Re-Integration Worksheet:

Re-establishing Healthy Sleep Behaviors

Write out your "teleworking" sleep schedule and evaluate sleep efficiency.

1. Bed Time: _____

2. Wake Time: _____

3. Time to Fall Asleep: _____

4. # Wake Ups: _____   # Minutes Awake: _____

Calculate:

Total Time in Bed (TTB) = Bed time – Wake time = _____

Total Sleep Time (TST) = TTB - # minutes awake = _____

Sleep Efficiency (SE) = TST / TTB = _____

Do you really understand sleep? Take the quiz below.

From: http://sleepeducation.org/news/2012/10/29/sleep-myths-separating-fact-from-fiction

https://www.sleepfoundation.org/articles/how-much-sleep-do-we-really-need

https://www.webmd.com/sleep-disorders/sleep-fact-fiction

https://www.sleepassociation.org/about-sleep/sleep-statistics/

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1. T or F   Everyone needs at least eight hours of sleep each night.

2. T or F   The best thing to do if you do not fall asleep after about 15 minutes is to stay in bed, no matter how long it takes, until you do fall asleep.

3. T or F   People typically sleep the same throughout their life.

4. T or F   Insomnia is a rare sleep problem.

5. T or F   Excessive Daytime Sleepiness often needs further assessment by a medical provider.

6. T or F   Your body is programmed to feel sleepy twice a day.

7. T or F   Alcohol consumption is the most common cause of nightmares.

8. T or F   Not getting enough sleep can lead to weight gain.

Getting sleep back on track. Your "ideal" sleep plan.
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1. What hours will you be working?   Shift Start Time: _____   Shift End Time: _____

2. What time do you want to *wake* up to begin getting ready for work? _____

3. How many hours of sleep do you feel like you *need* to be rested? _____

4. Calculate your bed time = Wake Time (#2) – Sleep Need (#3) = _____

5. Your new sleep window is: Bed Time: _____   Wake Time: _____

Tips for implementing the sleep plan.

From: https://www.sleepfoundation.org/shift-work-disorder/shift-work-you/tips-help-manage-your-shift-work-schedule

https://deploymentpsych.org/content/insomnia-tools
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1. Begin adjusting your sleep and wake time gradually at least three days prior to your return to work for a smoother transition.

2. If you are rotating shifts, it is best to rotate clockwise because it is easier for your body to adjust. This means it is preferable to go from a day shift, to an evening shift, to a night shift, rather than rotating the other way, or rotating without a pattern.

3. Try to keep the same sleep and wake times each day, even on your days off. This will help regulate your circadian rhythm, improve your sleep quality, and also help you be alert during your shift.

4. Practice good sleep hygiene.
    a. Sleep only as much as needed to feel refreshed the following day
    b. Your bedroom should be comfortable and free from light and noise
    c. Caffeine: Avoid caffeine 4 - 6 hours before bedtime
    d. Nicotine: Avoid nicotine before bedtime
    e. Alcohol: Avoid alcohol after dinner
    f. Sleeping Pills: Sleep medications are effective only temporarily
    g. Exercise: Avoid vigorous exercise within 2 hours of bedtime
    h. Hot Bath: Spending 20 minutes in a tub of hot water an hour or two prior to bedtime may also promote sleep.
    i. Napping: Avoid daytime napping
    j. Eating: A light snack at bedtime may be sleep promoting
    k. Avoid excessive liquids in the evening

For additional assistance with sleep contact BHOP @ (478) 327-7850

Answers for Quiz Questions

1. Everyone needs at least eight hours of sleep each night. **(True)**

The American Academy of Sleep Medicine recommends that adults should sleep 7 or more hours per night on a regular basis to promote optimal health. Children and teens need even more sleep.

Newborns (0-3 months): Sleep range narrowed to 14-17 hours each day
Infants (4-11 months): Sleep range widened two hours to 12-15 hours
Toddlers (1-2 years): Sleep range widened by one hour to 11-14 hours
Preschoolers (3-5): Sleep range widened by one hour to 10-13 hours
School age children (6-13): Sleep range widened by one hour to 9-11 hours
Teenagers (14-17): Sleep range widened by one hour to 8-10 hours
Younger adults (18-25): Sleep range is 7-9 hours
Adults (26-64): Sleep range is 7-9 hours
Older adults (65+): Sleep range is 7-8 hours

2. The best thing to do if you do not fall asleep after about 15 minutes is to stay in bed, no matter how long it takes, until you do fall asleep. **(False)**

If you cannot fall asleep or wake up in the night and cannot fall back to sleep within about 15-20 minutes, get out of bed and do something relaxing. Do not sit in bed and watch the clock. Experts recommend going into another room to read or listen to music. Return to bed only when you feel tired.

3. People typically sleep the same throughout their life. **(False)**

The average adult needs a total sleep time of seven to nine hours per day. While sleep patterns usually change as we age, the amount of sleep we generally need does not. Older people may sleep less at night due, in part, to frequent night waking, but their need for sleep is no less than that of younger adults. Older people tend to sleep more during the day. Naps planned as part of a regular daily routine can be useful in promoting wakefulness after the person awakens.

4. Insomnia is a rare sleep problem. **(False)**

Insomnia is the most common specific sleep disorder, with short term issues reported by about 30% of adults and chronic insomnia by 10%.

5. Excessive Daytime Sleepiness often needs further assessment by a medical provider. **(True)**

While excessive daytime sleepiness often occurs if you don't get enough sleep, it can also occur even after a good night's sleep. Such sleepiness can be a sign of an underlying medical condition or sleep disorder such as narcolepsy or sleep apnea.

6. Your body is programmed to feel sleepy twice a day. **(True)**

Our bodies are programmed for two natural periods of sleepiness during a 24-hour day, no matter how much sleep we have had in the previous 24 hours. The primary period is between midnight and 0700, and a second period occurs in the midafternoon between 1300 and 1600.

7. Alcohol consumption is the most common cause of nightmares. **(False)**

Nightmares, which are dreams that cause high levels of distress or terror, occur more often when you are stressed or anxious. They are more likely to occur in the last third of the night and tend to be more common among children than adults.

8. Not getting enough sleep can lead to weight gain.   **(True)**

Several studies have shown that not getting enough sleep or a decrease in sleep quality can affect appetite controls and lead to overeating. Sleep loss has also been tied to decreased insulin sensitivity and increased risk of diabetes.

Description of CBT-I Coach App (FREE!!)

CBT-I Coach is a smartphone app that is based on the therapy manual, Cognitive Behavioral Therapy for Insomnia in Veterans, by Rachel Manber, PhD, et al. It can be used on its own with ease, but *is not intended to replace therapy* for those who need it. Therapy for sleep can be received through BHOP.

The key features of CBT-I Coach include:

- An interactive sleep diary for the daily logging of sleep habits – *No Paper Diaries to Worry About!!*

- Automatic calculation of the sleep prescription, with options for the therapist to adjust it as needed, which can be informed by feedback from the Sleep Need Questionnaire included in the app.

- A validated sleep assessment (i.e., the Insomnia Severity Index) for diagnosing sleep problems, with a graph of scores to view monthly progress

- Dynamic tools to improve sleep, including relaxation exercises (e.g., diaphragmatic breathing, progressive muscle relaxation), coping self-statements, and a checklist for setting up the sleeping area

- Comprehensive educational materials about sleep, healthy sleep habits, barriers to sleep, and CBT-I

- Customizable reminders to alert users when to prepare for bed, go to sleep, get out of bed, record sleep habits, and take sleep assessments

- Relapse prevention information and tools

- CBT-I Coach does not automatically transmit data from the mobile device; however, users (of the iOS version only) can email their sleep diary and ISI data to themselves so they can print it out and share it with their clinician.
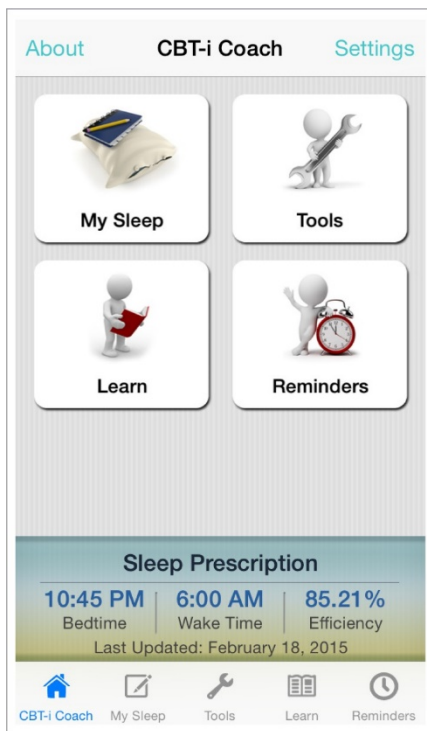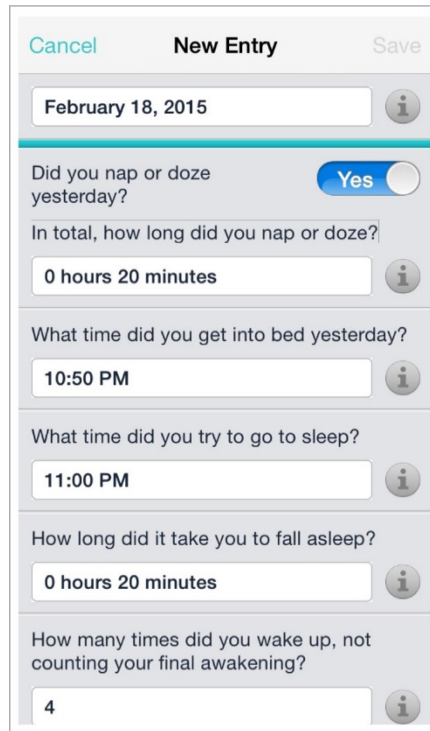

Figure 1.
Home screen (iOS version).

Figure 2.
Sleep diary entry (iOS version).
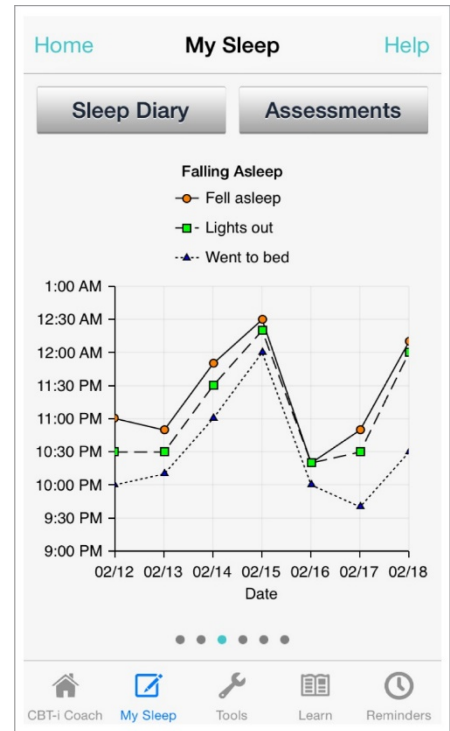
Figure 3.
Graphical summary of sleep diary data (iOS version).

The sleep diary in CBT-I Coach (**Figure 2**) includes 10 drop-down and text entry fields that assess sleep behaviors for an entered date, including napping (along with total duration of naps), bedtime, the time when first tried to fall asleep, latency to fall asleep, number of awakenings (not counting final awakening), total duration of all awakenings, final wake time, whether final wake time was earlier than desired, the time got out of bed, sleep quality rating, and a comments field that allows patients to keep notes about their sleep. To provide reinforcing feedback and enhance adherence, a progress bar shows sleep diary completion for the past 7 days. For each date a sleep diary was completed, total sleep time in hours and minutes are presented. Accumulated sleep diaries are displayed in a list and when a diary entry is selected, calculated total time in bed, total time asleep, and sleep efficiency are displayed, allowing for easy review. Likewise, graphical representations of sleep diary data provide visual summaries of changes in sleep parameters over the past 7 days (**Figure 3**).
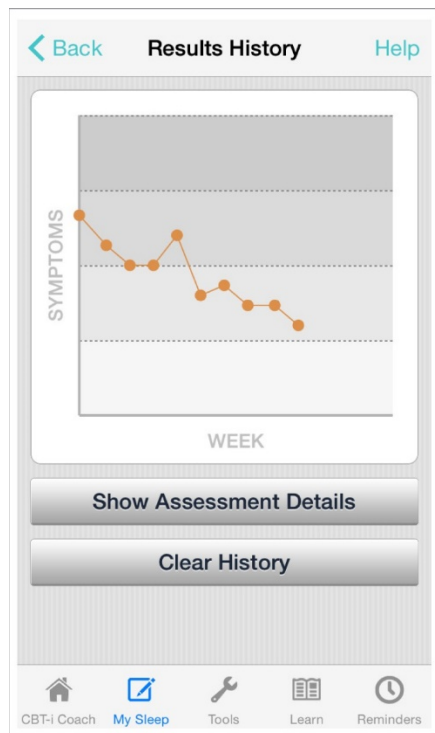
To facilitate insomnia symptom monitoring, CBT-I Coach includes the ISI,[24] with each of the 7 items being presented on individual screens. After completing the ISI, the user is prompted to set a reminder for completion of the next ISI and recommended to complete it no more frequently than once per week. A graphical display of changes in ISI scores over time (**Figure 4**) and of changes in individual item scores provides easy-to-digest feedback about treatment progress.

Figure 4.
Insomnia severity index assessment history (iOS version).

TWO WEEK SLEEP DIARY

INSTRUCTIONS:

1. Write the date, day of the week and type of day: (W)ork, (S)chool, (O)ff or (V)acation.
2. Put the letter "C" in the box when you have any caffeinated beverage or supplement that includes caffeine. Put "M" when you take ANY Medication. Put "A" when you drink alcohol. Put "E" when you exercise.
3. Put a line (I) to show when you get in bed. Shade in the box that shows when you think you fell asleep.
4. Shade in all the boxes that show when you are asleep include all naps.
5. Rate your sleep quality (**1** = Very Restless, **2** = Restless, **3** = Average, **4** = Sound, **5** = Very Sound) & morning restedness (**1** = Exhausted, **2** = Tired, **3** = Average, **4** = Rather Refreshed, **5** = Very Refreshed)

SAMPLE ENTRY: *On Monday when I worked, I jogged on my lunch break at 1 PM, had a glass of wine with dinner at 6 PM, fell asleep Watching TV from 7-8 PM, went to bed at 10:30 pm, fell asleep around midnight, woke up and couldn't get back to sleep until about 5 am, slept from 5-7 am, got out of bed at 7:30 am and had coffee and medicine before going to work.*

Date	Day of the week	Type of Day	Quality/ Restedness	Noon	1PM	2	3	4	5	6PM	7	8	9	10	11PM	Midnight	1AM	2	3	4	5	6AM	7	8	9	10	11AM
XX/XX	Mon	W	2/1		E					A	▓					▓	▓	▓	▓		▓	▓		C M			

WEEK ONE

WEEK TWO