

Half-day module on sleep disturbance for HITs and PWPs

The knowledge and skills described in this unit address the understanding and treatment of sleep disturbance which arises in the context of anxiety disorders, depression and LTCs. Interventions should either be integrated into ongoing treatment for these conditions or offered in parallel. They should not be offered as a substitute for the treatment of anxiety disorders or depression.

Although this module is applicable to the training of both PWPs and High Intensity (HI) Therapists, the formulation of a maintenance cycle and the modification of unhelpful beliefs will draw on skills associated with the background training of HI therapists; as such PWPs will usually focus on offering guided self-help rather than this aspect of an intervention.

Aims

- knowledge of the prevalence and presentation of sleep disorders and their impact and association with depression and anxiety
- common reasons for insomnia or other sleep disturbance, including common psychological and physical reasons for disturbed sleep
- evidence-based psychological interventions for insomnia or a disrupted sleep pattern.

Competences to be demonstrated in this unit

Knowledge

A knowledge of the prevalence and presentation of primary sleep disorders including obstructive sleep apnoea, insomnia disorder, restless legs and circadian rhythm disturbance, their impact and their association with depression, anxiety

An ability to draw on knowledge of the impact of the client's age, medical and physical condition on sleep, and strategies for improving sleep commonly used to ameliorate or manage these impacts (e.g. changing the timing of medication, adapting posture and support in bed)

Ability to liaise with physical healthcare staff to ensure that all phases of the intervention take into account the client's medical condition

Assessment

Ability to conduct a comprehensive sleep assessment including current sleep patterns and associated behaviours (such as bed times, 'up times' and time spent sleeping versus time spent in bed), as well as current medication prescribed for sleep

An ability to draw on knowledge of the impact of psychotropic medication on sleep

Intervention

Ability to assess the client's beliefs and potential fears about their sleep patterns

Ability to draw on knowledge of psychological interventions for insomnia

Ability to derive a shared understanding of the factors associated with a poor sleep routine

Ability to introduce the rationale for interventions likely to improve sleep quality

Ability to collaboratively formulate current sleep difficulties, emotion, beliefs and behaviours within a maintenance cycle of a disrupted sleep pattern

Ability to help the client introduce new behaviours such as sleep hygiene, a specific 'up time', bed or sleep restriction, stimulus control

Ability to use problem solving when appropriate (usually where there are obstacles to self-management)

Ability to help the client to identify unhelpful beliefs about sleep and to test out new beliefs, through discussion and behavioural experiments.

Ability to use idiosyncratic measures to evaluate progress and outcomes in people with insomnia such as the insomnia severity index.