

CORE CURRICULUM FRAMEWORK FOR SUPPORTED PAIN SELF-MANAGEMENT COURSES AT TERTIARY PAIN PROGRAMS IN BRITISH COLUMBIA

TOPIC: SLEEP

KEY POINTS FROM THE LITERATURE

- Insomnia as a disorder is described as: “A predominant complaint of dissatisfaction with sleep quantity or quality, associated with any of difficulty initiating sleep, difficulty maintaining sleep, or early-morning awakening with inability to return to sleep. The disturbances occur at least three nights per week despite adequate opportunity for sleep and are not better explained by another sleep-wake disorder, mental disorder, or physiological effects of a substance. Insomnia may be transient, episodic or chronic”².
- Restorative sleep is needed for normal growth, tissue restoration and energy conservation¹⁴. Sleep deterioration, specifically sleep quality, has a negative effect on pain-related outcomes^{1, 17}, including central sensitization, by increasing pain sensitivity through inflammatory mediators^{9, 10, 13}.
- Those with chronic pain conditions, including arthritis and fibromyalgia, consistently report worse sleep^{17, 21}. The relationship between chronic pain and sleep is circular: poor sleep followed by increased pain and reduced quality of life increases poor sleep, and so on^{4, 13, 14}.
- Sleep, depression, and chronic pain seem to be significantly interconnected^{4, 13, 17}, and each should be explicitly assessed by the pain professional¹⁴ to prevent poor outcomes, including suicide¹¹. Sleep and pain are also mediated by anxiety, pain helplessness, attention to pain, fatigue, prescription medications, and hormones²¹. Psychosocial factors such as strong social networks and resilience have been shown to increase sleep quality and quantity^{6, 21}.
- Obstructive sleep apnea one possible cause of daytime sleepiness and is widely undiagnosed²². Consider appropriate screening if OAS is suspected.
- Cognitive Behavioral Therapy for Insomnia (CBT-I) has been shown to improve sleep efficiency and sleep-onset in chronic pain patients of various demographics and conditions^{10, 12, 14, 16, 20} with as much effectiveness and potentially more safety than hypnotic medications⁵. CBT-I should only be provided by a trained and competent professional because it involves advanced understanding and practice, including cognitive restructuring therapy, stimulus control and sleep restriction mechanisms^{3, 9, 16}. As well, CBT-I interventions should be person-centered, accessible, and encouraging to the client⁶.
- Sleep Hygiene Education (SHE) can be an appropriate entry-level treatment to improve sleep for those with insomnia, however, CBT-I and mindfulness-based therapies are more effective³. SHE involves facilitating a change in the client’s lifestyle and environment to improve sleep-wake cycles, such as avoiding stimulants and having a night-time routine⁹. SHE can be more accessible due to lower training costs for professionals; however, it should still be comprehensively delivered³, and may work effectively as an adjunct to CBT-I, relaxation techniques, exercise, avoiding frequent daytime napping, and other neuroscience-based pain education^{3, 9, 14, 18}.
- Effective adjunct treatments for insomnia also include acupuncture^{7, 14} and single aroma, typically lavender, aroma inhalation therapy⁸; however, dosage and frequency are unknown. Cranial electrical stimulation has inconclusive efficacy on insomnia¹⁵.

RECOMMENDED LEARNING OBJECTIVES FOR PARTICIPANTS

We recognize that not everyone who enters a pain self-management program will be in the same place in their journey to living well with pain and not everyone will have the same level of readiness to change their behaviour. Therefore, the following suggested skills and activities have been organized according to the Stages of Readiness for Change.

1. Precontemplation:

- i. Start to explore features of sleep including quantity, quality, and lifestyle habits that might be influencing sleep.
- ii. Start to articulate what restorative sleep could mean to them.

2. Contemplation:

- i. Discuss past experiences with modifying sleep behaviors.
- ii. Identify what mechanisms are currently being used to achieve restorative sleep (effective and noneffective).
- iii. Discuss benefits of restorative sleep and how it could influence pain.
- iv. Identify sleep hygiene activities they have not tried.

3. Preparation:

- i. Locate a sleep hygiene education class or a pain specialist that offers cognitive behavioral therapy for insomnia (CBT-I) within the pain program (or in the community).
- ii. Explain the importance of lifestyle modifications that can improve restorative sleep.
- iii. Create a Brief Action Plan for SMART behavior-based sleep goals.

4. Action:

- i. Participate in new class or with a CBT-I specialist.
- ii. Incorporate a mindfulness component into your nighttime routine. (If desired)

5. Maintenance:

- i. Encourage adjustment of the sleeping environment based on their needs and preferences to solidify behaviour change modifications, such as decluttering the nightstand, making the bed, or changing into specific sleepwear.
- ii. Invite friends and family into the conversation about restorative sleep and behaviours that help to facilitate it.
- iii. Acknowledge and celebrate the behaviour change.

RESOURCES AND TOOLS

This is a selection of recommended resources. Please supplement with resources and tools you have used at your clinic/program as needed.

For patients (general):

- LivePlanBe: [Sleep and rest](#)
- University of Victoria: [self-management programs](#)
- HealthLink BC: [Insomnia](#)
- HealthLink BC: [Sleep problems, age 12 and older](#)

- TED series: [Sleeping with Science](#)
- Sleep Foundation website:
 - [Pain and Sleep](#)
 - [Cognitive Behavioral Therapy for Insomnia \(CBT-I\)](#)
- CBTi resources from Dalhousie University: [MySleepwell](#)
- Self-management app: [MySleepButton](#)

For Indigenous people living with chronic pain:

- First Nations Health Authority: [Traditional Medicine web.pdf \(fnha.ca\)](#)
- First Nations Health Authority: [First Nations Virtual Doctor of the Day \(fnha.ca\)](#)
- Metro Vancouver Indigenous Counselling: [Indigenous Mental Health and Wellness Counselling \(mvic.ca\)](#)

Resources in Punjabi:

- Punjabi Community Health Services: <https://pchs4u.com/#>
 - Support with: Provide services in Punjabi for many different aspects such as mental health, family supports, addictions, and senior supports. Phone: (905) 677-0889
- Sikh Family Helpline: Call 1-800-551-9128 to be supported by volunteers in Punjabi. You leave a voicemail and they will return your call within 24 hours
- Moving Forward Family Services: Offer counselling in Punjabi. Phone: 877-485-5025
- Deltassist: Offer support groups and counselling in Punjabi. Phone: 604-594-3455
- List for Punjabi counsellors: <https://counsellingbc.com/counsellors/language/punjabi-64>

Resources in Arabic:

- [Mental Health Information & Resources in Arabic - MMHRC \(multiculturalmentalhealth.ca\)](#)
- [EENet | Arabic-language mental health resources for newcomers \(camh.ca\)](#)
- [عادات غذائية تساعدك في التخلص من الألم المزمن \(ajel.sa\)](#)
- [الألم المزمن: أسباب، وأعراض، وعلاج \(webteb.com\)](#)
- [الألم المزمن: قرارات العلاج - Mayo Clinic \(مايو كلينك\)](#)

Resources in Chinese:

- Richmond Mental Health Outpatient Services <https://www.vch.ca/en/location-service/richmond-mental-health-outpatient-services-richmond-hospital>
- 中僑心理輔導服務 S.U.C.C.E.S.S. Counselling Service <https://successbc.ca/news/s-u-c-c-e-s-s-extends-free-affordable-community-counselling-services/>
- 中僑互助會心理熱線 S.U.C.C.E.S.S Chinese Help Lines <https://successbc.ca/counselling-crisis-support/services/help-lines>
- 由教練帶領的學習 BounceBack Coaching <https://bouncebackbc.ca/bounceback-coaching/>
- 粵語「打開心窗」關懷互助小組 Cantonese 'Heart to Heart' Share and Care Group <https://vancouver-fraser.cmha.bc.ca/programs/chinese-mental-health-promotion/>
- 開創會所中文愛心小組活動 Pathways Richmond Chinese Family Support Group <https://pathwaysclubhouse.com/what-we-do/chinese-support/>

For program facilitators:

- Pain BC webinar: [Empowering people in pain to make peace with sleep](#)
- [Canadian Sleep Society](#)
- Centre for Effective Practice tool: [Management of Chronic Insomnia](#)
- B.C. Guidelines and Protocols Advisory Committee: [Obstructive Sleep Apnea: Assessment and Management in Adults](#)
- CBTi training for professionals:
 - [PESI](#)
 - [Dr. Colleen E. Carney](#)
 - [Perelman School of Medicine – University of Pennsylvania](#)
- American Academy of Sleep Medicine: [Educator resources](#)
- PHSA: [San'yas Indigenous Cultural Safety Online Training \(sanyas.ca\)](#)
- Island Health: [Indigenous Health Cultural Safety | Island Health](#)
- Trans Care BC: [Intro to Gender Diversity - Expanded - LearningHub \(phsa.ca\)](#)
- Intercultural Online Health Network (iCON): [English iCON \(iconproject.org\)](#)
- EQUIP Health: [Trauma and Violence Informed Care](#)

LITERATURE SUMMARY

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