



The Behavior of Sleep: Improving Sleep Quality

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Insomnia

Dissatisfaction with sleep quantity or quality



Insomnia Disorder

- Initiating, maintaining or early morning awakening
- 3+ nights/week
- 3+ months

Insomnia Disorder (APA; 2013)

Common

- 10%-15% in general population (Schutte-Rodin, et al., 2008)
- Up to 50% in patients with chronic pain (Tang et al., 2007)
- Has been found to relate to greater use of medications and illicit substances (Dolson & Harvey, 2017)



Considerations

1. Other sleep disorders
2. Trauma-/Stressor-related disorders
3. "Workability"



- Sleep Apnea
- Circadian Rhythm
Sleep--Wake Disorders
- Parasomnias/
Nightmare Disorder



Sleep Hygiene

- Teachable skills
- Based on classical conditioning principles
- Relies on consistency and perseverance



- Stimulus control
- Bed = neutral/conditioned stimulus



Sleep Environment

1. Cool, not cold
2. Comfortable (subjective)
3. Quiet, but perhaps not too quiet (Fans, white noise, etc. acceptable)
4. Dark
5. SAFE!



Preparation

- **Avoid emotionally charged content**

TV, books, people, etc.

- **Watch what you eat**

Avoid large meals or an empty stomach, healthy snack is okay

- **Relax the body,
prepare the mind**

Develop a routine

Relaxation skills

Mindfulness/Meditation



The Bed

- Acceptable: sleep and sex
- NOT Acceptable: TV, reading (books/tablets), watching the clock
- NO TOSSING & TURNING

Estimate 15 to 20 minutes, then get out of bed until you feel tired again

Other Considerations

- Avoid:
 - Napping
 - Stimulants
 - Alcohol
- Establish a set bedtime and wake time and keep this consistent 7 days/week
 - Routine
 - Stimulus control
- Eat healthy
- Exercise regularly





Sleep Hygiene

Questions?