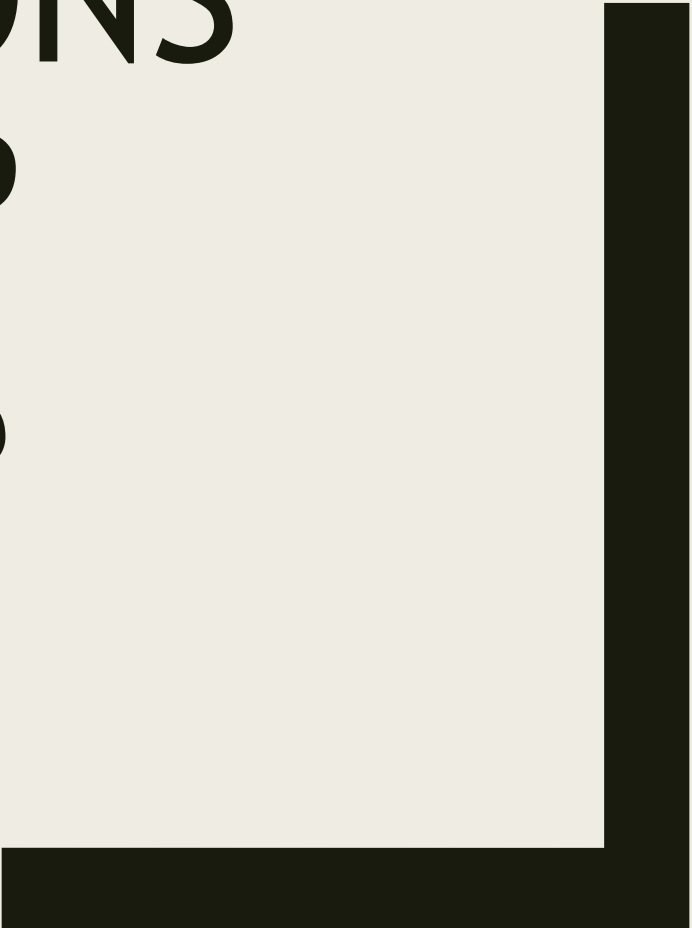


# FOCUSED INTERVENTIONS FOR SLEEP PROBLEMS

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# Focused Sleep Assessment

- History of sleep symptoms
  - *Onset and course*
  - *Early, middle, or late?*
  - *Aggravating and alleviating factors*
- Bedtime and rise time vs time of sleep
  - *Worknights vs weekends/holidays*
  - *Total Duration of time-in-bed (incl. naps) over 24hrs*
- Conditioned arousal at night-time
  - *Apprehension/Worrying/Rumination*
  - *Fear and fight-or-flight symptoms*
- Circadian rhythm problems
  - *How much daily bright light exposure*
  - *When during the day*
  - *Screen time in evening*

# Excessive Time-in-Bed

- ‘Catch-up’ after a poor night’s sleep
- Earlier bedtime or later rise time?
  
- 7-8hrs works for most people
- Less time in bed = quicker onset and deeper sleep
- More time in bed = shallower and more broken sleep
  
- Consider *Sleep Compression* - reduce time in bed to 5.5-7hrs for a couple of weeks, then gradually increase time in bed by 15mins every few days.

# Conditioned Arousal

- Client had developed an arousal response to sleep-related stimuli that interferes with falling asleep
  - *Lost confidence following acute insomnia*
  - *Reliance on substances (incl. sleeping pills)*
  - *Apprehension/worry/rumination - about sleep or other problems*
  - *Planning/problem solving*
  - *Overstimulation from pre-bedtime activities*
- Strategies
  - *Constructive worry*
  - *Stimulus control - 'bed is for sleep'*
  - *Paradoxical intention*
  - *Gratitude ABC*

# Circadian Misalignment

- Body clock *delayed* relative to time spent in bed (*DSPS*)
- Body clock *advanced* relative to time in bed (*ASPS*)
- Bright light exposure in the ‘circadian morning’ shifts the circadian rhythm earlier (30-60 mins after the time of ‘natural waking’)
- Dim light in 2hrs before bedtime also helps, but is less critical
- Clients who get up early despite a very delayed body clock
  - *should avoid exposure to early morning light in favour of mid-late morning.*
- For *ASPS* - evening light exposure and minimise morning light exposure

# Other things to consider

- Obstructive Sleep Apnoea
  - *Snoring, experience of gasping for air, witnessed apnoeas, daytime sleepiness rather than tiredness*
  - *CPAP, mandibular advancement, tonsillectomy/adenoidectomy, lifestyle change*
- Restless legs / Period Limb Movements of Disorder
  - *Discomfort and strong urge to move limbs in evening relieved by movement*
  - *Repetitive strong limb movements during sleep*
  - *Relaxation, warmth, iron supplements, dopamine agonists*
- Narcolepsy
  - *Daytime sleepiness, cataplexy, hallucinations, sleep paralysis, disrupted sleep*
- Substance misuse

# If problems persist

- Refer to:
- Psychologist or counsellor
- Private treatment service
- Online programmes
  - *Sleep School (ACT)*
  - *Sleepio (CBT)*
  - *SHUTi (CBT)*
- Or refer to me - [alexmortlock.co.nz](http://alexmortlock.co.nz) ;)