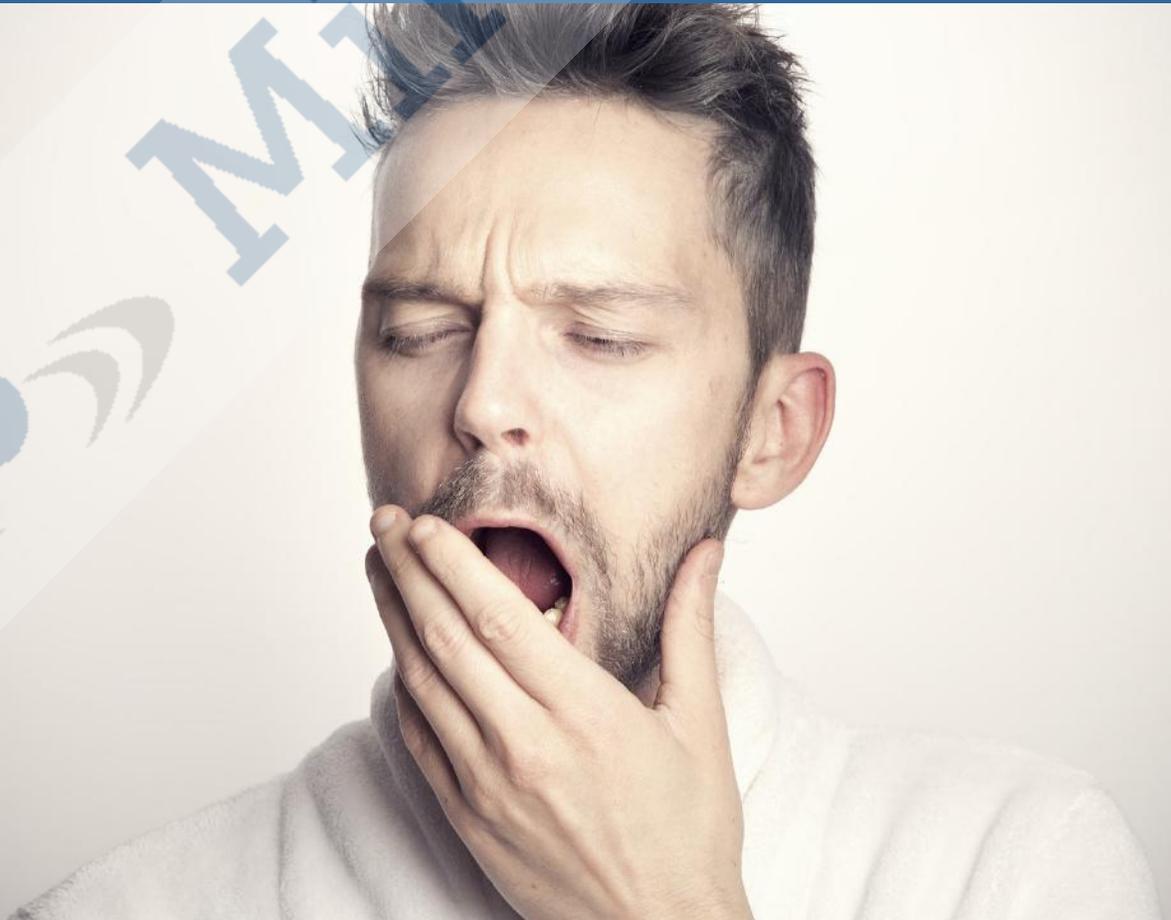




Mindful

Continuing Education

Sleep Disorders



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Introduction

Sleep is essential to managing health and wellness. Often individuals who are struggling with anxiety, depression, and a variety of other mental illnesses also struggle to sleep. For some, the question of mental illness and sleep is similar to the chicken and the egg question: which came first?

Lack of sleep can often result in anxiety and depression and those who struggle with mental illnesses might subsequently have a difficult time sleeping. Managing a regular sleep hygiene routine and ensuring individuals have a comfortable and inviting sleeping space are crucial in managing mental health and wellness.

This course discusses common sleep disorders, causes of these disorders, signs and symptoms, and ultimately, how to treat or manage sleep disorders.

What is sleep?

Sleep is a necessary activity for the body and brain to restore functioning and regulate bodily systems (Sleep Foundation, 2020). The body experiences two different types of sleep:

1. **Non-Rapid Eye Movement or NREM sleep** – during NREM sleep, the blood supply going toward muscles increases. This restores energy and promotes tissue growth for repairing. Essential hormones are released for growth and development during NREM sleep.
2. **Rapid eye movement or REM sleep** – REM sleep is commonly referred to as “active” sleep in that the brain is firing often during REM sleep. This is when individuals are likely to dream and can experience irregular heartbeats and breathing (Sleep Foundation, 2020).

During sleep, the body transitions through various stages of NREM and REM sleep (National Institute of Neurological Disorders and Stroke, 2019). These stages are as follows:

1. **Stage 1** – NREM sleep occurs when people lose their state of being awake. Their eye movements slow as well as their heartbeat and breathing. The brain waves decrease from the patterns that occur while awake.
2. **Stage 2** – NREM sleep is the lighter sleep period before deep sleep occurs. In stage two, the body temperature drops, and eye movements stop completely. The

muscles relax and brain wave activity becomes very slow but has occasional high activity moments. Stage two is the stage the body spends more time in than any other stage.

3. **Stage 3** – NREM sleep occurs in a deep sleep to allow for the body to feel refreshed in the morning. The heart rate is at its lowest point and the muscles are so relaxed that it becomes difficult to wake up. The brain slows down the most in stage three.
4. **Stage 4** – REM sleep occurs in stage four. This occurs every 90 minutes after a person is asleep. During REM sleep, the eyes move from side to side rapidly. The eyelids remain shut while this occurs. The brain becomes more active. Its activity level is similar to that of the body when awake. During REM sleep, the body breathes heavily and fast and the heart rate and blood pressure are near the same level as when awake. The body becomes paralyzed, preventing movement and acting out dreams. As a person ages, they spend shorter amounts of time in REM sleep. After REM sleeping, the body begins again at stage one. !

The amount of sleep the body requires to feel well-rested will change from person to person, however, generally, babies require up to 18 hours per day; school-age children and teens require 9.5 hours of sleep per day, and adults require 7-9 hours of sleep per day. After the age of 60, individuals may experience lighter sleep that is interrupted often (National Institute of Neurological Disorders and Stroke, 2019).

Why should mental health professionals understand and treat sleep issues?

Sleep issues are a common symptom of mental health disorders, as this lesson will explore. Because sleep is a common struggle for many patients who seek out mental health services, professionals should be prepared for how to provide support to promote sleep. Additionally, people who naturally struggle to sleep or have physical health conditions that make achieving healthy sleep difficult, are more likely to develop mental health conditions and therefore may be referred to therapy by their medical team. Mental health therapists are common providers for patients with insomnia and a variety of other conditions.

Types, symptoms, and causes

Unfortunately, sleep disorders or difficulty sleeping is very common. Many individuals use over-the-counter prescriptions such as Melatonin to manage and induce sleep. Some find that stronger medications are necessary. Some individuals still struggle, even with prescription medication intended to induce sleep, to get the necessary amount of rest to function well. At least 50-70 million adults in the United States experience insomnia (Brooks, 2017). Even more terrifying than that statistic, drowsiness is responsible for at least 1,550 deaths and 40,000 injuries every year that occur due to car accidents. These statistics, and many other reasons that will be discussed, support the need for managing sleep disorders effectively and teaching all individuals about the importance of sleep hygiene.

There are five common types of sleep disorders that many individuals experience. They are identified as insomnia, sleep apnea, narcolepsy, restless legs syndrome, and REM sleep behavior disorder. These disorders are characterized by the following:

Insomnia

Insomnia is a common sleep disorder that prevents individuals from being able to fall asleep or stay asleep. There are two different types of insomnia: transient insomnia and chronic insomnia. Transient insomnia is short-term and often occurs after a traumatic or stressful event in life. An individual with transient insomnia will struggle to relax or wake up often. For example, a person might wake up anxious and have difficulty going back to sleep, after recently failing an exam or getting in a car accident. Chronic insomnia is consistent over time. Individuals battle with falling asleep and staying asleep. They generally feel exhausted during the day and may find it challenging to meet deadlines for regular tasks and assignments.

Insomnia may be developed as a result of various issues and experiences. These could include the following:

- Lack of regular sleep routine or sleep hygiene
- Breathing disorders
- Medical conditions
- Disrupted sleep and wake schedule
- Changes in hormones

- Moving limbs during sleep
- Circadian rhythm disorders

Individuals who experience insomnia may have the following symptoms:

- Difficulty sleeping despite being tired or exhausted
- The inability to feel rested or refreshed
- Restless sleep with frequent waking up
- Difficulty concentrating
- Feeling irritable when awake
- Headaches
- Tense muscles
- Gastrointestinal symptoms

Individuals with insomnia are often treated with medication. The prescription may change from patient to patient depending on their experience and/or underlying condition. For example, if a person is having insomnia related to anxiety, they may treat the anxiety with anti-anxiety medication to best treat insomnia. Typically it is suggested that medication is only used for a short-term solution, with lifestyle and cognitive-behavioral changes being effective and sustainable long-term. Individuals with insomnia are strongly encouraged to receive cognitive-behavioral therapies, work on controlling how stimulating their environment is, learn relaxation techniques, and adhere to a strict sleep hygiene routine. They will also likely benefit from reducing alcohol and caffeine consumption.

Sleep Apnea

Sleep apnea is another common sleep disorder. Individuals with sleep apnea experience a blocked airway that prevents regular breathing. They might make choking noises or snore when sleeping. As a result of the lack of airway to their body and brain, they will feel exhausted despite technically getting enough sleep. They will also commonly wake up many times per night.

Individuals who struggle with sleep apnea may have these common symptoms:

- Waking up throughout the night
- Having a dry or sore throat
- Snoring
- Waking up choking
- Feeling very tired throughout the day
- Lacking energy generally
- Experiencing headaches
- Feeling tired
- Feeling irritable!

Sleep apnea is treated most often with a continuous positive airway pressure therapy machine, or CPAP machine. This machine pushes air pressure through a mask into a person's airway. While some individuals might find it mildly uncomfortable at first, it is a device that can prevent them from choking and dying in their sleep. Other treatments for sleep apnea include having surgery, wearing an oral appliance to allow for more airflow, losing weight as weight gain can increase symptoms, and positional therapy that teaches the body to sleep on its side.

Narcolepsy

Most people have likely heard of narcolepsy. Narcolepsy causes patients to fall asleep instantly. They may be having a conversation when they fall asleep uncontrollably in front of the other individual. Individuals who experience narcolepsy will have an unregulated sleep cycle.

The common symptoms of narcolepsy are as follows:

- Sleeping without warning
- Feeling drowsy during the day
- Experiencing sleep paralysis
- Experiencing cataplexy, or the loss of muscle control that prompts weakness
- Hallucinations

- Insomnia
- Disturbed sleep at night

Narcolepsy is treated most often by medication and scheduling naps so the body feels less tired or prompted to sleep (Brooks, 2017). Commonly prescribed are stimulants to keep people awake during the daytime and Selective Serotonin Reuptake Inhibitors (SSRIs) to suppress REM sleep and alleviate common symptoms of cataplexy or hallucinations (Mayo Clinic, 2020). Individuals with narcolepsy should also avoid alcohol and nicotine as these substances can often worsen symptoms (Mayo Clinic, 2020).

Restless Legs Syndrome

Restless legs syndrome is perhaps less known than insomnia or narcolepsy but is common nonetheless. Individuals with restless legs syndrome have uncontrollable urges to move their legs while sleeping and resting (Brooks, 2017). They may also experience aching, tingling, burning, and feeling as though something is crawling in their legs. These uncomfortable sensations make it difficult to sleep.

Common symptoms of restless legs syndrome include the following:

- Feeling strong urges to move (especially moving legs)
- Experiencing crawling sensations in the legs
- Experiencing aching in the legs
- Symptoms worsening when inactive
- Symptoms worsening at night
- Experiencing relief from stretching, walking, and moving (Brooks, 2017)

Restless legs syndrome can be treated by:

- Bathing frequently (Mayo Clinic, 2020)
- Massages in the legs
- Applying a warm or cold pack
- Following sleep hygiene routines
- Exercise and walking

- Avoiding caffeine (Mayo Clinic, 2020)

REM Sleep Behavior Disorder

REM sleep behavior disorders are a serious condition that causes individuals to act out their dreams in their sleep (Brooks, 2017). Individuals with this disorder do not have the same muscle control that most have while they are sleeping.

Common symptoms of this include:

- Moving limbs frequently while sleeping
- Talking, shouting, hitting, punching, and screaming while asleep
- Fleeing from bed in response to a violent or action dream

Those who have this disorder are most often treated by medications and planning for injury prevention. For example, people who may be at risk for leaving their homes, becoming lost or injured by vehicles and other people will have to plan for how to keep themselves safe. This often results in the need for support of spouses or family members. Mental health counseling can also be essential for individuals with this disorder as they may need to process the feelings and emotions that occur as a result of these experiences that are frightening and often dangerous (Brooks, 2017).

Pediatric Sleep Conditions

Unfortunately, sleep disorders are not just common in adults. Children and minors also commonly experience sleep issues (Stanford Health Care, 2020). Sleep issues in children are equally as detrimental to health for youth as in adults. Children may grapple with sleep apnea, restless legs syndrome, and insomnia, however, they also struggle with a variety of other sleep issues. These are:

Arousal Disorders

Arousal disorders refer to partial arousal from a deep sleep. The child will be experiencing deep sleep and then transition into light sleep or a partially awake state. This causes confusion that is referred to as confusional arousal. When children are in this state, they will appear to be awake. They might cry, move, or even run. The child will typically be disoriented and confused and even afraid. They generally will not recall this experience once completely awake. This can become dangerous if the child is aggressive or escapes the family home.

Arousal sleep disorders are often a result of a disruption in the child's life such as traveling, experiencing a sickness, or having migraines.

While many parents may have never heard the term arousal disorders, they have likely heard about or experienced sleep terrors and sleepwalking. This is an example of an arousal disorder and confused state.

Snoring

Snoring is not as common in youth as it is in adults, generally. Snoring is a result of a child's airway becoming blocked. Air is restricted from the lungs and is directed to the mouth instead. Snoring causes fatigue and disrupted sleep. Snoring is often caused by a lack of muscle tone, throat issues, soft palates, a blocked nasal passage, and nose deformities.

Snoring is often treated in youth by establishing regular sleeping patterns, teaching children to sleep on their side, and tilting the head of the bed up several inches (Stanford Health Care, 2020).

Short term/long term effects

Sleep loss causes serious physical and mental health issues. Patients who are struggling to sleep must be able to return to a normal sleep and wake routine as soon as possible to avoid the consequences that losing sleep can have on health.

Short-term effects of lack of sleep include:

- Mood difficulties such as anxiety, irritability, lack of motivation, and depressive symptoms are common for individuals who just recently began to struggle with sleep (Advanced Sleep Medicine Services, 2020)
- Lack of energy
- Lack of concentration
- Forgetting
- Taking longer than normal to react to situations
- Desire to overeat (Advanced Sleep Medicine Services, 2020)

The following are long-term effects of lack of sleep and sleep disorders as identified by Cherney (2020):

- Memory struggles – while sleeping the brain develops connections that process and store information. Lack of sleep prevents memories from being stored properly where both short-term and long-term memory is concerned
- Difficulty thinking – lack of sleep prevents the ability to concentrate, problem-solve, and think creatively
- Accidents and injuries – Car accidents often occur as a result of being drowsy or not concentrating appropriately
- Blood pressure issues – High blood pressure increases in likelihood when individuals sleep less than five hours per night
- Weight gain – Individuals are more likely to overeat when they have not had enough sleep as a result of a chemical imbalance in the brain
- Heart disease – Because individuals are at risk for high blood pressure and chemical imbalances, they are more likely to experience inflammation, which often causes heart disease
- Balance issues – Sleep deprivation causes balance issues and coordination issues that can result in falls and other accidents
- Low libido – Individuals who lack regular sleep often have a lower sex drive, in men, this may be a result of a loss of testosterone levels
- Diabetes risk – Sleeping hours are often when the body regulates hormones and insulin. When individuals are not able to properly release insulin and hormones to lower their blood sugar, they are more likely to develop type 2 diabetes
- Immune issues – Lack of sleep results in weakened immune systems. This can cause viruses and sickness
- Mood instability – Lack of sleep can prompt individuals to feel moody, angry, sad, and quick to react. This can lead to depression and anxiety

Many of these long-term effects are related to a lack of proper central nervous system functioning. Chronic insomnia and sleep deprivation/exhaustion cause difficulty processing information and sending signals to different parts of the body as needed.

Individuals who have chronic sleep issues are unlikely to be able to learn new things and concentrate on current tasks. These kinds of central nervous system issues can result in anxiety, depression, impulsivity, paranoia, and suicidal thoughts.

Many people may recall in childhood being told that to grow "big and tall" they needed to sleep every night. This isn't entirely untrue. While sleeping, the endocrine system produces growth hormones that prompt muscle mass and repair damaged cells and tissues. It also allows for the pituitary gland to effectively function throughout the day. Without sleep, individuals may physically not grow or develop as expected Cherney (2020).

Sleep disorders are especially dangerous for development in children. A recent study found that half of the children living in the United States are not getting the needed hours of sleep per night (currently identified as nine hours) to properly function (Curley, 2019). Because of this, children are experiencing health consequences that are difficult to cope with. This includes:

- Reduced academic performance
- Increased likelihood of becoming sick
- Poor frontal lobe development
- Inability to make decisions
- Short attention span
- Decreased memory functioning
- Increased behavioral issues
- Increased risk-taking behaviors
- Increased anxiety
- Increased symptoms of mood disorders
- Increased likelihood of sleep terrors and nightmares
- Increased risk of obesity
- Increased risk of heart disease
- Increased risk of diabetes

- Increased risk of self-harm (a 2018 research study stated that “the strongest link was between mood and self-harm, such that high school students sleeping less than 6 hours were more than three times as likely to report considering suicide, making a suicide attempt plan, or attempting suicide than high school students sleeping 8 hours or more” (Curley, 2019).

Sleep hygiene/prevention

Individuals who are struggling with sleep should immediately consult their doctors before their condition becomes even more difficult to control. Often doctors will prescribe medication and request that patients follow a sleep hygiene routine. Sleep hygiene refers to good sleep habits that promote sleep (Centers for Disease Control, 2020).

General sleep hygiene and lifestyle strategies include:

- Avoiding napping as much as possible Cherney (2020)
- Refraining from caffeine use as much as possible
- Going to sleep at the same time every night
- Waking up at the same time every morning
- Maintaining the same sleep and wake schedule on weekends and vacation
- Doing relaxing activities before bed (for example, reading or meditating) Cherney (2020)
- Avoid large meals close to bed (Centers for Disease Control, 2020)
- Exercise during the day to promote tiredness at night
- Avoid electronic devices before bed – television, computers, and smartphones (Centers for Disease Control, 2020)

Sleeping strategies change for children. The following recommendations are made by the Sleep Foundation (2020) based on age:

Age	Strategies
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Newborns	<ul style="list-style-type: none"> • Observe the infants sleeping patterns to identify their sleepiness signs • Put the infant in their crib when drowsy and not when asleep • Encourage nighttime sleep • Place the baby on their back with soft items around them
Infants (4-11 months)	<ul style="list-style-type: none"> • Develop sleep and wake schedules • Be consistent in the bedtime routine • Make the bedtime routine fun and enjoyable for the infant
Toddlers (1-2 years)	<ul style="list-style-type: none"> • Maintain a consistent sleep schedule • Ensure the bedroom environment is the same every time • Set limits and boundaries • Encourage use of a security object such as a blanket – this promotes self-soothing
Preschoolers (3-5 years)	<ul style="list-style-type: none"> • Maintain a consistent sleep schedule • Have a relaxing bedtime routine • Ensure the child is sleeping in a cool and quiet environment that does not have a television in it
School-age (6-8 years)	<ul style="list-style-type: none"> • Teach children about healthy sleep habits and promote adherence to them • Emphasize the need for routine • Avoid caffeine (Sleep Foundation, 2020)

Correlation between sleep and mental illness

As previously mentioned, sleep issues and symptoms of mental illness tend to be closely connected. The following conditions are often caused by or cause sleep issues:

1. **Depression** – individuals with depression often experience insomnia or hypersomnia (Good Therapy, 2019). They may feel fatigued throughout the day as related. This may cause them to avoid or not participate in activities that they generally enjoy. This causes a difficult and unhealthy cycle.
2. **Anxiety** – anxiety often prevents individuals from sleeping due to racing thoughts that keep them up at night.
3. **Bipolar and related disorders** – individuals who experience mania often report not sleeping for long periods. This can lead to dangerous behavior and emotional and physical 'crashing,' as it is often referred to by patients after the mania reduces.
4. **Substance Use Disorders** – using substances will often make sleeping regularly difficult. Individuals who chronically use alcohol may sleep too much while individuals who chronically use drugs that stimulate them will not sleep enough.
5. **Obsessive-Compulsive Disorder (OCD)** – compulsive behavior, such as checking that locks and windows are secure, can prevent individuals from sleeping at night. Some individuals experience OCD so greatly that they have to exit bed dozens of times throughout the night to ensure they complete the compulsive tasks they are obsessing over.
6. **Posttraumatic Stress Disorder (PTSD)** – many people who have a trauma history and experience PTSD symptoms will avoid sleep because of the flashbacks and nightmares that occur during sleep. They may also have a difficult time falling or staying asleep because of the trauma and fear of flashbacks. !

These disorders are common examples of how mental illness and lack of sleep disrupt one another but it certainly is not an exhaustive list. Many people who experience chronic physical illnesses may also develop mental illnesses or symptoms if they begin to have trouble sleeping. For example, chronic pain that prevents someone from getting enough sleep as related to discomfort will often cause hopelessness and suicidal ideation that is consistent with depression (Good Therapy, 2019). Sleep is so important for regulating the entire body and mind experience. Because of this, therapists and

mental health professionals must be trained on how to best support patients when they are struggling with sleep issues.

Correlation between sleep disorders and trauma

Trauma has unfortunate and long-lasting impacts on the entire health of patients. Childhood trauma has been long suggested to cause sleep disorders and a study by Brindle, Cribbet, Samuelsson, Gao, Frank, Kraft, Thayer, Buysse, & Hall (2018) supports this. Their study found that for patients with greater childhood trauma there were lower sleep health scores. Childhood trauma appears to cause more significant disruptions in sleep than patients with lifetime trauma or adult trauma. These study participants did not report as many significant disruptions in sleep as those with specific childhood trauma.

It is important to understand why childhood trauma results in less significant sleep. Trauma affects the body's ability to produce and regulate cortisol, which is detrimental to sleep. Trauma prompts the cortisol awakening response and if cortisol does not decline in the evening as it should then the body is unable to calm and relax enough to sleep. Additionally, people with trauma histories have unregulated nervous system activity. The nervous system calms for sleeping so if this does not occur, sleep becomes difficult. Additionally, patients with trauma are often subjected to chaotic living environments. Chaos and reduced environmentally sleep-friendly homes will prevent sleep from occurring. These individuals are more likely to use substances that often prevent sleep and develop mental health disorders that often prevent sleep (Brindle, et al., 2018).

This study suggests that trauma therapies may be beneficial in treating sleep disorders.

Mental health interventions for sleep disorders

Mental health therapists and professionals are responsible for administering assessments to identify the biopsychosocial health of their patients. In doing so, they will identify if there are sleep issues that could be contributing to mental health disorders and symptoms. Because of this, professionals must be able to offer therapeutic supports to promote sleep and lifestyle change. The following modalities are helpful for therapists to offer to patients struggling with sleep:

1. Cognitive Behavioral Therapy (CBT)

CBT for insomnia focuses on teaching patients how to change their thoughts related to sleep (Mayo Clinic, 2016). CBT has a goal of eliminating poor thoughts about sleep that often keep people awake and identifying and treating the underlying causes of sleep issues. Common CBT strategies include:

- Stimulus control – removing stimuli that reduce sleep
- Sleep restriction – reducing the time spent in bed so that bed becomes only related to sleeping
- Environment improvement – creating an environment that is conducive to sleep
- Relaxation training – teaching the mind and body to calm down. Examples include imagery, meditation, and muscle relaxation
- Passive awake – individuals who worry they won't fall asleep often do not fall asleep as related to this. The therapist might teach their patients to stop worrying about not sleeping and only sleep when they feel relaxed and ready
- Biofeedback – therapists will often advocate for their patients to see a sleep specialist for biological information that relates to their sleep experiences. This helps identify any underlying issues preventing sleep (Mayo Clinic, 2016)

2. Mindfulness

Mindfulness, or the practice of staying present in various forms, is found to help promote sleep. A study published by the JAMA Internal Medicine journal found that individuals who completed a mindfulness awareness program had less insomnia, fatigue, and depression as compared to the group that didn't (Corliss, 2015). 49 participants who had trouble sleeping were studied where half completed a mindfulness awareness program and the other half simply completed a sleep education class. The mindfulness awareness program was more effective after six meetings.

Mindfulness often benefits sleep because it induces the "relaxation response." This is obvious by the body physically releasing the tension, allowing concerns to drift away, and slowing the breathing down. When the body does this, it recognizes that it may be time to sleep. It is recommended that individuals spend

20 minutes per night meditating to induce the body to easily sleep. The following steps are recommended for therapists to teach to patients who are struggling with sleep:

1. Focus on something calming such as breathing or a calming word. Repeat the word slowly as the body exhales in and out
2. Let go by not worrying about how the body is doing and allowing the mind to wander where it may go without focusing too much on the thoughts (allowing the thoughts to come and go as they may)
3. Patients can use a YouTube or video led guided meditation if they are having a difficult time meditating (Corliss, 2015)

3. Trauma therapies

Eye-Movement Desensitization Reprocessing (EMDR) can be crucial for treating trauma-caused sleep disorders or sleep issues (Vancouver EMDR Therapy PLLC, 2017). Processing trauma often has the 'secondary gain' of improving sleep. EMDR aims to support patients who have had traumatic events or chronic life stressors by processing trauma and improving the quality of life. EMDR uses bilateral stimulation to activate both of the hemispheres of the brain to rapidly process stimuli and memories (Maier, 2020). These connections highlight the network in the brain that was impacted by trauma and allow it to stop feeling 'stuck' by transitioning from the emotional mind to the logical mind (Maier, 2020).

In EMDR, patients with sleep disorders will utilize future thinking to imagine themselves going to sleep easily and naturally (Vancouver EMDR Therapy PLLC, 2017). They will do this regularly while also building bedtime routines, developing a safe sleeping space, limiting naps, exercising, and utilizing strategies to manage worries and stress. The combination of EMDR and these psychoeducation skills should lead to the patients eventually being able to access restful sleep (Vancouver EMDR Therapy PLLC, 2017).

4. Pharmacological treatments

Medication can be helpful when prescribed to treat sleep disorders. It is especially helpful when used in combination with non-medication therapies such as CBT or mindfulness. Psychiatrists will choose medications for treating sleep disorders based on the patient's presenting symptoms, the goals of treatment planning, past responses to medication and treatment, the preference of the patients, cost,

availability of other treatment programs, comorbid conditions that might be present, potential drug interactions if patients are taking other medications, and the potential for adverse effects (Lie, Tu, Shen, & Wong, 2015).

Lie, et al. (2015) suggests the following medication trial sequence:

1. Short-acting benzodiazepine receptor agonists or melatonin
2. Alternative short-acting BzRAs or ramelteon if the initial medication prescription was not effective
3. Sedating antidepressants such as Trazadone or doxepin
4. Combining a BzRA with a sedating antidepressant
5. Other sedating agents such as medication for epilepsy or antipsychotics

Generally, providers will only prescribe these medications based on a very strict diagnosis of insomnia. To qualify for this diagnosis, patients must present with any of the following symptoms for at least three nights per week:

- Difficulty sleeping
- Poor sleep quality
- Trouble sleeping despite opportunities to sleep
- Waking up too early

Patients must also have one of the following impairments during the daytime to follow the prescription regimen:

- Lack of ability to pay attention
- Lack of ability to concentrate
- Memory impairments
- Worries about sleep
- Errors at work or while driving
- Fatigue
- Gastrointestinal symptoms

- Mood disturbances
- Social impairments
- Poor school performance or work performance
- Tension headaches (Lie, et al., 2015)

Mental health professionals must be aware of the potential negative side effects of sleeping medications when supporting patients with sleep disorders. Mental health therapists should work in a cross-systems collaboration model with psychiatrists to best support patients with sleep issues. The potential negative side effects of many sleeping pills include the following:

- Blurred vision (WebMd, 2018)
- Chest pain
- Difficulty breathing
- Throat closing
- Hives
- Itching
- Nausea
- Increased heart rate
- Rash
- Shortness of breath
- Vomiting

Additionally, benzodiazepine can be very dangerous when combined with alcohol and patients can develop a tolerance and addiction to them over time (WebMd, 2016). These risks should be closely monitored by both the prescriber and mental health professionals.

What is cross-systems collaboration and why is it important when working with patients with sleep disorders?

Cross-systems collaboration is a therapeutic relationship between providers (Jivanjee, Brennan, Sellaier, & Gonzels-Prats, 2016). Commonly used in child welfare and substance use work, cross-systems collaboration supports patients by ensuring that mental health providers are communicating effectively with other providers to ensure that all interventions recommended are supportive of one another. Cross-systems collaboration is needed for people who have serious medical concerns (for example, sleep disorders) where holistic approaches are especially helpful.

Mental health professionals can work with medical doctors and psychiatrists to identify what underlying medical conditions have been identified that could be causing sleep disorders and to understand the level of risk involved in patients' conditions. This is especially helpful for patients who might also have severe psychiatric conditions and sleep issues. For example, patients with active psychosis might struggle to communicate the severity of their sleep issues. Therapists in this case might work closely with the doctors of patients with severe mental illnesses to understand the high level of needs and work together to develop appropriate treatment plans to meet these needs.

The following are steps and strategies for supporting cross-systems collaboration:

1. Identify the need of the patients and their sleep disorders when understanding unmet needs
2. Identify the providers who are supporting patients by asking patients who all they are working with
3. Gain consent from patients to discuss their health needs and concerns with their providers
4. Communicate with providers of the patients – share information regarding what has already been done to support their sleep disorders and what needs to be done to best support their sleep disorders
5. Decide who will be responsible for what types of support when meeting the needs of the patients

6. Arrange joint conferences for case staffing time to check in on the progress of the patients
7. Engage the patients in the process !

Jivanjee, et al. (2016) identify the following skills that providers must utilize when engaging in cross-systems work:

1. **Collaboration** – providers must acknowledge and respect the opinions of the other professionals they are working with
2. **Responsibility** – providers should accept and share the responsibility of meeting their patients when working in a group planning process
3. **Communication** – providers should share important information and updates with regards to the progress of their patients
4. **Autonomy** – providers should be able to work independently as needed
5. **Coordination** – providers should assign tasks with one another as a group
6. **Leadership** – providers should show leadership skills by respecting the differences between their peers. For example, a psychiatrist and a mental health therapist might have different ideas on how to best treat insomnia. This is why they work together – to ensure that all ideas are represented and included (Jivanjee, et al., 2016)!

Case Studies

Carlos

Carlos is a 52-year-old man who lives in Los Angeles and recently lost his job. He is struggling to support his wife and children as a result of the job loss and his unemployment benefits have yet to come. Because of this, Carlos is experiencing a significant amount of stress and worry. He reports he has not been sleeping for weeks and he is beginning to feel depression symptoms such as suicidal thinking (no planning), hopelessness, and isolation. Carlos is referred by his medical doctor to see Jennifer, a mental health therapist, for coping with these issues.

Jennifer works with Carlos and his medical doctor to ensure he is getting support for sleeping. Together Carlos and Jennifer use a combination of tracking mood and sleeping, processing his feelings of failure using CBT methods, and goal setting to identify job-

seeking strategies to allow him to start feeling better. Carlos was also given a mild prescription to help with sleep.

Within a few months of their work together, Carlos reports experiencing less worry and stress and no longer reports he is a failure. He understands that in the current economy people lose their jobs. He is now able to say "it was, unfortunately, me this time" instead of "it was my fault." Approximately six months after working with Jennifer, Carlos no longer is struggling to sleep and has found another job to support his family. He rarely worries and uses a combination of daily self-care strategies to ensure he maintains this newfound level of health and mental health.

Carlos's case is a good example of how acute stress impacts sleep and how cross-systems collaboration can be beneficial when working with patients.

Tasha

Tasha is a 29-year-old woman who has a significant trauma history. She experienced physical and sexual abuse as a child in multiple foster home settings. Because of this, she became an emancipated minor at 17 and has been working to take care of herself ever since. She reports in therapy "I feel like I've been an adult since I was 12 years old." She has always experienced anxiety, depression, and difficulty sleeping. She attends therapy weekly.

A few months ago Tasha's therapist suggested utilizing EMDR to process some of her childhood trauma but at the time she reported she didn't feel "ready to go there." Recently she has begun sleeping even fewer hours per night and she's having a difficult time getting through her workday and evening college courses. She decides it is time to try EMDR as a way of figuring out her lack of sleep because she does not want to utilize any medications for sleep.

Tasha attends several sessions and within a few weeks begins to feel less triggered and worried at night. After completing the full EMDR sequence of treatments, Tasha's sleep improves by several hours per night. Several years later, Tasha reports being able to sleep consistently 6-8 hours per night and her PTSD symptoms are also greatly reduced.

Tasha's case is a good example of how trauma therapies can be used to support sleep quality.

Joshua

Joshua is a 47-year-old man who is chronically obese and has sleep apnea. He has been struggling with snoring and exhaustion for years but has never wanted to have a sleep study done. Joshua recently began seeing a therapist for anxiety and exhaustion. Joshua's therapist asked Joshua what was preventing him from having a sleep study done and he reported he felt shame about his weight.

Together, Joshua and his therapist processed his feelings about his weight and shame. Within a few months of this work, he was willing to have a sleep study done and he was naturally losing a bit of weight as he began engaging in physical movement that he enjoys such as lifting weights and boxing.

Joshua's sleep study confirmed the diagnosis of sleep apnea and provided him with a referral for a CPAP machine. He received the CPAP machine and began to feel well-rested and is sleeping much better. In fact, after a few months of sleeping well, Joshua had begun consistently losing weight and feeling far less shame and depression.

Several years later and after losing almost 100 pounds healthily and safely, Joshua no longer has sleep apnea or needs to wear a mask. He has continued to attend therapy to process his feelings and manage his depression. Joshua believes that the support from the therapist "saved his life".

Joshua's case is a good example of the underlying causes of weight and medical conditions that can be treated to support better sleep.

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