

Case Vignette: The 3 a.m. Awakening

Maya (she/her) is a 42-year-old Indian American woman, married to a man, and has two children. She was first referred by her OBGYN one year ago for postpartum depression and anxiety. After several months of treatment with sertraline, her mood stabilized, and she reported feeling “back to myself again.” However, her sleep never returned to normal.

For the past nine months, Maya has been waking between three and four in the morning most nights, often unable to fall back asleep for one to two hours. She describes the feeling as “my body jolting me awake before I’ve had enough sleep.” She falls asleep easily around 9 p.m. but wakes unrefreshed, groggy, and irritable.

When her PCP prescribed short-term Ambien, it worked for a few weeks before leaving her feeling “foggy and out of it.” A later trial of Hydroxyzine stopped helping after a few weeks. Maya worries that if she can’t fix her sleep, her depression might return. “I’m trying to go to sleep,” she says, “but my body just won’t cooperate.” I never had problems with sleep before.

Maya days are tightly packed. She rushes from work to pick up her children, brings them home for a snack, starts dinner, and eats with her family when her husband gets home. After dinner, he usually cleans up while she bathes the children and puts them to bed. By eight o’clock she’s exhausted and goes straight to bed, phone in hand. She often scrolls through social media or watches videos until she drifts off.

At three in the morning, Maya wakes and goes to the bathroom. Sometimes she lies awake for hours, sometimes she falls back asleep briefly before her alarm rings at six. On workdays she pushes through, fueled by coffee and frustration. Weekends offer no rest.

Maya describes herself as “someone who should be able to push through” and feels frustrated that sleep is the only thing she can’t control. She often reads medical blogs late at night, looking for physical explanations. She prefers practical, science-based interventions and has never worked with a therapist before, sharing that mental health wasn’t something her family discussed much while growing up. Her PCP encouraged her to speak with you about her sleep as it has not improved with the initial medication trial.

Reflection Questions:

1. What are some key behavioral targets to address in Maya’s first CBT-I session?
2. How could Maya’s sleep window be adjusted to help consolidate her sleep?
3. How would you introduce relaxation training in a way that builds buy-in?

Better Sleep, Better Outcomes: A Practical Guide to CBT-I for Psychiatrists

Presented by: Dr. Jessica Klement, Ph.D.

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