WEBVTT Kind: captions Language: en

00:00:00.180 --> 00:00:01.200 - My name is Susan Rubman,

00:00:01.200 --> 00:00:03.660 I'm a clinical psychologist in Sleep Medicine at Yale,

00:00:03.660 --> 00:00:07.219 and I'm here to talk to you about managing sleepless nights.

00:00:10.980 --> 00:00:12.060 Sleep is variable.

00:00:12.060 --> 00:00:13.950 It's always gonna be variable from night to night,

00:00:13.950 --> 00:00:15.720 and science recognizes that there

00:00:15.720 --> 00:00:19.623 are differences in individuals, and across nights.

00:00:20.550 --> 00:00:23.100 Insomnia is different from normal sleep,

00:00:23.100 --> 00:00:25.080 in that

00:00:25.080 --> 00:00:29.130 there are persistent and consistent difficulties in sleep,

00:00:29.130 --> 00:00:32.520 and that can take the form of difficulty falling asleep,

00:00:32.520 --> 00:00:33.900 difficulty staying asleep,

00:00:33.900 --> 00:00:35.610 or being awake for too long during the night,

00:00:35.610 --> 00:00:37.050 or waking up too early,

00:00:37.050 --> 00:00:39.570 and not being able to return to sleep.

00:00:39.570 --> 00:00:41.760 One of the hallmarks that we look for

00:00:41.760 --> 00:00:44.530 in really recognizing whether this is

00:00:46.843 --> 00:00:48.660 a problem for individuals,

00:00:48.660 --> 00:00:50.700 is that there are also daytime consequences,

00:00:50.700 --> 00:00:54.148 that's a hallmark of actual clinical insomnia.

00:00:54.148 --> 00:00:56.910 (gentle music)

00:00:56.910 --> 00:01:00.390 Our experience is, you get into bed and you go to sleep.

00:01:00.390 --> 00:01:01.890 For people who don't have difficulty with sleep,

00:01:01.890 --> 00:01:02.940 you get into bed and you go to sleep,

00:01:02.940 --> 00:01:04.050 you get into bed you go to sleep,

00:01:04.050 --> 00:01:05.160 you wake up in the middle of the night,

00:01:05.160 --> 00:01:09.210 and you go back to sleep, and that's their learning history.

00:01:09.210 --> 00:01:11.340 For people who have difficulty with sleep,

00:01:11.340 --> 00:01:14.460 however it is that they got there, whether it's, you know,

00:01:14.460 --> 00:01:16.170 they brought a new baby into the home,

00:01:16.170 --> 00:01:17.700 or they had a stressful job,

00:01:17.700 --> 00:01:21.420 or whatever the pathway is to getting there,

00:01:21.420 --> 00:01:22.260 their experience is,

00:01:22.260 --> 00:01:24.000 they get into bed and they toss and turn,

00:01:24.000 --> 00:01:25.050 they wake up in the middle of the night

00:01:25.050 --> 00:01:26.040 and they toss and turn,

00:01:26.040 --> 00:01:27.720 they can't go back to sleep, they toss and turn.

00:01:27.720 --> 00:01:29.580 And that's what their bodies learn,

00:01:29.580 --> 00:01:31.440 and that's what their brains learn.

00:01:31.440 --> 00:01:34.830 And through repeated pairings of being in bed

00:01:34.830 --> 00:01:36.180 and tossing and turning,

00:01:36.180 --> 00:01:37.980 and being in bed and tossing and turning,

00:01:37.980 --> 00:01:40.560 the bed, and the bedroom, and the act of going to bed,

00:01:40.560 --> 00:01:44.700 actually acquire the capacity to kind of create

00:01:44.700 --> 00:01:47.340 arousal and awakening,

00:01:47.340 --> 00:01:49.410 and that

00:01:49.410 --> 00:01:52.530 learned habit, that bodily learned habit,

00:01:52.530 --> 00:01:55.805 like any other habit, becomes persistent over time.

00:01:55.805 --> 00:01:58.388 (gentle music)

00:01:59.280 --> 00:02:01.860 CBTI is cognitive behavioral therapy for insomnia,

00:02:01.860 --> 00:02:06.000 it addresses both thoughts and expectations about sleep,

00:02:06.000 --> 00:02:08.400 and behaviors around sleep,

00:02:08.400 --> 00:02:11.100 during the night when we can't sleep.

00:02:11.100 --> 00:02:13.200 There are a couple of different components

00:02:13.200 --> 00:02:14.800 of cognitive behavioral therapy.

00:02:16.170 --> 00:02:19.470 The first is called stimulus control therapy.

00:02:19.470 --> 00:02:21.930 Again, that's not a helpful name, right?

00:02:21.930 --> 00:02:26.930 What it really means is that we're taking control of that

00:02:26.940 --> 00:02:31.050 association between being in bed and not sleeping,

00:02:31.050 --> 00:02:33.963 and that control, and we're gonna change it.

00:02:34.800 --> 00:02:35.633 So

00:02:36.540 --> 00:02:37.950 what we do is,

00:02:37.950 --> 00:02:41.940 stimulus control has two basic rules to it.

00:02:41.940 --> 00:02:44.790 The first rule is really that beds are for sleep only.

00:02:44.790 --> 00:02:47.760 We wanna get rid of this association,

00:02:47.760 --> 00:02:49.470 the being in bed and tossing and turning,

00:02:49.470 --> 00:02:51.360 the being in bed and not being able to sleep,

00:02:51.360 --> 00:02:52.770 being in bed and being frustrated,

00:02:52.770 --> 00:02:54.870 and being in bed and, and being aroused.

00:02:54.870 --> 00:02:56.710 So we really wanna separate out

00:02:57.930 --> 00:03:02.280 and carve out the bed and the bedroom as a place for sleep.

00:03:02.280 --> 00:03:03.780 The second part of that,

00:03:03.780 --> 00:03:06.243 is that when you're not sleeping,

00:03:08.280 --> 00:03:10.110 because beds are for sleep only,

00:03:10.110 --> 00:03:12.630 you need to go someplace else and do something else

00:03:12.630 --> 00:03:14.490 for a period of time,

00:03:14.490 --> 00:03:16.800 until you recognize

00:03:16.800 --> 00:03:19.200 that your natural sleep drive is starting to kick in,

00:03:19.200 --> 00:03:21.030 and you start to feel sleepy, and drowsy,

00:03:21.030 --> 00:03:23.130 and then go back to the bedroom to go to sleep.

00:03:23.130 --> 00:03:24.960 That's the first component of CBTI.

00:03:24.960 --> 00:03:29.960 The second component, also, is called sleep restriction,

00:03:30.180 --> 00:03:32.130 which sounds just mean-spirited, right?

00:03:32.130 --> 00:03:33.900 Why are you restricting my sleep when I'm already

00:03:33.900 --> 00:03:35.400 having difficulty sleeping?

00:03:35.400 --> 00:03:38.190 What it is, is actually restriction of time in bed.

00:03:38.190 --> 00:03:40.980 We wanna compress the amount of sleep

00:03:40.980 --> 00:03:42.450 that individuals are getting.

00:03:42.450 --> 00:03:45.090 So if you're getting six hours of sleep

00:03:45.090 --> 00:03:48.210 over nine hours in bed, that doesn't feel so good,

00:03:48.210 --> 00:03:50.580 because you've got big patches of wakefulness.

00:03:50.580 --> 00:03:53.280 We wanna compress your time in bed,

00:03:53.280 --> 00:03:56.970 and compress your sleep, so that you get it in one big dose.

00:03:56.970 --> 00:03:59.280 And we work with individuals

00:03:59.280 --> 00:04:02.703 to manage both of those factors at the same time,

00:04:04.560 --> 00:04:06.390 to improve their sleep.

00:04:06.390 --> 00:04:10.260 It is a treatment strategy that is very effective.

00:04:10.260 --> 00:04:13.530 When folks work on stimulus control therapy,

00:04:13.530 --> 00:04:14.970 there's a latency to response,

00:04:14.970 --> 00:04:16.870 it takes a little bit of time

00:04:19.866 --> 00:04:21.360 to start to see the benefit,

00:04:21.360 --> 00:04:23.490 but the benefits are enduring, and we know that,

00:04:23.490 --> 00:04:24.930 that once people have changed

00:04:24.930 --> 00:04:26.820 their sleep habits and patterns,

00:04:26.820 --> 00:04:31.569 those gains are maintained, and in fact, extended over time.

00:04:31.569 --> 00:04:34.620 (gentle music)

00:04:34.620 --> 00:04:36.490 A couple of takeaway ideas

00:04:37.999 --> 00:04:39.060 that are that are important for folks to know,

00:04:39.060 --> 00:04:41.100 is that it's normal to have difficulty sleeping,

00:04:41.100 --> 00:04:43.697 particularly under times of stress.

00:04:43.697 --> 00:04:47.490 If it becomes persistent and consistent,

00:04:47.490 --> 00:04:49.170 there's help available.

00:04:49.170 --> 00:04:51.990 I would encourage people to reach out

00:04:51.990 --> 00:04:53.670 to their primary care physician,

00:04:53.670 --> 00:04:55.710 or to a sleep disorder center,

00:04:55.710 --> 00:04:59.013 if they're experiencing ongoing difficulty with sleep.