

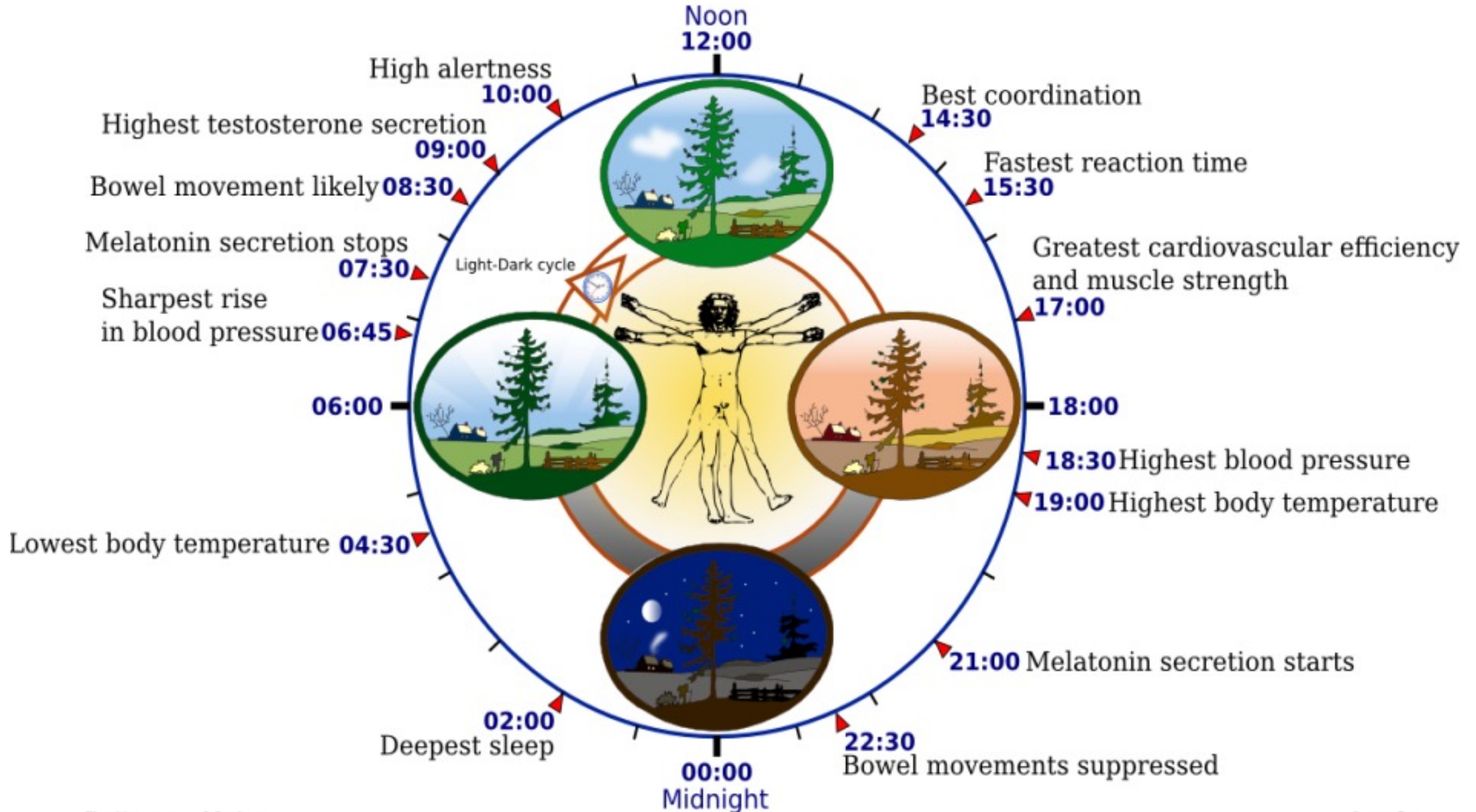
NBC CARE
presents

sleep

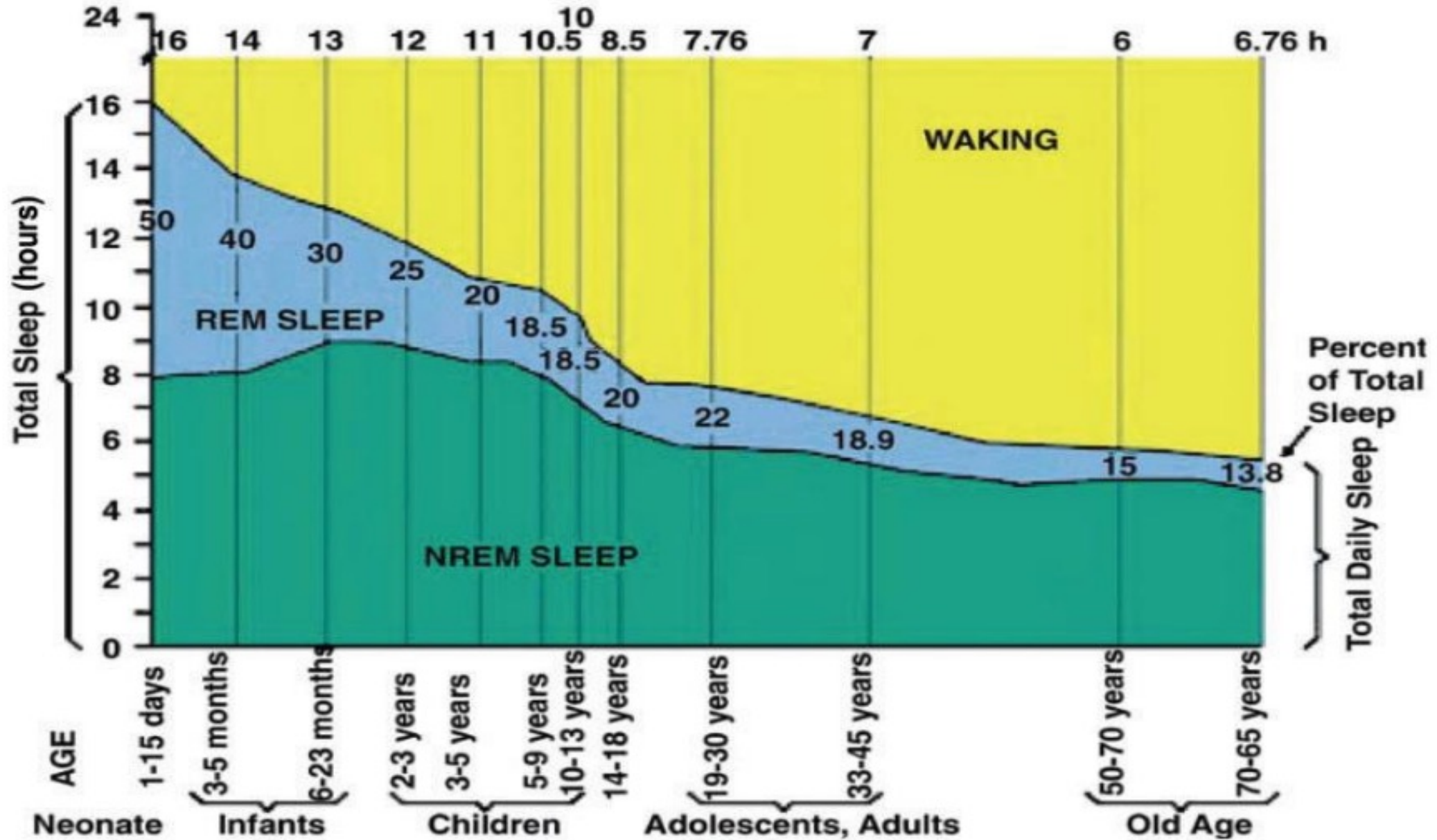
You, God & Bedtime



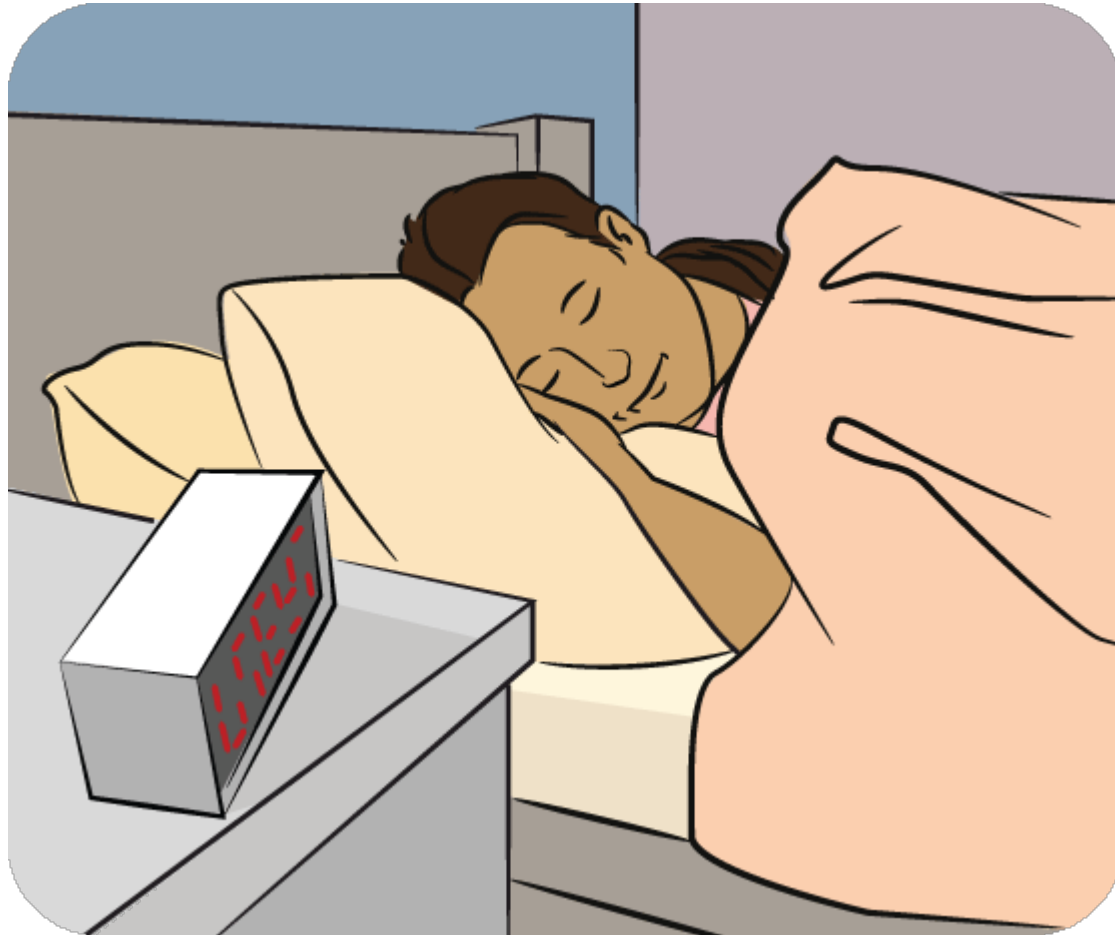
NORMAL SLEEP



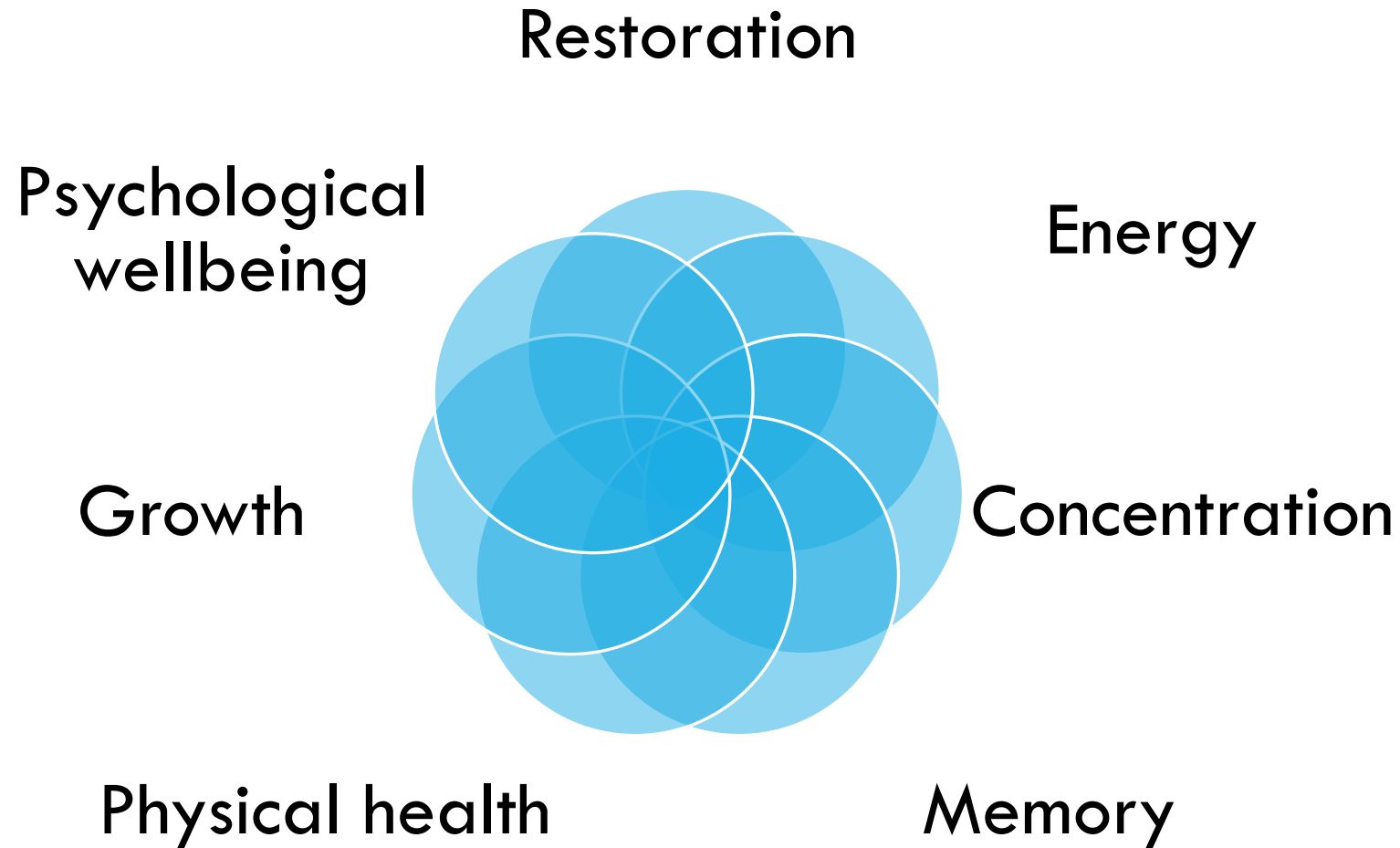
STAGES OF SLEEP



TEENAGERS AND SLEEP



ROLE AND FUNCTION OF SLEEP



EFFECTS OF LACK OF SLEEP

Poor attention,
concentration
and memory

Irritability and
other mood
disturbances

Impaired
judgement and
reaction time

Poor physical
coordination
and health

CAUSES OF POOR SLEEP

Physical

- Restless legs or twitching legs during sleep
- Pain
- Sleep apnoea
- Narcolepsy

Drugs

- Side effects of medications
- Alcohol
- Caffeine and nicotine
- Dependence on sleeping medication

Psychological

- Severe anxiety or depression
- Stressful life events

Habits

- Daytime napping
- Screen time
- Diet
- Lifestyle

INSOMNIA

Difficulty initiating sleep

Difficulty maintaining sleep, frequent awakenings or problems returning to sleep

Early-morning awakening with inability to return to sleep

Significant distress or impairment

At least 3 nights per week

The sleep difficulty is present for at least 3 months



TREATING INSOMNIA



Pharmacological



Non-pharmacological

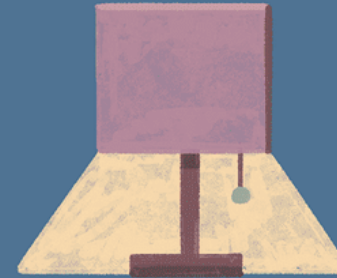
PRACTICAL SUGGESTIONS FOR IMPROVED SLEEP



Establish a nighttime routine



Get up and go to sleep at the same time



Create a healthy sleep environment



Turn off electronics an hour before bed

Impactful Sleep Hygiene Practices



Limit caffeine



Exercise



Reduce stress



Avoid large, fatty meals prior to sleeping

RESOURCES



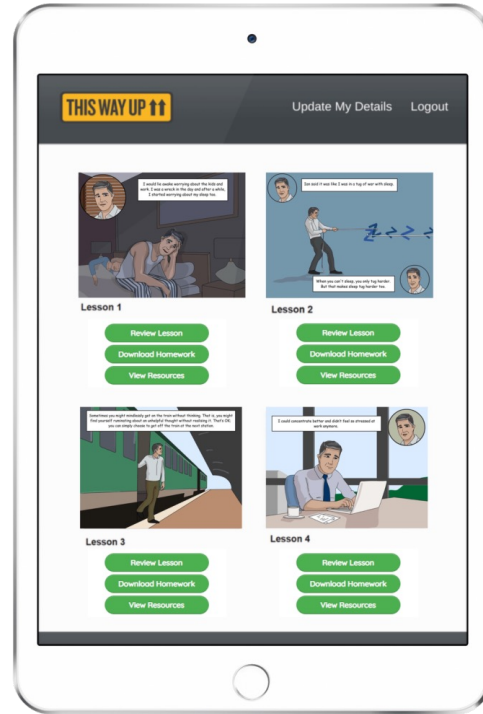
Use this sleep diary to make an accurate assessment of how much you sleep and other factors associated with your sleep. This will help you to identify patterns and areas for improving sleep hygiene. Also, many people who struggle with sleep difficulties make negative assumptions about their sleep (e.g. "I never sleep more than 5 hours a night") and this worksheet can help you to check if this is really the case.

Day/Date	Pre-sleep information					Bed/sleep pattern							
	Naps (what time & how long)	Caffeine, alcohol, nicotine (day total & 4 hrs before bed)	Medication (day total & before bed)	Pre-bed activity (what did you do)	Day fatigue level (0-5, 5 most tired)	Tension in bed (0-5, 5 most tense)	In-bed activities	Lights out (time)	Time to fall asleep (minutes)	Waking time	Hours slept	Woke up! (number of times, how long)	Rest score (0-5, 5 most rested)
Example:	2pm, 40 minutes	2 coffees, 1 beer, nothing after 4pm	Nil	watched TV after dinner, 3 hours	3 - felt a bit tired today	4 - felt very tense when I went to bed	Read for 1 hour	10:30pm	40 min	5:10am	6 hrs 40 min	Once at 2am, back to sleep after 20 minutes	3 - felt somewhat rested when I woke up

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Centre for
Cognitive
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Sleep Diary



Online Lessons



Phone App

<https://www.cci.health.wa.gov.au/~media/CCI/Mental-Health-Professionals/Sleep/Sleep---Worksheets/Sleep-Worksheet---01---Sleep-Diary.pdf>

<https://thiswayup.org.au/programs/insomnia-program/>

<https://apps.apple.com/us/app/cbt-i-coach/id655918660>