User Guide for the Healthy Sleeping Interactive Brochure

General Description

> Sleep problems are exceedingly common in returning Veterans with histories of polytrauma[1]

> Sleep problems can significantly interfere with everyday functioning

> Evidenced-based behavioral approaches are available to treat sleep problems[2]

Target Audience

> Sleep hygiene is effective for clients who report primary insomnia and insomnia comorbid with other conditions[2]

> Consider addressing problems other than sleep first if the client does not report daytime fatigue that interferes with everyday activities (e.g., driving)

Pre- and Post-Intervention Symptom Assessment and Administration

> After the need for sleep hygiene intervention has been established, administer the pre-intervention symptom assessment (Epworth Sleepiness Scale, ESS)[3]

> Administer the entire Team Up to Facilitate Functioning Healthy Sleeping brochure with emphasis on the Team Up points

> Contact clients after 4 weeks to administer the post-intervention symptom assessment (ESS)

Administering the Healthy Sleeping Interactive Brochure: Expanding on the 'Team Up' Points

Team Up: What type(s) of sleep problems do you have?

This interaction is designed to help build rapport with the Veteran while also collecting information that will help you tailor the remainder of the intervention to their specific needs.

Team Up: Read the following Sleep Hygiene Do's and Don'ts and mark behavior changes that are most important for you.

Based on the information you learned about the Veteran by discussing the previous Team Up point, help him or her to select the most relevant behavioral changes.

Team Up: Practice Taking a few deep breaths now.

Practice diaphragmatic breathing with the Veteran. To illustrate this, place your hands on your abdomen with your fingertips barely touching at midline. With each breath, your fingertips should separate slightly.

Team Up: Determine if any of these problems and solutions described below apply to you.

Practice effective problem solving as it relates to sleep hygiene through these examples.

Administration Procedure Quick Reference

> **Ensure Veteran is part of target audience**

> **Administer pre-intervention symptom assessment**

> **Deliver the interactive brochure**

> **Establish follow-up date**

> **Document intervention including the symptom assessment results**

> **Complete the post-intervention symptom assessment 4 weeks later**

> **Determine if further intervention is needed**

References

1. Lew et al. (2010). Impact of the "polytrauma clinical triad" on sleep disturbance in a Department of Veterans Affairs outpatient rehabilitation setting. A J Phys Med Rehabil, 89, 437-445.

2. Taylor & Roane. (2010). Treatment of insomnia in adults and children: A practice-friendly review of research. J of Clinical Psychology, 66, 1137-1147.

3. Johns. (1991). A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale. Sleep, 14, 540-545.

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*Part of the **Team Up to Facilitate Functioning (TUFF)** series by the Michael E. DeBakey VA Medical Center Polytrauma Team*