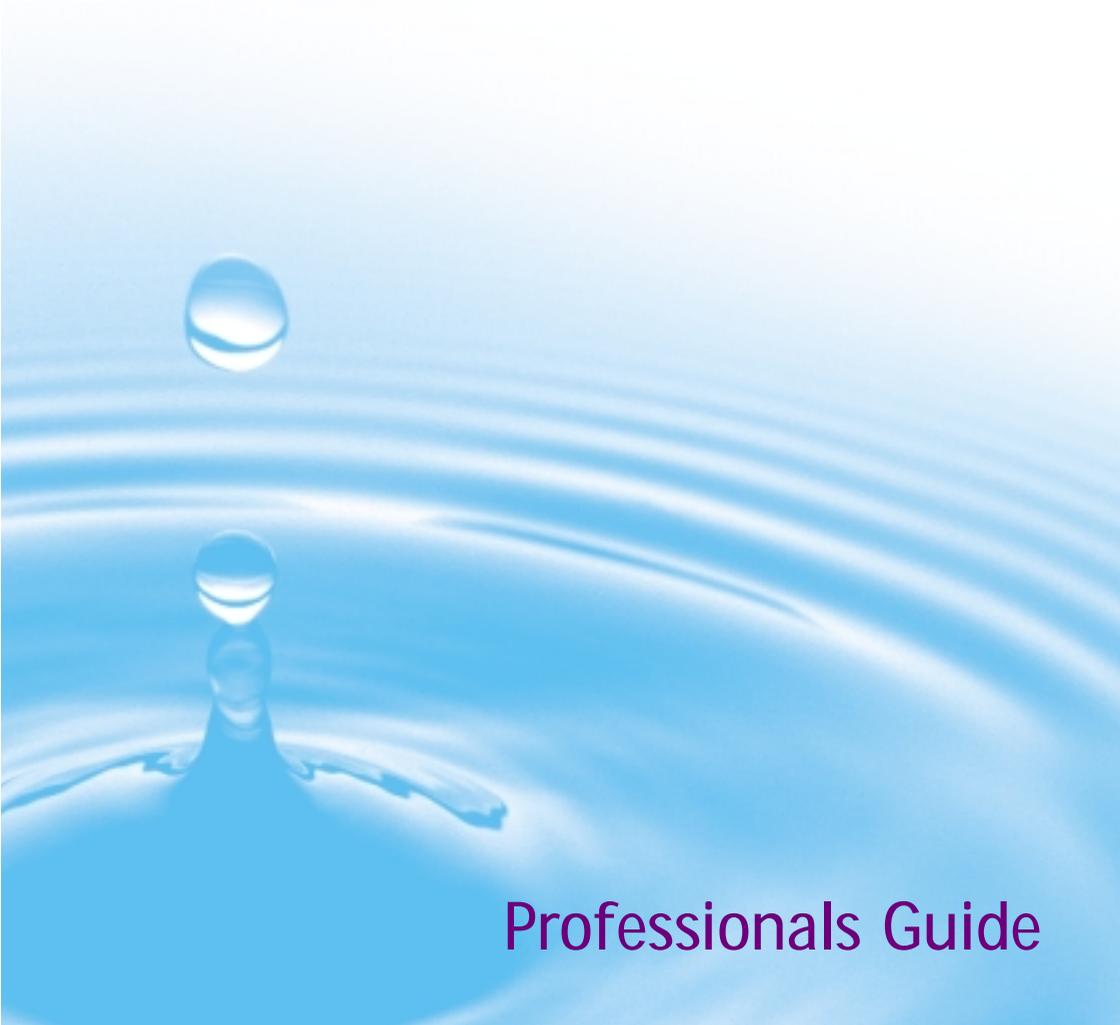


Sleep disturbance in adults and adolescence



Professionals Guide

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Sleep

Sleep is an important activity that helps maintain a healthy body and improves concentration, memory, and the performance of daily tasks. Most people have individual routines for relaxing or getting to sleep. Some methods (e.g. reading, having a cup of tea before bed) will not work for everyone, and can sometimes make the situation worse.

Just like adults, adolescent's routines and activities before bedtime (especially the last hour before bed) will have a noticeable impact on their ability to sleep. Because different people require different amounts of sleep to remain healthy (due to age and level of activity), there is no absolute amount of sleep a person should have.

Dreaming

As well as being necessary for physical well-being, sleep also allows people to dream. Dreams are used to process emotions, organise memories, and prepare the mind for the day to come. They may be senseless, enjoyable, or utterly terrifying, but they all have a purpose. Distressing dreams (e.g. nightmares) are a normal and healthy reaction to bereavement or sudden event. They may focus specifically on some aspect of the trauma or appear unrelated to it, but become less frightening and more general as the person comes to terms with their loss. Most people dream 3-6 times each night but do not remember them when they wake.

Sometimes disturbing dreams or nightmares can be so vivid or upsetting that they wake the person up or prevent sleep. A well-meaning parent, sibling or partner may also wake up a person who is having a distressing dream. Interrupted dreams such as these (where the dream does not end naturally) are the most distressing and least helpful. Some people may need help from friends or trusted adults in coming to terms with the underlying causes of their vivid dreams, or be allowed to dream and finish their nightmares without being woken up.

What are sleep disturbances?

Sleep disturbances occur when a person has difficulty getting to sleep, staying asleep (nightwaking or waking very early), or getting refreshing sleep. Sleeping patterns change as people grow, and different sleeping problems will occur at different ages. For example, teenagers are more

likely to have daytime sleepiness and trouble getting to sleep early at night than adults.

It is common for sleep disturbances to occur in people who have witnessed or been affected by a traumatic death or sudden event. Most disturbances involve difficulty getting asleep or staying asleep, having sleep-related fears (e.g. safety worries), or disturbing dreams. These may take the form of:

- staying up late or not being able to get to sleep at a reasonable hour (feeling that it is too early for sleep or that sleep is impossible)
- they may want to sleep in the same room as someone else for safety
- they may have nightmares
- they may wake repeatedly or at random during the night
- they may wake very early in the morning and be unable to get back to sleep
- they may be sleepy or irritable the next day

Disturbances such as these are normal, and will usually fade away with time as the person comes to terms with their emotions and understanding of what happened. Some people will take longer to do this than others, while some will not notice any problem sleeping at all. Some people will need reassurance and support from family or friends in order to overcome their sleep disturbances. Adults and adolescents can help improve their sleep by checking the following points:

- signs of stress (e.g. irritability, anxiety, muscle tension)
- fears about safety (for themselves or other family members)
- changes to the setting, level of background noise, or temperature where the person sleeps (e.g. sleeping in a different room)
- side effects of medication (e.g. decongestant medication)
- lack of exercise
- changing of routine at bedtime (e.g. timing, activities involved)
- expecting the problem to get worse and watching the clock through the night
- napping during the day
- drinking tea, coffee, and caffeine drinks at night
- drinking alcohol at night
- smoking before going to bed



Please refer to the leaflets on Traumatic grief in adolescents and adults for more information on age appropriate signs of stress.

Following traumatic loss, people must sometimes find new ways to wind down or get to sleep at a regular time. Relaxation, exercise, diet, and planning are the most effective ways of improving sleep and do not carry risk in the long or short term. Addressing safety fears providing reassurance can also be extremely effective in combating sleep disturbance and preventing future problems.

Skills for improving sleep

Dealing with causes of poor sleep – many of the causes of poor sleep involve changes to people's routine, such as changes to bedtimes or activities before bed (e.g. washing, reading). Changes to the environment in which a person sleeps can also have an effect (e.g. temperature, light level, background noise). Some medicines, large meals, or drinks (e.g. tea/coffee/alcohol) can interfere with normal sleep, as can lack of exercise during the day (some people will benefit more than others from extra exercise after a traumatic event). It may be necessary to remove ticking or brightly lit clocks that act as reminders that sleep is unsuccessful.

Adults and adolescents may also have trouble sleeping because of fears about safety (e.g. their own or the safety of their family home) or specific fears related to bedtime (e.g. fears about reliving the trauma or other intrusive thoughts – usually related to memories or fantasies about what happened – not being able to sleep, or fear of having nightmares). These fears should be taken seriously as they can be genuine sources of distress in many people following a traumatic loss. Bedtime and early morning are times when adults and adolescents are likely to think back on trauma, loss, or how their life is different now. This can be reflected in trouble getting to sleep (at night) or trouble getting back to sleep if people wake early in the morning.

If any of these causes are suspected of disturbing sleep, many of them can be addressed directly through reassurance and action, or with the advice of a GP (health assessment and medication). Restoring or re-establishing a bedtime routine which matches (as closely as possible) the original routine will be very beneficial, as will providing reassurance (both emotional and

physical) about each person's specific fears and worries at night.¹

Awareness and Preparation – in the long run, being aware of what is helpful and unhelpful in getting each individual to sleep is very useful. There are guidelines in the section following this one which address some simple ways of improving sleep, but not all of these will be suited to everyone (e.g. some people need to sleep with music on and some people need total silence). It is important, therefore, to identify what works for people as individuals.

It is also important to be aware that sleeping habits will change over time with changes in people's lives. This may be most noticeable following a traumatic loss or sudden event. For example, most people will have concerns about safety following a traumatic bereavement (e.g. wanting to sleep in a room with someone else). These are normal reactions, and sleeping in a room with someone else can help people relax and sleep more soundly. Being afraid and alone in your own bed, unable to sleep, is likely to prolong distress. However, not being comfortable sleeping alone can be a handicap in the long-term. It is important take a balanced approach: to gradually return a person to their normal sleeping routine in accordance with their different needs over time.

Distraction – some adults and adolescents are unable to get to sleep because they can't stop remembering or thinking about the trauma. These thoughts can be brought on by a dream or nightmare, by something that reminded them of the trauma during the day, or sometimes for no apparent reason. Distraction is one of the most effective ways to deal with these thoughts when they arise. It involves:

- switching the person's attention away from their intrusive image or thought before it can play out in their head
 - focussing the person's attention on a sensation (e.g. finger tapping) or action (e.g. counting to ten repeatedly) to block out all other thoughts
- or
- listening to low level, soothing background music (loud enough to comfort but quiet enough to promote sleep)

It is important to have a method of distraction prepared and practiced in advance.²

¹ also see *guidelines in this series on dealing with intrusive thoughts*



Relaxation – this is an important skill for adults and adolescents who have been traumatically bereaved, as trauma and loss come with many difficult memories and overwhelming moments. Learning an individual method of dealing with emotional stress can be invaluable. This can mean getting good exercise or socialising, being able to watch a favourite video, listen to music, or just having a place to be alone.

Following trauma and bereavement, people may need to find different methods of relaxing or unwinding than they used in the past.

- Yoga
- Music
- Hobbies
- Aromatherapy
- Walking
- Fresh Air
- Massage
- Structured Relaxation (tape or book)
- Jogging
- Games
- Controlled Breathing
- Exercise
- Reading

Not every relaxation technique will be suitable for any one person, but most people are good at finding at least one which works for them. It may be a good idea to learn at least one formal relaxation method such as controlled breathing, guided imagery, or progressive muscular relaxation (these techniques are outlined later in the Appendix).

Guidelines

Take a flexible approach – people have different needs and ways of relaxing (depending on their age, gender, and personality). What works for one person will not necessarily work for the next. Re-establish normal bedtime routines (or a routine as close as possible to normal) to promote sleep and relaxation at appropriate times. Think about how stress, noise, temperature, surroundings, timing, diet, and exercise affect sleep. There may be individual fears about safety which need to be dealt with through reassurance and appropriate actions (e.g. locking or checking the house doors/windows together each night).

- What works for one person may not work for another
- What works at one time may not be suitable later on
- Different age groups are likely to have different ways of relaxing or preparing for sleep (especially adolescents)
- Be prepared to try different approaches

² For more information on dealing with intrusive thoughts or images see “Dealing with Intrusions” also available in this series

Take fears seriously – night time fears and nightmares can be very real and frightening. Following traumatic bereavement they can be a healthy sign that the person is tackling their emotional problems. People need emotional and physical reassurance that they are safe, and will often respond positively when encouraged to face their fears in practical ways. This is best done during the day and avoided at night it as otherwise it can serve to remind the person of their fears near bedtime.

- Reassure the person emotionally and physically
- Take their fears seriously
- Develop a safety routine if the person feels unsafe in their room or home (e.g. develop a ritual for locking windows and doors at night)
- Reassure the person that these fears will fade with time
- Practice methods of relaxation with adults and adolescents during the day until they are comfortable with them

Develop a bedtime routine – a bedtime routine is essential for letting the body know it should prepare for sleep. Preparing for sleep can start much earlier than bedtime (e.g. no alcohol or caffeine 4-6hrs before sleep) or five minutes beforehand (e.g. making a mug of warm milk). If a person is very active or under stress they may need at least 30mins to 1hr to wind down before going to bed (e.g. they could do a calming activity such as listening to music or reading). If a person cannot sleep after they have gone to bed, it is important that they have something quiet to do which keeps them occupied and is relaxing.

- Identify, in advance, individual methods for the person to relax or prepare for sleep (especially in the last hour before bedtime)
- Identify activities which should be avoided before bed (e.g. physical activity, drinking strong tea/coffee, listening to loud music)
- Give the person something they can do if they are worried or bored (e.g. read a favourite book or make warm milk)

Aim to build up a consistent and reassuring routine for the person.

Develop strategies for dealing with intrusive thoughts or images – people need practice in how to deal with intrusions if they are unsettling or prevent sleep. Some people use distraction (e.g. count backwards from a hundred or fingertapping) to help them prevent or block these thoughts



out, whereas others may use relaxation to help overcome them. Not all people will know how to do this initially, and may have to be taught simple techniques³

- Identify and practice a method of mental distraction to help interrupt unwanted thoughts
- Use relaxation or exercise to reduce stress
- Set time aside to think about the intrusive thoughts or images, how they were triggered, or how they relate to the trauma. Talk to the adult or adolescent about their fears and provide reassurance.

Set aside time to think about the trauma in a constructive manner – many people are tempted to put thoughts of the trauma from their minds as they are too distressing. Some people may find that this is more difficult at night when they are trying to sleep, and may keep them awake for some time. Having a set time to think about the trauma enables people to prepare themselves for this upsetting task at a more convenient time, and also to be able to do so either in privacy or with a friend. Many people use this time to create a journal, scrap book, or otherwise to help work through their feelings and concerns.

- Make time for reflection in your daily or weekly routine
- Plan what has to be done in this time (e.g. reflection, writing)
- Allow time afterwards for relaxation

Practice relaxation methods – relaxation is the best way to prepare for sleep, and is a skill that most people can become expert at in a short space of time. Relaxation can be practiced alone or with a partner or friend, preferably in a quiet place which the person finds peaceful. At least ten to twenty minutes a day should be spent practicing relaxation until the person feels more comfortable with a method that suits them. It is important to keep practicing even after the basics are understood as the body will continue to learn how to relax quicker. There are three relaxation methods given at the back of this leaflet which are suitable for most people.

- Choose a method of relaxation and practice it regularly
- Set aside a regular time during the day to practice (not just at bedtime)

³For more information on dealing with intrusive thoughts or images see “Dealing with Intrusions” also available in this series

- Try using more than one technique (e.g. muscular relaxation and then controlled breathing)
- Decide if it is necessary to have instructions played from a tape or read out by a friend while you are learning.
- Involve a friend or family member to help you
- Take regular exercise

Take regular exercise – exercise has a highly beneficial effect on sleep as well as general wellbeing. There is no absolute amount each individual needs but it is recommended that 3-4 times per week 20-30 minutes exercise should be taken. This can include:

- Brisk walking (for 20-30 minutes)
- Cycling (machine or on the road)
- Swimming
- Vigorous gardening or housework
- Running
- Games – football, tennis, squash, badminton
- Exercise in the gym; weight training; exercise machines



Outcome

Sleep disturbance is one of the first signs of traumatic stress, and also one of the most persistent. It is often used as a marker for how people are physically and emotionally coming to terms with trauma and loss, and is a natural response to sudden or dramatic change in children and adults.

Sleep disturbance can sometimes continue in people who are no longer acutely affected by traumatic grief if it becomes a habit to have disturbed sleep. However, unless there is a definite medical or continuing physical reason for disturbed sleep, normal sleeping patterns can be returned to with advice and action.

- Many people who have been traumatically bereaved will either experience only moderate amounts of sleep disturbance or none at all. Sleep is likely to be disturbed in the short term or not at all, and should return to normal without having to complete any of the steps outlined in this booklet.
- For some people, sleep disturbance can either be prolonged or have a more noticeable effect on work, education, family, health, etc. An individual can benefit from understanding more about sleep, how to develop a bedtime routine, and how to develop personal methods of relaxation and distraction.

Appendix: Relaxation techniques

Deep breathing

One of the main reasons many of us are tense is our breathing. Most people breathe very shallowly, using only the top part of their lungs. Deep breathing allows you to use your entire lungs, providing more oxygen to your body. It is probably the most effective and beneficial method of relaxation around.

1. Lie on your back
2. Slowly relax your body, starting with your feet and moving through every part of your body until you have reached-and relaxed-your face and scalp.
3. Do a quick check to see if you've missed any place. If so, relax it.
4. Slowly begin to inhale; first filling your lower belly, then your stomach area, and then your chest and the top of your lungs almost up to your shoulders. Hold for a second or two, and then begin to exhale. Empty the very bottom of your lungs first, then the middle, then finally the top.

Continue this breathing for 4 or 5 minutes. Don't force your breathing; it's not a contest to see how much air you can take in. Just do it in a relaxed, peaceful manner. Deep breathing is the basis of a lot of relaxation techniques, and once mastered, can be used with either progressive muscular relaxation or guided imagery to help further relaxation.

Progressive muscular relaxation

One of the most common reactions to stress is muscle tension. Deep muscle relaxation helps to relax your entire body from head to toe by first tensing, then relaxing various muscle groups. The whole process takes about 15 minutes and can be done almost anywhere.

1. Sit or lie down and close your eyes.
2. Tense the muscles in your hands by making a tight fist.
3. Hold for 5 seconds
4. Relax your fist and feel the difference between tension and relaxation in these muscles.

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5. Move on to the forearms and upper arms (both sides separately), then feet, calves, thighs, buttocks, belly, lower back, chest, shoulders, neck, and face (e.g. jaw and forehead).

By the time you're done, your muscle tension will have drained away and you'll feel relaxed.

6. Deepen your level of relaxation by using the deep breathing technique.

Visualise something peaceful

Lie in bed with your eyes closed and imagine you are in your favourite, most peaceful place. It may be on a sunny beach, a hilltop, your back yard, or all alone in a cave in the Himalayas. It does not have to be a real place, as long as you can picture it in your mind.

Imagine you are there now. You can see your surroundings, hear the peaceful sounds, smell the fragrance of the flowers, and feel the warmth of the sun or whatever sensations are there. Just relax and enjoy it - and drift off to sleep.

Once you've found a place that's especially peaceful and effective, you'll find that the more you use it, the more you can count on it to help you relax and get to sleep. Its comfort and familiarity will make it more and more effective.

Authors:

P. Donnelly	Consultant Clinical Psychologist	The Royal Hospitals, Belfast
G. Connon	Assistant Psychologist	The Royal Hospitals, Belfast

Editorial Group:

N. Rooney	Consultant Clinical Psychologist	The Royal Hospitals, Belfast
A. Healy	Therapist; Director Family Trauma Centre	South and East Belfast HSS Trust
E. Smyth	Senior Educational Psychologist	South Eastern Education and Library Board
M. McCann	Director/Counsellor	Cruse Bereavement Care
T. Costello	Senior Social Worker	North and West Belfast HSS Trust

What else?

There may be a need, from time to time, for specific help to manage or control certain excessive intrusions or distress. These are best discussed with your GP, health worker, or social services representative, who will be able to consider your options and information available to you. Referral to bereavement/trauma groups and voluntary agencies can also be arranged through these sources.

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Ages 0-5

Traumatic grief in middle childhood
Ages 5-10

Traumatic grief in adolescence
Ages 10-18

Traumatic grief in adults

Traumatic grief
Anger management

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The Coroner

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Traumatic grief in middle childhood
Ages 5-10

Traumatic grief in adolescence
Ages 10-18

Sudden death
Information for pupils

Individual booklets are available from your local health centre, library or school
The full series can be downloaded from www.royalhospitals.org/traumaticgrief