

prevalent among U.S. service members, as evidenced by a majority of Service members reporting they receive less sleep than needed to perform their military duties well. In 2015 over 60% of sampled service members reported getting less than 7 hours of sleep per night, 31.4% getting 5 hours or less, and nearly 50% reported subthreshold insomnia symptoms on the Pittsburgh Sleep Quality Index. Recent support for video-conferencing in behavioral sleep treatment delivery has surfaced, with one study documenting a large effect size (Cohen's $d=1.37$) at post treatment in Insomnia Severity Index total scores. Ongoing COVID-19 service delivery restrictions necessitate a rapid shift to virtual health solutions and illuminate barriers to the delivery of sleep interventions, while pushing large organizations to innovate at record speed to meet the challenge of this singularly unique moment in human history.

Hypothesis

Beneficiaries within the Military Health System will be receptive to, and derive benefit from, an online virtual sleep class designed to promote evidence-based sleep-facilitative behaviors.

Methods

From September 2020 to January 2021, 10 weekly 1-time, 60-min virtual sleep classes were held over Microsoft Teams. Interventions were consistent with Motivational Interviewing and Brief Behavioral Treatment for Insomnia. Educational content included the Spielman Model of chronic insomnia, homeostatic sleep drive, circadian rhythm and zeitgebers, sleep hygiene, and stimulus control. Participants completed the STOP BANG and Insomnia Severity Index (ISI) before each class, and accomplished the ISI again at a 2-week contact during which they rated progress toward problem resolution and were offered additional clinical services as-needed.

The views expressed are those of the authors and do not reflect the official views or policy of the Department of Defense or its components.

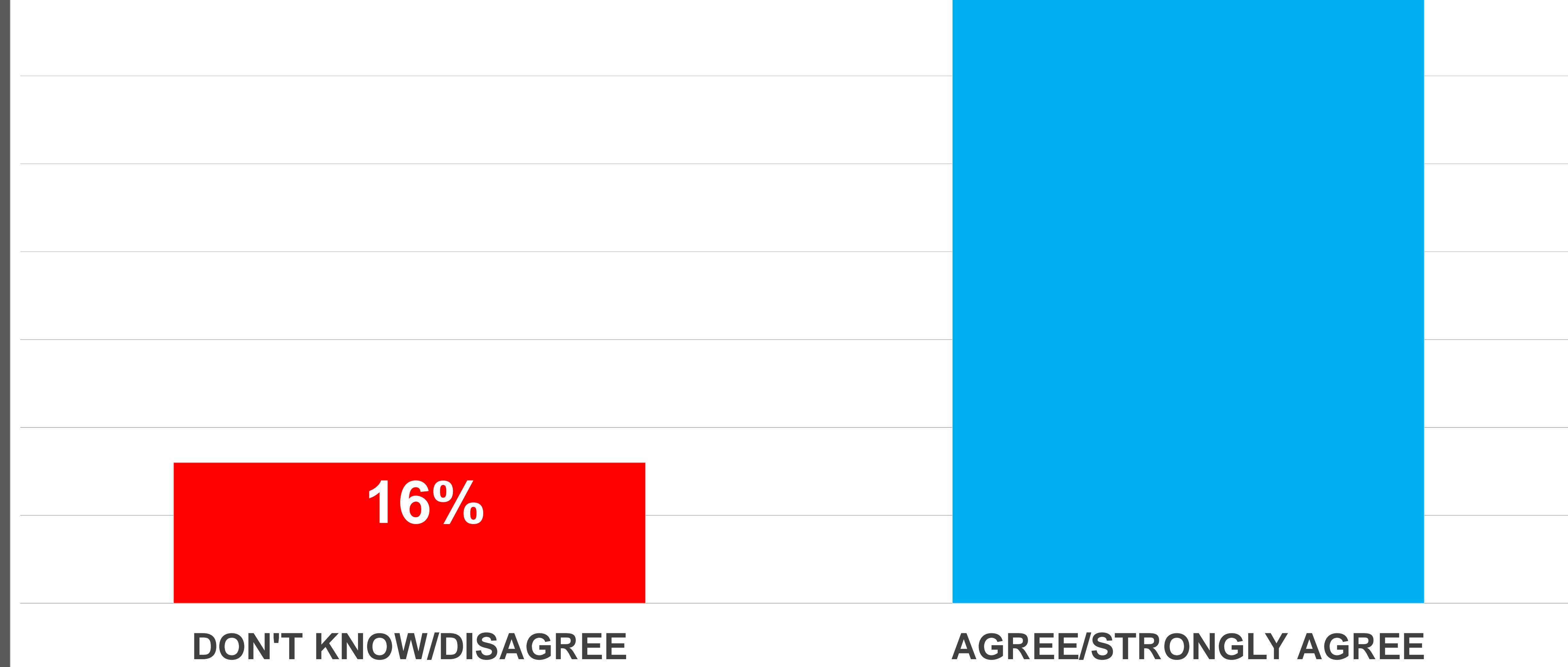


Figure 2. Behaviors participants reported having changed within the 2 weeks following the class

