

Poster Presentation: #P7
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Barriers and Facilitators when Delivering CBT-I to Asian Adolescents

Background: Sleep disturbance is a common complaint that has been normalized and underestimated over the past decades but with high incidence rate in the general population and across different age groups. Though insomnia affects people across developmental stages, its incidence on adolescents has shown a drastic increase. Research has shown that around two-thirds of adolescents have sleep complaints and one-third of them possess a diagnosis of insomnia (Dohnt et al., 2012). However, the proportion for them to receive or actively seek for professional treatment remains low. Cognitive-Behavioral Therapy for Insomnia (CBT-I), as the primarily proposed first-line non-pharmacological intervention of primary and persistent insomnia (National Institute of Health, 2005), consistently showed a promised long-term effect when compared to medications (Riemann & Perlis, 2009). However, there were discrepancies found when delivering CBT-I to this cohort, including their high drop-out rate and low-level of assignment completion (Ringle et al., 2015). Bootzin and colleagues (2005) found that when delivering psychotherapy to adolescents, they encountered severe challenges, including adolescents' lack of motivation, commitment, and compliance. In their adolescent groups, most participants were not actively participated in the group as they were required to attend by educators and parents; therefore, their unwillingness contributed to either early drop-out or resistance to complete the therapist's assignment. However, previous studies were conducted in Western countries, we propose that there might be a cultural difference, such as individualism versus collectivism, stigma, and social expectation, may play a role affecting adolescents' treatment response in different demographic areas. Therefore, the primary aim of our current study is to find potential barriers and facilitators for Asian adolescents to attend and complete CBT-I.

Methods: In this study, we will conduct focus groups using semi-structured focus group protocols. We will recruit a group with adolescents who joined the previous therapy sessions and explore both the positive and negative experiences as well as recommendations given by participants. Each subject will participate in one focus group around 75 minutes. The Ph.D. candidate student and an intern of the Sleep Lab will co-facilitate the focus group. Each focus group will be audiotaped. The audio will be transcribed with pseudonyms. We will use the qualitative analysis software, *Dedoose*, to analyze our data. The codebook will be first created using qualitative analysis methods and implemented to *Dedoose* together with transcriptions of the focus group audio.

References:

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