

Many individuals suffer from stress associated with traumatic experiences and reactions from incidents that may occur from daily living. Some individuals may suffer from nightmares as a result and others may have interrupted sleep, staying awake to protect themselves from danger. Others may have poor sleep habits that lead to insomnia such as extended napping or irregular sleep schedules.



Where can I find more information about Sleep Problems:

Information on this subject can be located under the following resources:

National Center for Traumatic Stress Disorder:

www.ncptsd.org

National Alliance for the Mentally Ill:

www.nami.org/ContentGroups/helpline1/SleepDisorders.htm

Stanford University Center for Excellence in the Diagnosis and Treatment of Sleep Disorders:

www.med.stanford.edu/school/psychiatry/coe/

While in therapy I learned that my feelings are important and that I have a purpose in life. In utilizing the concept of loving the self, Dr. Kane helped me to see and understand the true meaning of self-care. My self-esteem improved. I became able to appreciate that life for what it is what it is: real and imperfect.

~ JSLs 42, administrator



Self-Relational Psychotherapy

www.lovingtheself.com -----

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This brochure was prepared utilizing information from the following resource:
Post-Development Handbook: A Guide to Understanding and Coping with Readjustment Issues
(Department of Veterans Affairs, The National Center for PTSD) 2004.

*I have always had nightmares, never dreams.
They appear in flashbacks and then you're awake.*

~ Joanne, 51 retired nurse

Dusk to Dawn

~ Interrupted Sleep & Nightmares



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What can I do if I am having Sleep Problems?

Sleep is a necessary and desired human function. Our sleep habits can make our daily functioning achievable or difficult. The following 10 suggestions have been shown to help reduce sleep problems:

- **Keep the bedroom only for sleep** - Do not watch TV, talk on the phone, review work, study or solve problems while in bed. Go only to bed when you are drowsy and ready to sleep.
- **If you don't fall asleep within 30 minutes, get up** - go to another room and focus on relaxing until you feel drowsy.
- **"Calming down" before bedtime** - Do something calming like light reading, listening to soothing music, praying, taking a warm bath, doing a crossword puzzle or playing an enjoyable computer game before bedtime.
- **Have a regular bedtime and rising time** - Go to sleep and wake up at the same time every day.
- **Limit naps** - A mid-day nap as short as 10 minutes can improve mood and mental performance, however limit your nap to 15 minutes and don't take it later than 4 p.m. or the nap may interfere with your sleep cycle.
- **Increase regular exercise** - Just not too close to bedtime.
- **Decrease stimulants** - Avoid smoking or drinking coffee or soda with caffeine in the afternoon or evening.
- **Decrease alcohol** - Alcohol can cause mid-night awakening. Have no more than one serving of alcohol with dinner. Of course, if you are in recovery from alcohol abuse, it is important to avoid alcohol entirely.
- **Inspect your bedroom environment** - Make your bedroom dark and free of noise. Develop a sense of calmness and serenity in your bedroom. Add images which are calming, i.e., pictures of your children, pet, outdoor scene.
- **Get help** - There are treatments that can help your sleep problems. If you continue to have sleep problems, see a trained sleep specialist to help identify what is the best treatment for you.

What if I am having Nightmares?

It is not uncommon for individuals to experience nightmares following a traumatic event. For some, nightmares may continue to repeat for an extended period of time. During nightmares, the individual may feel like he/she is "reliving" the event, with the same fear, helplessness, or rage experienced during the original trauma. Nightmares are not a sign that the individual is "going crazy." *It is a normal response of working through the trauma.*

Some people attempt to avoid nightmares by using drugs or alcohol or by avoiding sleep altogether. These "solutions" only lead to new problems, such as substance dependence or sleep deprivation. Here are some suggestions to respond to nightmares:

- When waking up from a nightmare, leave the bedroom and go to another room to get your bearings. It may take a while to re-orient yourself to the present.
- Do something relaxing. If possible, reach out to someone who supports you. If you live with others, inform them you are having nightmares. Discuss ways in which you might want to hand the situation.
- A small percentage will act out their nightmares in their sleep. You may want to rearrange your bedroom so that you are safe. If you share your bed with a partner, you may need to make sure he/she is not in harm's way.

How are Sleep Problems treated?

There are effective treatments for sleep problems. Choosing the correct one will depend on the situation. Medications are available for quick, short-term relief of insomnia and nightmares. Some medications can be addictive. Check with your healthcare provider to find out before using medications.

Some "talk therapies" will help bring about long-term relief of sleep problems. "Cognitive Behavioral Therapy" targets your beliefs and behaviors that can make sleep problems worse. "Sleep Hygiene Therapy" helps people develop habits that can improve sleep. Breathing and relaxation therapies also may be used to help reduce muscle tension and promote sleep.

Therapies to treat nightmares are also available. For example, "Imagery Rehearsal Therapy" focuses on helping people change the ending of their nightmares. This is done while they are awake, so the nightmares can be reformatted into a "dreamlike state" and therefore no longer upsetting. This form of therapy has shown to reduce nightmares in survivors of violence and sexual assault.

Micheal Kane Psy.D., MSW LICSW CTS

Dr. Kane earned his doctorate in clinical psychology from Argosy University/Seattle Washington School of Professional Psychology in 2005. In addition, he received Masters degrees in social work from the University of Washington in 1983, clinical psychology from Argosy University/Seattle in 2002 and postgraduate studies in Traumatology from the Justice Institute of British Columbia, (Vancouver, BC) Canada. Dr. Kane is a certified trauma specialist through the Association of Traumatic Stress Specialists (ATSS) and holds two clinical Dipolmates, the Dipolmate in Clinical Social Work from the National Association of Social Workers (NASW) and Board Certified Dipolmate from the American Board of Examiners in Clinical Social Work (ABE).

Dr. Kane has served on the clinical faculties of the University of Washington, School of Medicine's Department of Psychiatry & Behavioral Sciences and the University of Washington's School of Social Work. In addition, Dr. Kane has served as the Associate Director of Training & Development, Trauma Resources Coordinator and Mental Health Therapist of Hall Health Primary Care Center of the University of Washington and as an instructor and member of the advisory board of the UW School of Social Work's Certificate Program "Psychological Trauma Effective Treatment and Practice". Dr. Kane has served as a consultant on complex trauma and posttraumatic stress disorder to the Congressional Black Caucus Veterans Braintrust (US House of Representatives).

Dr. Kane has maintained a private practice since 1985 working with individuals, couples and families. His theoretical framework is self-relational psychotherapy (i.e. psychological self) which is integrative and reflecting themes based on psychodynamic, reality, and cognitive-behavioral approaches. Dr. Kane's specialties include domestic violence, anger management, depression, anxiety, trauma, grief and loss, and ethnic minority mental health issues. He has experience in gay/bisexual concerns as well as biracial relationship issues. Dr. Kane's research interests are focused on the integration of trauma and domestic violence and its implications within the psychological self.

Publications:

~ Our Blood Flows Red: Trauma & African-American Men in Military Service, Clinical Implications For Working with African-American Veterans with Complex Trauma. Saarbrucken, Germany: LAP Lambert Academic Publishing. Kane, M. (2010).

~ A Review Study of the Clinical Implications for Working with African-American Veterans. (Doctoral dissertation, Argosy University-Seattle, 2005). Dissertation Abstracts International, 25, 144, Kane, M. (2005)



For additional information regarding Dr. Kane's background, please visit www.lovingtheself.com

*Heart,
Instinct,
Principles*

This brochure was prepared utilizing information from the following resource: Journal of Clinical Psychiatry 1999:60 (suppl. 16)