

Overview

Project Question: The project question is how to treat sleep disturbances in the mental health community without the use of medications?

- ❖ Goal: promote the identification of sleep problems through implementation of staff education and a non-pharmacological treatment protocol.
- ❖ Use of the Insomnia Screening Index (ISI) to screen for sleep problems
- ❖ Use the Non-Pharmacological Education for Sleep (NPES) to provide education to patients
- ❖ Highlight importance of good sleep health and early screening and intervention
- ❖ Use national guidelines to standardize protocols

DNP Project Problem and Purpose Statement

- ❖ The purpose of this project is to promote the identification of sleep problems through implementation of staff education and a non-pharmacological treatment protocol.
- ❖ NPES is the educational guide created based on non-pharmacological treatment methods that will be distributed to patients for sleep problems by site staff during assessments based on a national guideline.
- ❖ Public health attempt to increase awareness and importance of good sleep health.
- ❖ Improve screening of sleep and early intervention of sleep problems in 4-weeks

DNP Project Objectives

1. Early identification of sleep problems faced by patients in the private practice mental health clinic by utilizing the ISI tool of 100% of initial evaluations within a 4-week timeframe
2. Mental health providers will provide education to patients on NPES for those that screen positive (score > 8 or more) on the ISI
3. Train clinical staff on how to administer NPES and ISI tool.
4. Implement NPES, then evaluate it by completing a chart review pre and post implementation looking for documentation of non-pharmacological sleep education and ISI administration.

Review of Literature

- ❖ Early Identification
- ❖ Importance of Sleep
- ❖ Obesity
- ❖ Non-Pharmacological Modalities
- ❖ Lack of public awareness

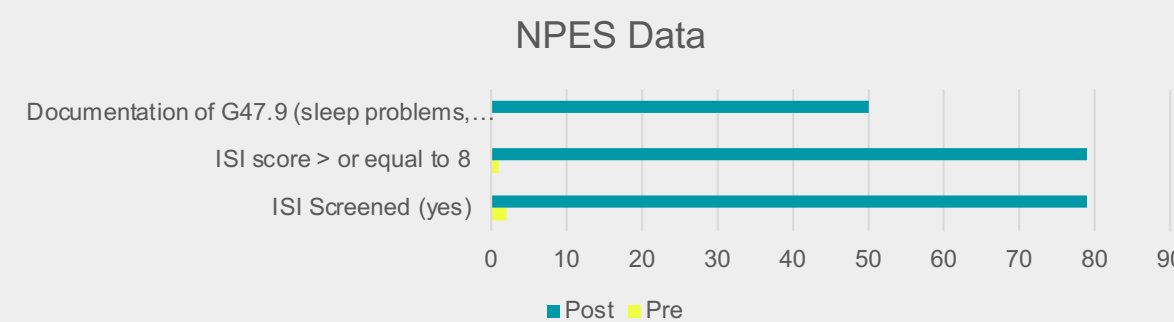
Assessment and Non-Pharmacological Treatment of Sleep in Adults in a Private Practice Mental Health Clinic

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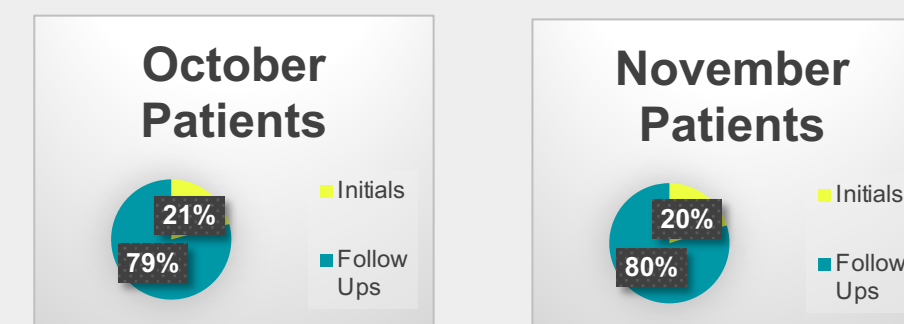
Implementation

- ❖ ISI screening education with clinical staff
- ❖ NPES education with clinical staff
- ❖ Staff meeting with NPES and ISI handouts
- ❖ Documentation in Office Ally database
- ❖ Go Live for nurses using the LAT with clients
- ❖ Continued support for clinical staff
- ❖ Alternate data collection methods created as a back up

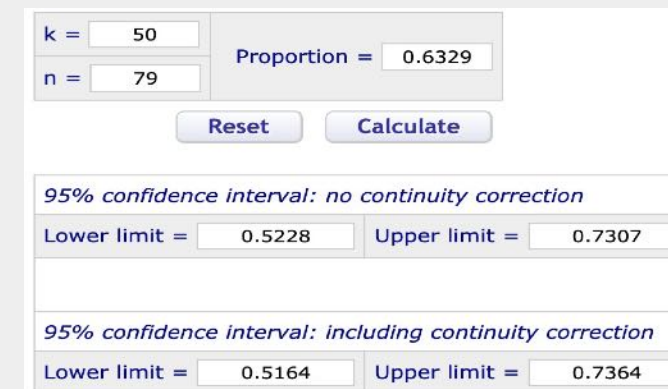
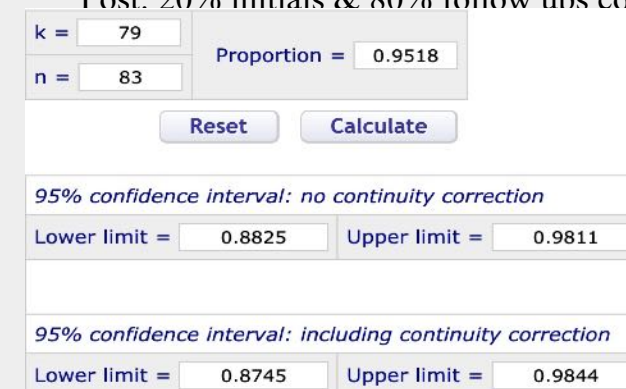
Evaluation



- ❖ Pre: 0 patients screened; Post: 79 patients screened



- ❖ Pre: 21% initials & 79% follow ups completed
- ❖ Post: 20% initials & 80% follow ups completed



- ❖ 83 patients seen for initial visits and 79 were screened for sleep problems.
- ❖ There is 95% confidence that the true proportion of patients screened for sleep problems is between 88.25% and 98.11%.
- ❖ 79 patients screened for sleep problems and 50 of those patients were diagnosed with G47.9, sleep problems, unspecified.
- ❖ There is 95% confidence that the true proportion of patients with sleep problems were given NPES is between 52.28% and 73.07%.

Project Design

- ❖ Experimental
- ❖ ISI/NPES education with clinical staff
- ❖ NPES used as non-pharmacological treatment modality for sleep
- ❖ Improved sleep problems outcome

Non-Pharmacological Education for Sleep (NPES)

Purpose: Early identification and treatment of sleep insufficiency in the private practice mental health clinic
Objectives: Provide non-pharmacological treatment options for sleep insufficiency in the private practice mental health clinic
Standardize treatment of sleep insufficiency in private practice mental health clinic
Provide sleep hygiene education to patients in private practice mental health clinic
Train clinic staff on NPES, and Insomnia Severity Index tool (ISI) to be added to patient packets
Indications: Adults seeking treatment at private practice mental health clinic
Contraindications: Not intended for the pediatric population; individuals who score less than 8 on the ISI tool
Steps:

1. Office manager will place ISI form in each patient packet
2. Medical assistant will ensure form is completed in its entirety before escorting the patient back to the provider. If the appointment is virtual, then MA will ask pt to answer any of the questions that are not completed and provide completed form to the provider.
3. Provider will ask patient about the quality and quantity of nocturnal sleep as well as the number of nighttime awakenings (if any), and duration of sleep insufficiency. Provider will ask about any pharmacological and/or non-pharmacological treatments previously trialed and document information. Provider will help patient to create patient centered and realistic goals regarding sleep
4. Interventions:
 - Cognitive Behavioral Therapy for Insomnia (CBT-I) with Licensed Clinical Social Worker or Psychologist
 - Mindfulness Therapy with Licensed Clinical Social Worker or Psychologist
 - Try to keep a regular sleep schedule (i.e., go to bed at the same time every day and get up at the same time).
 - Avoid exercising close to bedtime
 - Avoid caffeine containing foods or drinks before bedtime (e.g. chocolate, tea, soda, or energy drinks)
 - Avoid alcohol, nicotine, heavy meals and drinking a lot of liquids close to bedtime
 - Promote a sleep-friendly environment (e.g., minimize noise and light, and keep a cool yet comfortable temperature).
 - Relax before bedtime (e.g., take a warm shower or soak in the tub, meditate, do yoga stretches, lavender oils or sprays).
 - Use the bed for sleep and intimacy only (remove electronics from the bedroom)
 - Go to bed only when you are sleepy. If you feel relaxed and at peace, stay in bed, sleep will come. If you are unable to fall asleep within 15-20 minutes, then go to another room. Keep the lights dim and do something relaxing (not too stimulating). Once you are sleepy again, then return to bed.
 - Get exposure to natural light during the day.
 - Talk to your healthcare provider before taking any over-the-counter sleep aides or supplements (e.g., Melatonin, Diphenhydramine, Ashwagandha)

Theoretical Model

- ❖ Lewin's Change Theory
 - Unfreezing-providing education to the staff on utilizing the ISI tool at the project site
 - Changing-providing the clinic staff with support as they implement the ISI and provide patients with non-pharmacological treatment options for sleep insufficiency
 - Refreezing-standardize the screening of sleep problems and provide patients non-pharmacological treatment options in accordance with evidence-based practice guidelines.

Conclusion

- ❖ Evaluation of early identification and treatment of sleep problems in relation to staff education
- ❖ Awareness, identification and education of sleep health

References

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