

SLEEP HYGIENE TOOLKIT

A MWH Toolkit Designed to share strategies for waking up
well-rested every day



WELCOME TO THE TOOLKIT

Welcome to our Psychological Health and Resiliency Toolkit! Dr. Joti Samra, CEO & Founder of MyWorkplaceHealth has put together a number of our favorite resources to help you develop skills and strategies to enhance your sleep hygiene that you can start to use right now. In this toolkit, you will find resources on:

- The Sleep Cycle (2)
- Sleep Deprivation (5)
- Sleep Disorders (6)
- Sleeping Better (11)
- Behavioral Change (15)
- Sleep FAQs (18)
- Worksheets (20)
- MyWorkplaceHealth (22)

We invite you to work through all of these resources as you need them, and for further support visit PsychologicalHealthAndSafetyClinic.com & MyWorkplaceHealth.com.

More About Dr. Joti Samra

Dr. Joti Samra is a national thought leader on issues relating to psychological health, wellness & resiliency. She is CEO & Founder of MyWorkplaceHealth, a full-suite national workplace consulting firm and is the founder of the Psychological Health & Safety Clinic, an expanding in-office and online (virtual health) clinical & counselling practice. Dr. Samra has a breath of associates who practice under her supervision and treatment oversight, and are trained in a range of evidence-based treatment modalities (CBT, ACT, DBT, MBCT/MBSR). Contact us at referrals@drjotisamra.com for information on our clinical services.



THE SLEEP CYCLE

The Importance of Sleep

Sleep is a vital physiological function that allows restorative processes in the brain to occur. During these restorative processes, proteins are rebuilt and energy supplies are replenished. It affects many parts of our functioning, from appetite to energy, mood, motivation and concentration.

Many people struggle with sleep difficulties. We have trouble falling asleep, staying asleep, and keeping a healthy sleep routine.

Sleep is a core physiological function - one of the few things we need. In addition to physiological regulation, sleep plays a vital role in enhancing learning and strengthening memory.

Our performance on a newly learned task is often better the next day if we get a good night's sleep. This is proven by fMRI scans, which show greater activity in certain regions of the brain when performing tasks after sleeping well as opposed to poorly!

A number of frustrating (but normal) sleep patterns occur with increased age. Sleep becomes lighter and the number of awakenings in the middle of the night increases - but the overall need for sleep (7-9 hours) remains the same. In women, menopause can also cause hot flashes which disrupt sleep. Staying physically active can help maintain your sleep quality as you age.



Normal Sleep Patterns

Most adults need 7 to 9 hours of sleep per night. Consistently getting less than 6 hours per night can lead to a range of health consequences.

It's also worth noting that frequently getting more than 9 hours of sleep per night is correlated with excessive lethargy and fatigue.

Children and adolescents, however, have different needs. Due to hormonal changes, their sleep needs can range from about 18 hours a day for infants to 9 to 10 hours a day for teens. For all the parents out there, yes, your teen really does need to sleep in that late!

Stages of Sleep

We have two main types of sleep. REM (rapid eye movement) sleep is characterized by dreaming and is the state during which we restore our brain and body functions, including energy conservation and memory consolidation.

Non-REM sleep is characterized by three stages of sleep that progressively deepen from light sleep to restful sleep to deep sleep.

Over about 90 minutes, a sleeper goes through sleep stages 1 through 4 in sequential order and then returns through stages 2 and 3 to REM.

Both R.E.M. and deep sleep stages are important for human health, but certain disruptions can affect one or both of them.



It takes 45-90 minutes to go through a complete cycle, but we get more efficient as the night goes on - getting into deep sleep faster and staying in deeper sleep longer. This is why just a few hours of sleep (during which we may only cycle a couple of times) doesn't make us feel rested, and why our early morning deep sleep can feel SO restorative!

Dreams

It has been shown that dreams are related closely to awake states. For example, if we're anxious, we experience more negative dreams. Dreams serve an adaptive function. They allow us to process danger safely; they're like a rehearsal. Dreams that we remember typically occur during R.E.M. sleep.

The pandemic has brought many changes to dreams. Remote work has led more people to wake up when their bodies tell them to, increasing the chance of remembering their dreams. People have reported a 35% increase in dream recall and a 15% increase in negative dreams.



Impacts of Reduced Sleep

People work more and sleep less now than they did five years ago, and up to 1 in 5 will say they're sleepy and that it interferes with work.

For the average adult, getting less than an average of 6 hours of sleep each night is associated with a range of gastrointestinal and cardiovascular risk factors, as well as higher rates of mortality.

Sleep deprivation leads to impaired cognitive functions, such as memory, learning, logical reasoning, verbal processing, and general decision making. It can also intensify feelings such as anger, depression, and anxiety.

If we don't get enough sleep, our body finds a way to force us to get the minimum amount of rest necessary for basic biological and psychological functions. This happens via micro-sleeps, daydreaming, poor concentration and lack of focus.

Circadian Rhythms

The "Circadian Rhythm" refers to our body's internal, biological clock. These rhythms regulate the frequency of eating and drinking, body temperature, hormone secretion, urge to go to the bathroom, and sensitivity to drugs.

This clock is set by two things: our sleep cycle and our exposure to natural light. If we do not maintain a regular sleep cycle, we may experience discomfort as our bodies try to do things during the day which they normally do when we're asleep, and vice versa.

Because of this, having an irregular sleep cycle can cause a number of uncomfortable symptoms, including but not limited to:

- Disrupted appetite
- Irregular perspiration
- Feeling too hot or too cold

Waking up at the same time every day - and looking out the window when you do - is a good way to avoid these issues!



SLEEP DISORDERS

Causes of Poor Sleep

Almost everyone will experience sleep problems at some point, and one third of people are affected chronically by sleep problems. They often follow a persistent maladaptive cycle, or 'snowball effect.'

There are many different things which can cause sleep problems, including but not limited to:

- Emotional state
- Stressors and worries
- Life events
- Poor sleep hygiene
- Nutrition, including caffeine, alcohol and nicotine
- Physical conditions (e.g. pain or sleep apnea)
- Medication
- Environmental factors (e.g. noise, light and temperature)
- Jet lag

There are more than 90 sleep disorders. In this toolkit, we will discuss the most common of these.



Dyssomnias

Dyssomnias is a broad classification of sleeping disorders that make it difficult to get to sleep or remain asleep.

Patients may complain of difficulty getting to sleep or staying asleep, intermittent wakefulness during the night, early morning awakening, or any combination of these.

The most common dyssomnia is **insomnia**, followed by **sleep apnea**.

Virtually everyone will experience sleep problems at some point in their lives - approximately 1/3 are affected by them chronically. Sleep problems often follow a persistent maladaptive cycle, or 'snowball effect,' meaning they build up gradually over time.

Insomnia

Insomnia is a common dyssomnia characterized by difficulty falling asleep, difficulty staying asleep, and/or early morning awakenings. This can cause fatigue throughout the day and deprives the 'refreshed' feeling that we usually have when waking up.

Insomnia is the second most common physical health complaint, after pain. It can be caused by physical factors (including noise, stress, or pain medication), as well as psychiatric conditions (such as epilepsy, Parkinson's, depression, or anxiety). Dependence on sleeping pills and shifts in circadian rhythm can also lead to insomnia.

Insomnia can vary in severity and duration. Some people experience it for less than two weeks, while others experience it chronically. It is more common among women and the elderly.

The most effective treatment for Insomnia is cognitive-behavioural therapy (CBT) focusing on thoughts and worries about sleep, behaviour surrounding sleep, and emotional states.

Consulting a healthcare professional about your insomnia (or any other sleep issue) is always the first thing you should do before attempting to self-medicate.

Sleep Apnea

Sleep Apnea is a common but underdiagnosed problem. It is a possibly life-threatening condition characterized by the inability to breathe while sleeping for prolonged periods of time.

Sleep Apnea occurs when airways are partially blocked, causing abnormal breathing patterns or sleep disruptions. People with Sleep Apnea will repeatedly stop breathing in the middle of the night. This can lead to sleepiness during the day, impaired attention, depression, and sometimes heart problems. Cognitive impairment can also occur due to a lack of oxygen reaching the brain.

The highest risk population for Sleep Apnea is men who are overweight, have a thick neck, and/or are heavy snorers. Losing weight and reducing alcohol intake are some simple ways to treat Sleep Apnea. In extreme cases, people with Sleep Apnea may require surgery or a breathing machine at night.

If you're a heavy snorer, experience excessive daytime sleepiness, and wake up coughing or gasping during the night, talk to your family physician and request an overnight oximetry - this is a simple test which can let your doctors know if you have Sleep Apnea.

Parasomnias

Parasomnias are a category of sleep disorders that involve abnormal and unnatural movements, behaviours, emotions, perceptions, and dreams that occur while falling asleep, sleeping, between sleep stages, or arousal from sleep.

Most parasomnias are dissociated sleep states. They're partial arousals during the transition between wakefulness and non-REM sleep or between wakefulness and REM sleep.

Examples of parasomnias include:

- Sleepwalking
- Night terrors
- Teeth grinding
- Sleep-eating
- Exploding head syndrome*

Parasomnia symptoms can often be improved with better management of sleep habits - but if you have a parasomnia which is placing you at risk of physical harm, speak with a doctor about it.

*Don't be alarmed - 'exploding head syndrome' is not as gruesome as it sounds! This parasomnia refers to people hearing a loud 'BANG' noise in their head during the night.

Restless leg syndrome

Restless leg syndrome is a sensory disorder characterized by an irresistible urge to move one's legs (and sometimes arms) due to uncomfortable tingling or creeping sensations.

It's not technically directly related to sleep but is generally more pronounced in the evening, to the point that its impact on sleep is inevitable. Thus, it's classified as a sleep disorder.

Treatment includes the minimization or reduction of caffeine, nicotine and alcohol; iron replacement; exercise and stretching; and warm baths or cold packs.



Medical & Psychiatric sleep problems

Medical and psychiatric sleep problems are primarily caused by medical or psychiatric conditions. Conditions that often contribute to sleep impairment include:

- thyroid dysfunction,
- low iron,
- asthma,
- gastroesophageal reflux disease,
- arthritic pain,
- chronic lung/kidney diseases,
- cardiovascular and respiratory diseases,
- heartburn,
- neurological disorders,
- diabetes, and
- menopause.

Psychiatric conditions that may be a factor include anxiety and/or depression as well as substance misuse. Describe your symptoms to a doctor to help them diagnose which of these conditions might be interfering with your sleep.

Narcolepsy

Narcolepsy is a rare sleep disorder characterized by frequent sleepiness (both gradual and sudden sleep attacks), sometimes associated with cataplexy (muscle weakness).

Narcolepsy can lead to:

- Cataplexy: Muscle weakness typically triggered by strong emotions
- Sleep paralysis: Temporary paralysis while on the edge of sleep; unable to move the body, but feels as though one is awake; can be very frightening
- Hypnagogic hallucinations: Dream-like experiences while awake that can be difficult to distinguish from reality

It's caused by a lack of hypothalamic cells that produce and release orexin. It seems to run in families, although no gene has been identified.

Primary treatment is with stimulant drugs, which increase wakefulness by enhancing dopamine and norepinephrine activity.

Jet Lag

Jet lag refers to disruptions in the body's internal biological clock (circadian rhythms) due to crossing time zones. It typically involves sleepiness during the day, sleeplessness/difficulty falling asleep at night, skewed meal times, and impaired concentration.

Some understanding of and preparation for jet lag can help in countering its inevitable effects.

Travelling west “phase delays” your circadian rhythms. It's generally easier to adjust to this jet lag. Travelling east “phase advances” your circadian rhythms and is harder to adjust to.

Some tips to minimize jet lag include:

- Adjust your bed and meal times to the new zone 2-3 days before travel.
- Ensure you're getting adequate sleep before travel as a pre-existing “sleep debt” makes jet lag worse.
- Minimize alcohol.
- Adjust meals and bedtime to the new time zone ASAP.
- Drink plenty of water and keep yourself nourished via small frequent meals (rather than intermittent large meals).
- Expose yourself to light during your new daytime hours.



Vivid Dreams

Sometimes we experience dreams in a way that makes them feel very 'real', and remember them clearly. These are called Vivid Dreams.

Vivid Dreams are not usually a cause for concern, but if these dreams involve negative experiences they can be disturbing and disruptive to the quality of your sleep - particularly if they occur night after night over weeks or months. Similar to many other sleep disorders, this can result in depression, anxiety or daytime sleepiness.

Some people who experience negative Vivid Dreams will resist going to sleep because they do not wish to have the dreams again. In extreme cases, individuals with Vivid Dreams have reported suicidal thoughts.

If upsetting Vivid Dreams do not subside on their own, speak with a doctor to determine what steps are necessary for treatment.



How to Sleep Better

The first step to better sleep is recognizing where you have room to improve your habits. By setting yourself up for success before you get to bed, you will be able to reap the benefits of restful, uninterrupted, and deep sleep.

There are many natural and self-regulatory methods for improving sleep duration and quality - and you can start implementing most of

them today!

The short version . . .

- Find strategies to reduce stress and anxiety
- Use your bedroom - especially your bed - for just two things
- Participate in daytime activities which help you sleep later
- Know what & when to eat to avoid disrupting your sleep
- Make sure your bedroom environment won't wake you up
- Stick to a consistent bedtime routine

Stress, Anxiety & Worry

One of the most significant impacts on sleep is stress, and the ruminations or worrying thoughts that keep us up at night. So, it's important to target stressors and psychological health symptoms.

If you're having trouble sleeping, it can be helpful to keep a sleep diary for a week or two. This means tracking your diet, activities, stress level and bed / wake times. Keeping a diary can help identify patterns and factors impacting sleep that you may not otherwise be aware of.

If you find worries are preventing you from sleeping, consider keeping a "worry log." It may sound counter-intuitive, but it can calm your mind. If you have ruminating thoughts and worries as you're going to bed, write them down on paper and promise yourself that you'll reflect on them thoughtfully in the morning — you'll give them attention then. The world will not end. You need a good night's sleep.

If that doesn't work or you wake up with continuing worries, get out of bed, write them down, and ask yourself three questions:

- What is the evidence for this worry?
- What is the problem to be solved?
- What can I do right now?

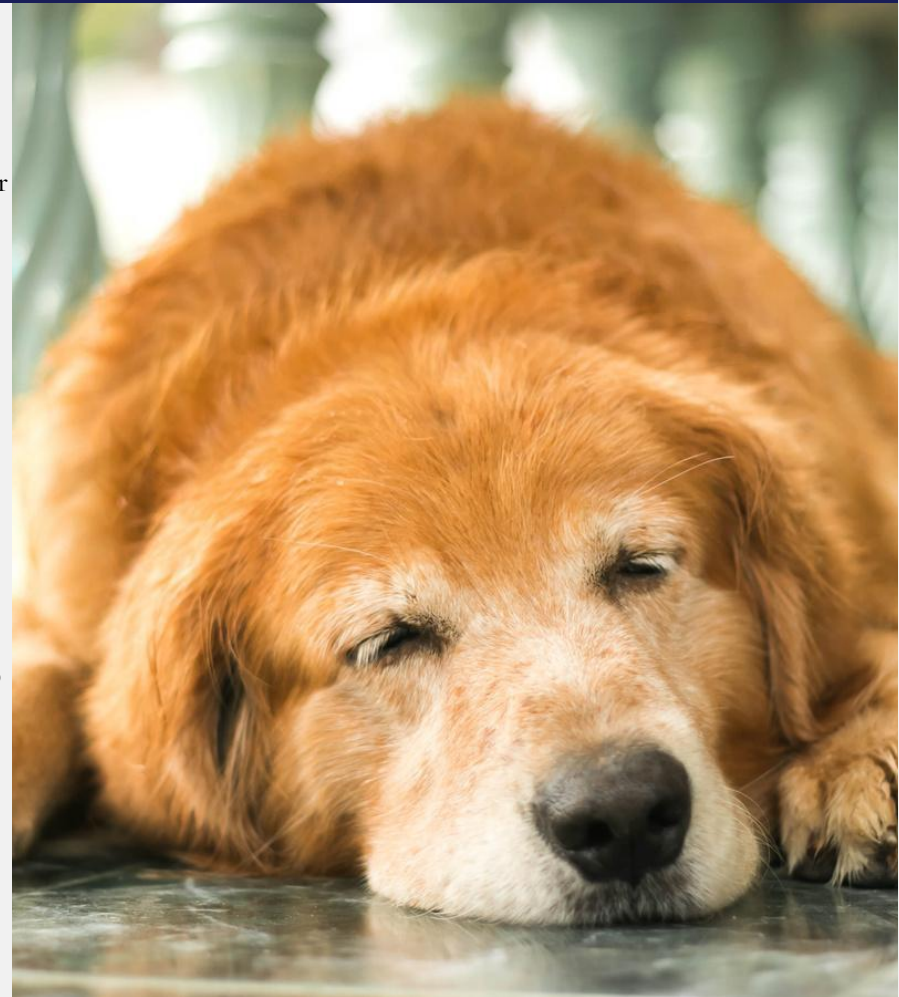
The “classical” example of classical conditioning involves Pavlov’s famous 1902 experiment with dogs - studies which were focused on understanding digestive processes, but in which we inadvertently learned the power of associations. Dogs were shown to salivate (unconditioned response) in response to food (unconditioned stimulus). Pavlov used a bell (conditioned stimulus) whenever he gave food to the dogs. Eventually, the dogs began to salivate to the sound of the bell (conditioned response) because they associated it with food.

Classical Conditioning

We can apply the premise of classical conditioning to many situations involving human behaviour, including how our brain and body prepare us for sleep. Some unconditioned stimuli related to sleep/wakefulness would be darkness and sunlight, respectively.

Technically, a bed is a conditioned stimulus (beds are where we happen to sleep and where we’re comfortable sleeping, but we’re not innately tied to them). Thus, our bed/bedroom needs to be associated with sleepiness rather than wakefulness to not confuse our bodies.

Don’t worry in bed, fight in bed, use your phone in bed, or watch TV in bed. Take devices out of the bedroom. Reading can be okay if you don’t have sleep problems, but you’ll want to clean up your sleep hygiene as much as possible if you have sleep problems. Condition your body to know what the bedroom is for. Make the bed a stimulus for sleep (and sex) only.



Daytime Activities

Since sleep serves a restorative function in response to our activities throughout the day, several activities and occurrences throughout the day can lead to better sleep.

- Have consistent and fixed wake-up times (even on weekends). This is one of the most important factors in building a consistent sleep pattern.
- Expose yourself to outside light upon waking (even on cloudy days). Open the blinds, look out the window, or even step outside.
- Nap wisely if feeling exhausted. According to the National Sleep Foundation, the best nap lengths for adults are 20 or 90 minutes. Power naps of 10-20 minutes allow you to wake up feeling refreshed, energized, and alert with little to no impact on nighttime sleep. At 90-minutes, you're cycling through sleep stages which, if exhausted, you may need as a protective or safety precaution.
- Get some exercise. No daytime activity is more closely linked to sleep quality than exercise, likely because of its depletion of energy, tissue breakdown, and elevation of body temperature. However, be aware that exercise stimulates/arouses the body and should happen at least 2 or 3 hours before sleep.

Diet & Nutrition

The quality of our sleep is closely tied to how we nourish our bodies. Healthy food is one thing but there are 4 other factors to manage in your life to enhance sleep. These include:

- Avoid caffeine in the late afternoon. It depends on your bedtime and schedule, but in general, you shouldn't have any caffeine after 12 p.m. The half-life of caffeine is five hours, which means that 50% of the caffeine is still left in your body five hours after having it. It takes another five hours for the caffeine to be reduced by half to 25%. Our suggestion is to avoid coffee, tea, soft drinks and energy drinks after 12 p.m.
- Reduce alcohol. Although alcohol can help us fall asleep, even one glass affects our sleep quality. It reduces the restorative value of REM sleep - the most crucial period of sleep.
- Don't smoke 2 to 3 hours before bedtime. The American Sleep Association says that while many people that smoke have a nightly cigarette as a part of their routines to "relax" them for the night, the main ingredient, nicotine, is a stimulant thus making it harder to fall asleep. It actually raises heart rate and increases alertness.

If you're taking medications that seem to disrupt your sleep, consult your doctor to see if you can alter the dosing or scheduling. Even over-the-counter medications can have negative impacts on sleep.

Bedroom Environment

Your sleep quality is affected by your bedroom's environmental and ambient conditions. Examine it with an eye towards increasing comfort and reducing stimulus. Think of it as your Sleep Headquarters with a mission to get you through those 4 cycles!

- Keep electronics out of the bedroom. We've all been there — our cell phone on the bedside table, clock radio beaming light nearby, maybe even a TV on the dresser. See what you can remove to reduce temptation. If you use your phone as an alarm, put it in night or airplane mode to stop notifications (your alarm will still go off!).
- Make it dark. As exposure to light is a bodily queue to remain alert, you want as little light as possible to enter your room when you're sleeping and winding down to go to sleep. Have good shades, curtains, or blinds on the windows and remove any sources of unnatural light - an inexpensive alternative is night eye shades.
- Set the right temperature. It can be especially difficult to sleep if you're too cold or warm. The optimal temperature for sleep is a cool 58 to 68° F. Your sheets and blankets, as well as a fan or humidifier, can also help moderate temperature.
- Reduce sounds. For some people, relaxing sounds or white noise can help the mind calm down. For others, it can be distracting. Some of you may have pets and teenagers who come alive at night and make noise — that's something you'll have to work on!

Bedtime Routine

The quality and initial onset of your sleep is also affected by your activities right before bedtime. In general, minimize stimulation so as to not signal to your body that you'll be awake for a while.

- Have fixed and regular sleep and wake-up times. Try to avoid naps and sleeping in on weekends to keep your circadian rhythms in check.
- Get out of bed if you can't fall asleep within about 20 minutes. Your bed should serve as a conditioned stimulus for sleep (i.e. it should trigger the sleep state). You want to avoid doing anything other than sleep (and sex) in bed. Lying in bed and worrying associates the state of worry with your bed, which interferes with sleep.
- Create a bedtime routine that is relaxing and allows you to unwind. Read the paper, take a warm bath, listen to relaxing music, or have decaffeinated tea or warm milk. Make a clear distinction between daytime (alert) activities and bedtime (relaxing) activities.

Aim to start creating this optimal sleep environment at least one hour before you go to sleep.

1 Identify Your Goal

- Pick a specific behaviour to change. Start with no more than one to two behaviours to change at a time. Define in exact terms what you would like to change.
- Ensure that your goal is measurable. To change your goal, you will have to know where you are headed, and how to determine if you are getting/have gotten there.
- Pick an attainable goal. The goal should be something that, based upon the life you are living, is something that you can achieve.
- Ensure the goal is realistic. You may want to lose 30 pounds, but a realistic goal may be to lose 15 pounds this year and 15 pounds the following year.
- Ensure the goal is time-limited. Set a specific period of time in which you will accomplish your goal. Behavioural change takes a series of steps, and those steps can each be accomplished over a specific period of time. As you accomplish your time-limited steps, you can reward yourself for successes.

2 Identify your Readiness to Change

- Before you begin, ask yourself questions such as “how ready am I?”... “is this the right time for me to make a change?”...“what are the pros and cons of changing?”.
- Consider the benefits of the change. How can you begin to make the change realistically? What would life be like if you didn’t make the change? Is the change worth it? How or why? How would the change impact your life in a positive manner?
- Consider how the change fits in with other important life values that you hold.
- Prepare to change. Gather the information and tools that you need. Anticipate setbacks. Remember that small change is better than no change. Get support as you start to make the change.
- As you start to change, consider how to build upon the behaviour over time. What other behaviours can you add-in?
- Once the behaviour change has been made, consider how to transition to a long-term maintenance plan. How can you sustain this behaviour change over time?

3 Identify Barriers

- Anticipate setbacks. If you have tried to make this change in the past, what got in the way of being successful? Problem-solve the barriers that you have encountered in the past.
- Identify the pros of not changing the behaviour (this can often help you appreciate why the change has not yet happened). Identify the cons of changing (the reasons the change may be difficult to do).
- Establish a specific contingency plan for each of the barriers you identify.

4 Implement Change

Identifying the following cognitive processes of change can help increase the likelihood of behavioural change:

- Barriers/traps: identify the common barriers you may encounter.
- Increase knowledge: obtain the background information you may need to make the change.
- Identify the consequences of changing and not changing—what are the potential impacts if you both did and did not make the change?
- Understand the benefits of the change—how would the change impact your life in an immediate/meaningful way?
- Identify options—what are the options you have for change? There are often several paths to the same end goal.

Identifying the following behavioural processes of change can help increase the likelihood of behavioural change:

- Substitute alternatives: be flexible and identify different ways you can achieve your overall goal.
- Enlist supports: find a friend or co-worker that may also want to make the change. It can often be easier to make a change when you partner with someone else.
- Reward yourself: make sure you reinforce and reward yourself for small successes!
- Set triggers & reminders: when life gets busy and other stressors enter our lives, it can be easy to let good self-care fall behind.
- Obtain a baseline of your behaviour by tracking your usual activity for a week. This can often help you identify patterns in your day and times when it would be easier to implement the change.
- Identify and actively work to change habits that you may have gotten into that are not conducive to achieving your goal.

4 Implement Change Cont.

(Cont') Identifying the following behavioural processes of change can help increase the likelihood of behavioural change:

- Approach behavioural change gradually. Make small, specific changes.
- Make a schedule with yourself to build the activity into your day-to-day life.
- Follow the “double-time” rule: schedule double the time you think it would take to achieve the change.

5 Revisit & Revise

- Do not get discouraged by setbacks. If you are not on track with the changes you identified, work to identify the barriers. Were your expectations too high? Was the specific goal you set too ambitious?
- Revise your goal as necessary.
- Expect and visualize success!

6 Reward Yourself

- Set milestones that can help you track your progress.
- Ensure that you schedule regular rewards for each milestone that you achieve

FREQUENTLY ASKED QUESTIONS

ABOUT SLEEP



How many hours of sleep does a person need?

The average adult needs 6-9 hours of sleep. Consistently getting less than 6 hours per night leads to a range of health consequences, and consistently getting more than 9 hours leads to excessive lethargy and fatigue.

What causes poor sleep?

Stress, low mood, worry, sleep conditions (e.g., sleep apnea), health conditions (e.g., pain), medications, and worry about not getting enough sleep can all be contributors to poor sleep.

Is there an ideal set bedtime?

The most important thing is to have a fixed and regular wakeup time (as our wakeup time 'resets' our internal biological clock). It is important to go to sleep when you are sleepy (not just tired).

If I can't fall asleep should I lie in bed, count sheep, or just remain quiet until I fall back asleep?

No—get out of bed if you can't fall asleep within 15-20 minutes. Your bed should serve as a conditioned stimulus for sleep (i.e., it should trigger the sleep state); so, you want to avoid doing anything other than sleep (and sex) in bed. Lying in bed and worrying associates the state of worry with your bed, which interferes with sleep.



I can fall asleep okay but have poor sleep later in the night—does that mean that I don't have insomnia?

Insomnia can present in several different ways—difficulty falling asleep, difficulty staying asleep, early morning awakening or sleeping an adequate number of hours yet waking up feeling unrefreshed or tired.

I find having a drink or two of alcohol helps me sleep better; is this okay?

If you have sleep problems, no! Even one drink can impair the quality of sleep and its restorative value. Alcohol can help you initially fall asleep, but the quality of that sleep will be poorer than the quality if you have no alcohol.

If I'm having sleep problems, should I track how many times I wake up and for how long?

Tracking patterns in your sleep can be okay if you do the tracking in the morning. "Clockwatching" interferes with sleep, so you should turn your clock away from you so you can't see what time it is when you wake up in the night, as this can add to the anxiety.

If my sleep has been impaired for months, how long will it take for me to catch up?

Most people will catch up on a sleep debt within a few days (i.e., 3-4 days). It is a myth that we need weeks or months to catch up on impaired sleep; our body simply doesn't make up for sleep debt in that way.

I have a big deadline coming up—is it okay for me to ‘cheat’ on my sleep?

It depends on how sensitive you are to sleep disruptions/problems—many people have no problem cheating on the amount of sleep they need for a short while (e.g., a few days at a time) as long as they can catch-up on their sleep later that week or on the weekend.

Because snoring is such a common problem among men, it can't be harmful, can it?

Heavy snoring (particularly when associated with multiple awakenings in the night) can be a sign of a serious condition called sleep apnea. If you are a heavy snorer, experience excessive daytime sleepiness, and wake up coughing/gasping in the night, see your family physician and request an “overnight oximetry” (a simple test that can help with screening for sleep apnea).

Is it true that older people need fewer hours of sleep?

No—with age the number of night-time awakenings often increases, but the overall need for sleep (6-9 hours) remains the same. Do sleeping pills work? Yes, sleeping pills can work for many people on a short-term basis, but it is important to keep in mind that sleeping medications are only approved for and intended for short-term (i.e., maximum 5-10 days) use. It is much more important to identify the underlying cause(s) of your sleep problems and work to solve these.

Does melatonin work?

Yes, there is evidence that many people will benefit from taking up to 3mg of melatonin, taken half an hour to an hour before sleep

What is the best treatment for sleep problems?

Cognitive-behavioural therapy (CBT) approaches are the most effective solution for chronic sleep problems (assuming there is no underlying physiological or medical condition contributing to the sleep problem). CBT focuses on helping to identify the underlying causes and triggers of sleep problems and works to problem-solve those. There is a heavy focus on thinking patterns (worry/anxiety) and behaviours that interfere with sleep.

SLEEP LOG



Fill these out in the morning...

What time did I go to bed last night?

What time did I get out of bed today?

How many total hours did I sleep?

How many times did I wake up in the night?

Fill these out in the evening...

How many caffeinated drinks did I have today?

When did I last have a caffeinated drink?

How many minutes of exercise did I get today?

What did I do in the hour before going to bed?

What was my mood like today?

	sun	mon	tues	wed	thurs	fri	sat
What time did I go to bed last night?							
What time did I get out of bed today?							
How many total hours did I sleep?							
How many times did I wake up in the night?							
Fill these out in the <u>evening</u> ...							
How many caffeinated drinks did I have today?							
When did I last have a caffeinated drink?							
How many minutes of exercise did I get today?							
What did I do in the hour before going to bed?							
What was my mood like today?							

WORRY LOG



What thought is keeping me up at night?

Can I do anything to address this worry right now? If yes, what can be done?

When can I make time to reflect on this worry and come up with solutions?

I should get some sleep so that I'm able to properly address this later!

Now that I'm refreshed:
What's the plan?

ABOUT MyWorkplaceHealth



MyWorkplaceHealth

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MyWorkplaceHealth provides customized strategies and solutions to enhance workplace mental health, helping you and your organization adhere to industry best practices and the tenets of the National Standard of Canada for Psychological Health & Safety (PH&S) in the Workplace. Investing in psychological health and safety strengthens an organization's economic stability and reputation as an employer of choice - but more importantly, we believe it's just the right thing to do. For more information, [visit our website](#).

The CEO and Founder of MyWorkplaceHealth is Dr. Joti Samra. She is a national thought leader on issues relating to psychological health, wellness and resilience. She is also the Clinic Director of the Psychological Health & Safety Clinic - a clinical and coaching practice.

Dr. Samra is a highly-regarded expert in psychological health and safety (PH&S). Over the past two decades, she has been involved in numerous national initiatives that have contributed to policy change in Canada, and is a Founding & Ongoing Member of the CSA Technical Committee that developed the National Standard of Canada for Psychological Health & Safety in the Workplace. This Standard is the first of its kind in the world, and has shaped policy development for workplace PH&S at the international Organization for Standardization (ISO) level.