

Increasing Sleep Self-Care Literacy A Practical Developmental Approach

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My Curiosity

- v **How do young people learn to view sleep over time?**
- v **Practical strategies to help them get enough?**
- v **Self-care in early, middle and later adolescence**
 - **A work in progress**
- v **Remaining client directed**

Overview

- v Developmental maturity
- v Psychosocial / cultural context
- v Evolving abilities of young people
- v The influence of parents / family
- v Increasing sleep literacy
- v Case illustrations

- v Sleep problems are common in healthy, developing children with 25-40% experiencing some type of sleep problems
- v Important not to pathologize but know when and how to refer on if indicated across mental health, youth, educational and health sectors
- v Consider individual context for family and young person, avoid generalizations
- v Co-morbidity with mental illness / symptoms of bigger mood or anxiety issues or abuse related concerns

Across the lifespan

Age 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 7–10 hours

Adolescents 9–10 hours

Adults, including elderly 7–8(+)

Roberts and Steele (2009)



Parent Similarities

- v New evidence that sleep patterns of parents and their adolescents show similarities
- v Parenting style impacted by sleep in turn affecting adolescent development
- v Sleep problems may be best treated involving family counseling information for adults and adolescents sleep complaints
- v Relaxation and stress management skills

Family Matters

- v Supervision and Structure

Adequate sleep – impacts behaviour and affect regulation

Adolescent Development

Biological

Cognitive

Psycho-social

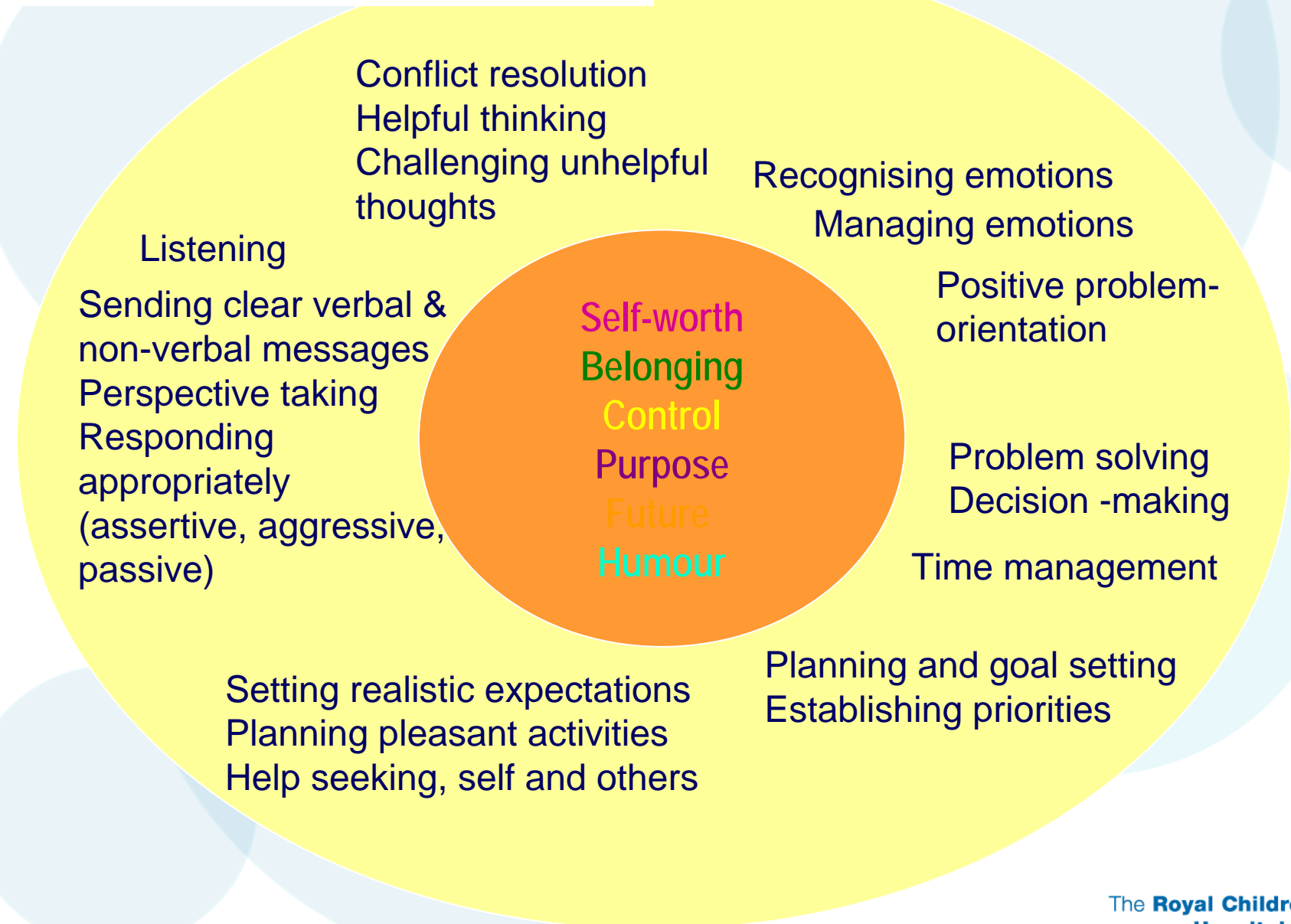


Communication Principles

Remaining Client Directed

- v Opportunities for increased autonomy and empowerment about wellbeing in this life phase
- v Listening to daily routines
- v Problem-solve strategies
- v Assessing how young person views wake/ rest balance
- v Confidentiality & trust / Independent consultation

Increasing Opportunities Developing Senses and Skills



Psychosocial Interface

v The person in the wider environment

- Family
- School / Tafe
- Age and stage
- Peer group
- Culture
- Religion
- Community / Demographic

What's going on for this young person at night?

- The alluring power of the internet
- Online social networking
- TV relaxation time / unstructured time
- Homework
- Paid work
- Family conflict
- Sibling hierarchy?
- Space, noise, light
- Grooming routines
- Anxiety?

Bigger Picture –Environmental and Cultural Influences

Information overload... Google

Time Pressure – ‘not missing out’

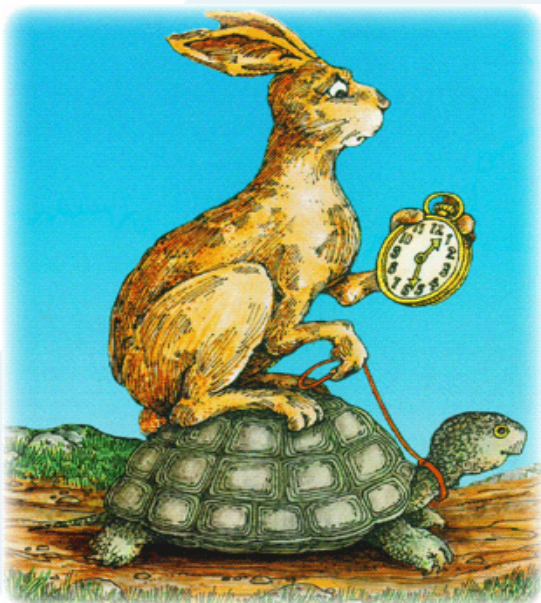
Parental stress level / adult modeling

Economic reality

Stimulant use- caffeine/ tobacco

Drug and alcohol experimentation?

Sleeping environment? Shared room,
supervision size of house



What do we mean by 'Self Care'?



Autonomy vs. Dependence

Dynamic tension throughout the life phase
Social Stress Common

- v **Early 11-13**
 - ability to choose own bedtime?
 - Sibling context

- v **Middle 14-16**
 - who is monitoring sleep routines and patterns, what is allowed in family/Supervision

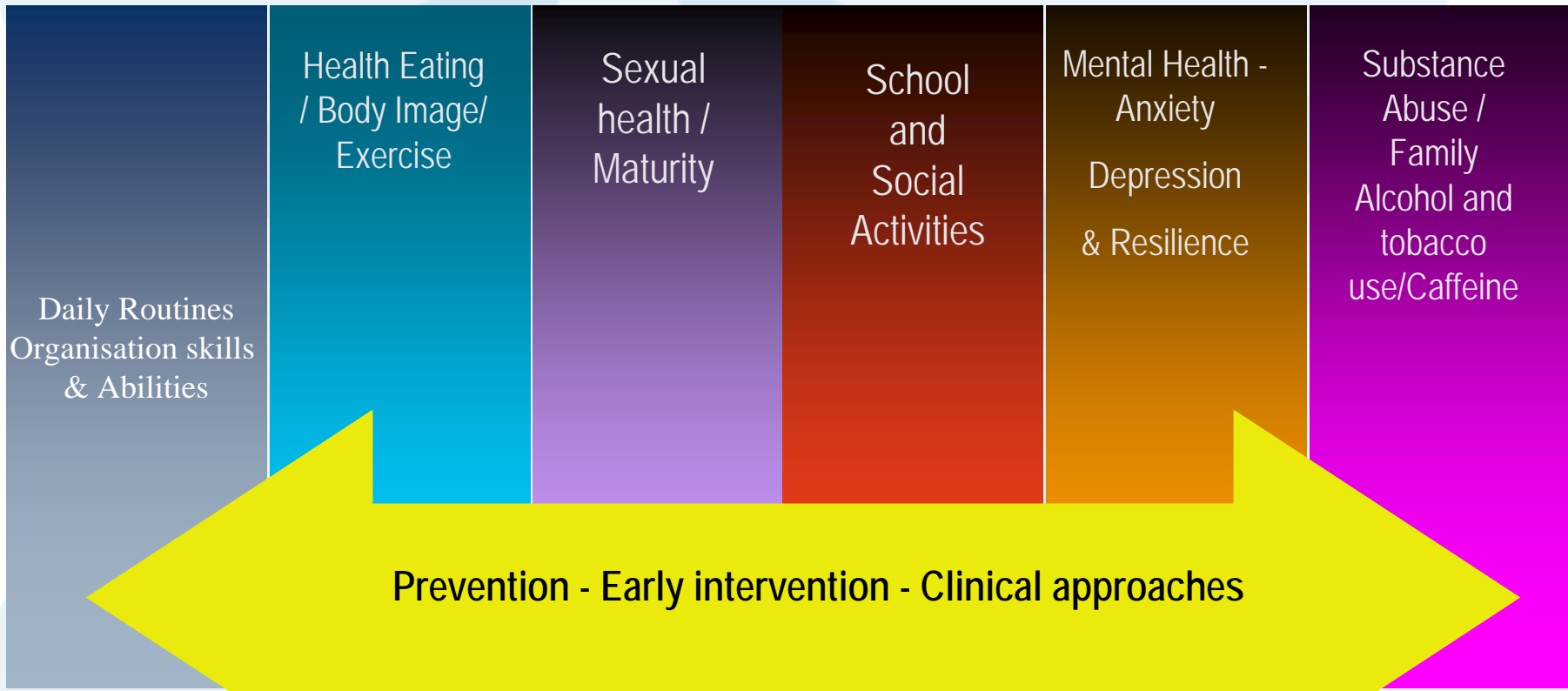
- v **Late 17-20**
 - established patterns vs. change

Literacy of Self Care?

- ✓ How does this YP view 'self care'?
- ✓ Do they attend to nutrition?
- ✓ Awareness of sleep rhythms
- ✓ Family expectations?
- ✓ Health / Fitness
- ✓ School tasks?
- ✓ Other social risk?
- ✓ Family influence



Self Care Literacy – Sleep Broader Health Behaviour



Opportunities to Inform and Enquire?



Sleep helps with emotions, behaviour, learning
and relationships

Practical Information

- v Our basic sleep/ wake cycle impacts all aspects of our life
- v Normal to want to go bed later
- v Normal to have some poor nights sleep
- v You can learn ways to improve sleep
- v Need to persist, it can take 3-5 weeks
- v Sleep diary useful to increase self monitoring

	<i>First day</i>	<i>Second day</i>	<i>Third day</i>	<i>Fourth day</i>
Complete in morning				
Bedtime (date/time)	10:45 p.m. (4/10)			
Rise time (date/time)	7:00 a.m. (4/11)			
Estimated time to fall asleep	30 minutes			
Estimated number of awakenings and total time awake	5 times 2 hours			
Estimated amount of sleep obtained	4 hours			
Complete at bedtime				
Naps (number, time, and duration)	1 at 3:30 p.m. 45 minutes			
Alcoholic drinks (number and time)	1 drink at 8:00 p.m. 2 drinks at 9:00 p.m.			
List stresses of the day	Flat tire Argued with son			
Rate how you felt today 1 = Very tired/sleepy 2 = Somewhat tired/sleepy 3 = Fairly alert 4 = Wide awake	2			
Irritability level 1 = None 2 = Some 3 = Moderate 4 = Fairly high 5 = High	5			
Medications				

Behavioural factors

Good sleep depends more on what you do before bed than in bed

- v Checklist for bedroom, daytime, evening, bedtime and in bed
- v Selected items in checklist need to be done for *at least three weeks*

What can help a good nights sleep?

- v Creating your own relaxing bedtime routine to help body clock
- v Create a sleep space that works for you – less loud, less cluttered
- v Turn off computer an hour before sleep
- v Maintain constant body temperature / stay warm
- v Not worrying about going to sleep!

Preventing a bad nights sleep?

- ✓ Too much caffeine or tobacco
- ✓ Electronic stimulation – loud music, TV, emails...blue screens!
- ✓ Homework pressure
- ✓ Alcohol- one binge drinking session a week can impact sleep for the whole week
- ✓ Anxiety, worry, stress, over-thinking, tension
- ✓ Hunger
- ✓ Exercise before bed

Bedroom

- Get rid of the clock by your bedside
- Have a comfortable mattress
- Don't overheat with heavy bedclothes
- Reduce noise
- Ensure there are no disturbances such as pets
- Feel secure (a night light might be helpful)

Daytime

- Have predictable (routine) going to bed and getting up times
- Don't sleep in long in the mornings (not even on weekends)
- Have no naps – they take the edge off the sleep pressure you need
- Set aside a 'worry time' if you tend to take your worries to bed. Complete a 'constructive worry sheet' and put it by the bed
- If you don't get much exercise try to get out and walk during the day

Evening

- Avoid all caffeine after 4pm
- Don't have a heavy meal late at night
- Any alcohol should be in moderate amounts only, preferable with food
- Don't do major exercise at this time of day
- Don't fall asleep on the couch, not even for a minute
- Have a 'mental processing period' – e.g. early evening walk, bath, meditation, journal, talking to friends
- Don't do activities that make it hard for you to unwind (e.g. nothing too exciting or upsetting)

Bedtime

- Get ready for bed in good time and wait for a wave of sleepiness – we have one about every 90 minutes – learn to recognise yours
- Have a warm milk drink (it contains a substance that may make you drowsy) or camomile tea
- Enjoy a warm bath or shower - increase core body temp
- Have a 'buffer zone' of at least one hour for relaxing activities you enjoy (e.g. music, TV, magazine, or novel – not school-work and not computers)
- Think positively about getting into your snug, calm bed

In bed

- Turn off the mobile phone
- Feet not too hot or too cold
- Attitude is important
- 'Feel good' statements. e.g. 'Resting in bed is nice.' 'I feel calm.' Smile a little.
- Exercise the imagination...create a story
- Ipod + music is Ok
- If still wide awake get out of bed and do something else for while

Mindfulness & Relaxation

- v Simple relation skills important strategy
- v Be here now exercise – breathing, touch, smell, sound, senses
- v PMR - Progressive muscle relaxation... toes to head.

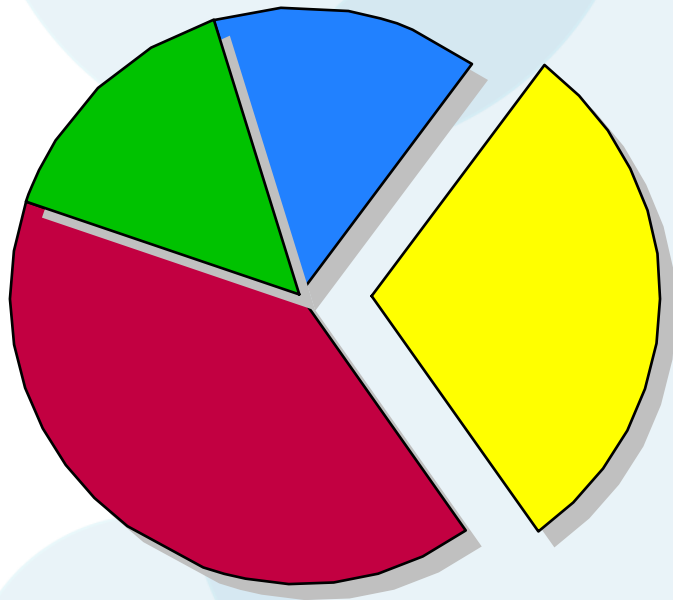
How to share these ideas?

- v Remain client directed so very important
- v Motivational styles of language

Relationship Factors

So very important with Adolescents...

Structured Conversations



30%

• The Alliance:

- Agreement on goals
- Agreement on tasks
- Relational bond
- **HOW WE LISTEN**

What are we Listening for?

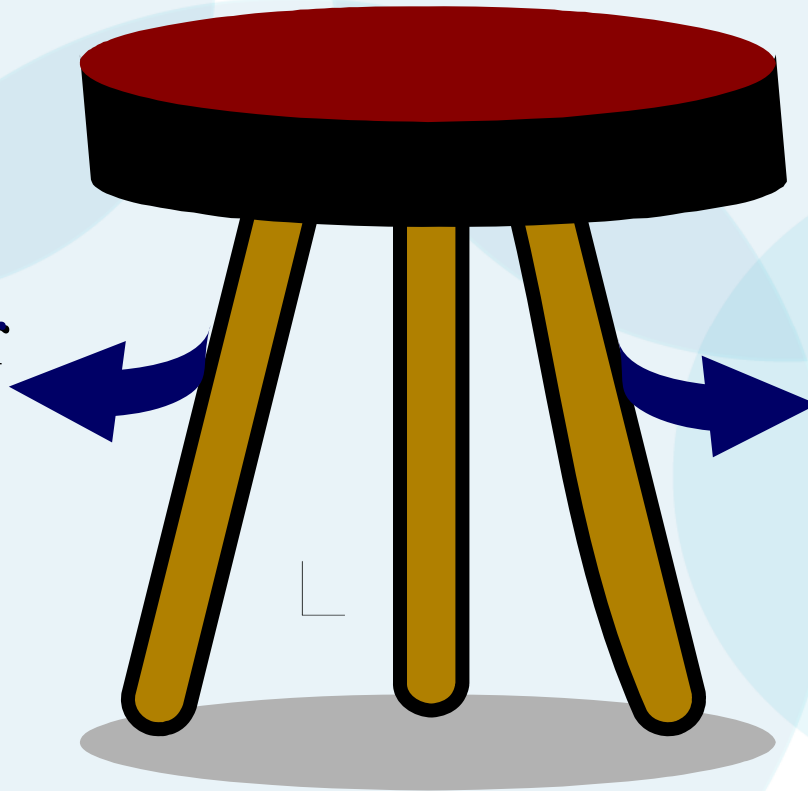
Risk and Protective Factors & Attempts at Self Care



- v **Listen for change! : *How did you do that? Where did that idea come from?***
- v **Validate the clients efforts**
- v **Listen for Environmental Influences & Supports**
- v **Listen to direct feedback about what you are doing?**

Motivation for Action

Goals,
Meaning or
Purpose



Means or
Methods

Client's View of the
Therapeutic Relationship

Privileging Their Ideas -

- v I am interested in what you know about your sleep?
- v What works for you?
- v What's stopping you sleeping well?
- v What makes it worse for you?

- v **P** raise
- v **R** efect
- v **I** identify
- v **D** describe
- v **E** nthusiasm

After Sleep - Kick Start you day!



- ✓ Wake up around the same time every morning
- ✓ Light exposure when you get up
- ✓ Get out of bed when you wake up
- ✓ Exercise in the morning can help

Case Illustration

- v Challenging assumptions and tuning in to the individual

Professional Resources

- v Australasian sleep association
 - www.sleepaus.on.net
 - www.sleep.org.au

- v Melbourne sleep disorders centre
 - www.msdc.com.au



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Sleep: It's Important Its about balance



And Play!