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Sleep Onset Insomnia (Delayed Sleep Phase)

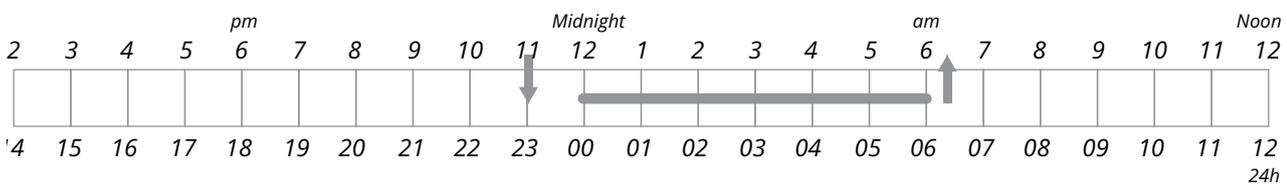
Sleep onset insomnia can have two main causes, conditioned insomnia (see Chapter 5) and a late timed body clock (delayed circadian rhythm) (see Chapter 4).

For some people the body clock delay is the biggest problem but for others it is the conditioned insomnia. It is important to work out what problems may be contributing to the insomnia in order to include the appropriate treatments.

Below are two examples of clients who experience sleep onset insomnia but due to different 'causes'. The main contributor to Lisa's sleep onset difficulty is conditioned (learned) insomnia whereas Michael's main difficulty is a Delayed Sleep Phase due to a delayed body clock.

Lisa is 32 years old, married with a 5-year old and a 7-year old child. She works part-time. Lisa is a typical busy woman. After she picks her children up from school, she tries to spend some time with the children while cooking the evening meal. After dinner, she washes the dishes then she and her husband get the children off to bed. Lisa spends the rest of the evening preparing for the following day – preparing school lunches, ironing, even doing a washing load. She feels exhausted but not sleepy when she sits down in front of the TV for a hour before bed.

Lisa's weekday sleep pattern

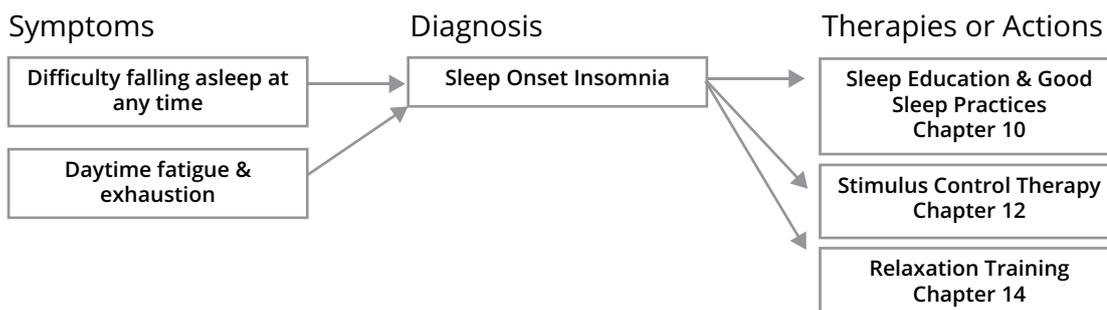


Lisa and her husband go to bed about 11 p.m. Lisa's husband falls asleep quickly but she starts to feel quite alert. She starts to think about things – no particular worries, just things such as what she needs

to do the next day. She feels very frustrated that her husband can sleep but she feels wide awake. She thinks this may be due to the greater number of responsibilities she takes on for the family, and she may feel some resentment at this. She tosses and turns in bed. Lisa finally falls asleep after about an hour. She gets up at 6 a.m. so she has time to get the children ready for school. On weekends, Lisa can sleep in a little later but is usually up between 7-7:30 a.m. On weekdays, Lisa only gets about 6 hours sleep and about an hour more on weekends. Because she feels fatigued and exhausted most of the time she would love to get more sleep. But Lisa doesn't feel she would be able to sleep-in or sleep during the day. She feels quite alert at 7:30 a.m.

Suggested Therapy

Lisa has conditioned insomnia. She should follow Stimulus Control Therapy instructions described in Chapter 12 and learn a Relaxation Technique (see Chapter 14) that she can practice in the evening before bedtime or in bed after turning out the lights.



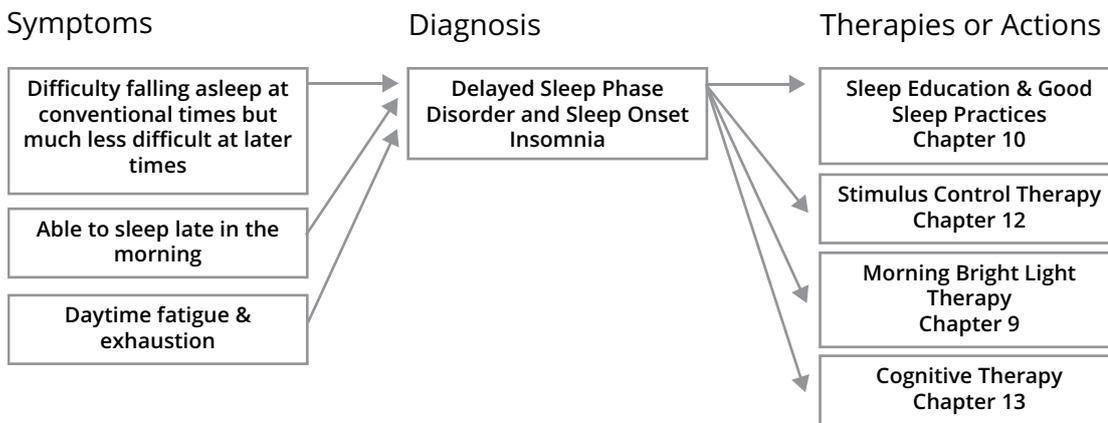
Michael also experiences Sleep Onset Insomnia however the main cause of his insomnia is a delayed circadian rhythm (body clock) and with conditioned insomnia contributing to some extent. Michael is trying to sleep in his 'alert zone'.

Michael is a 28-year-old accountant who works full time in the city. He catches a bus to work and usually falls asleep on the bus in the morning and on the way home.

Michael complains of difficulty trying to fall asleep at night. No matter what time he goes to bed, he can't fall asleep until about 1 to 2 a.m. In the evening he doesn't feel sleepy and often works on his computer or plays computer games until about 11:30 p.m. when he goes to bed and 'tries to fall asleep'. He gets very frustrated and starts to worry if he will wake up in the morning on time and how

Suggested Therapy

Michael has Sleep Onset Insomnia and Delayed Sleep Phase. He should follow Stimulus Control Instructions (Chapter 12), Morning Bright Light (Chapter 9) and Cognitive therapy.



◀ Click image to play a video of Professor Leon Lack

Other causes of Sleep Onset Insomnia

Another reason some people have trouble falling asleep is because they have Restless Legs Syndrome, or a breathing disorder that disturbs them as they are going off to sleep (see Chapter 16). If your symptoms suggest these disorders, they should be investigated at a Sleep Disorders Centre in addition to following the suggested therapies discussed above.

🔍 Questions?

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