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SLEEP: The Unconscious ADL

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Credentials

- 2003 AFAA Group Exercise Instructor, NASM Personal Trainer & AAI Pilates Instructor
- 2004 YogaFit Level I, YogaFit Seniors, Yoga Strength, Yoga Core/Butt, YogaFit Kids
 - *New York Sports Clubs/Lucille Roberts /Ladies Workout Express/Spa Lady*
- 2007-2009 completed prerequisites for graduate school
- 2009-2011 SUNY Downstate Occupational Therapy Master's of Science program
- 2012 NJ/NY Licensed occupational therapist
 - Geriatrics/sub-acute/PACE
 - Homecare
 - Out-patient upper extremity orthopedics
- 2014 Adjunct Professor (Eastwick College in Ramsey, NJ)
- January 2016 completed 200 hour Yoga Alliance teacher training program

INTRODUCTION

Objectives:

After completing this course participants will be able to:

1. Recognize the unique role of the occupational therapist in promoting sleep hygiene for their clients
2. Identify the skills necessary to design an occupational therapy group intervention on the subject of sleep hygiene
3. Recognize skilled client-centered recommendations to promote restful sleep

Role of the OT in Sleep

- Adolf Meyer
 - Sleep was accorded a place in the “big four” of **Adolf Meyer**, a neuropsychiatrist and advocate of occupational therapy early in the twentieth century who emphasized the importance of balance between *work, play, rest* and ***sleep*** for good health.
 - In the table of changes to the framework it is noted that the category “rest and sleep” is no longer considered an “activity of daily living” but is an “area of occupation” because of the importance of rest and sleep in supporting other areas of occupation. The rationale for the changed is explained thus:

Role of the OT, cont.

- *Adolf Meyer, Cont.*

*Rest and sleep are two of the four main categories of occupation discussed by Adolf Meyer (1977). Unlike any other area of occupation, all people rest as a result of enhancing in occupations and engage in sleep for multiple hours per day throughout their lifespan. Within the occupation of rest and sleep, napping, dreaming, night-time care of toileting needs, night-time caregiving duties, and ensuring safety. Sleep significantly affects all other areas of occupation. (IT is suggested that providing sleep prominence in the framework as an area of occupation will promote the consideration of lifestyle choices as an important aspect of participation and health. AOTA (American Occupational Therapy Association) (2008) “Occupational therapy practice framework: domain and process, 2nd edition”. *American Journal of Occupational Therapy* 62, 6, 625-683.*

Role of the OT, cont.

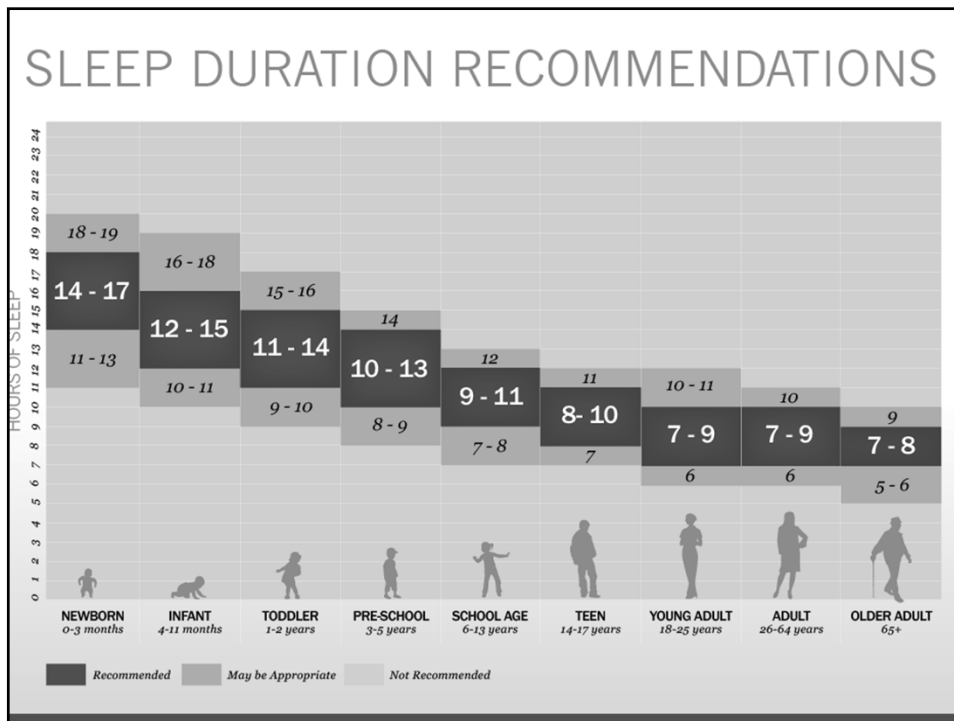
- *OTPF III:*
 - *Area of Occupation (8):*
 - **REST AND SLEEP**—Activities related to obtaining restorative rest and sleep to support healthy, active engagement in other occupations.
 - *Sleep preparation (1)* Engaging in routines that prepare the self for a comfortable rest, such as grooming and undressing, reading or listening to music to fall asleep, saying goodnight to others, and engaging in meditation or prayers; determining the time of day and length of time desired for sleeping and the time needed to wake; and establishing sleep patterns that support growth and health (patterns are often personally and culturally determined). (2) Preparing the physical environment for periods of unconsciousness, such as making the bed or space on which to sleep; ensuring warmth or coolness and protection; setting an alarm clock; securing the home, such as locking doors or closing windows or curtains; and turning off electronics or lights.

Role of the OT, cont.

- *OTPF III:*
 - *Sleep participation* Taking care of personal needs for sleep, such as ceasing activities to ensure onset of sleep, napping, and dreaming; sustaining a sleep state without disruption; and performing nighttime care of toileting needs and hydration; also includes negotiating the needs and requirements of and interacting with others within the social environment such as children or partners, including providing nighttime caregiving such as breastfeeding and monitoring the comfort and safety of others who are sleeping.
 - **LEISURE**—“Nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or **sleep**” (Parham & Fazio, 1997, p. 250).
 - Client Factors
 - Global Mental Functions
 - Sleep
 - Physiological process
 - Quality of sleep

True or False?

1. Different people need different quantities of sleep, but individuals need the same amount of sleep a night over the course of their lifetime.



True or False?

2. Snoring and Insomnia are both examples of life-threatening illnesses that require immediate treatment.

True or False?

- Symptoms of:
 - a) Sleep apnea
 - b) Narcolepsy
 - c) Sleep debt
 - Daytime sleepiness
 - Driving tired
 - <http://drowsydriving.org/resources/drowsy-driving-prevention-week-toolkit/>
 - Puts you at risk for:
 - Heart disease
 - Obesity
 - Cancer
 - Stroke
 - Diabetes
 - Shift Work Disorder
 - Daytime napping

True or False?

3. If you have difficulty falling asleep, or you wake up in the middle of the night and cannot fall back to sleep, it is better to remain in bed, because at least you are resting.

True or False?

- It takes the average adult between 10-20 min (average 14) to fall asleep
 - *Sleep latency*
- If it takes longer 15-20 min. . .
- The bed should only be used for
 - Sleeping
 - Intimacy
 - Otherwise you run the risk of associating it with wakefulness

ASSESSMENTS

**Marcil Assessment of Sleep
Habits for Occupational
Therapy (MASH/OT)**

Marcil Assessment of Sleep Habits for Occupational Therapy (MASH/OT)

1. How would you rate the overall quality of your sleep?
 - a) Excellent
 - b) Good
 - c) Poor
 - d) Very poor
2. What time do you typically go to bed at night?
3. Once you are in bed, approximately how long does it take you to fall asleep?

Marcil Assessment of Sleep Habits for Occupational Therapy, cont.

4. Do you often wake up in the middle of the night?
5. If so, what causes you to wake up?
 - a) Need to urinate
 - b) Noise, external stimuli
 - c) Pain
 - d) Anxiety/worry
 - e) Don't know
 - f) Other (specify)
6. Do you awaken very early in the morning and are unable to go back to sleep?
 - a) Yes
 - b) NO

**Marcil Assessment of Sleep Habits for
Occupational Therapy, cont.**

7. What time do you usually wake up in the morning?
8. What time do you get out of bed?
9. Do you drink alcohol and/or caffeine prior to bedtime?
 - a) Yes
 - b) NO
10. Do you nap during the day?
 - a) When?
 - b) For how long?

**Marcil Assessment of Sleep Habits for
Occupational Therapy, cont.**

Directed toward bed partner.

11. Does the patient snore?
 - a) Occasionally
 - b) Frequently
 - c) Very loudly
12. Is patient a restless sleeper?
 - a) Yes
 - b) No

The Pittsburgh Sleep Quality Index (PSQI)

The Pittsburgh Sleep Quality Index (PSQI)

Instructions: The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions. During the past month,

1. When have you usually gone to bed? _____
2. How long (in minutes) has it taken you to fall asleep each night? _____
3. When have you usually gotten up in the morning? _____
4. How many hours of actual sleep do you get at night? (This may be different than the number of hours you spend in bed) _____

5. During the past month, how often have you had trouble sleeping because you...	Not during the past month (0)	Less than once a week (1)	Once or twice a week (2)	Three or more times a week (3)
a. Cannot get to sleep within 30 minutes				
b. Wake up in the middle of the night or early morning				
c. I have to get up to use the bathroom				
d. Cannot breathe comfortably				
e. Cough or snore loudly				
f. Feel too cold				
g. Feel too hot				
h. I have had dreams				
i. Have pain				
j. Other reason(s), please describe, including how often you have had trouble sleeping because of this reason(s):				
6. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?				
7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				
8. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?				
	Very good (0)	Fairly good (1)	Fairly bad (2)	Very bad (3)
9. During the past month, how would you rate your sleep quality overall?				

**Suggested OT Group
Intervention Topics**

**FOOD &
SUPPLEMENTS**

- Pair (2-) 4 hours prior to bed time
 - Protein
 - Amino acid called tryptophan
 - Turkey
 - Cheese
 - Nut butter (peanut/almond/walnut)
 - Carbohydrates
 - High on the glycemic index
 - White bread
 - Rice cakes
 - Popcorn
 - Bananas
 - Cherry juice
- <http://ajcn.nutrition.org/content/85/2/426.full.pdf+html> (full article)

- Melatonin
 - Studies suggest that melatonin may help with certain sleep disorders, such as jet lag, delayed sleep phase disorder (a disruption of the body's biological clock in which a person's sleep-wake timing cycle is delayed by 3 to 6 hours), sleep problems related to shift work, and some sleep disorders in children. It also has been shown to be helpful for a sleep disorder that causes changes in blind peoples' sleep and wake times. Study results are mixed on whether melatonin is effective for insomnia in adults, but analyses of some studies suggest it may slightly reduce the time it takes to fall asleep.
 - Melatonin supplements appear to be safe when used short-term; less is known about long-term safety.
 - Side effects of melatonin are uncommon, but can include drowsiness, headache, dizziness, or nausea.

- Melatonin, cont.
 - Some dietary supplements may interact with medications or pose risks if you have medical problems or are going to have surgery
 - To use dietary supplements, such as melatonin, safely, read and follow label instructions, and recognize that “natural” does not always mean “safe.”
 - Tell all your health care providers about any complementary health approaches you use. Give them a full picture of what you do to manage your health. This will help ensure safe and coordinated care.

(nccih.nih.gov)

- Avoid:
 - Stimulants, including but not limited to...
 - Caffeine
 - Chocolate
 - Coffee/Tea
 - Caffeine Zone (iPhone) or Caffeine Tracker (Andriod) Apps
 - Alcohol
 - Nicotine
 - Spicy foods (indigestion)
 - Heavy meals
 - “Close to bedtime”
 - 6 hours before bedtime

(Drake, Roehrs, Shambroom, & Roth, 2013)

ENVIRONMENT

Sound

1. White noise
 - <http://nsf.patientsleepsupplies.com/Dohm-Sound-Conditioner.html>
2. Pink noise
 - Nature sounds
 - Fan/air conditioner
3. Music
 - 60 (50-80) BPM
 - <http://www.maxrichtermusic.com/en/index.php>
 - <https://www.youtube.com/>
 - "Sleep and Dream Zone Channel"
4. Human Voices
 - PZIZZ APP



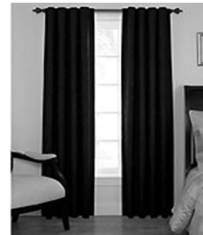
Scent

- Lavender
 - There is small to moderate evidence that aroma inhalation of lavender (*Lavandula* sp.) to improve sleep architecture (initiation, maintenance and quality) is effective. (Fismer & Pilkington, 2012)



Lighting & Color

- For sleeping: Near total darkness
 - Black out shades
 - <http://nsf.patientsleepsupplies.com/Sound-Asleep-Room-Darkening-Backtab-Window-Curtain-Panel.html>
 - Eye mask
- For waking: Gradual Light
 - Alarm clock (<http://www.hobbr.com/wake-up-light-alarm-clocks/>)
- During waking hours: Exposure to bright light can help regulate your circadian rhythm.
- Avoid:
 - Blue light (Holzman, 2010.)
- Colors:
 - Cool
 - Blue/green/gray (Kutchma, 2003.)



Temperature

- 60-67 degrees F
- Bedding/pajamas
 - Allergen free
 - Natural fibers
 - Lower count weave
- Avoid clutter

EXERCISE

- Vigorous exercise (cardiovascular) performed at least 3-4x for 30 min during the day (minimum 3 hours prior to bedtime) has been indicated to help people fall asleep faster and sleep more restfully.
- Whereas it would be more appropriate to perform a relaxing exercise, such as yoga, directly before bed-time.

YOGA SEQUENCE

- Yoga is a multi-component practice that is also known to be effective in reducing arousal. Statistically significant improvements were observed in participants with chronic insomnia who engaged in a simple daily yoga treatment. (Khalsa, 2004)
- Learn Nadi Shodhana: The Alternate Nostril Breathing Technique (www.yogajournal.com)
 - <http://www.yogajournal.com/video/video/learn-nadi-shodhana-alternate-nostril-breathing-technique/>
- Relaxing Bedtime Yoga Sequence with Sarede Switzer (Founder of www.BringTheGymToMe.com)
 - <https://www.youtube.com/watch?v=3UW8qjN6VoQ>

Recommendations

- Diary (see attachment)
- Establish a schedule and routine
 - Same time wake sleep
 - Hour before
 - <http://sleepyti.me/> sleep cycles (REM)
 - 5-6 complete sleep cycles
 - 90-120 min each
 - Meditate
 - Apps
 - Calm.com
 - Headspace
 - OMG I can meditate
 - iRest Yoga Nidra
 - https://www.irest.us/store/teacher_products
 - Website
 - OMHARMONICS.com

- STG
 - Patient will self-report via *sleep diary* a decrease in *sleep latency* (from _min to _min) within 2 weeks.

- LTG
 - Patient will self-report via *sleep diary* 7 uninterrupted hours of sleep within 4 weeks.

Questions



References

Please note where not otherwise indicated all materials can be attributed to <https://sleepfoundation.org/>.

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