This study examined the impact and relative importance of a comprehensive group of pretreatment predictors of insomnia outcomes in 99 active-duty service members who received in-person CBTi in a randomized clinical trial.

**WHY IS THIS RESEARCH IMPORTANT?**

- **Insomnia** is one of the most significant risk factors for depression, substance abuse, anxiety, and suicide in the general population and for posttraumatic stress disorder (PTSD), depression, and anxiety in active-duty service members.
- Cognitive behavioral therapy for insomnia (CBTi) is well established as the first-line treatment for the management of chronic insomnia.
- Active-duty service members face a myriad of unique circumstances that negatively impact sleep and put them at increased risk for developing insomnia.
- Approximately 20% of service members report clinically significant insomnia compared to 10% of the general population.

**HOW WAS THE RESEARCH CONDUCTED?**

99 service members stationed at Fort Cavazos (formerly Fort Hood), Texas were recruited between April 2012 and December 2014, assigned to in-person CBTi, and completed the post-treatment assessment. Participants were randomized either to immediate in-person CBTi or to a waitlist control period followed by in-person CBTi. Measures included predictor variables, sleep diaries, dysfunctional belief and attitudes about sleep scale, alcohol use disorders identification test, Beck Depression and Anxiety Inventory, PTSD Checklist, Veterans RAND 12-Item Health Survey, Interpersonal support evaluation list, PERI Life Events Scale, and the Insomnia Severity Index.

**OBSERVATIONS**

- The current study adds to the growing research into predictors of good response to CBTi.
- Among active duty service members receiving CBTi, this study found that higher levels of baseline insomnia and total sleep time predicted better response (i.e., larger improvements on ISI).
- Higher baseline depression and a history of head injury predicted worse response (i.e., less improvements on ISI) in insomnia.
- Men had better outcomes, but that result needs replication.

**ACTION STEPS**

Future studies should examine if strategies for addressing predictors of poor response can improve outcomes in order to further alleviate the burden of insomnia and associated symptoms.