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ALLIED HEALTH DIVISION

Position Statement for Behavioural Sleep Health Psychology Scope of practice – March 2022

1. Background:

For all scopes of psychology (clinical, counselling, educational and industrial), sleep medicine practices fall under *Behavioural Sleep Medicine (*BSM). BSM is a field of clinical practice encompassing the study of behavioural, psychological and physiological factors supporting normal and disordered sleep across the lifespan. BSM requires specialised training to apply a non-pharmacological treatment plan. Behavioural treatments are sometimes first-line for sleep disorders, e.g. CBT-I for insomnia. The sleep problem can be a primary problem, e.g. primary insomnia or include comorbid health and medical conditions, which require more collaborative treatment protocols.

Note: Research psychologists should apply to the *Research and Science division of SASSH* for training and accreditation to conduct efficacy, effectiveness or comparative studies on BSM diagnostics and interventions.

2. Position Statement:

Sleep Disorders Medicine and Behavioural Sleep Medicine are multidisciplinary specialities aligned with medicine. The term *Behavioural Sleep Health* (BSH) will be adopted to position the BSM practitioner in the allied division of SASSH in South Africa. This term is more supportive of psychologists registered with the Health Professional Council of South Africa whilst being inclusive of other health care practitioners streamed from the allied division of SASSH, wishing to practice *sleep health* according to the standards of practice for SASSH. All practitioners will require training and accreditation to obtain endorsement/certification from SASSH. SASSH proposes a supervision or apprenticeship model to achieve this outcome.

A psychology BSH practitioner may work as a sole proprietor in a private or group practice, mental health facility, hospital or academic department, or medical practice or clinic setting within a multidisciplinary team. Psychologists who wish to practice BSH will be equipped with sufficient knowledge and skills to refer and consult with an interdisciplinary team to offer holistic treatment for people with sleep disorders. The ability to recognise when and where to refer to medical or allied health specialists or a sleep study is an integral component of behavioural sleep psychology[1,2 &3].

3. Purpose of this document:

The purpose of this document is to:

1. Outline the requirements for BSH practitioners by describing the range of procedures and professional activities to be expected as a BSH clinician or apprentice.
2. Differentiate sleep developmentally, including the relevant neurological, physiological and psychological developmental milestones of different age groups.
3. Describe the training curriculum for normal sleep physiology and neuroscience and compare and contrast disorders of sleep
4. Provide guidelines on assessment, diagnosis and treatment of sleep disorders.
5. Discuss the protocols and application of various cognitive-behavioural practices for sleep disorders.
6. Discuss the multidisciplinary nature of sleep disorders medicine and the necessity to work as a team:
7. Describe the Polysomnogram (PSG); (sleep study) and its application to BSH.
8. Mentor and supervise trainees for BSH
9. Explain the limitations to BSH practitioners

3.1. Range of procedures and professional activities to qualify as a BSM practitioner

- The range of procedures for BSH practitioners is to:

  3.1.1. Take a succinct sleep history to assess for sleep disorders using standardised sleep questionnaires
  3.1.2. Diagnose specific sleep disorders and formulate a differential diagnosis for comorbid disorders
  3.1.3. Plan and implement a treatment plan using non-pharmacological – behavioural treatment protocols, including follow up for maintenance
  3.1.4. Implement a treatment plan for persons already diagnosed by another practitioner, e.g. apply Cognitive Behavioural Therapy for Insomnia (CBT-I) for a person diagnosed with primary insomnia who qualifies as a candidate

- For those psychologists who have been practising Behavioural Sleep Medicine/Health, a 'grandfather' clause application to SASSH Allied Division is available to fast-track accreditation via peer supervision and mentorship.
- For those psychologists wishing to incorporate BSH interventions in their practices, an apprenticeship is available, including training workshops, mentorship and supervision.
- All training programmes follow international standards of practice for sleep medicine[2&3].

3.2. Sleep ontology

Sleep needs, and physiology, are presented differently for each age group. Total sleep requirements by age differ. Developmental sleep psychology forms a scaffold for practising BSH and must be well understood. Neurodevelopmental disorders can mimic sleep disorders and vice-versa [5-11]. Paediatric and adult sleep health practices are considered separate entities in sleep health.

3.3. Training curriculum

Different scopes of practice for psychology will broadly define the focus of training e.g.

- Clinical and counselling psychologists work with crisis, trauma, adjustments of daily living anxiety, depression and other mental health problems.
- Industrial psychologists work with occupational health, shift work, performance.
- Educational psychologists work with academic performance at school and work.

The BSH practitioner should have a broad understanding of the following:

- The neuroscience of sleep; Brain areas and physiology generating sleep-wake cycles for adults and children.
- Daytime sleepiness and alertness
- Acute and chronic sleep deprivation
- Classification of sleep disorders for adults and children according to international standards of practice – International Classification of Sleep Disorders (ICSD – 3).
- Sleep disorders in children and adolescents with behavioural, psychiatric and neurodevelopmental disorders[4-15].
- The Polysomnogram – sleep study test

3.4. Assessment, diagnosis and treatment

The BSH practitioner should:

- Take a comprehensive sleep history – patient “sleep story.”
- Take collateral information from a bedpartner, parent or family member to corroborate and improve evaluation of the sleep problem.
- Administer, score and interpret questionnaires related to a comprehensive range of sleep disorders.
- Determine when and what appropriate behavioural and psychotherapeutic interventions are necessary to treat from simple to comprehensive sleep disorders that impact a person’s behavioural, occupational and social functioning.

- Be able to independently deliver appropriate behavioural and psychological intervention to alleviate the adverse psychosocial, emotional, behavioural and mental difficulties resulting from sleep disturbances and disorders.
- Know when to refer on to other practitioners if there are comorbidities
- To understand when a PSG is required and work collaboratively with a sleep physician and Clinical Technologists [Note: The treating physician gives the PSG order, and the results must go back to the referring doctor].
- Interpret the PSG report and incorporate it into the overall treatment plan of the sleep problem.

3.5. Protocols and application of various cognitive-behavioural treatments

The mode of therapy for treating sleep disorders in a BSH model is behaviourist (Cognitive-behavioural), applying preferred adjunct therapies to scaffold the process. The role of psycho-education in sleep health is paramount, however:

- The fundamentals of sleep education lie in *Sleep Hygiene*, which is encouraged across the board for all sleep disorders but is not a panacea for sleep health.
- *Cognitive Behavioural Treatment of Insomnia(CBT-I)* is the most common treatment protocol applied by a BSH practitioner. This mode of therapy is empirically validated and proposed as a first-line treatment for primary insomnia[12]. It is as effective as sedative-hypnotics during acute treatment[13]. SASSH can accredit BSH practitioners to practice CBT-I. Psychologists are in the ideal position to practice this mode effectively. Over time, it requires a process (5-8 sessions) to apply the protocols appropriately and monitor for response and ensure sustained outcomes. Protocols include:

    - Strict sleep scheduling
    - Stimulus control therapy.
    - A sleep diary becomes the tool to gather comprehensive data informing the practitioner and guiding prescriptions for each week.

Table 1: Several other published behavioural interventions have utility for specific sleep disorders[14].

INSOMNIA	INTRINSIC SLEEP DISORDERS	PAEDIATRIC SLEEP DISORDERS
Sleep restriction Tx	Motivation for adherence to Positive Airway Pressure (PAP)	Brief parent consultation to prevent infant/toddler sleep disturbances
Stimulus control	Exposure Tx for claustrophobic reactions to PAP	Unmodified extinction for childhood sleep disturbances
Sleep hygiene	Sleep Apnoea self-management programme	Graduated extinction: Behavioural tx for bedtime problems and night awakenings in young children
Relaxation Tx	CBT to increase adherence to PAP (Model 1 &2)	Extinction with parental presence
Sleep compression	Avoidance of supine posture during sleep for supine-related apnoea	Bedtime fading with response cost for children with multiple sleep problems
Paradoxical Intention	Scheduled sleep periods as adjunct Tx for narcolepsy	The bedtime pass
Reduction of unhelpful beliefs about sleep	Family therapy for narcolepsy	The excuse-me drill to promote independent sleep
Misperception & dysfunctional belief reduction	Sleep scheduling and chronotherapy for phase advance/delay syndromes	Imagery rehearsal for adolescents and specialised treatments such as BWRT
Reduction of safety behaviours		Moisture alarm therapy for primary nocturnal enuresis
Cognitive restructuring for catastrophic beliefs		Promoting positive adherence in children
Sleep retraining		Using motivational interviewing to facilitate healthier sleep-related behaviours in adolescents
Mindfulness-based Tx		Specialised interventions for children with neurodevelopmental disorders*ref
Bright light & melatonin for circadian rhythm disturbances		Parent consultation and training sessions
Specialised interventions		Depression, Anxiety & PTSD

Technology		Psych-education and sleep hygiene training for individual and family

3.6. Consultation within a multidisciplinary team

- BSH protocols for managing sleep disorders in adults and children requires collaboration with general practitioners, paediatricians, neurologists and other health care practitioners such as occupational and speech therapists, nutritionists and nurses.
- Parents and teachers are valuable to include in the process.
- Provide consultation on sleep health to other health care professionals.
- Determine when it is necessary to refer patients for additional assessments, tests or procedures within the multidisciplinary network of practitioners, to establish a definitive diagnosis of sleep disorders, which guide treatment plans.
- Work collaboratively with doctors trained in sleep medicine where indicated.

3.7. The Polysomnogram (sleep study) and Continuous Positive Airway Pressure (CPAP)

- The PSG is the test used to evaluate sleep, providing normal and abnormal sleep indicators.
- Parameters include brain, leg and eye movement activity, oximetry, ECG and breathing, giving a comprehensive report on sleep staging, sleep quality and quantity, oxygen saturation, heart rate, nasal and chest breathing excursions, muscle activity. Videometry is used concurrently in some sleep laboratories.
- Highly skilled technicians and clinical technologists perform PSGs. Testing procedures include the setup, monitoring and scoring of data recorded and performing daytime tests after the PSG, such as the Multiple Sleep Latency Test (MSLT).
- The full PSG is performed in a clinical setting with monitoring by personnel throughout the night.
- The most common reason for a doctor to order a PSG is for Sleep Disordered Breathing (SRDB), e.g. sleep apnoea syndrome.
- For sleep disorders such as Narcolepsy and Hypersomnolence Disorder, an MSLT follows the PSG.
- CPAP is used to treat apnoea. It is a machine blowing air at a prescribed pressure to open up the airway during sleep. This machine cannot be sold or prescribed in South Africa without a PSG confirming the sleep condition. A Titration follows a positive PSG to assess the correct prescription of air pressure, performed by personnel trained and accredited in sleep medicine. The role of psychologists is to help people adapt to these machines, e.g. claustrophobia, anxiety, panic, humiliation etc.

- Home-based sleep studies using diagnostic, screening devices and auto-titrating devices are gaining credibility globally and are currently utilised in South Africa. However, the use of these devices must be according to the standards of practice promulgated by SASSH.

3.8. Mentorship and supervision

- SASSH training includes mentoring and supervision for accreditation and general practice.
- Once accredited as a BSH practitioner, you will be encouraged to:
    - Join a multidisciplinary team
    - Work with a psychologist/medical practitioner trained in sleep disorders as a mentor/supervisor, depending on the sleep disorder.
    - Form peer groups and journal clubs
    - Supervise practitioners and trainees
    - Establish and provide psycho-educational consultations with significant others (parents, spouses, teachers) of patients to provide social support in managing sleep disturbance or sleep disorder.

Limitations of practice.

Individual psychologists undertake to assess, diagnose and provide appropriate interventions as justified by their education, training and expertise. Staying within the scope of practice required by the Health Professional Council of South Africa (HPCSA) and SASSH is an ethical requirement for BSH practitioners.

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