

SLEEP INTERVENTIONS

Suggestions for Helping a Person by Addressing their Cognitive Abilities

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TO IMPROVE QUALITY AND QUANTITY OF SLEEP

This handout suggests intervention strategies (support strategies) to help improve a person's quality and quantity of sleep. The suggestions address sleep and cognitive abilities for a person with many cognitive needs or is experiencing changes in their cognitive abilities, as well as for you who assists, supports, or interacts with this person.

Cognitive abilities include a person's ability to think, understand what they see or hear, figure out how to do things, remember, imagine, and many other cognitive functions. Cognitive abilities allow a person to communicate, understand and respond to their surroundings, create, and perform tasks.

There is a range of interventions suggested. Review the suggestions and begin trying those that feel comfortable to you and this person, or that make sense given **your particular situation**.

They are **organized** under **four factors** important to **consider** and to modify or **adapt** when trying to improve a situation by addressing cognitive abilities.

More details and concepts regarding these four factors and interventions or support strategies that support a person's cognitive abilities (that is, their cognitive strengths and needs) are in **other CAIS Handouts** and in the *Cognitive Abilities and Intervention Strategies (CAIS): Questions to Ask and CAIS: Intervention Strategies* by S Weaverdyck. These can be individualized to this particular person and situation. All of these suggestions are available on the Michigan website called Improving MI Practices at <https://www.improvingmipractices.org>

There are many resources available regarding sleep, including the 2017 book "Why We Sleep" by Mathew Walker, PhD (published by Scribner in New York). The research articles cited in that book, and the book were sources for many of the facts and suggestions about sleep in general included in the original version of this handout.

The many other suggestions below address cognitive abilities specifically.

ENVIRONMENT

1. **Darken** the room for sleep. Use eyeshades if that is helpful.
2. Use **night lights** so this person can see if they wake up during the night.
3. **Avoid electronic** screens at night, including for example, tv, cell phones, laptops, and tablets.
4. **Avoid blue lights** at night.
5. Keep the room at a cool comfortable (for this person) **temperature** at night. Monitor and adapt the temperature if this person's sense of temperature fluctuates (alternating between feeling too cold or too hot). For example, use a cap, blanket, or additional clothing that is easily removed if they feel hot during the night.
6. **Remove noise** in the room at night. Use ear plugs and white noise if that is helpful.
7. Use a comfortable **mattress**.
8. Use comfortable **pillows** that help align this person's body well.
9. Have a clock available to let this person know the time. If a clock makes them nervous when they can't sleep, then turn it facing away.
10. Keep a notepad and pen by the bed.
11. Make the **bedroom** a **positive** space, a peaceful haven, a desirable and **comforting** place. Avoid any tasks or interactions in the bedroom that involve contention, struggle, stress, or distress. Use the

bedroom only for sleep. Try to do tasks that require effort or decision making (including dressing if that is challenging) in a different room.

12. Have easily accessible objects that provide comfort or security for this person (such as a favorite blanket).
13. Have an electronic communication or monitoring system in the bedroom so this person feels they can call out for help when they need it, and you can hear them if they wake up.
14. **Adapt the bedroom** to this person's cognitive needs and strengths, so the room is easy to see, understand, and recognize. (See the suggestions and resources below.)
15. Make the task of **preparing** for bed and **staying** in bed **easier**, by reducing the cognitive and physical demands on this person. For example, have the bed low enough to get in easily. Have a light switch, tissue, and water glass within easy reach. Have a bell or call light that is easy to remember and accessible for when this person wants help.
16. Reduce the risk of injury if this person falls out of bed. Use a low bed, pad on the floor by the bed, or a partial rail to hold onto.
17. **Close the door** when helping this person prepare for bed to reduce distraction and stimulation.
18. **Highlight** the areas or objects in the room that are important to this person so they can easily see them. That is, provide contrast between an object and its background, and between an area and other areas. This includes objects they may want to use or see for reassurance, or someone they may need to see and recognize for help or information. Make sure there is contrast (light versus dark) between you (including your clothes and skin) and the wall or scene behind you. Provide contrast between their pajamas and the bedspread.
19. **Reduce** the number of **objects** and **people** in the room, while still keeping the space feeling familiar to this person. Consistently use the **same** objects and people. Accommodate this person's visuospatial needs. See **CAIS Handout "#29 Visual-Spatial Interventions"**.
20. Have **even lighting** in the room so there are no shadows.
21. **Avoid patterns**, especially geometrically repeating patterns on the floor, curtains, bed sheets, blankets, pajamas, and your clothes.
22. **Avoid frightening pictures** on the wall and surfaces that might look different at night. If this person expresses fear or anxiety about or says they don't like a particular picture or piece of art, remove it immediately.
23. **Provide information** in the environment so this person knows this is a bedroom, and where things are in the bedroom (for example, notes or signs, objects that look normal to this person and look like what they actually are).
24. If this person needs to move to a different room or the bedroom needs to be rearranged, have the **path** to the **bathroom** and to the **door** be the **same as it was** before from the perspective of this person when they are in the bed.
25. Make sure it is clear where the bathroom is or have a commode by the bed to make it easier to use during the night when needed. Reduce the distance between the bed and the bathroom or commode.
26. Use sensors on some of the night lights so they can turn on at night when there is movement, to help this person see a path to the bathroom.
27. Reduce the distance between all the spots in a room and the place this person needs to go to. Make all the paths easy to navigate.
28. Reduce the **smells** in the bedroom.
29. Carefully consider and evaluate the effectiveness of any change in the environment. Make changes only when they are helpful. **Consistency is important**, especially for the bedroom and bedtime routines.
30. Ensure the **house** or building is **safe** for this person in case they do get up and move around the house or building during the night.
31. Have bed partners sleep in separate beds or separate rooms as necessary.
32. Use bright lights in the morning.
33. Have natural sun light throughout the house or building to foster sleep at night.

34. Arrange space in the house or building so physical movement and **exercise** is easy and fun to do, since exercise generally improves quality and quantity of sleep.
35. The bedroom and nighttime may be particularly emotionally distressing for a person who has in their remote past or recently experienced an emotional, physical, or sexual encounter that was uncomfortable, painful, or traumatic. This may affect their ability to relax and sleep. The space and time may provide triggers that cause this person to relive their experience. Show this person respect and compassion as you work to make the bedroom feel safe, using these suggestions.
36. Try to modify the environment (bedroom and other rooms) to address this person's cognitive abilities and emotions in a way that helps this person feel more safe, secure, competent, and appropriately stimulated and energized throughout the 24-hour day, by using these suggestions and the resources below.
37. See the other **CAIS Handouts** and the *Cognitive Abilities and Intervention Strategies (CAIS) Questions to Ask* and the *CAIS Environmental Intervention Strategies* on the Michigan website called Improving MI Practices at <https://www.improvingmipractices.org>

INTERACTIONS WITH OTHERS

38. **Avoid topics** of conversation before bed that might worry or **upset** this person.
39. **Avoid** thinking about or reviewing the calendar or a **to do list** for the next day, before going to bed.
40. Designate a time earlier in the day to talk about upsetting topics.
41. Talk early in the day about dreams, nightmares, or sleep activity. Or talk about them during the night if it helps this person go back to sleep.
42. **When this person is upset**, stressed, or anxious use soothing words, nonverbal gestures, or moving your hand on their back to address feelings. Avoid words of reason. Wait to give facts until this person is ready to hear them.
43. Arrange for this person to talk to others about feelings and strategies (for example, a support group online or in person).
44. Avoid waking this person up during the night (for example, to check for dampness or other things).
45. Arrange for a massage for this person before sleep or during the day. Apply cream to their arms and legs.
46. Have **other people** nearby to help with nighttime or sleep disruptions or to simply be present.
47. If this person is frequently **up at night** and unable to go back to sleep, try doing low-key activities or helping them to take a relaxing bath. During the night, there are usually fewer distractions, less stimulation, more one-on-one time, less competition for help and attention, and conditions that make it easier to perform certain tasks that might be harder to do during the day, such as bathing and eating.
48. Make the task of **preparing** for bed and **staying** in bed **easier**, by reducing the cognitive and physical demands on this person. For example, **avoid mixing cues** (for example, talk only about going to bed and not about other topics such as what will happen the next day), use both **auditory** and **visual** cues (for example, show the pajamas as you talk about them), and consistently use the **same cues** every time you do the task (for example, the same information, words, movements, and spot in the room where you do the task).
49. Help this person get dressed on one side of the room and undressed on the other side of the room to help them remember what the task is, and that it is time to go to bed.
50. **Repeat information** and **reassurance** as often as necessary to accommodate this person's cognitive needs. Reduce background noise to help ensure this person can hear you more easily, and thus receive the information initially.
51. **Accommodate** this person's **visuospatial needs** (for example, place your body and objects in the best part of their visual field, approach from the front and not too high or low (think of them as looking through binoculars to see you), move slowly and move less, Gesture less and with smaller gestures.
52. **Observe this person closely** to see how they are feeling at any given time and what parts of a task or the environment are challenging or distressing to them. Modify the environment or task to reassure them or to make sleeping and preparation for sleep easier for them.

53. Try to consider ways to **reassure this person** when they wake up at night. They may be uncertain or frightened of being alone and may need a brief reassurance that someone is there with them.
54. Use touch if this person is comfortable with touch. If they are sensitive to touch, then adapt your touch, and the texture of their clothes, sheets, blankets, and socks. See the **CAIS Handout “#27 Touch”**.
55. **Watch** this person **closely** to see evidence of **distress** in their responses to your presence and your interactions with them. If this person has in their remote past or recently experienced an emotional, physical, or sexual encounter that was uncomfortable, painful, or traumatic, it may affect their ability to relax and feel safe enough to sleep. Make sure this person knows you are not someone that they feared in the past. Avoid looking like someone they are afraid of. Reassure them. Move slowly, be gentle, and show respect and compassion.
56. Try to modify interactions with this person to address this person’s cognitive abilities and emotions in a way that helps this person feel more safe, secure, competent, and appropriately stimulated and energized by using these suggestions and the resources below.
57. See the other **CAIS Handouts** and the *Cognitive Abilities and Intervention Strategies (CAIS) Questions to Ask* and the *CAIS Communication Intervention Strategies* on the Michigan website called Improving MI Practices at <https://www.improvingmipractices.org>

TASK, ROUTINES, AND DAILY SCHEDULE

58. Follow a **consistent schedule** of activities and **routines** every day and night.
59. Follow a **ritual** consistently before going to bed. For example, say a certain poem or rhyme, or do a certain task such as putting away items on the dresser.
60. **Establish habits.**
61. Eat meals at the same time every day.
62. Go to bed and get up at the same time every day, including weekends.
63. **Adapt naps** during the day to this person, so they give this person rest but don’t interfere with their nighttime sleep. Avoid naps unless they are necessary. If they are helpful, then take 20-minute naps but avoid naps after 3:00 pm. This person may need a longer nap during the day.
64. **Record** the amount and quality of sleep each night to get an overall picture (for example, when this person went to bed, when they went to sleep, the number of times they woke up, when they got up in the morning).
65. Do slow, **calm** relaxing **activities** before bed (for example, reading, listening to calming music, reading aloud, listening to an audio book).
66. During the day do physically and cognitively active activities that are engaging and stimulating.
67. Avoid large meals, sugar, beverages, and hard to digest foods in the evening.
68. Dim lights as bedtime approaches.
69. Set an alarm to wake up if this person is worried about oversleeping in the morning.
70. Use **clothing** and bed **sheets** that are **easy to put on and take off** and that feel **soft** and **light on the skin**. Use a heavier blanket if this person prefers something that holds them and feels like it has some weight.
71. Use blankets that are **light on the feet**. Do not tuck this person in too tight, unless they prefer that.
72. During the night play an **audio book** to help this person stay calm and to go back to sleep. Use a pillow speaker under the pillow to hear music or an audio book.
73. Consult a **health professional** to help this person gradually reduce the need to urinate during the night. If this person needs to urinate during the night, help them to the bathroom or commode, or use products for incontinence that protect their skin.
74. The task of removing clothes may trigger experiences of sexual or physical discomfort, pain, or trauma from the past for this person. **Adapt the task of changing clothes** by, for example, keeping this person covered at all times, removing and replacing each piece of clothing immediately, putting on a nightgown first and then removing the clothes under it, reassuring and reminding this person that they are safe and you are helping them get ready to sleep.

75. Try to modify a task and schedule of routines to address this person's cognitive abilities and emotions in a way that helps this person feel more safe, secure, competent, and appropriately stimulated and energized by using these suggestions and the resources below.
76. See the other **CAIS Handouts** and the *Cognitive Abilities and Intervention Strategies (CAIS) Questions to Ask* and the **CAIS Task and Daily Routines Intervention Strategies** on the Michigan website called Improving MI Practices at <https://www.improvingmipractices.org>

PERSON

77. Get **medical evaluations** to address possible sleep disorders that need treatment (for example, sleep apnea, REM (Rapid Eye Movement) sleep behavior disorder, restless leg syndrome).
78. **Treat possible causes** of sleep problems (for example, urinary tract infection, other illnesses, effects of medications and medication interactions, Gastroesophageal Reflux Disease (GERD), depression, anxiety).
79. **Exercise** during the morning or afternoon for 30 minutes every day (for example, by walking, doing chair exercises, or swimming). Finish exercising at least 3 hours before going to bed. (It is possible this particular person's sleep improves with exercise less than 3 hours before bed. As with all of these suggested intervention strategies, it is important to individualize to this particular person.)
80. Get lots of **sunlight** during the day. Be outside for about thirty to sixty minutes every day, especially in the morning.
81. **Avoid alcohol.** It might help this person go to sleep, but it might also make them wake up during the night. It might reduce REM sleep and keep them in lighter stages of sleep.
82. **Avoid nicotine.** It might make this person sleep very lightly, and wake up too early in the morning.
83. **Avoid caffeine.** Caffeine is in, for example, coffee, colas, energy drinks, black and green teas, chocolate, and some medications. If this person must ingest it, do it at least 8 hours before bedtime. Decaffeinated coffee still has 15-30 % of the amount of caffeine as regular coffee.
84. **Avoid medications** that delay or **disrupt sleep.** These might include some prescribed heart, blood pressure, or asthma medications, and some over the counter or herbal remedies for coughs, colds, and allergies. If this person must take them, help this person take them earlier in the day.
85. **Avoid diuretics.** If this person must take them, then help this person take them in the morning.
86. Avoid giving before bed **cholinesterase inhibitor medications.** These are many of the medications used for dementia, for example, Aricept and Exelon.
87. **Avoid medications** in general as much as possible. There are usually side effects, especially as this person gets older.
88. Encourage this person to eat bananas for leg (calf) cramps.
89. Encourage this person to drink a small amount of **warm milk** before bed or if they wake up during the night.
90. Help this person take a **hot bath** before bed to feel soothed and relaxed.
91. If this person is awake in bed for more than 20 minutes, encourage them to get up and do a relaxing activity. Help them **relax** so they can go back to sleep by, for example, moving your hands on their legs, perhaps with cream.
92. Address **pain, itching, and discomfort**, even mild discomfort, both physical and emotional. Try using pain medications at bedtime, silk or other soft pajamas, a soft mattress topper, a fitted satin sheet, bed rails (if appropriate) to make it easier to move in bed, or a bath before bed to relax their muscles so they don't cramp during sleep. Address arthritis, rigidity, muscle tension, anxiety, grief for a lost bed partner, and other sources of discomfort or distress.
93. Address and reduce **stress** in general, especially chronic stress. Note some of the common triggers of stress and distress listed in **CAIS Handout "#8 The Brain and Cognitive Abilities"**.)
94. Try relaxation strategies, for example, progressive muscle relaxation or yoga.
95. Try meditation or mindfulness techniques before bed and/or during the day.
96. Record in a **journal** this person's sleep and the effects on their sleep of various factors (for example, GERD –silent or symptomatic)

97. Make sure this person is getting enough **oxygen**, especially if they breathe primarily through their mouth. Use a nasal spray, medication, a spray apparatus to wash away nasal mucus, or a breathing machine as needed.
98. Treat **allergies**.
99. **Avoid sugar**, especially before bed.
100. Identify this person's cognitive abilities, including their specific **cognitive strengths** and **needs**. Individualize these suggestions to this person's cognitive abilities by using the resources below.
101. **Individualize** these suggestions to this person's physical and emotional needs, preferences, and desires, any disorder they may have, and the stage or severity of the disorder.
102. Watch this person closely and become familiar with this person enough to know if they have in their remote past or recently experienced an emotional, physical, or sexual encounter that was uncomfortable, painful, or traumatic. Consult others who know this person well to **identify support strategies** that help this person relax and feel reassured enough to sleep well.
103. Try to reduce stress, support this person cognitively and emotionally, and address this person's needs and desires in a way that helps this person feel more safe, secure, competent, and appropriately stimulated and energized, by using these suggestions and the resources below.
104. See the other **CAIS Handouts** and the *Cognitive Abilities and Intervention Strategies (CAIS) Questions to Ask* and the *CAIS Cognitive Intervention Strategies* on the Michigan website called Improving MI Practices at <https://www.improvingmipractices.org>