Moving Behavioral Sleep Treatments to Telehealth

We know that many providers and clients are implementing telehealth for the first time due to COVID-19 restrictions. Our CDP experts have posted some of our own tips (https://deploymentpsych.org/covid19-bhresources) as well as links to national, state, and professional organizations offering online quick-start courses and guidelines. But for many providers and clients, telehealth can feel intimidating all by itself, let alone adding in remote sleep log review and scoring.

It may be tempting to postpone a sleep problem-related intake or decide to focus on broader issues such as stress management and worry. Ask yourself (and your patient!) what concern it is that your patient wants to and would most benefit from addressing. If it is indeed a sleep problem, once you have connected to your client over a secure, HIPPA-compliant, telehealth platform, these tips can help you implement a variety of different behavioral sleep interventions.

General Considerations

- ### Prepare for different logistical considerations

  Even though discussing sleep may in some ways feel more impersonal than discussing anxieties or trauma, it is still personal and protected health information. You will want to confirm with patients their address and their consent for others who may be off camera or out of the room but within earshot to be present since you are not in a controlled environment. Similarly, you will want to reassure the patient that you are in a private location. You may not previously have thought about how the walls of your house look on camera! But where you sit may inadvertently convey personal details or seem more or less professional. Lastly, remember to wear appropriate clothing, not pajamas, even if the subject matter is sleep!

- ### Consider how you will obtain patient data

  For existing patients, they may already have blank copies of measures you typically use in behavioral sleep treatment, such as the Insomnia Severity Index or sleep log.

  For new patients or those who do not already have blank copies, you will want to determine your options for getting these materials to them. Many providers have a policy in place preventing them from emailing patients directly. In these cases, consider directing patients to a website where these forms are downloadable (see CDP's resources at https://www.deploymentpsych.org/telesleep) or verbally introducing them to CBTI Coach, which has an ISI and sleep log embedded (although no other measures).

  To review materials, if you have video you can ask patients to hold up their measures to the camera, or if not, verbally review each item. If your patient does not have access to a printer, you will want to consider if your platform supports screen share. We acknowledge that this may add time to appointment length. Some workarounds include deferring some instruction or material to video or handout (for example, CDP has videos on how to use CBTI Coach on our "telesleep" resources page) or, if you are comfortable, asking the patient to initially score their own log or use a scoring calculator, allowing you to provide more of a check.

- ### Monitor potential COVID-19 related changes in patients' reported sleep problems

  Some providers have reported no change in the volume of patient referrals endorsing sleep problems. Other providers have reported a noticeable decrease in the percentage of patients with sleep complaints. Does this mean that sleep problems have resolved on a mass scale? Not necessarily.

  Some potential hypotheses include that the schedule flexibility that has stemmed from shelter in place limitations necessitating increased telework has allowed many people who have a preference for a later bedtime and waketime, or who previously had insufficient time for sleep, to set a schedule more aligned with their natural circadian rhythm. We may see an increase in sleep complaints after limitations end as people return to an externally enforced routine.

  Additionally, people may currently be engaging in behavior while sheltering in place that will lead to sleep problems in the long term, such as using the bed and bedroom for work, social, and other activities of daily living, obtaining less natural light exposure due to not commuting or less access to public outdoor spaces, and having an inconsistent wake time without a set work or school start time. Over time, these behaviors could condition an inability to sleep, or insomnia. People may also have significant concerns about their health, finances, obtaining necessary food and living items, etc. Those who are socioeconomically disadvantaged may bear the brunt of these concerns if they have been furloughed or lost work, or do not have the ability to take time away for childcare, or even have smaller living spaces with less access to allowed outdoor areas. In light of these concerns, patients may prioritize sleep lower down the totem pole until those more immediateconcerns are addressed. After we begin to recover from COVID-19 sequelae, there may be an increase in patients who developed sleep problems during this time and now have the resources to address them.

- ### Recognize concerns that CPAP may aerosolize COVID-19

  There have been reports that the continuous positive airway pressure device (CPAP) used to treat obstructive sleep apnea (OSA) may aerosolize COVID-19. This means virus particles may disperse over a broader area than otherwise from an infected patient who uses CPAP. For this reason, many sleep laboratories across the country have been closed, as sleep studies routinely employ CPAP to evaluate treatment effectiveness. If you suspect a patient you are seeing for sleep problems has OSA, they will likely need to wait until some point in the future to obtain a sleep study; this does not mean you need to delay behavioral treatment for sleep related comorbidities as studies have shown that these may increase CPAP adherence.

  Additionally, patients who are COVID-19 positive and use CPAP may pose a greater risk of infection to others in enclosed spaces, such as hospitals and nursing homes. You may want to recommend patients who have been exposed to COVID-19 and are already on CPAP avoid sleeping in close proximity to other household members.

Although the context in which you are providing behavioral sleep medicine interventions may be changing, the interventions themselves are robust and can still be used. You will want to review logistical considerations such as set-up and obtaining patient data. You may also want to prepare for a bump in sleep-related referrals and problems in the future.

Get consultation for general telehealth and sleep-specific barriers you encounter

Consultation is much more important when you are doing something new, so talk to other providers who can help you examine novel situations and talk through options to stay on track. In addition to trusted colleagues who may have valuable insights and experience, you can consult with us. At CDP we are available by email, telephone or video-conference.