance (i.e. hypervigilance, trauma-related nightmares, sleep onset latency), 2) sleep-related worry (i.e. anxiety about trauma-related nightmares, daytime dysfunction, sleep locus of control), and 3) selective attention and monitoring (i.e. difficulty concentrating, physiological reactions to trauma, and sleep quality). Participants were (n=114) female, interpersonal violence trauma survivors drawn from a larger sleep-hypnosis and CPT treatment outcome study. Self-report and clinician-administered measures were used to assess the relations between symptoms within each of the constructs and regression analyses examined the relations between constructs. The results of the study suggest that there are significant associations among many of the variables of the proposed trauma-related sleep disturbance model to include sleep onset latency, trauma-related nightmares, anxiety about trauma-related nightmares, daytime dysfunction, difficulty concentrating, physiological reactions to trauma, and sleep quality. Sleep locus of control was not associated with any other variable within the model. These results suggest that more research is warranted to further develop a cognitive model of trauma-related sleep disturbance.

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