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39	A	B	C	D	E

PRACTICE QUESTIONS

Board of Behavioral Sleep Medicine (BBSM)

CBTI

Cognitive Behavioral Therapy for Insomnia Credential Exam

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Board of Behavioral Sleep Medicine (BBSM) CBTI , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, CBTI
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

According to Spielman's 3P model, which of the following is classified as a predisposing factor for chronic insomnia?

- ☐ A A recent stressful life event such as job loss
- ☒ B A history of trait-like hyperarousal or vulnerability to anxiety
- ☐ C The development of maladaptive sleep behaviors such as napping
- ☐ D Poor sleep hygiene practices that emerge over time

ANSWER B

WHY Spielman's 3P model distinguishes predisposing, precipitating, and perpetuating factors. Predisposing factors are stable, often trait-like vulnerabilities that increase the risk of insomnia (e.g., trait hyperarousal, anxiety proneness, female sex, older age). Recent stressful events are precipitating factors, while maladaptive behaviors and poor sleep hygiene are perpetuating factors that maintain the disorder.

QUESTION 2

SINGLE CHOICE

A patient completes a two-week sleep diary as part of a CBT-I evaluation. Which measure derived from the diary is most directly used to compute sleep efficiency?

- ☐ A Total sleep opportunity divided by sleep onset latency plus wake after sleep onset
- ☒ B Total sleep time divided by time in bed
- ☐ C Number of awakenings divided by total sleep time
- ☐ D Bedtime minus wake time minus sleep onset latency

ANSWER B

WHY Sleep efficiency (SE) is calculated as total sleep time (TST) divided by total time in bed (TIB), expressed as a percentage. The other options either use incorrect numerators or denominators or describe different metrics not used to compute SE.

QUESTION 3

SINGLE CHOICE

When implementing sleep restriction therapy, what is the minimum recommended initial sleep window that is generally prescribed to avoid excessive daytime sleepiness?

- ☐ A 4 hours
- ☒ B 5 hours
- ☐ C 6.5 hours
- ☐ D 7.5 hours

ANSWER B

WHY In sleep restriction therapy, the prescribed initial time in bed is typically not set below approximately 5 hours, even when the patient's estimated total sleep time is lower. This lower bound helps reduce the risk of excessive daytime sleepiness and unsafe functioning, while still creating sufficient sleep pressure to consolidate sleep.

QUESTION 4

SINGLE CHOICE

Which instruction is a core component of stimulus control therapy for insomnia?

- ☐ A Read in bed until you feel drowsy to associate the bed with restful activities
- ☒ B Use the bed only for sleep and sexual activity
- ☐ C If awake in bed for more than 30 minutes, try relaxation exercises in bed
- ☐ D Keep the bedroom warm and dimly lit to maximize comfort

ANSWER B

WHY A central rule of stimulus control therapy is to use the bed only for sleep and sexual activity. This strengthens the association between the bed/bedroom environment and rapid sleep onset. Reading in bed, remaining in bed while awake, or focusing on comfort cues the bed with wakefulness rather than sleep.

QUESTION 5

SINGLE CHOICE

A patient believes, 'If I don't get 8 hours of sleep tonight, I will completely fall apart at work tomorrow.' This belief best exemplifies which category of sleep-disrupting cognitions targeted in CBT-I?

- ☐ A Worry about not being able to sleep
- ☒ B Catastrophic thinking about daytime consequences of insomnia
- ☐ C Misattribution of normal age-related sleep changes
- ☐ D Unrealistic sleep hygiene expectations

ANSWER B

WHY The belief reflects catastrophic thinking about the daytime consequences of poor sleep, a hallmark of sleep-related dysfunctional cognitions targeted by cognitive restructuring. It overestimates harm and underestimates coping resources. Worry about not sleeping is process-focused worry, misattribution involves age-related changes, and sleep hygiene expectations address habits rather than catastrophic appraisals.

QUESTION 6

SINGLE CHOICE

Which statement best characterizes the role of sleep hygiene education within CBT-I?

- ☐ A It is the primary active treatment component and is sufficient as a standalone intervention for chronic insomnia
- ☒ B It is an adjunct that addresses behaviors that may worsen sleep but does not, by itself, reliably treat chronic insomnia
- ☐ C It is used only in patients who fail to respond to stimulus control and sleep restriction
- ☐ D It is reserved for patients with circadian rhythm disorders rather than insomnia

ANSWER B

WHY Sleep hygiene education provides useful information about lifestyle and environmental factors that can affect sleep, but it is generally considered an adjunct to the core CBT-I components (stimulus control, sleep restriction, cognitive restructuring, and relaxation). As a standalone treatment, sleep hygiene alone has not been shown to produce the robust, durable improvements seen with multicomponent CBT-I for chronic insomnia.

QUESTION 7 SINGLE CHOICE

Which relaxation-based technique is most commonly integrated into CBT-I as a component to reduce somatic arousal at bedtime?

- ☒ **A** Progressive muscle relaxation
- ☐ B Systematic desensitization to nighttime stimuli
- ☐ C Biofeedback of REM density
- ☐ D Light exposure therapy in the morning

ANSWER A

WHY Progressive muscle relaxation (PMR), along with autogenic training and imagery, is among the relaxation techniques commonly integrated into CBT-I to reduce somatic arousal and facilitate sleep onset. Systematic desensitization, REM biofeedback, and bright light therapy are not standard relaxation components within standard CBT-I for insomnia.

QUESTION 8 SINGLE CHOICE

Which outcome is considered a hallmark indicator of successful response to CBT-I for chronic insomnia?

- ☐ A Increased total time in bed regardless of sleep duration
- ☒ **B** Reduction in sleep onset latency and wake after sleep onset with sustained gains at follow-up
- ☐ C Elimination of all nighttime awakenings for at least one month
- ☐ D Increased use of hypnotic medication on an as-needed basis

ANSWER B

WHY Successful CBT-I response is reflected in clinically meaningful reductions in sleep onset latency (SOL) and wake after sleep onset (WASO), along with increases in sleep efficiency, with gains typically maintained over time. Simply extending time in bed, eliminating all awakenings (an unrealistic goal), or increasing hypnotic use are not markers of success.

QUESTION 9

SINGLE CHOICE

According to the DSM-5 criteria for insomnia disorder, which combination of features is required for diagnosis?

- ☐ A Dissatisfaction with sleep quantity or quality occurring at least three nights per week for a minimum of one month, despite adequate opportunity for sleep
- ☒ B Dissatisfaction with sleep quantity or quality occurring at least three nights per week for a minimum of three months, causing clinically significant distress or impairment
- ☐ C Difficulty initiating sleep only, occurring nightly for two weeks, accompanied by daytime fatigue
- ☐ D Objective polysomnographic evidence of reduced sleep efficiency below 70% on at least three nights

ANSWER B

WHY DSM-5 criteria for insomnia disorder require a predominant complaint of dissatisfaction with sleep quantity or quality, occurring at least three nights per week for a minimum of three months, causing clinically significant distress or impairment in functioning, occurring despite adequate opportunity for sleep, and not better explained by another sleep disorder. Option A incorrectly states a one-month duration. Option C incorrectly specifies 'initiating sleep only' and a two-week duration. Option D incorrectly relies on PSG criteria, as insomnia is a clinical diagnosis based on self-report.