

# A Masterclass on Sleep for Counsellors and Therapists



BACP Private Practice Conference  
28<sup>th</sup> September 2019

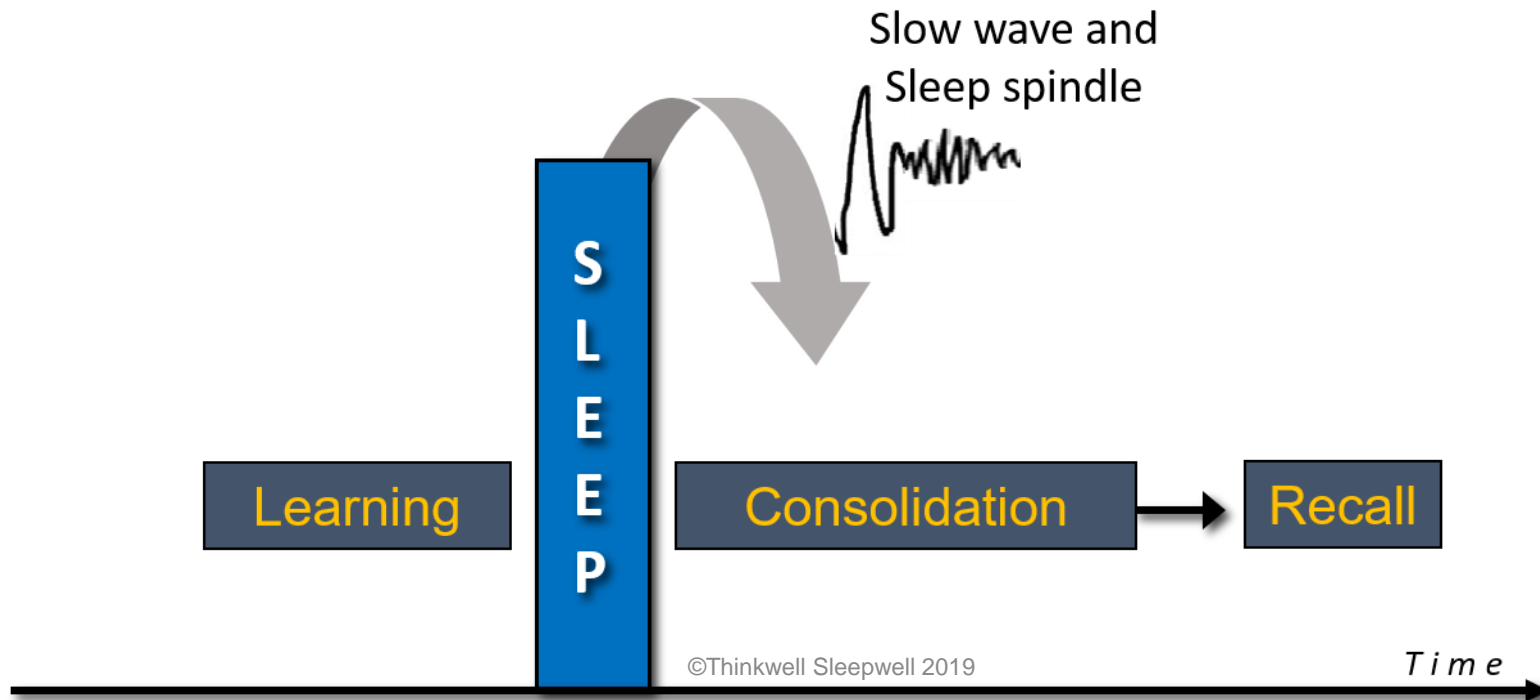
Presented by: Ruth Webb & Emma Pipe

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## Function (continued)

- Memory consolidation – it's important for learning
- The discharge of emotions during REM sleep, muscle paralysis provides a safe way of experiencing emotions without acting them out.
- It helps with emotional regulation in the day.

### Sleep Maintains Memories



# Sleep phases and stages

## Hypnogram

### REM (Rapid Eye Movement) – dream sleep

- Light Sleep but busy brain
- HR and BP increase
- Breathing quick and shallow
- Consolidating memories
- Processing emotions
- Relieving stress
- **Learning** takes place
- Muscles paralysed
- Nightmares occur

Babies spend 50% of their sleep in

### Non REM – not dream sleep

#### Stage 1 Sleep

- Drowsy
- 10-15 mins fall asleep
- Can be easily woken

#### Stage 2 Sleep

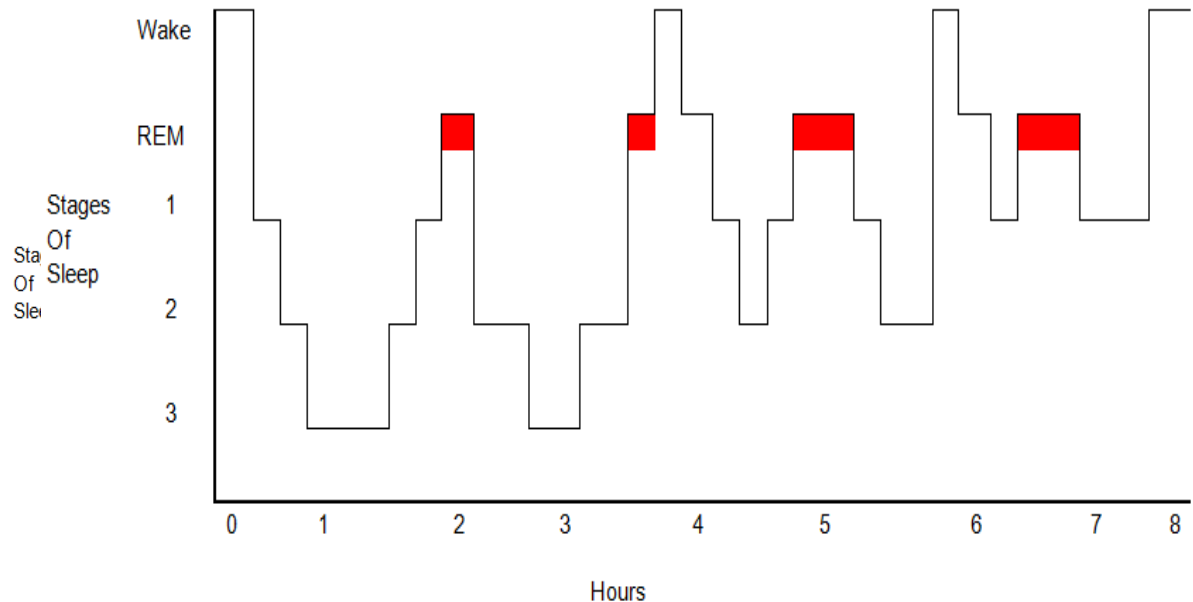
- Fairly light sleep
- Body temp decreases
- HR slows down
- Not woken so easy

#### Stage 3 Sleep

- Going into deep sleep
- 4 - Deep sleep
- No eye movement or muscle activity
- Hard to wake

### Biologically important for children's physical development:

- Tissue repair, hormone production, growth and cortisol.
- Bed-wetting, night-terrors, sleep-walking and sleep apnoea all occur during stages 3 of sleep.



# Using sleep trackers

Can give an overview of sleep but....

Limited in the detail of information

Research shows they can be linked to insomnia, due to obsessive monitoring.



# How much sleep do we need?

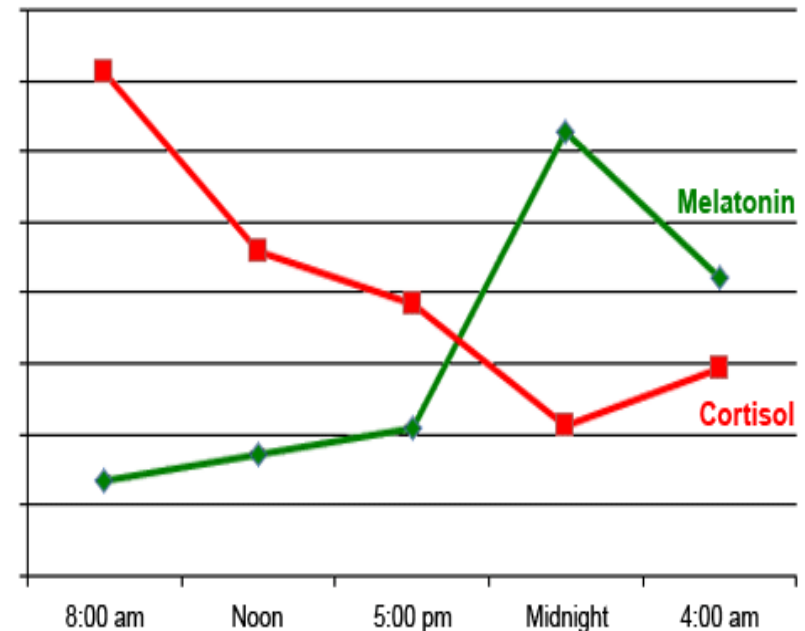
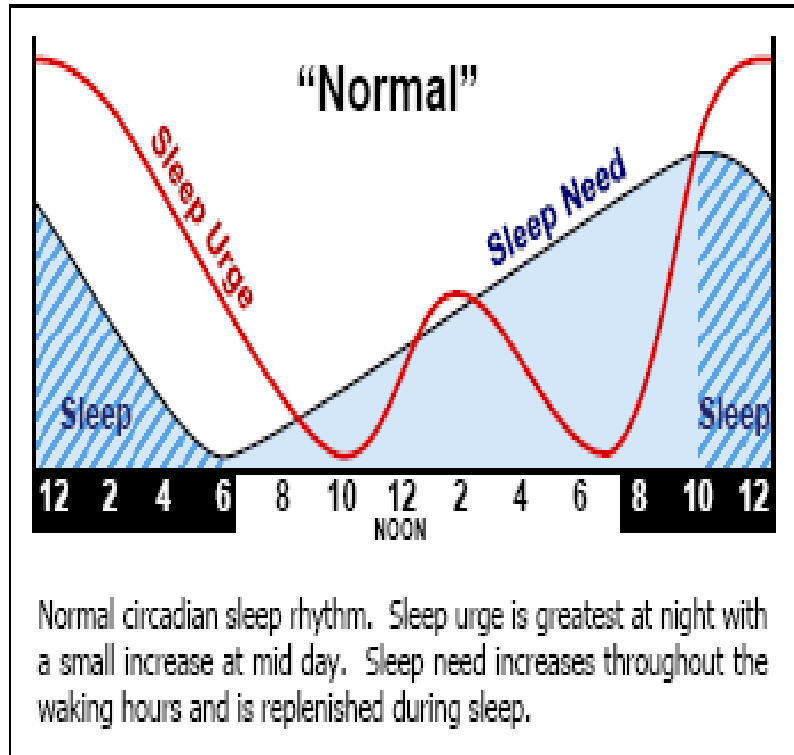
- **Each individual varies in the amount of sleep they need .**

- **Age and condition**

- **Average amount of sleep per day**

•Newborn	up to 18 hours
•1–12 months	14 – 18 hours
•1–3 years	12 -15 hours
•3–5 years	11 -13 hours
•5–12 years	9 -11 hours
•Adolescents	9 -10 hours
•Adults, including elderly	7 -8 hours
•Pregnant women	8 + hours

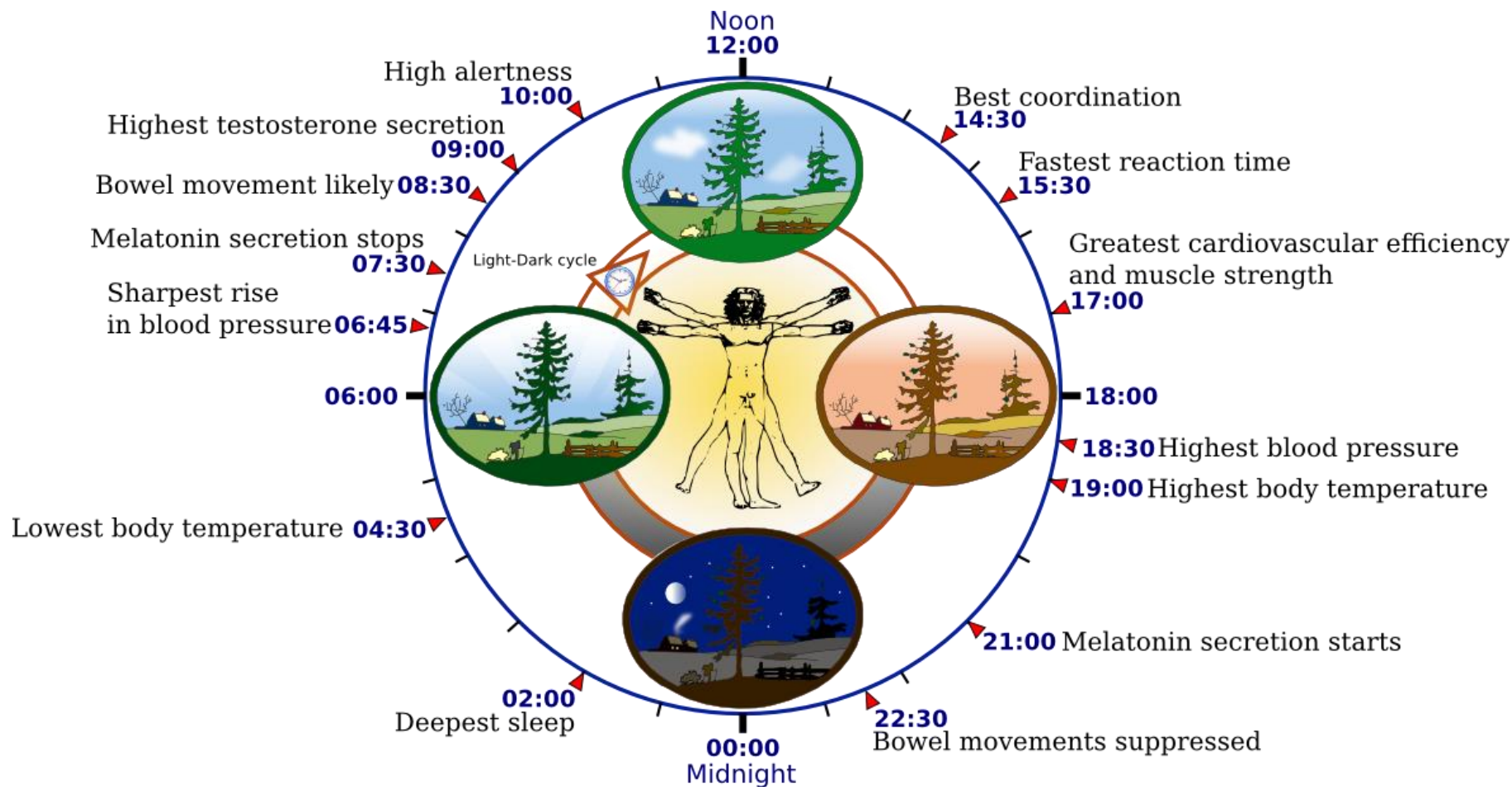
# Rhythmic cycles



Many biological functions have a rhythmic cycle:

Sleep/wake	Core body temperature
Hormone release	Melatonin
Cortisol	Growth hormone

# 24 hour cycle





# Other influences

- Sleep is also driven by the amount of time we have been awake – homeostatic sleep drive
- This causes issues when travelling across time zones.
- Jet lag causes the body conflict between internal and external clocks called de-synchronisation.

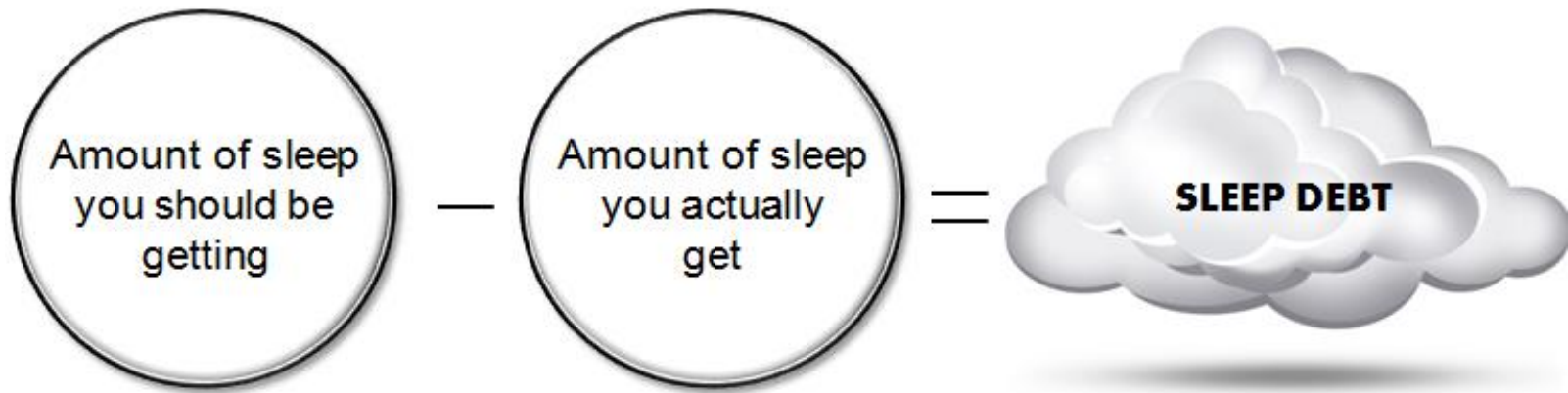


# Other influences cont'd...

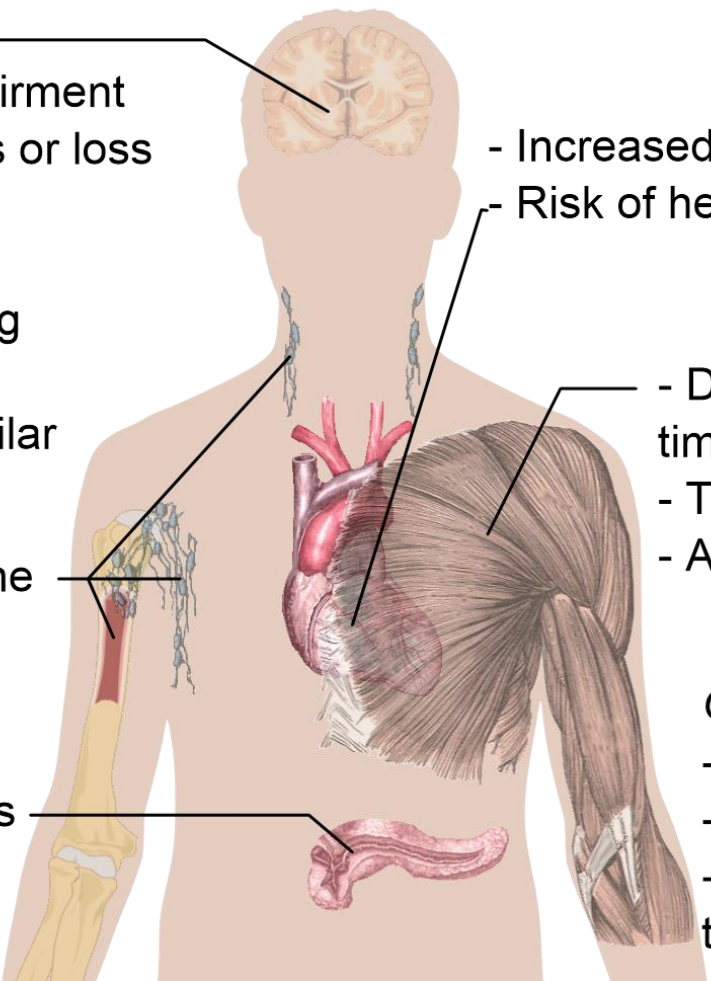
- SAD affects some people
- Vitamin D deficiency is also a real issue in the UK.
- Monday morning feeling after staying up later at weekends.
- Shift work also creates conflict between external cues (i.e. light) and internal rhythms.

# Sleep Debt

- If we do not have enough sleep we begin to incur a sleep debt. We do not appear to be able to adapt to less sleep than we individually need.



## Effects of Sleep deprivation

- 
- Irritability
  - Cognitive impairment
  - Memory lapses or loss
  - Impaired moral judgement
  - Severe yawning
  - Hallucinations
  - Symptoms similar to ADHD
  - Impaired immune system
  - Risk of diabetes Type 2
  - Increased heart rate variability
  - Risk of heart disease
  - Decreased reaction time and accuracy
  - Tremors
  - Aches
- Other:*
- Growth suppression
  - Risk of obesity
  - Decreased temperature

# The link to obesity

How Sleep Deprivation Effects our Bodies (Hormones)	
<u>Cortisol</u> levels increase	Appetite Increases
<u>Ghrelin</u> levels increase	Appetite Increases
<u>Leptin</u> levels decrease	Appetite Suppression signal is not received
Insulin secretion decrease	Glucose levels rise & insulin resistance can increase
Thyroid levels decrease	Reduces Metabolic Rate

# What causes sleep problems?

- Stressful life events – good and bad!
- Bedtime routine
- Environmental factors - noise, room, uncomfortable bed
- Physical Factors – pain, illness, snoring
- Unhealthy Lifestyle – stimulants, lack of exercise
- Light and technology – blue light
- Mental Health problems
- Sleep disorders
- Shift work
- Menopause

# Trauma and sleep



- Stress from a traumatic event can often lead to a variety of sleep problems. Sleep problems are a common symptom of PTSD. When the body is overstimulated by traumatic situations, the brain is flooded with neurochemicals from our threat system (such as adrenaline and cortisol). These keep us awake and make it difficult to wind down at the end of the day.
- Also in REM sleep, the brain is attempting to process trauma memories.



# Anxiety and Sleep

Anxiety can be very disruptive to sleep - hypervigilance

Nightmares create feelings of being unsafe, the thinking part of your brain is hijacked by the emotional part. It can take a while to calm down after waking from a nightmare.



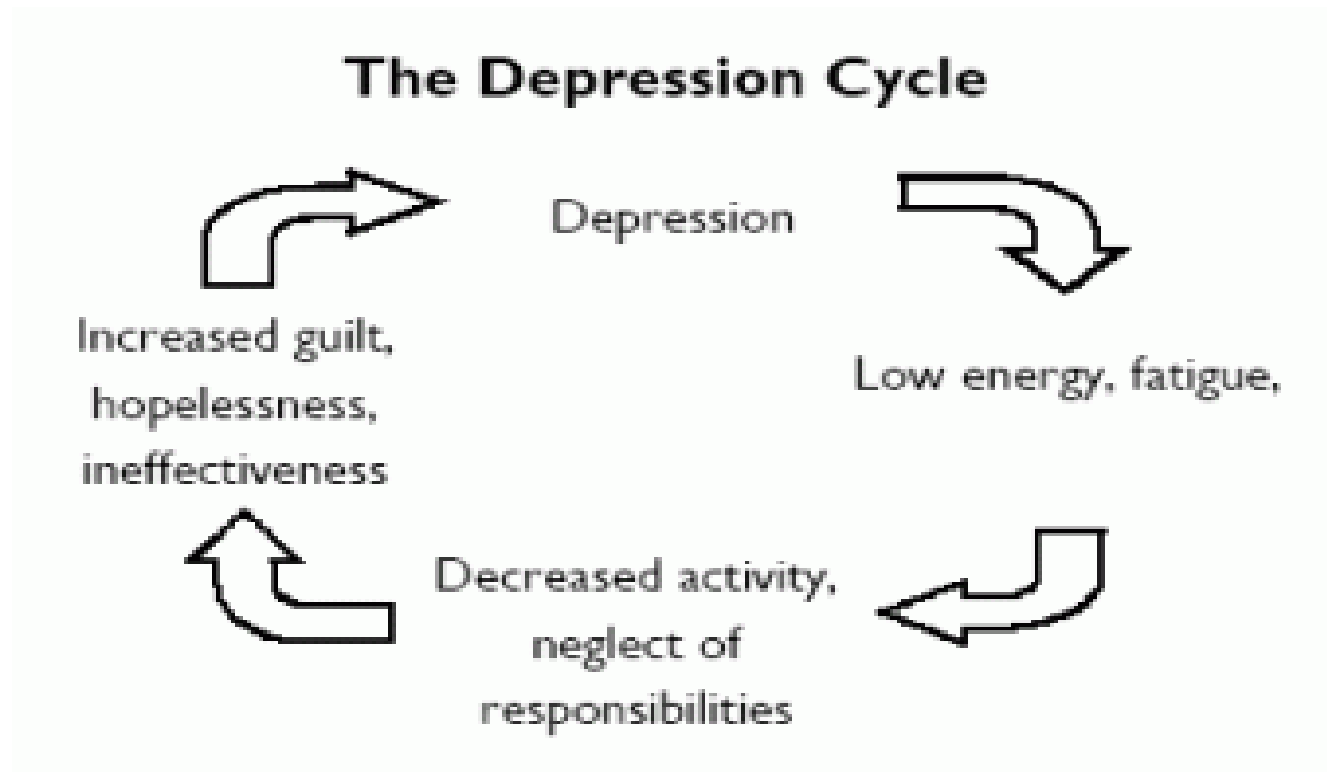
Rationalising thoughts and learning to respond in different ways can help to change behaviours and thoughts around sleep.



# Depression and Sleep

Inability to sleep or over sleeping are symptoms of depression.

By treating the sleep problems this can improve energy and lessen fatigue this can change the vicious cycle of depression.



# Sleep Disorders

- Insomnias - difficulty settling to sleep, night waking, early morning waking, difficulty re-settling after a night waking
- Hypersomnia's – sleeping too much e.g. narcolepsy
- Parasomnias – night terrors/ nightmares, bruxism
- Circadian rhythm disorders – advanced/delayed sleep phase syndrome
- Sleep related movement disorders – e.g. rocking, Restless Leg Syndrome, REM sleep behaviour disorder
- Sleep related breathing disorders – e.g. snoring, sleep apnoea
- The above may affect another family member but have a huge impact on the client and their ability to sleep well and in turn on their well being. Children and teenagers sleep patterns can have a huge impact on parents sleep.

# Shift Work

- Impact of shift work
- Sleep disturbance
- Fatigue
- Errors, productivity & accidents
- Health Effects
- Disruption to family & social life
- Costs & benefits of effective management of shift work for employers
- Suggestions for clients who work shifts – HSE Guidance Document  
<http://www.hse.gov.uk/pubns/priced/hsg256.pdf>

# A different therapy approach, start with sleep...



Exploring your clients sleep patterns at assessment is vital as poor quality or quantity of sleep can impact on many areas of emotional wellbeing.

Treating sleep issues which may be at the root of the presenting stress, anxiety and low mood may improve many areas of wellbeing and change the current negative cycle.

If it's there, see if you can treat it! Improved outcomes for all.

Government are starting to recognise this approach with a public health green paper outlining national guidance on recommended amount of sleep and basic sleep hygiene.

# Information Gathering: Sleep diaries

Keeping a sleep diary can help to identify patterns and see actually how much sleep you are getting.

**Sleep Diary**

Complete this form each day: write in the shaded area just before going to bed, and the non-shaded area in the morning

Day / date							
Mood level during the day 0 – 10 (10 worst)							
Fatigue level during the day 0 – 10 (10 worst)							
Naps taken during day – what time? How long for?							
Activity during day? 0 – 10 (10 most active)							
Caffeine, nicotine, alcohol during day, and during evening?							
What did I do just before going to bed?							
What time I went to bed							
What did I do in bed? (Read, TV, sex)							
What time did I put the lights out?							
How many minutes before I fell asleep?							
What time did I wake up?							
Number of times I woke up?							
Number of hours I slept?							
On waking up in the morning, how rested do I feel? 0 – 10 (10 most rested)							

[www.getselfhelp.co.uk](http://www.getselfhelp.co.uk)

[www.get.gg](http://www.get.gg)

# Improving sleep – the basics

## Sleep Hygiene

•Whether clients are looking to resolve a specific sleep problem, or just want to feel more productive, mentally sharp, and emotionally balanced during the day, experiment with the following sleep tips to see which work best for them:

•**Rule out medical causes for sleep problems.** A sleep disturbance may be a symptom of a mental or physical health disorder or a side-effect of certain medications.

•**Stick to a regular sleep schedule.** Support your biological clock by going to bed and getting up at the same time every day, including weekends.

•**Get regular exercise.** Regular exercise can improve the symptoms of many sleep disorders and problems. Aim for 30 minutes or more of activity on most days—but not too close to bedtime.

•**Be smart about what you eat and drink.** Caffeine, alcohol, and sugary foods can all disrupt your sleep, as can eating heavy meals or drinking lots of fluids too close to bedtime.

# Improving sleep cont'd....

- Help with stress management.** If the stress of managing work, family, or school is keeping clients awake at night, helping them to learn how to handle stress in a productive way can help them sleep better at night.
- Improve the sleep environment.** Keep bedrooms dark, quiet, and cool (16-18c), is the bed comfortable and reserve your bed for just sleeping and sex.
- Develop a relaxing bedtime routine.** Avoid screens, work, and stressful conversations late at night. Instead, wind down and calm the mind by taking a warm bath, reading by a dim light, or practicing a relaxation technique to prepare for sleep.
- Postpone worrying.** If clients wake during the night feeling anxious about something, make a brief note of it on paper and postpone worrying about it until the next day when it will be easier to resolve.

# Improving sleep cont'd....

## Sleep Inducing Foods

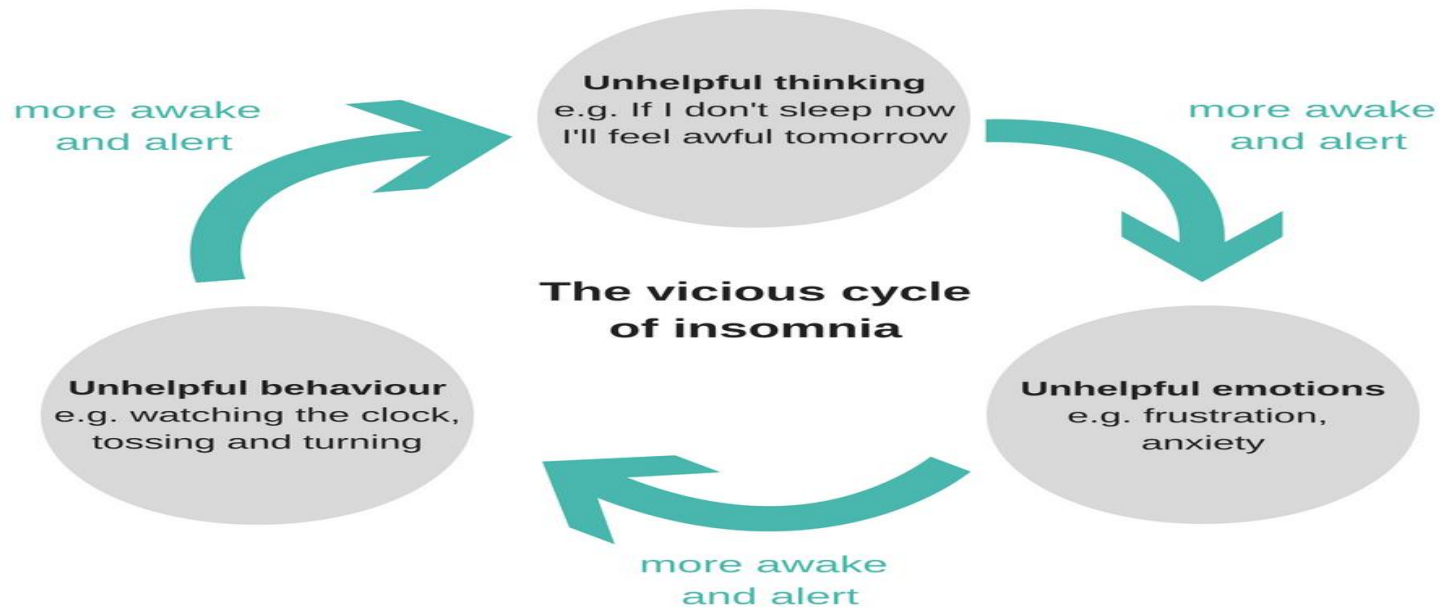
Food Group	Specific Foods		Food Group	Specific Foods
Milk and Milk Products	Traditional milk products (warm), yogurt and soya milk		Nuts	Walnuts, peanuts, cashews, pistachios, chestnuts, almonds
Meat	Chicken and turkey		Seeds	Ground flax, sesame, pumpkin, sunflower seeds
Fish	Cod, tuna, mackerel, salmon		Legumes	Mung bean, soybeans, kidney beans, lima beans, chickpeas
Cheese	Cheddar processed cheese, cottage cheese, tofu		Grains	Wheat, brown rice, red rice, barley, corn, oats
Fruits	Cherries, apples, bananas, blueberries, strawberries, avocados, pineapple, peaches		Bread	Whole wheat bread
Vegetables	Spinach, asparagus, green peas, broccoli, tomatoes, cabbage, cauliflower, mushrooms, cucumbers			



## Therapeutic Interventions for sleep problems:

### CBT for Insomnia

- Cognitive Behaviour Therapy for insomnia (CBT-I) is the most widely used treatment method to address sleep problems.



# Cognitive Interventions:

- Psychoeducation about sleep.
- Challenge negative thoughts about sleep which can make us anxious or lower our mood. Five area model and thought records for thought capturing, challenging and balancing negative thoughts you may have about sleep.
- Worry control techniques to reduce the impact of worry; teaching problem solving techniques.

# Cognitive Interventions:

## Thought Challenging

Situation	Moods (rate)	Automatic Thoughts (Images)	Evidence that supports the unhelpful thoughts	Evidence that challenges the unhelpful thoughts	Alternative/ Balanced thoughts	Rate mood now
<p>Lying awake at 1.30 a.m., tossing and turning.</p> <p>Went to bed at 9.40 p.m., only slept briefly for 40 mins before waking up at 10.30 p.m..</p>	<p>Upset 70%</p> <p>Angry 60%</p> <p>Worried 80%</p>	<p>I'm never going to be able to get to sleep.</p> <p>If I don't get to sleep soon, I'm going to make myself ill.</p> <p>I'm going to make mistakes at work and get the sack.</p> <p>I'll never sleep properly again.</p> <p>What if I oversleep and am late for work.</p>	<p>I've been struggling with sleep for a few weeks now.</p> <p>I'm getting less sleep than I used to.</p> <p>I feel tired and it's harder to concentrate in the day.</p>	<p>I do always get some sleep each night, it may be more than I realise.</p> <p>I've never overslept and been late for work.</p> <p>My manager has not said I'm making mistakes at work.</p> <p>Lots of people can be tired at work but it doesn't affect their performance.</p> <p>Sleeping problems are difficult but won't necessarily make me ill.</p> <p>People do get better when they have sleep problems – there are changes I can make.</p> <p>I sleep better when I'm not worrying about it.</p> <p>I sleep well when I've been out walking.</p>	<p>I can make changes to my evening routine to help improve my sleep.</p> <p>There are things I can do to think differently about sleep which will help me relax at bedtime.</p>	<p>Upset 20%</p> <p>Angry 15%</p> <p>Worried 15%</p>

# Behavioural Interventions:

- Sleep hygiene information
- Sleep routine changes – simple ideas.
- Relaxation techniques
- Sleep restriction therapy
- Stimulus control therapy

# Case study 1

40 year old lady referred for workplace stress, concentration difficulty.

Assessment identified she had a two year old son who wasn't sleeping which impacted on her own amount and quality of sleep.

Cognitions – I can't concentrate, what's wrong with me, I keep forgetting things, I can't cope.

Behaviours – falling asleep in the evening, difficulty waking in the morning, anxiety around putting her son to bed.

Physical – lack of patience, tearful, feeling sick, poor appetite.

Feelings – lower mood, guilt, frustration, anger

## Interventions Used:

Psychoeducation on the impact of sleep deprivation to normalise poor concentration and irritability.

Sleep programme for her son to improve the quality of his sleep and consequentially on the client's sleep.

Coping strategies to deal with rationalising thoughts and manage feelings in the short term until sleep improves.

# Sleep Restriction Therapy

- A normal sleeper keeps a fairly regular pattern. A common coping strategy of insomniacs is to change their sleep wake cycle in the hope of getting a little more sleep (e.g. going to bed earlier, lying in later or catching up during the day). Whilst such action may make sense, in fact they worsen sleep by lowering their sleep efficiency (SE - the percentage of time spent in bed asleep).



# Stimulus Control Therapy

This is aimed at controlling the stimuli that may impact on ability to sleep by setting certain conditions for sleep.



- It makes good sense to use stimulus control in combination with sleep restriction. See Chapter 4 in Colin Espie's book "Overcoming insomnia and sleep problems"



# Using CBT to address sleep

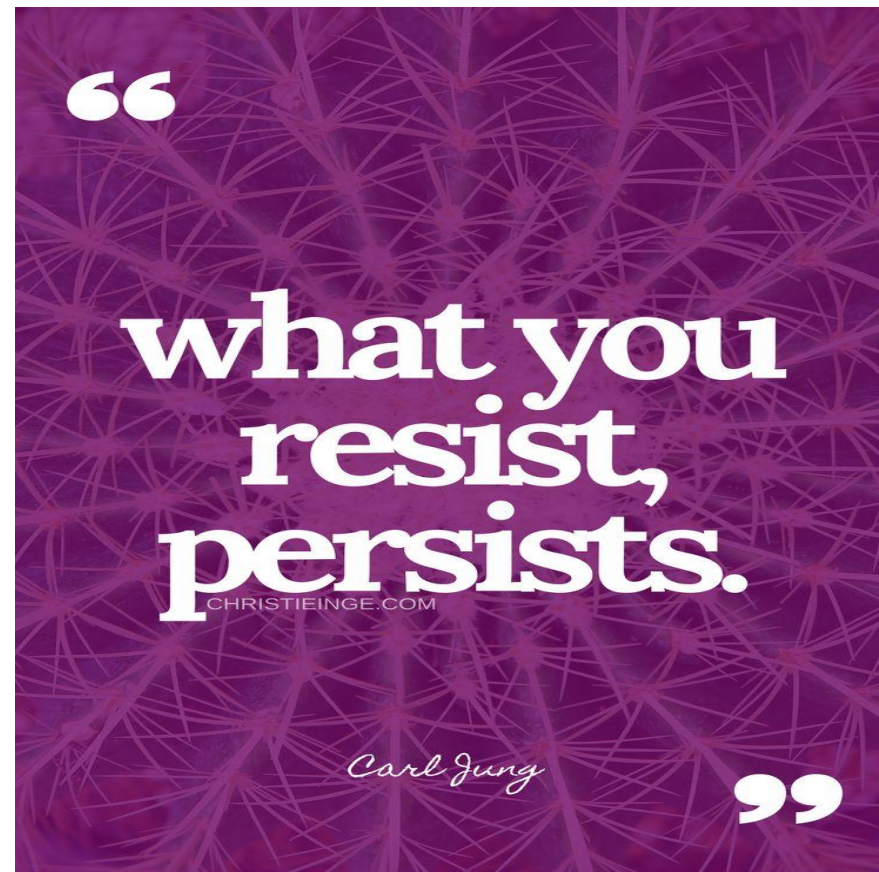
Research highlights the benefits of using a structured approach to change sleep patterns.

A study has shown that that “night owls can change to early risers within a few weeks



# Acceptance and Commitment Therapy for Insomnia

- Using the ACT approach to tackle insomnia



# Mindfulness

- Mindfulness can help insomniacs to stand back and observe their level of wakefulness or unwanted thoughts and emotional reactions without becoming overly entangled in them as a way of short-circuiting the vicious cycle of insomnia.



# The Cognitive Shuffle

- The Cognitive Shuffle—Serial Diverse Imagining (SDI)—is a technique designed by Dr. Luc P. Beaudoin to help people get to sleep by diverting thoughts. It helps you keep the mind off issues that hamper sleep. Also, because The Cognitive Shuffle gets you to imagine random objects, the sleep regulators in your brain may be tricked into thinking that it's time to fall asleep. The Cognitive Shuffle is designed to stop the brain trying to make sense of thoughts
- The Cognitive Shuffle involves thinking of random items that are easy to visualize, non-threatening, and conducive to sleep.

# Example of cognitive shuffle

First, get yourself into bed, ready to go to sleep.

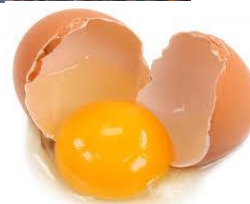
Second, think of a random, emotionally neutral word consisting of at least 5 letters. “BEDTIME” is a good word. Try not to use one with many repeating letters. “BANANA” isn’t a great DIY-SDI word because “BANANA” has only 3 unique letters, B, N, A. “BEDTIME”, in this case is a “seed” word.

Third, gradually spell out the seed word (e.g., “BEDTIME”). For each letter of the word, think of a word that start with that letter. Then imagine the item represented by the word. Repeat this many times for each letter. I.e., think of many words that start with the letter and imagine each one of them.

B –



E –



D –



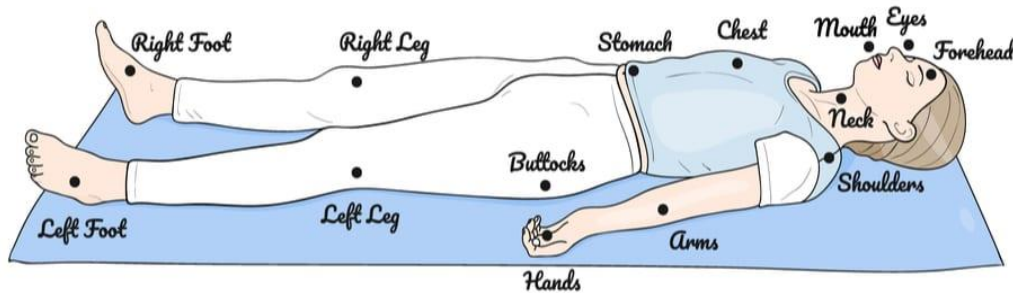
If you happen to make it to the end of the seed word, BEDTIME without falling asleep. Just pick a new seed word, such as SATURN, and repeat the entire process. I.e., for each of its letters, think of words that start with that letter, and imagine those words.

# Valued Sleep Actions for ACT

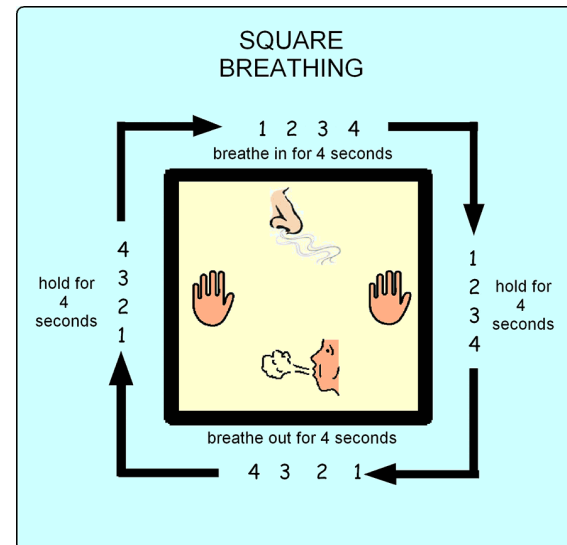
- Insomniacs can develop a negative association with the bedroom environment which heightens alertness and cognitive distress. CBT-I using strict rules can maintain this negative association. ACT-I can recover positive association by establishing valued sleep actions which are flexible and accepting



# Breathing and relaxation techniques



## *Progressive Muscle Relaxation*



## Case Study 2

- 64 year lady old referred with anxiety and depression. At assessment it was discovered a particular aspect of the anxiety related to sleep.
- Cognitions: I'm being spoken to by spirits, I'm going mad, I'm going to be hurt, I'm going to suffocate, what if's....
- Behaviours: wouldn't go to bed, avoided the bedroom, cat napping in chair, checking, hypervigilance at night
- Physical: anxiety symptoms, extreme tiredness, breathlessness, nausea, muscle pain
- Feelings: fear, sadness, lower mood, hopeless, shame



# Interventions Used:

- Psycho-education on sleep
- Guided discovery – identified the client was suffering hypnagogic hallucinations and sleep paralysis
- Thought challenging/ Evidence Based Reasoning
- Worry control strategies relating to real worries
- Related to physical issues – pain impacting on sleep, lung condition affecting breathlessness
- Behavioural interventions – relaxation, guided imagery and sleep hygiene

## Case study 3

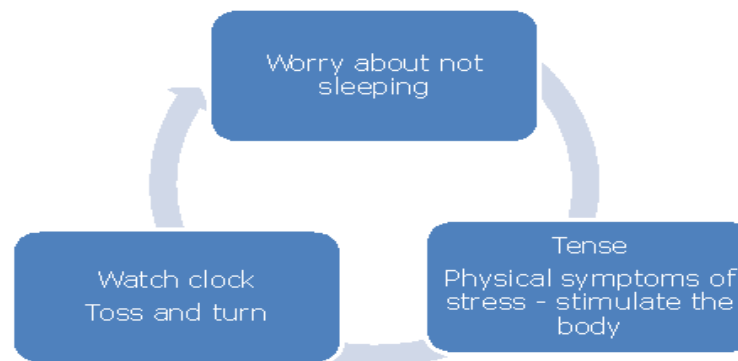
Client referred with stress and anxiety, assessment identified cycle of worry around being late for work due to delayed sleep phase onset, difficulty falling asleep until 2am then difficulty getting up for work. Sleeping in until midday at the weekend.

Cognitions – I won't be able to sleep, I won't be able to get up in the morning and will be late for work.

Behaviours -anxiety about going to bed, going to bed early, clock watching

Physical – heart racing, muscles tense, feeling hot and sweaty, tiredness

Feelings – irritable, worthless, guilt



# Interventions, what would you do?

## Useful links

- <http://www.getselfhelp.co.uk/sleep.htm>
- <https://www.helpguide.org/articles/sleep/how-to-sleep-better.htm>
- <http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/sleepproblems/sleepingwell.aspx>
- <http://www.britishsnoring.co.uk/>
- <http://wellbeing-glasgow.org.uk/wp-content/uploads/2015/06/Insomnia-03-15.pdf>
- [Our website www.think-sleep.com](http://www.think-sleep.com)