

COGNITIVE-BEHAVIORAL TREATMENT FOR DEPRESSION

Part II: Lecture Notes for Instructors: Health 3

Version 2000: May, 2000

HEALTH 3--DEPRESSION, SLEEP, AND HEALTH

GOALS FOR LEADERS

- Talk about the relationship between depression, sleep, and health problems.
- To educate participants regarding the sleep wake cycle.
- To provide information about sleep hygiene.
- To help participants develop a plan to improve their sleep.

MATERIALS NEEDED FOR THIS SESSION

- 1) Pens
- 2) Dry erase board, chalkboard or large sheets of paper to present material to group

SESSION OUTLINE

- I. Announcements and Agenda
- II. Review
- III. Personal Project Review
- IV. New Material: The Relationship Between Sleep and Health and Improving Your Sleep
- V. Take Home Message
- VI. Personal Project
- VII. Feedback and Preview

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I. AGENDA AND ANNOUNCEMENTS

Go over the agenda and ask participants whether they have any topics they would like to add to the agenda. Make any announcements.

II. REVIEW

Review the material covered in Health 2. Use the review to check on how much participants remember from the last session, reinforce what they have learned, and educate group members who were absent last session

[sample review statement]

Last week we talked about the different needs we have and how depression, health, and poverty affect our ability to get our needs met.

What do you remember most from last week?

Leaders can also choose to review the hierarchy of needs, which is shown on page 169 of the participants' books.

III. PERSONAL PROJECT REVIEW

Review the personal project from the previous session.

WEEKLY PROJECT

- Mood Scale
- Track the number of things they did each day to take care of their health and physical well-being.

OPTIONAL PROJECT

Find out which optional personal project participants did and review what they learned from doing the project.

- 1) THOUGHTS: What thoughts did they find got in the way of fulfilling their needs? How did they dispute those thoughts?
- 2) ACTIVITIES: What short term goal did they set as a way to help them fulfill their needs.
- 3) PEOPLE: What thoughts, feelings, and behaviors did they find they had towards their health care providers?

NEW MATERIAL

BRIDGE: Introduce this week's material, linking it to material taught in previous sessions.

[sample bridge]

Last week we talked about the different types of needs that we have and how depression, health problems, and poverty affect our needs. One basic need that we all have is sleep. Today we will be talking about sleep problems and ways to get a better nights sleep.

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1. INFORMATION ABOUT SLEEP PROBLEMS

A. TYPES OF SLEEP PROBLEMS

[sample introduction]

Let's begin by talking about our sleep problems and how disruptions in sleep affect our health, the way we function, and our mood.

Write the word, sleep problems on the board.

Use the following questions or other questions to begin a discussion.

- *When we talk about sleep problems what do we mean?*
- *What kinds of sleep problems do you have?*

Elicit responses from the participants and write them on the board. Highlight that there are two primary categories of sleep problems:

- 1) Insomnia, which is characterized by
 - problems falling asleep at bedtime
 - waking up in the middle of the night
 - waking up too early in the morning
- 2) Hypersomnia, which is characterized by excessive daytime sleepiness.

B. THE EFFECTS OF SLEEP DEPRIVATION

Have the participants talk about problems that are caused by sleep deprivation. Ask participants:

In what way do you think your sleep problems affect you?

Write their responses on the board and highlight the importance of sleep.

Be sure to cover the following topics:

- 1) Performance impairments
- 2) Mood disturbance (emotional distress, restlessness, frustration, and depression)
- 3) Concentration difficulties (impairments in alertness, concentration, and memory)

C. PREVALENCE OF SLEEP PROBLEMS

Provide information regarding the prevalence of sleep problems.

- Approximately 20% to 40% of adults have sleep disturbances.
- 20% of medical outpatients have sleep problems.
- Sleep problems, such as insomnia and hypersomnia are symptoms of depression and many medical problems.
- Many people with sleep problems consider their problem serious enough to see professional help.

D. WHAT CAUSES SLEEP PROBLEMS

Continue the group discussion by asking:

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What causes sleep problems?

Elicit responses and write them on the board.

Be sure to cover the following factors that contribute to sleep problems.

Sleep problems may be caused by a number of factors:

1. Medical factors, including
 - pains
 - respiratory problems
 - restless legs
 - repetitive twitches, tremors
2. Certain substances, can contribute to or worsen insomnia
 - caffeine
 - nicotine
 - alcohol
 - prolonged use of sleeping medications
3. Psychological factors can contribute to sleep problems, which in turn can make the mood problems worse.
 - depression
 - anxiety
 - anger
4. Environmental Factors can contribute to sleep problems
 - stressful life events
 - outside noises
 - poor sleeping arrangements
5. Behavioral Factors can interrupt a restful sleep pattern
 - drinking large amounts of fluids near bedtime
 - reading exciting material before sleeping
 - watching scary programs before sleeping
6. Cognitive Factors (our thoughts) can affect how we sleep
 - false beliefs about how much sleep we need
 - worry about not sleeping enough or insomnia

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E. THE RELATIONSHIP BETWEEN HEALTH AND SLEEP PROBLEMS

Begin a discussion about the various health problems that are associated with sleep disturbances.

Important information to include in this discussion are:

- 1) Acute and chronic medical conditions can disrupt sleep.
- 2) The symptoms of medical conditions along with procedures to treat them and/or prescriptions used to medicate these conditions can cause sleep disturbances.
- 3) Medical conditions that cause sleep disturbances include:
 - Acute and chronic pain sensations
 - Pulmonary disease
 - Congestive heart problems
 - Hyperthyroidism and hypothyroidism
 - Most central nervous system disorders

2. FACTS ABOUT SLEEP

A. THE BASIC SLEEP CYCLE

In the next part of this session, begin to introduce some basic facts about sleep. It is important that group leaders review some literature on sleep to have a better understanding of the various stages in a typical sleep wake cycle.

We recommend that leaders read a chapter titled Basic Facts About Sleep from Morin, C.M., *Insomnia: Psychological Assessment and Management*, Guilford Press, 1993.

Cover the key points listed in the participants' books (see below).

FACTS ABOUT SLEEP

1. Sleep is a well organized activity.
2. Sleep follows a cyclic pattern.
3. You becomes drowsy and enter a light sleep (Stage 1)
4. You pass through several sleep stages (2, 3, and 4)
5. You then return and pass through Stages 3, 2, and 1 and REM several more times throughout the night.
6. Stages 1, 2, 3, and 4 are referred to as the non-rapid eye movement phase.
7. The rapid eye movement "REM" phase is a brief period of sleep that gets longer throughout the night. .
8. During REM you dream and your heart rate, breathing, and other physiological functions increase.

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Go over the following figure. It may be helpful to draw it on the board.

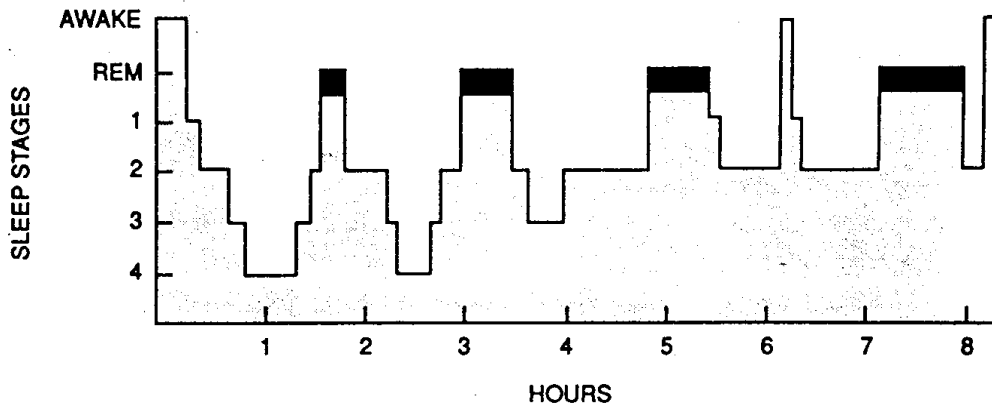


FIGURE 2.1. This sleep histogram illustrates the typical night's sleep of a normal young adult.

Key points:

- We often wake up at several different time points during the sleep cycle. This is an important point as many participants feel that it is a sign of a problem when they wake up in the middle of the night.
- As the night progresses we spend more time in REM sleep.
- Different people need a different number of sleep cycles (going from awake to stage 4 and back).

B. AVERAGE NUMBER OF HOURS OF SLEEP

Ask the group members how many hours of sleep they think they need each night to feel good. Write their answers on the board.

How many hours of sleep do you need to get to feel good?

Highlight the diversity in hours of sleep required. It is important that group members realize that we do not all have the same sleep requirements.

Also, talk about cultural differences in sleep patterns.

They may have unrealistic expectations regarding the number of hours of sleep they "should" get.

3. ASSESSING YOUR SLEEP PATTERNS

PURPOSE: The purpose of this section is to help group members identify factors (medical, substance use, psychological, environmental, etc.) that contribute to their sleep problems. Identify and highlight factors that are most relevant to specific group members.

[sample introduction]

Now that we've talked about sleep in general, let's talk about your specific sleep problem.

Ask participants to turn to page 174 in their books and go over the questions listed on that page (see below).

Assessment of Sleep Problems:

1. How do you prepare for sleep? Do you have any routines?
2. What activities do you engage in that are incompatible with sleep?
3. How is your life affected by your sleep disturbance?
4. How do you respond to sleeplessness?
5. What do you think, do and feel during the day after a sleepless night?

The questions are provided to begin conducting an evaluation of sleep related behaviors. A comprehensive evaluation may be beyond the scope of the group discussion but convey the importance of understanding the nature, frequency, and severity of sleep problems, as well as identifying contributing factors.

Let group members know that as an optional personal project they can use the calendar on page 180 of their books to track their sleep problems and get a better understanding of their sleep problem. Doing so may help them develop a plan to improve their sleep.

4. DEVELOPING A PLAN TO IMPROVE SLEEP

PURPOSE: The purpose of this section is to educate group members regarding strategies that could improve sleep.

Note: Some individuals may have sleep problems that are serious enough to warrant professional help for the specific problem. Identify possible referral sources for these individuals.

Ask participants to turn to page 175 on their book and go over the treatments for sleep problems.

Treatments for acute sleep problems, such as insomnia, have traditionally involved the short-term use of sleeping medications.

Extensive research has shown that for chronic sleep problems, particularly insomnia, cognitive behavioral approaches are most effective and include the following interventions:

- stress management
- stimulus control therapy
- behavioral sleep therapy and cognitive educational components to promote better sleep hygiene.

Adapted from: Association for the Advancement of Behavior Therapy's Insomnia, 1990 and Patricia Lacks Behavioral Treatment for Persistent Insomnia, Pergamon Press, New York, 1987).

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SLEEP HYGIENE

One of the common treatments for chronic sleep problems involves education about sleep hygiene. Sleep hygiene means setting up your sleep situation to make it more likely that you will have a good nights sleep. Let's turn to page 176 in your books and go over the ten rules for better sleep hygiene.

Go over the rules. As you do so, assess to what degree making changes in each area might help participants sleep better. Encourage participants to mark those rules they might like to adopt.

TEN RULES FOR BETTER SLEEP HYGIENE

In order to develop a consistent sleep rhythm and synchronize your biological clock, follow these first three rules. With time, your bedtime, or the time you become drowsy, will become more regular.

- 1) Do not go to bed until you are drowsy.
- 2) Get up at approximately the same time each morning, including weekends. If you feel you must get up later on weekends, allow yourself a maximum of one hour later rising.
- 3) Do not take naps.

Following the next seven rules will help you avoid some common habits that interfere with sleep and help you to build new habits that improve sleep.

- 4) Do not drink alcohol later than two hours before bedtime.
- 5) Do not eat or drink anything with caffeine after about 4PM or within 6 hours of bedtime. Things that contain caffeine include:
 - certain foods (e.g. chocolate)
 - certain drinks (e.g. tea, coffee, soda)
 - some medications (e.g. over the counter cold, headache, and pain relief medications)
- 6) Do not smoke within several hours of your bedtime.
- 7) Participate in exercise, physical activity regularly. The best time to exercise is in the later afternoon. Avoid strenuous physical exertion after 6 PM.
- 8) Think of ways to make your sleep environment more comfortable for sleep.
 - use ear plugs if necessary
 - ask others to keep the noise down
 - arrange for a comfortable room temperature

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- place things over the window to darken the room
 - listen to soft music if that helps you
- 9) If you are accustomed to it, have a light carbohydrate snack before bedtime (e.g. crackers, graham crackers, milk, or cheese). Do not eat chocolate or large amounts of sugar. Avoid excessive fluids. If you wake up in the middle of the night, do not have a snack then because you may find that you begin to wake up habitually at that time feeling hungry.
- 10) Take medications as prescribed. If you feel your medications are contributing to your sleep problems, consult your doctor, so he or she can help you make the necessary changes.

V. TAKE HOME MESSAGE

Go over the take home message.

I can make changes in my thoughts and behaviors related to sleep.

A sleep routine can help me sleep better and improve my mood.

VI. PERSONAL PROJECT

WEEKLY PROJECT

- 1) Continue tracking mood using the mood scale and track the number of things you do each day to take care of you health and physical well-being (see page 152).

OPTIONAL PROJECT (do the following activities if you want)

- 1) THOUGHTS: Use the table on page 178 to identify thoughts that interrupt sleep and thoughts that might help you get a better nights sleep.
- 2) ACTIVITIES: Use page 179 to identify behaviors that keep you awake. Identify activities that might help you to relax and fall asleep.
- 3) PEOPLE: Are there people in your social environment who negatively affect your sleep? If so, how do they affect your sleep? How might you talk with them to change things so that you might sleep more regularly.
- 4) Understand your sleep problems better by completing the sleep calendar (page 180).

VII. FEEDBACK AND PREVIEW

Next week we will be talking about how other emotions, such as anxiety, anger, fear, and sadness, are connected to our health and how we can manage these feelings.

Before ending the group encourage group members to provide feedback regarding today's session. Questions to encourage discussion are listed below.

What was helpful about today's session?

What was not helpful?

What suggestions do you have to improve your therapy?

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GROUP LEADER SELF EVALUATION FORM: HEALTH 3

INSTRUCTIONS

Content Covered: Rate the degree to which you feel this material was covered (0=not at all, 5=fully covered) If not done this session but done later, when it is done write in the date and rate how well you feel you covered it.

Satisfaction w/ Teaching: Rate the degree to which you are satisfied with the way you and your co-leader taught the material (0=not at all satisfied, 10=extremely satisfied)

Participant Process: Rate on average the degree to which participants seemed to participate, understand, and complete the exercise (0=on average very poor, no one understood or no one was able to complete exercise; 10=everyone seemed to understand keypoints and complete the exercise)

	Taught/ Done? (0-5)	Satisfaction with Teaching (0-10)	Participant Process (0-10)
Review	_____	_____	_____
Personal Project Review	_____	_____	_____
1. Information about sleep problems	_____	_____	_____
A. Types of sleep problems	_____	_____	_____
B. Effects of sleep deprivation	_____	_____	_____
C. Prevalence of sleep problems	_____	_____	_____
D. What causes sleep problems	_____	_____	_____
E. The relationship between health and sleep problems	_____	_____	_____
2. Facts about sleep	_____	_____	_____
A. The sleep cycle	_____	_____	_____
B. Average number of hours of sleep	_____	_____	_____
3. Assessing your sleep patterns	_____	_____	_____
4. Developing a plan to improve sleep	_____	_____	_____
Sleep hygiene	_____	_____	_____
Take Home Message	_____	_____	_____
Personal Project Assigned	_____	_____	_____
Preview and Feedback	_____	_____	_____