

Sleep and Resilience: A Review for Caregivers and Professionals

Resilience Webinar Series

Presented by:

Jerrod Brown and Rachel Tiede

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Training Objectives

- Understand the impact disrupted sleep has on overall functioning and well-being.
- Learn about the various comorbid conditions associated with long-term sleep problems.
- Acquire knowledge about various strategies and techniques that may promote improved sleep health.
- Explore how sleep can aid in the recovery process and promote resilience after exposure to a traumatic life event.

Disclaimer

Consult with a qualified medical doctor or sleep specialist prior to the implementation of a sleep improvement program. The information in this presentation is neither a substitute nor a replacement for professional health-care advice, diagnosis, or treatment. Consult a primary healthcare professional if further questions arise regarding sleep health.



Presenter Biography

Jerrod Brown, MA, MS, MS, MS, is the Treatment Director for Pathways Counseling Center, Inc. Pathways provides programs and services benefiting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS), lead developer and program director of an online graduate degree program in Forensic Mental Health from Concordia University, St. Paul, Minnesota, and the Editor-in-Chief of Forensic Scholar Today. Jerrod is currently in the dissertation phase of his doctorate degree program in psychology. Please contact Jerrod at Jerrod01234Brown@Live for more information about this presentation.

Present Biography

Rachel Tiede, MA, MA, is employed at Pathways Counseling Center, Inc. as a mental health practitioner and clinical therapist trainee. Rachel has a Master's degree in Education and a second Master's degree in Marriage and Family Therapy from Adler Graduate School. Rachel is also a Forensic Mental Health Research Assistant and professional trainer with the American Institute for the Advancement of Forensic Studies (AIAFS) and has conducted trainings for other organizations throughout Minnesota. She has been trained in Illness Management and Recovery (IMR), Thinking for Change (T4C), and Motivational Interviewing (MI). Rachel appeared on Fox 9 News in an interview regarding high-conflict divorce and is currently writing a chapter for a text book on this topic. Rachel is also an adjunct instructor for Concordia University, St. Paul and Hamline University. She is also an active board member for the Midwest Alliance on Shaken Baby Syndrome (MASBS).

Agenda

Part I: Insomnia: Causes, Consequences, and Risk Factors (Jerrod)

Insomnia: Introduction and Overview

Risk Factors for Insomnia

Consequences of Poor Sleep

Childhood Trauma and Problems of Sleep

Special Topics of Discussion

Part II: Interventions and Positive Aspects of Sleep and Resiliency (Rachel)

Benefits of Proper Sleep

Screening and Assessment Considerations

Sleep Improvement Strategies

Resiliency and Sleep

Defining Insomnia

“A subjective complaint of difficulty falling or staying asleep or poor sleep quality”



-DSM-5, pg. 823

Insomnia-Key Point from the DSM-5

The two most common sleep complaints associated with insomnia per the DSM-5 include:

1. Difficulty maintaining sleep
2. Difficulty falling asleep

A Lifetime of Sleep

- 75 years of age
- Eight hours per night
- One-third of life asleep (25 years)
- Approximately 9,125 days asleep



A Few Fast Facts

- Sleep (1829)
- Anxiety (1284)
- Insomnia (280)
- Depression (238)
- ASD (181)
- ADHD (140)
- Trauma (137)
- PTSD (119)
- Resilience (9)
- Resiliency (0)



Sleep-The Basics

“**Sufficient sleep** is critical for the mental and physical health of adolescents, with sleep being particularly important for their **emotion regulation, cognition, attention, psychosocial development, and physical growth**”



Interesting Fact-Types of Sleep Disorders

Over 100 sleep disorders

Interesting Fact-Stages of Sleep

2 main stages of sleep:

- Non-REM (NREM) sleep

- Rapid eye movement (REM)

Interesting Fact-Snoring

“Snoring is the primary cause of sleep disruption for approximately 90 million American adults; 37 million on a regular basis” (National Sleep Foundation)



Interesting Fact-Newborn Sleep

Newborns sleep a total of 14 to 17 hours a day on an irregular schedule with periods of one to three hours spent awake”

(National Sleep Foundation)



Important Reminders

As many as 75% of adults experience at least one sleep-complaint on a weekly basis (The National Sleep Foundation, 2005)

As many as 50% to 80% of individuals with mental health problems experience sleep complaints (Harvey, 2001; Morin, & Ware, 1996)

Executive functioning may be impaired by insufficient sleep (Ireland & Culpin, 2006; Schmidt, Gay, & Van der Linden, 2008; Wong, Brower, Nigg, & Zucker, 2010)

A Few Additional Thoughts

- Inadequate sleep can hijack an individual's emotional and physical well-being
- Multigenerational problem
- Treating sleep problems may minimize problematic behaviors, symptoms, and outcomes
- Sleep boundaries (screen time, technology use, sugar, caffeine, alcohol, tobacco, etc.)
- Integrate sleep-improvement approaches into all criminal justice, mental health, social service, and substance misuse programs

Key Point-Dangers of Sleep Loss

“Insufficient sleep not only interferes with quality of life and general well-being, but it also may be hazardous to one’s health and the well-being of the public”



INSOMNIA

Insomnia and the DSM-5

- Alcohol Use Disorder
- Alcohol Withdrawal
- Bipolar I Disorder
- Bipolar II Disorder
- Caffeine Intoxication
- Cannabis Withdrawal
- Major Depressive Disorder
- Opioid Withdrawal
- Persistent Depressive Disorder (Dysthymia)
- Sedative, Hypnotic, or Anxiolytic Withdrawal
- Stimulant Withdrawal
- Tobacco Withdrawal

Causes of Sleep-Related Disturbances

Often is related to a multitude of factors

Environmental (e.g., family, neighborhood, school)

Psychological (e.g., depression and anxiety)

Biological (e.g., obesity and diabetes)

Sleep-Related Disturbances

Sleep-related disturbances can include:

Difficulties initiating sleep

Delayed sleep onset

Bedtime resistance

Maintaining sleep

Restlessness during sleep

Chronic tiredness upon awakening from sleep



(Corkum, Tannock, Moldofsky, Hogg-Johnson & Humphries, 2001; Lecendreux & Côté, 2007; Owens, Sangal, Sutton, Bakken, & Allen, 2009)

Co-Occurring Medical Disorders

- Arthritis
- Chronic Fatigue Syndrome
- Chronic Kidney Disease
- Chronic Obesity
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Pain Disorders
- Cluster Headaches
- Coronary Heart Disease
- Diabetes
- Emphysema
- Fibromyalgia
- Menopause
- Parkinson Disease
- Traumatic Brain Injury (TBI)

Co-Occurring Mental Health Disorders

- Depression
- Schizophrenia
- Anxiety Disorders
- PTSD and Trauma
- Bipolar Disorder
- Addiction Disorders
- ADHD

Risk Factors for Insomnia

- Alzheimer's disease
- Arthritis
- Being female
- Caffeine consumption
- Circadian rhythm disorders
- Certain medications
- Chronic body pain
- Dealing with high levels of stress
- Diabetes
- Diagnosed with a chronic disease
- Divorce
- Drug and/or alcohol problems
- Excessive fears and phobias
- Family history of insomnia
- Fibromyalgia
- Financial worries
- Gastrointestinal reflux disease (GERD)
- Heart disease
- Hormonal changes and imbalances
- Irregular bedtime schedule and routine
- Jet lag

Risk Factors for Insomnia

- Kidney disease
- Lung disease
- Menopause
- Mental health concerns
- Obesity
- Over the age of 60
- Parasomnias
- Periodic limb movement
- Parkinson's disease
- Poor sleep environment
- Pregnancy
- Prone to negative thinking and worry
- Relationship and/or marital conflict
- Restless legs syndrome
- Sleep apnea
- Substance misuse
- Tobacco use
- Unhappy in your job
- Unresolved grief and loss
- Unresolved or unaddressed trauma
- Working irregular or over night shifts

Life Style Consequences of Poor Sleep

- Relationship issues
- Poor sex life
- Forgetfulness/missed appointments
- Poor job performance/reduced productivity/slowed reaction time
- Poor academic performance
- Increased risk for auto accidents and or work accidents
(According to the National Highway Traffic Administration, driver fatigue is responsible for an estimated 100,000 motor vehicle accidents and 1,500 death each year)
- Increased moodiness/aggressive behaviors

Work Related Accidents Associated with Poor Sleep

- Three Mile Island
- Grounding of the Exxon Valdez
- The Space Shuttle Challenger
- Medical Related Accidents (Medical errors, surgical complications, drowsy driving)

Consequences of Poor Sleep

- After one night of poor sleep, cognitive performance declines

25% (Rebecca P. McAlisrer, MD, Washington University School of Medicine)

- After second missed night, cognitive performance declines to

40% (Rebecca P. McAlisrer, MD, Washington University School of Medicine)

- Eye irritation
- Poor communication
- Indifference
- Possible suicidal tendencies & behaviors

Consequences of Inadequate Sleep

- Academic performance problems
- Anxiety
- Attention concerns
- Behavioral problems
- Cardiovascular Difficulties
- Concentrations problems
- Depression
- Diabetes
- Difficulty getting out of bed
- Emotional mood swings
- Empathy reduction
- Falling asleep in class
- Forgetfulness/missed appointments
- Frequent yawning
- Impaired decision making
- Impaired immune system
- Impaired judgment
- Increased fears
- Increased moodiness/aggressive behaviors
- Increased risk for auto accidents and or work accidents
- Increased risk of developing other sleeping problems
- Increased risk of family conflict and/or violence
- Increased risk of mental health problems

Consequences of Inadequate Sleep

- Increased risk of obesity
- Increases risk of accidents/injury
- Irritability
- Lower energy throughout the day
- Lower problem solving abilities
- Lower stress tolerance
- Lower verbal creativity
- Lower testosterone levels
- May increase the risk of diabetes
- Memory impairments
- Mood regulation concerns
- Obesity
- Poor academic performance
- Poor job performance/reduced productivity/slowed reaction time
- Poor sex life
- Problems of performance
- Reduced ability to socialize appropriately
- Reduced problem solving abilities
- Reduced the ability to fight off infections
- Reduced the ability to handle stress
- Relationship issues
- Self-esteem problems
- Slowed reaction time
- Stress management problems
- Weight and diet concerns

Important Reminder

Children who experience reduced sleep are at **greater odds of developing psychiatrist conditions** compared to adolescents who achieve adequate rest (Carskadon, Acebo, & Jenni, 2004; DeVincent, Gadow, Delosh, & Geller, 2007)

The role of insufficient sleep in **juvenile offender populations should be considered** when examining factors that may contribute to delinquent behaviors (Peach & Gaultney, 2013)

Improving sleep in children with behavioral problems may reduce challenging and undesirable behaviors (Aronen, Lampenius, Fontell, & Simola, 2014)

Children and Sleep

Children who snore often are nearly twice as likely as other children to have attention and hyperactivity problems, and the link is strong for other sleep problems (University of Michigan Health System Study, 2002).

Children with depression and anxiety have more sleep problems
(American Academy of Sleep Medicine, 2008)

Studies have found that **children who slept fewer than 12 hours per day are more than twice as likely to be overweight at the age of 3** years as those who slept longer (Sleepdex-Resources for Better Sleep)

Infants: 14-15 hours

Toddlers: 12-14 hours

Preschoolers: 11-13 hours

School age children: 10-11 hours

Adolescent Sleep Problems

Roughly, 25–33% of adolescents report experiencing sleep disturbances (Danielsson, 2013) and can contribute to the following:

- Self-harm behavior (Lundh et al. 2012)
- Suicidality (Wong and Brower 2012)
- Behavioral problems (Carskadon et al. 2004)
- Decline in academic performance (Blunden and Chervin 2008)
- Cognitive performance problems
- Impaired attention (Fallone et al. 2002)
- School absenteeism and school dropout (Carskadon et al., 1998)
- Associated with later adult mental health and substance abuse (Roane and Taylor 2008)

Sleep in Children

Problem of sleep in children may contribute to the following:

-Child adjustment problems (Aronen et al., 2000; Gregory & O'Connor, 2002)

-Externalizing behaviors (Aronen et al., 2000; Gregory & O'Connor, 2002)

-Depression (Gregory et al., 2006; Liu et al., 2007)

-Anxiety (Gregory and Eley, 2005; Sadeh et al., 1995a)

-Lower self-esteem (Fredriksen et al., 2004; Sadeh et al., 1995b)

Important Reminders

Children with sleep disorders tend to exhibit greater difficulty with:

Communication skills

Concentration

Self-help skills

Academic skills (reading, writing, and solving math problems)

Childhood Trauma

- Academic problems
- Appetite changes
- Attention concerns
- Anxiety and depression
- Development of a variety of fears and phobias
- Feeling tired during the day
- Frequently losing temper & elevated mood swings
- Hyperactive type behaviors
- Initiating sleep onset
- Isolation and being withdrawn from family
- Nightmares

Key Point-Trauma and Sleep

One of the biggest and most notable symptoms associated with children who have been exposed to a traumatic event are sleep related disturbances

Trauma and Sleep-Key Point

“Sleep disruption is reported by 70–87% of people suffering from PTSD.”

-Maher et al., 2006; found in Schoenfeld, DeViva, & Manber, 2012

Trauma and its Impact on Sleep

- Neurochemicals that keep us awake, such as epinephrine and adrenaline increase
- Possible increase after the trauma to abuse tobacco, alcohol, or drugs
- Increase in nightmares, depression, and anxiety
- Possible fear of the dark
- Research suggests that clients with PTSD have a decrease in the amount of REM (rapid eye movement) and in dream recall

ACEs and Problems of Sleep

Sleep problems are a common response to Post-Traumatic Stress Disorder (PTSD)

- Children who have experienced sexual abuse will often develop PTSD
- Children who have experienced sexual trauma, often are dealing with many emotional and mental problems as adults, including problems of sleep
- It has been reported that **children who are depressed have higher levels of cortisol prior to bedtime** than those who are not depressed
- It has been reported that the most common precipitating factor for insomnia is adverse life events

Childhood Abuse and Sleep

Children who have been abused maybe more likely to experience the following:

- Prolonged sleep latency
- Decreased sleep efficiency
- Higher levels of nocturnal activity

IPV and Preschoolers

Preschool-age children may be more vulnerable to the impact of IPV than older children

May be at greater risk for the following:

- Sleep disturbances
- Behavioral problems
- Negative affect
- Aggression
- Insecure attachments to caregivers
- Traumatic stress
- Reenacting the trauma during play
- Developing new fears
- Increased separation anxiety
- Experiencing developmental regressions

Special Topics of Discussion

TBI & Sleep

- One of the most common comorbidities of Traumatic Brain Injury (TBI) is the disruption of normal sleep.
- Sleep disruption can delay TBI recovery by having a negative effect on neural remodeling.
- Lack of sleep also negatively impacts the psychological (i.e. anxiety, depression) and neuromuscular (i.e. pain) symptoms of TBI, all of which contribute to a lower quality of life.
- Sleep disturbances in TBI may exacerbate psychiatric problems, memory, mood, behavior, and social functioning.

Parental Involvement and Sleep

Parents play a considerable role in establishing children's sleep habits:

The existence and enforcement of a regular routine for a child is one major factor, as well as the parent's own sleep habits.

The parent's manner of handling stress and their presence in the child's life are additional influences.

Treating a child's sleep disorder could also improve a parent's mental health. As well, treating a parent's stress may directly improve a child's sleep habits

Adoption and Sleep

Previous research suggests that 30 percent of children have sleep issues and children who are adopted have even a higher rate

Look for adjustment issues/concerns

Look for Reactive Attachment Disorder (RAD)

Look for possible signs for prenatal chemical exposure

Key Reminders

Children exposed to their **parents high-conflict urging and aggression**, are more likely to experience sleep problems

(Kelly & El- Sheikh, 2011; Spilsbury, 2009)

Children who struggle to sleep after a traumatic event tend to struggle more with psychiatric, social and/or medical health problems

(Found in Brown, Weinkauff, Wresh, Hesse, & Blair, 2014)

Key Point

“Other behavioral problems such as aggression, conduct disorders, as well as addiction have received less attention, although there are indications that these disorders are also linked to sleep problems”

Key Point

“Youth who reported sleeping 5 or fewer hours per night reported significantly more violent delinquency than youth who reported sleeping the recommended number of hours per night”

-Samantha, Clinkinbeard, Simi, Evans& Anderson, 2011

Childhood Sleep & Delinquency

Lower amounts of sleep in youth may contribute to the following:

- Anger, depression, fear, Impulsivity, and Irritability
- Adversely affects decision-making
- Increased risk taking behaviors (Samantha et al., 2011)
- May indicate problems in the home
- May be an indication of fewer boundaries around meal time and bedtime routines (Adam et al., 2007)
- Problematic parental attachments (Michael et al., 2007; Scharfe and Eldredge 2001)

Key Consideration

Sleep-related problems have been reported to impact as many as 90% of adults with major depression (Tsuno, Besset, & Ritchie, 2005)

“67% of individuals with MDD also meet criteria for chronic insomnia” (Franzen & Buysse, 2008; found in Ashworth et al., 2015)



Insomnia vs. Depression:
Which one came first?

Key Reminders

“....stress is among the most powerful contributors to poor sleep”



Interventions and Positive Aspects of Sleep and Resiliency

Defining Resilience

“An ability to recover from or adjust easily to misfortune or change”

-Mirriam Webster Dictionary

Quote from a Professional

“Sleep is the brain’s restorative vacation that occurs necessarily every night. The brain takes the events of the day or important ideas and catalogues them, processes them and deals with the residue”

Quote from a Professional

Sleep can do the following:

- Improve performance
- Protects against anxiety, depression, and other emotional problems
- Feeling refreshed to take on the world
- Increased motivation
- Improved memory
- Able to better manage a healthy daily routine
- Optimal functioning
- Reduced cravings for sugar, caffeine, and tobacco products

Quote from a Professional

“Sleep is a key factor in resiliency. We want our brains to be able to function well to obtain optimal mental and physical health, and sleep helps reset the brain. Studies show severe lack of sleep can lead to suicidal ideation, sleep helps the brain take a break and feel refreshed.”

Sleep and POW's

A 2013 study examines prisoner's of war from the Vietnam War to see if sleep had a correlation with resiliency 37 years after the war.

They found that POW's who reported more resiliency reported fewer sleep symptoms than those that reported less resiliency

Fewer reported sleep issues was the strongest predictor of resiliency

Key Points

Treating insomnia in patients with PTSD, may decrease nightmares and traumatic stress (Youakim et al., 1998; Krakow et al., 2000b)

Adolescents who experience confidence, exhibit control, and are able to appropriately cope with stressful situations tend to sleep better compared to youth who do not exhibit these attributes (Brand et al., 2014)

There is a correlation between positive affect and adequate sleep (Ong et al, 2015)

Benefits of Proper Sleep

- Supports healthy immune function
- Supports appropriate metabolism
- Improves memory
- Mood Improvement
- Increased ability to retain information
- Decreases risk of serious accidents and injury
- Increased longevity
- Reduces inflammation
- Increases creativity
- Academic improvement
- Increases attentional span
- Improves stress tolerance
- Reduces risk of accidents
- Reduces risk of depression
- Reduces risk of anxiety
- Combats body pain
- Improved decision-making
- Reduces risk of alcohol use
- Reduces irritation
- May reduce the risk of headaches
- Improved reaction times
- Improved cardiovascular health
- May reduce risk of diabetes

Professional Consultation

- Seek professionals familiar with trauma and sleep issues
- Consult nutritional experts and explore possible food sensitivities/allergies
- Consult about the use of medications to help improve sleep quality



Sleep-Key Point

“As our empirical base expands, we should seek to disseminate the knowledge gained in effort to arm parents and frontline practitioners with tools to screen for potential problems and strategies to optimize sleep. Such efforts may go a long way toward minimizing long term dysfunction and improving the quality of lives of countless children and their families.”

-Chorney, Detweiler, Morris, & Kuhn, 2008

Sleep Disorder Screening Considerations

- How many hours are you sleeping each night?
- Does this vary from weekday to weekend day?
- Do you have any trouble getting to sleep? Why?
- Sleep/Wake History
- Does your mind start to race upon lying down?
- Do aches or pains prevent you from sleeping?
- Do you feel an urge to move around at night?
- Do you have any trouble staying asleep? Why?
- If you awaken, how long does it take to return to sleep?
- Do you wake up gasping?
- What does your bed partner say about your sleep? Doe she/she say you snore loudly?

Sleep Disorder Screening Considerations-Cont.

- Do you feel like you've had a good night's sleep when you wake up and throughout the day?
- Do you nap or doze off at inappropriate times/places?
- Sleep/Wake History
- Do you see the end of movies?
- How long would you stay awake if I turned out the light and left the room now?
- Have a headache upon arising?
- Have an urge to move your legs, along with uncomfortable sensations in your legs, when at rest?
- Have difficulty with concentration or memory?
- Experience problems with mood (e.g., irritability, depression)?

Importance of Diagnosis

- Accurate diagnosis is critical
- Should review home environment
- Recommend home visit
- Cultural factors
- Social factors
- Economic factors
- Acquire an entire sleep history
- Important to R/O Obstructive Sleep Apnea (OSA)
- A thorough review of previous records

Assessment Considerations

- Examination for co-occurring medical disorder
- Psychiatric or developmental issues
- Issues at home or school
- Rule out sleep apnea or restless leg syndrome
- Rule out issues due to inconsistent schedule
- Rule out excessive napping/napping at an inappropriate age

Develop Bedtime Routines

- Consider a hot bath or shower before bed, using lavender scents
- Use warm water to wash hands and face
- Provide yourself and the child time to relax and unwind prior to bedtime
- Avoid those activities that interfere with sleep health, like videogames and/or television before bedtime
- Use picture cards that show the sequence of bedtime routines
- Be consistent and repeat instructions when necessary
- Exercise daily, however avoid exercising within an hour or two of bedtime
- During the day, find time for fun activities; yet stop an hour or two before bedtime

Develop Bedtime Routines-Cont.

- Reduce evening commitments so bedtime routines can become more consistent
- Place boundaries around the amount of time engaging in activities that are stressful prior to bedtime
- Reduce high conflict and stress from daily life
- Start bedtime process early, so as to not be rushed or feel stressed, which may raise cortisol levels and inhibit sleep
- Avoid naps after 3:00 pm
- Avoid large meals before bedtime
- Avoid shaming and blaming

Environmental Considerations

- Ensure the bedroom is dark and set at a comfortable temperature
- Bright lights, busy patterns on the walls, and bold colors could induce sensory overloads
- Minimize furniture in the room
- Create a quiet, calm, relaxing, and comfortable bedtime environment
- If a child is scared, one can use a spray bottle to metaphorically spray away whatever they are fearful of (like “monster spray”)
- Designate a stuffed animal to be the sleep protector if the child is fearful of something happening to them during the night
- Play soft music at bedtime
- Use of a weighted blanket should be explored

Environmental Considerations-Cont.

- Massage, body brushing, rocking is sometimes helpful
- Be cautious of adding too much stimulus; blankets/sheet/pajamas with tags
- Consider using laundry detergent and/or dryer sheets with lavender fragrances, unless the child is overly sensitive to scents. If that is the case, avoid scented laundry soaps and lotions.
- Use a machine or fan that produces white noise to drown out distracting sounds prior to and during sleep
- Remove TV's, video games, and/or computers from the room
- Use ear plugs if needed
- Consider using soft light bulbs

Techniques to Establish

- Establish a regular bedtime routine
- Play with your child
- Limit TV before bedtime
- Avoid yelling at your child
- Get your child a regular medical check-up
- Establish a consistent bedtime for your child
- Allow your child to take a hot shower or bath before bed
- Invest in a comfortable mattress for your child
- Play soft relaxing music for your child at bedtime or read a book
- Establish a quiet sleep environment for your child
- Set bedtime limits with your child
- Allow child to talk openly about their feelings about bedtime/sleep
- Promote healthy living habits
- Exercise as a family
- Have your child sleep in his/her own room
- Limit your child's caffeine intake
- Limit exposure to bright lights before bedtime
- Establish healthy nutritional habits

Items to Avoid

- Stressful sleeping environments
- Television, movies, or video games that are not age appropriate
- Soda, sugar, or any type of caffeine related product in the evening hours
- Family conflict
- Unnatural lighting a half hour prior to bedtime (electronic devices)
- Late night snacking a half hour prior to bed time
- Rushing through bedtime routines
- Allowing children to sleep in their everyday clothing
- Singing or rocking your child to sleep, in the event they only respond to this technique to fall asleep
- Inconsistent bedtime routines
- Inconsistent parenting
- Skipping naps for younger children
- Smoking around your child
- Making bedtime a negative event through excessive discipline or threats
- Filling your child's bed with toys
- Sunlight or un-natural lighting to filter into the child's bedroom
- Allowing your child to go to bed hungry
- Letting your child sleep with parents or siblings

Overall Comments and Encouragements

- Explore new ideas and approaches that may promote improved sleep
- Become committed and intentional about taking the necessary steps to improve sleep health for yourself and your child/family
- Search for information and practice the idea for at least 30 days
- Identify barriers to optimal sleep health, (like caffeine before bedtime, traffic noise, etc.)
- Maintain a family sleep journal to determine what works well
- Strive to achieve a deeper understanding of sleep health

Specific Techniques to Explore

- Progressive Relaxation
- Guided imagery
- Massage, reflexology, and yoga
- Counting your breathing
- Self-soothing techniques
- Mindfulness
- Music
- Art
- Exercise



Cognitive Behavioral Therapy for Insomnia

Some studies have also stated that CBT-I may assist patients with reducing anxiety, depression, and physical pain symptoms indirectly by improving overall sleep quality

Cognitive Behavior Therapy for Insomnia

Cognitive therapy

Focuses on changing false beliefs and attitudes about sleep (e.g., everyone needs at least 8 hours of sleep for good health)

Cognitive Behavior Therapy for Insomnia

Sleep hygiene education

No pets in the bedroom

No caffeine consumption after 4 p.m.

Keep bedroom cool and conducive to sleep

No watching the bedroom clock

No nicotine use, especially in the evening

No exercising within 2 to 3 hours before bedtime

Cognitive Behavior Therapy for Insomnia

Sleep restriction

Time in bed can be reduced by estimating the actual total time that the patient is sleeping (e.g., if the patient is in bed for 8 hours but sleeps for 5.5 hours, time in bed could be reduced to 5.5 hours)

Time in bed usually should not be reduced to less than 5 hours

After sleep efficiency (ratio of time sleeping to time in bed) reaches 90%, the time in bed can be increased by 15 minutes every week

Cognitive Behavior Therapy for Insomnia

Stimulus control

Go to bed only when sleepy

Use the bedroom only for sleep and sex

Go to another room if unable to fall asleep within 15 to 20 minutes

Read or engage in other quiet activities and return to bed only when sleepy