



## Quality Sleep

You would like to collaborate with the client on using quality sleep as a Stress Buster! Before getting started, ask yourself:

- ✔ Has the client been connected to services and programs to address immediate needs or stressors?
- ✔ Has the client been presented with a brief overview of all seven Stress Busters?
- ✔ Did the client express interest in learning more about quality sleep?

Use the information and trauma-informed steps presented here to ask and listen for what clients want to prioritize, **partner** with clients to find things they can do every day to help calm the stress response for long-term healing, and **connect** clients to programs and services if they want more support. **For more, see this chapter's [What you can do: Listen, Partner, Connect](#) and [A trauma-informed approach for quality sleep](#) sections.**



Sleep is fundamental for the growth and survival of our bodies and brains. People spend about a third of their lifetime sleeping, yet many people of all ages struggle with getting quality sleep.<sup>1</sup> A lack of quality sleep affects our mood, memory, ability to think, and puts us at higher risk for disease.<sup>2</sup> For youth and teens especially (who often stay up late on their cell phones), it can be eye-opening for them to learn that a lack of quality sleep can negatively affect their mental health and feelings of well-being.<sup>3</sup>

It's not just the number of hours we sleep that affects our health, but also the quality of our sleep. The quality of sleep has to do with factors like:

- > how long it takes us to fall asleep.
- > how many times we wake up during the night.
- > how long it takes us to get back to sleep after waking during the night.

A good night's sleep means we've had enough hours of uninterrupted sleep, that we go through multiple cycles of all five sleep stages (one cycle takes about 90-120 minutes),<sup>1</sup> and our brains and bodies can repair and recover from the day.

Studies show that childhood trauma may result in poorer sleep health.<sup>4</sup> In fact, children, youth, and adults with a history of Adverse Childhood Experiences (ACEs)<sup>5-8</sup> may be more at risk for sleep problems.<sup>5-8</sup> Sleep problems associated with stress or trauma include:

- > Sleeping too much: Regularly sleeping longer than the average recommended amount and still not feeling refreshed
- > Not sleeping enough: Not getting enough sleep can be due to insomnia, which is difficulty going to sleep or staying asleep
- > Disrupted sleep: Certain types of disordered sleep, such as nightmares or disruptive nocturnal behaviors (moaning, thrashing, tossing, and turning)

## Quality Sleep | Stress Busters Toolkit for Community-Based Organizations

How much sleep do we need? It depends on a person's age.<sup>9-11</sup>

Age	Hours of sleep per night
Infants 4-12 months	12-16 hours (including naps)
Children 1-2 years	11-14 hours (including naps)
Children 3-5 years	10-13 hours (including naps)
Children 6-12 years	9-12 hours
Teenagers 13-18 years	8-10 hours
Adults	7-9 hours

### The science: How sleep is a Stress Buster

<b>Stress hormones</b>	<ul style="list-style-type: none"> <li>› Sleep supports a normal circadian rhythm (our body's 24-hour biological clock) and helps reset and rebalance the stress hormones cortisol and adrenaline.<sup>12-15</sup></li> </ul>
<b>Brain health</b>	<ul style="list-style-type: none"> <li>› Poor sleep is associated with decreased ability to think, learn, and react, as well as depression, and anxiety,<sup>12-16</sup> and quality sleep improves attention, focus, and memory.</li> <li>› For children, youth, and adolescents, poor or insufficient sleep may negatively impact brain development, mood, and social-emotional skills.<sup>17,18</sup> Quality sleep is necessary to enhance development and maintain balanced mood and engage in healthy social-emotional behavior.</li> </ul>
<b>Heart health</b>	<ul style="list-style-type: none"> <li>› While poor sleep is associated with heart disease and hypertension, during quality sleep hours, the heart does not have to work as hard because blood pressure goes down and the heart rate slows.<sup>19</sup></li> </ul>
<b>Immune system</b>	<ul style="list-style-type: none"> <li>› Quality sleep helps strengthen the immune system and reduce the risk of infections, which people may be more susceptible to when stressed.<sup>13,20</sup></li> </ul>
<b>General health</b>	<ul style="list-style-type: none"> <li>› Sleep deprivation can increase appetite, which can affect our ability to maintain balanced nutrition and increase risk for diabetes.<sup>15</sup></li> <li>› Quality sleep helps our bodies, organs, muscles, and tissues rebuild and regenerate.<sup>21</sup></li> </ul>

## Quality Sleep | Stress Busters Toolkit for Community-Based Organizations

### Challenges

Many different factors – including those beyond our individual control – can affect how we sleep. Recognizing that there are structural/systems-level factors that can cause challenges to getting quality sleep can reduce feelings of blame and shame. And, asking about these challenges can allow for more targeted individual-level solutions for clients.

Following are some examples of challenges; this is not an exhaustive list. In addition, racism, discrimination, and inequities at all levels can contribute to and exacerbate any of these challenges.

#### Structural/systems-level challenges

<b>Environmental factors</b>	Traffic patterns, noise, or light pollution may have direct or indirect effects on sleep; having a safe place to sleep may be influenced by factors such as housing availability, safety in communities, and immigration policy.
<b>Policy-level factors</b>	Policy-level factors such as health care system and reimbursement structures: <ul style="list-style-type: none"> <li>› Limited availability of, and access to, specialists (e.g., sleep medicine specialists or therapists trained in cognitive behavioral therapy for insomnia (CBT-I)) inhibit the ability of mitigating and treating population-wide rates of sleep dysfunction and conditions.</li> </ul>

#### Interpersonal/individual-level challenges

<b>Physical health factors</b>	Health issues can affect quality of sleep (e.g., obesity leading to sleep apnea, bipolar disorder is associated with periods of sleep deprivation); <sup>12-15,22,23</sup> while stress may restrict individual quality and amount of sleep, a lack of sleep can also increase stress.
<b>Socioeconomic factors</b>	Demanding work requirements, such as for people who work the night shift or irregular hours or have multiple jobs, can disrupt crucial physiological hormonal cycles (e.g., cortisol, melatonin), which can lead to toxic stress <sup>12,14,15</sup> and may limit the ability to obtain good quality sleep; <sup>24</sup> night shift work is disproportionately done by individuals from marginalized populations and those with lower income. <sup>25</sup>
<b>Interpersonal factors</b>	Strained family relationships have been associated with more difficulty falling or staying asleep, while supportive relationships have been associated with more quality sleep. <sup>26,27</sup>

The variety of factors that affect sleep means that there are many different ways to work with clients to promote quality sleep at both an individual level and at a structural level (for organizational-level ideas, **see the chapter, *Promoting Stress Busters at the organizational level***).

## Addressing sleep issues for children in trauma-informed ways

Children who have experienced or are experiencing stress and trauma may have trouble falling and staying asleep. Parents and caregivers may need to provide extra connection and support for a time to help their child calm their threat response and feel safe. This could include trauma-informed sleep strategies such as:<sup>2,28-30</sup>

- > tucking in the child.
- > rocking the child to sleep.
- > singing lullabies until they fall asleep.
- > reading a bedtime story together.
- > more frequent nursing for infants.
- > sitting with or lying next to the child until they fall asleep.
- > being calm and reassuring when they have a nightmare.
- > giving extra hugs and cuddle time.

For infants and children who are experiencing stressful or traumatic situations, parents and caregivers may want to pause doing “cry it out” sleep training and may need to provide more support and reassurance for children to feel safe enough to fall asleep. Efforts to have a traumatized child or a child with insecure attachment sleep-train or “cry it out” may increase fear, isolation, and trauma reactions.<sup>2</sup>

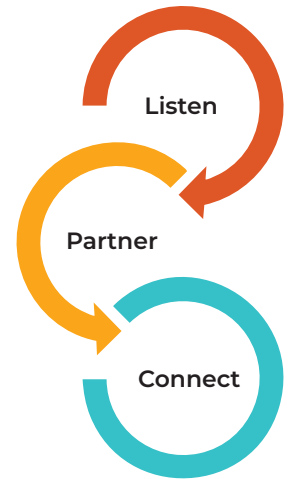
For older children, encourage parents and caregivers to invite their child to talk openly about their fears, acknowledge understanding where their behavior is coming from, and discuss how to work on it together.<sup>2,28-30</sup>

Getting angry, punishing, or trying to force a child to sleep will only raise the child’s stress hormone levels more and increase their alertness. If caregivers find themselves getting tired and upset because the child will not sleep, it is best to pause, remove themselves from the situation, and calm down.

## What you can do: Listen, Partner, Connect

The way you talk about Stress Busters with clients matters. ACEs Aware community and clinical partners shared that in their experience, it is more effective to engage clients with Stress Busters through conversation and partnership versus telling a client how to “fix it.”

Using the **Listen, Partner, Connect Framework** is a way to remember how to structure a client conversation about Stress Busters and how to interact with clients using trauma-informed and strength-based approaches.



### Listen

Ask open-ended questions and use compassionate active listening to understand clients’ needs and desires around the quality sleep Stress Buster from their perspective.

Example questions:<sup>31-34</sup>

- › How many hours of sleep do you get each night?
- › What time do you typically go to bed? What time do you usually wake up? Or does it vary? Tell me more.
- › How long does it usually take you to fall asleep? Do you have a hard time falling asleep or staying asleep?
- › Do you have a hard time waking up in the morning? Tell me about that.
- › What are some things that keep you from having good sleep (e.g., noise, lack of privacy, uncomfortable bed, snoring or coughing, trouble breathing, feeling too hot/cold, in pain, etc.)?
- › Do you have trouble staying awake during the day? How often? Tell me about that.
- › What do you think would help you get a better night’s sleep?
- › What are the good things about getting more or better sleep, and what are the less good things?
- › How would you like things to be different?
- › How can I support you in getting better sleep?
- › What do you see as your next steps?

**For more information about how to do active listening,** see the toolkit chapter *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients.*

### Reminder: Create safety and trust

- ✓ Acknowledge and validate that people's fears and feelings of being unsafe at night can make it hard to get quality sleep; offer ideas to increase feelings of safety.
- ✓ Set expectations that learning to sleep soundly again after experiencing trauma may take time, so clients should feel OK asking for support and keep trying if things do not improve right away.

For more examples of how to apply SAMHSA's six key principles, see [A trauma-informed approach for quality sleep](#) section of this chapter.

### Partner

Base the conversation and next steps on what a client needs or wants. There is no need to lecture or "fix" someone. This is a partnership and a collaboration. If a client gets stuck or is not sure what to do, check in with them by asking, "How do you see me being able to help?"

- > **Use the ACEs Aware handout as a guide in the conversation if helpful:**
  - "[Getting Better Sleep Can Prevent and Manage Stress](#)" (from [www.ACEsAware.org/managestress](http://www.ACEsAware.org/managestress)).
- > **Use strengths-based and collaborative approaches**, such as motivational interviewing, to discuss strategies for getting quality sleep and for the client to choose what works best for them, such as the following ideas from community partners and clinicians:
  - Go to bed and wake up at the same time every day. Try a bedtime routine that includes "calm time," such as a shower or bath, reading a book, or journaling.
  - Tune out distractions. Turn off and put away devices at bedtime and don't do activities like watching TV or videos or texting in bed. Use a sound machine, earplugs, and an eye mask if needed in noisy or bright environments.
  - Be physically active during the day (not close to bedtime) to help release stress and get a better night's sleep (see the physical activity Stress Buster chapter).
  - Avoid caffeine, sugar, (e.g., soda, tea, coffee) and alcohol close to bedtime.
  - Get sunlight first thing in the morning by opening windows or going outside to help adjust the body's natural circadian rhythm and set the stage for an earlier bedtime.<sup>35,36</sup>
  - Try relaxation techniques:
    - Drink herbal tea, such as chamomile, or lemon balm.
    - Use lavender aromatherapy (research shows that the scent of lavender can help improve sleep<sup>37</sup>)
    - Play soft music or soothing sounds.
    - Try breathing exercises.

## Quality Sleep | Stress Busters Toolkit for Community-Based Organizations

- Use techniques to temporarily release worries:
  - Adults: Keep a “To Do Tomorrow list” by the bedside, write in a journal,<sup>38</sup> talk with a trusted friend, pray or do another spiritual practice.
  - Children: Ask them to draw their worries or tell their worries to worry dolls (a [Guatemalan tradition](#)); talk through worries with a trusted adult
- For more information and resources, visit [www.acesaware.org/managestress/cbotoolkit](http://www.acesaware.org/managestress/cbotoolkit).

**For more information about how to use motivational interviewing techniques,** see the toolkit chapter *Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients*.

### Reminder: Focus on strengths and collaboration

- ☑ Notice when people are doing things right and comment on it (e.g., “It’s great that you turned off your phone an hour before bed this week.”).
- ☑ Let clients know that you understand that things (e.g., time, family, work) and situations (e.g., homelessness) get in the way of getting good sleep and that you will partner with them to address the issues.

**For more examples of how to apply SAMHSA’s six key principles,** see [A trauma-informed approach for quality sleep](#) section of this chapter.

### Bedtime routines for children

For children, a consistent bedtime routine is important. A routine can include several activities or just one activity that signifies it is bedtime, such as feeding, a bath, a massage, reading a book, rocking, prayer, singing, and listening to music.<sup>2</sup>

A bedtime routine or activity improves children’s sleep, mood, emotional behavioral regulation, the mother’s self-reported mood, school readiness, and literacy outcomes (especially when reading is part of the bedtime routine). It also has been associated with decreased bedtime tantrums and decreased parent and caregiver stress.<sup>17,18,39,40</sup>

Quality Sleep | Stress Busters Toolkit for Community-Based Organizations

**Connect**

If clients are experiencing toxic stress and have stress-related mental or physical health issues (see a list of [ACE-Associated Health Conditions](#)), they may be interested in connecting to resources, programs, and services that can support them in using quality sleep as a Stress Buster to reduce stress, heal, and thrive.

<p><b>Share community and online resources</b></p>	<ul style="list-style-type: none"> <li>➤ Help clients find:             <ul style="list-style-type: none"> <li>• mindfulness practices and relaxation techniques</li> <li>• community centers and neighborhood family centers (e.g., YMCA) for physical activity, which can help with sleep. (See the physical activity Stress Buster chapter for more ways to release stress energy during the day.)</li> <li>• community organizations that offer programming such as meditation, tai chi, and/or yoga, which have been shown to improve sleep quality.</li> </ul> </li> <li>➤ See a list of resources at <a href="http://www.acesaware.org/managestress/cbotoolkit">www.acesaware.org/managestress/cbotoolkit</a>.</li> </ul>
<p><b>Share free online resources for behavioral health coaching</b></p>	<ul style="list-style-type: none"> <li>➤ Help clients find resources for coaching, apps and multilingual support groups.</li> <li>➤ See a list of resources at <a href="http://www.acesaware.org/managestress/cbotoolkit">www.acesaware.org/managestress/cbotoolkit</a>.</li> </ul>
<p><b>Refer to primary care doctor</b></p>	<ul style="list-style-type: none"> <li>➤ If the client is interested, connect them with an <a href="#">ACEs Aware-trained clinician</a> to help them get needed interventions and referrals.</li> <li>➤ Ask the client if they would like to ask their doctor about what might be causing them to routinely under- or oversleep, such as sleep apnea, depression, narcolepsy, chronic pain, medications, etc.</li> <li>➤ Ask the client if they would like to ask their doctor about therapy such as:             <ul style="list-style-type: none"> <li>• community-based behavioral/mental health services and programs specializing in insomnia that use evidence-based interventions such as cognitive-behavioral therapy for insomnia (CBT-I) (for adolescents and adults).<sup>41-45</sup></li> <li>• For teens and adults, there is a mobile app for treating insomnia to use with a trained provider: <a href="#">CBT-i Coach</a>.</li> </ul> </li> <li>➤ For clients without health insurance, you can find help with Medi-Cal, health coverage, and other benefits on the California Department of Health Care Services (DHCS) website and find free primary care services at the California Association of Free and Charitable Clinics.</li> <li>➤ For resources, visit <a href="http://www.acesaware.org/managestress/cbotoolkit">www.acesaware.org/managestress/cbotoolkit</a>.</li> </ul>



## A trauma-informed approach for quality sleep

When we say “take a trauma-informed approach,” what does that mean? There are six key principles of SAMHSA’s trauma-informed approach.<sup>46</sup> The following table provides examples from lived experience of community partners, clinical expertise, and the literature showing how to apply this Stress Buster across the six key principles. You can follow these practices with clients who are participating in group classes or programs, or when working one-on-one with a client using Listen, Partner, Connect.

<b>SAMHSA’s principles of a trauma-informed approach</b>	<b>Ways to put the principles into action</b> Examples from community partners, clinicians, and the literature
<b>Safety</b>	<ul style="list-style-type: none"> <li>➢ Acknowledge and validate that people’s fears and feelings of being unsafe at night can make it hard to get quality sleep; offer ideas to increase feelings of safety such as:               <ul style="list-style-type: none"> <li>• leave a light on or use a nightlight.</li> <li>• check that the doors are locked before going to bed.</li> <li>• use a weighted blanket. (Note: Be mindful of age, developmental stage, and other health conditions when recommending these. For example, weighted blankets would not be recommended for infants and may not be appropriate for young children with autism.<sup>47</sup>)</li> <li>• stay at a friend’s house.</li> </ul> </li> <li>➢ At organizations where clients stay overnight (e.g., homeless shelter), when possible, assure clients that their things are safe and that someone will be awake on duty all night.</li> </ul>
<b>Trustworthiness and transparency</b>	<ul style="list-style-type: none"> <li>➢ Set expectations that learning to sleep soundly again after experiencing trauma may take time, so clients should feel OK asking for support and keep trying if things do not improve right away.</li> <li>➢ Acknowledge that there is often an implied “badge of honor” for people who get less sleep to do more, but this can hurt our health.</li> </ul>

Quality Sleep | Stress Busters Toolkit for Community-Based Organizations

<p><b>Collaboration and mutuality</b></p>	<ul style="list-style-type: none"> <li>➤ Let clients know that you understand that things (e.g., time, family, work) and situations (e.g., homelessness) get in the way of getting good sleep and that you will partner with them to address the issues.</li> <li>➤ If a client’s schedule doesn’t allow for a full night’s sleep, partner with them on ways to create the best possible night schedule and/or on ways to incorporate additional sleep times (e.g., biphasic (segmented) sleep, including naps or siestas).<sup>48,49</sup></li> <li>➤ Keep the focus on the number of hours and quality of sleep, not judgments about bedtimes and wake-up times.</li> </ul>
<p><b>Peer support</b></p>	<ul style="list-style-type: none"> <li>➤ Identify strengths. Notice when people are doing things right and comment on it (e.g., “It’s great that you turned off your phone an hour before bedtime this week.”).</li> <li>➤ Share that it’s OK to allow ourselves to have worries (e.g., health, safety) and ask for support.</li> </ul>
<p><b>Empowerment, voice and choice</b></p>	<ul style="list-style-type: none"> <li>➤ If a client’s partner has trouble sleeping in ways that disturb their sleep (e.g., nightmares), consider sleeping separately, at least sometimes, so that the client can get the rest they need.</li> <li>➤ When there are days that clients do not get enough sleep, discuss how they can block out a little time in the early afternoon to rest (10-15 minutes with the phone off), or try a “power nap,” which is a short 10-to-30-minute nap. A power nap can help a person feel less sleepy and improve mood and focus.<sup>50,51</sup></li> <li>➤ To help clients feel comfortable speaking up about what they want, work to level power differentials in your interactions with clients (for more information, see the <i>Listen, Partner, Connect: Framework and skills for a trauma-informed approach with clients</i> chapter of the toolkit).</li> </ul>

Quality Sleep | Stress Busters Toolkit for Community-Based Organizations

<p><b>Cultural, historical, and gender issues</b></p>	<ul style="list-style-type: none"> <li>➤ Take a sleep health equity approach by recognizing and honoring the different cultural, historical, religious, and other customs that can influence how we can or want to engage with ideas for getting quality sleep (e.g., co-sleeping/family bedrooms, later bedtimes, schedules of cultural/religious activities, etc.).</li> <li>➤ Learn about the customs of clients and bring this learning into your conversations and programming. For example:             <ul style="list-style-type: none"> <li>• Identify linguistically appropriate educational or supportive resources (e.g., mobile phone apps for tracking sleep patterns and quality that are available in client’s preferred language)</li> </ul> </li> <li>➤ Where possible, create access to bedding, shelter, and darker sleep spaces for individuals who are institutionalized or unhoused.<sup>52</sup></li> <li>➤ Be aware that men and women have different physiology and biology and can have different sleep needs.<sup>53–55</sup> For example, women may need more sleep and may be more likely to have insomnia. Because these differences are often hormone-related, getting quality sleep may require taking different approaches that consider gender, including transgender persons (e.g., hormone therapy).</li> <li>➤ Let clients lead. Ask how clients identify and about ways to honor this in the work you are doing together.</li> </ul>
---	---

With these tools and strategies, you can use the Stress Buster of quality sleep to support individuals, families, and staff in preventing and treating toxic stress.

**Take Stress Busters to the next level:**

For ideas for integrating Stress Busters into your organization’s operations, services, and physical environment, **see the chapter, *Promoting Stress Busters at the organizational level.***

## References

1. Cleveland Clinic. Sleep. Cleveland Clinic. June 19, 2023. Accessed January 26, 2025. <https://my.clevelandclinic.org/health/body/12148-sleep-basics>
2. Bhushan D, Kotz K, McCall J, et al. Tertiary Prevention. Roadmap for Resilience, The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General; 2020. <https://osg.ca.gov/sg-report/>
3. Uccella S, Cordani R, Salfi F, et al. Sleep Deprivation and Insomnia in Adolescence: Implications for Mental Health. *Brain Sci.* 2023;13(4):569. doi:10.3390/brainsci13040569
4. Brindle RC, Cribbet MR, Samuelsson LB, et al. The relationship between childhood trauma and poor sleep health in adulthood. *Psychosom Med.* 2018;80(2):200-207. doi:10.1097/PSY.0000000000000542
5. Brock MS, Powell TA, Creamer JL, Moore BA, Mysliwiec V. Trauma Associated Sleep Disorder: Clinical Developments 5 Years After Discovery. *Curr Psychiatry Rep.* 2019;21(9):80. doi:10.1007/s11920-019-1066-4
6. Greenfield EA, Lee C, Friedman EL, Springer KW. Childhood Abuse as a Risk Factor for Sleep Problems in Adulthood: Evidence from a U.S. National Study. *Ann Behav Med Publ Soc Behav Med.* 2011;42(2):245-256. doi:10.1007/s12160-011-9285-x
7. Sadeh A. Stress, Trauma, and Sleep in Children. *Child Adolesc Psychiatr Clin N Am.* 1996;5(3):685-700. doi:10.1016/S1056-4993(18)30356-0
8. Kajeepeta S, Gelaye B, Jackson CL, Williams MA. Adverse childhood experiences are associated with adult sleep disorders: a systematic review. *Sleep Med.* 2015;16(3):320-330. doi:10.1016/j.sleep.2014.12.013
9. CDC. About Sleep. Sleep. October 18, 2024. Accessed January 26, 2025. <https://www.cdc.gov/sleep/about/index.html>
10. Hirshkowitz M, Whiton K, Albert SM, et al. National Sleep Foundation's sleep time duration recommendations: methodology and results summary. *Sleep Health.* 2015;1(1):40-43. doi:10.1016/j.sleh.2014.12.010
11. Paruthi S, Brooks LJ, D'Ambrosio C, et al. Consensus Statement of the American Academy of Sleep Medicine on the Recommended Amount of Sleep for Healthy Children: Methodology and Discussion. *J Clin Sleep Med JCSM Off Publ Am Acad Sleep Med.* 2016;12(11):1549-1561. doi:10.5664/jcsm.6288
12. Besedovsky L, Lange T, Born J. Sleep and immune function. *Pflugers Arch.* 2012;463(1):121-137. doi:10.1007/s00424-011-1044-0
13. Besedovsky L, Lange T, Haack M. The Sleep-Immune Crosstalk in Health and Disease. *Physiol Rev.* 2019;99(3):1325-1380. doi:10.1152/physrev.00010.2018
14. Irwin MR. Why Sleep Is Important for Health: A Psychoneuroimmunology Perspective. *Annu Rev Psychol.* 2015;66:143-172. doi:10.1146/annurev-psych-010213-115205

## Quality Sleep | Stress Busters Toolkit for Community-Based Organizations

---

15. McEwen BS, Karatsoreos IN. Sleep Deprivation and Circadian Disruption: Stress, Allostasis, and Allostatic Load. *Sleep Med Clin*. 2015;10(1):1-10. doi:10.1016/j.jsmc.2014.11.007
16. National Institutes of Health (NIH). Children's sleep linked to brain development. National Institutes of Health (NIH). August 30, 2022. Accessed February 11, 2025. <https://www.nih.gov/news-events/nih-research-matters/children-s-sleep-linked-brain-development>
17. Mindell JA, Lee CI, Leichman ES, Rotella KN. Massage-based bedtime routine: impact on sleep and mood in infants and mothers. *Sleep Med*. 2018;41:51-57. doi:10.1016/j.sleep.2017.09.010
18. Mindell JA, Meltzer LJ, Carskadon MA, Chervin RD. Developmental aspects of sleep hygiene: findings from the 2004 National Sleep Foundation Sleep in America Poll. *Sleep Med*. 2009;10(7):771-779. doi:10.1016/j.sleep.2008.07.016
19. Calhoun DA, Harding SM. Sleep and hypertension. *Chest*. 2010;138(2):434-443. doi:10.1378/chest.09-2954
20. Garbarino S, Lanteri P, Bragazzi NL, Magnavita N, Scoditti E. Role of sleep deprivation in immune-related disease risk and outcomes. *Commun Biol*. 2021;4(1):1304. doi:10.1038/s42003-021-02825-4
21. Elkhenany H, AlOkda A, El-Badawy A, El-Badri N. Tissue regeneration: Impact of sleep on stem cell regenerative capacity. *Life Sci*. 2018;214:51-61. doi:10.1016/j.lfs.2018.10.057
22. Itani O, Jike M, Watanabe N, Kaneita Y. Short sleep duration and health outcomes: a systematic review, meta-analysis, and meta-regression. *Sleep Med*. 2017;32:246-256. doi:10.1016/j.sleep.2016.08.006
23. Luyster FS, Strollo PJ Jr, Zee PC, Walsh JK. Sleep: a health imperative. *Sleep*. 2012;35(6):727-734. doi:10.5665/sleep.1846
24. Silva I, Costa D. Consequences of Shift Work and Night Work: A Literature Review. *Healthcare*. 2023;11(10):1410. doi:10.3390/healthcare11101410
25. Givens ML, Malecki KC, Peppard PE, et al. Shiftwork, Sleep Habits, and Metabolic Disparities: Results from the Survey of the Health of Wisconsin. *Sleep Health*. 2015;1(2):115-120. doi:10.1016/j.sleh.2015.04.014
26. Ailshire JA, Burgard SA. Family relationships and troubled sleep among U.S. adults: examining the influences of contact frequency and relationship quality. *J Health Soc Behav*. 2012;53(2):248-262. doi:10.1177/0022146512446642
27. Kent RG, Uchino BN, Cribbet MR, Bowen K, Smith TW. Social Relationships and Sleep Quality. *Ann Behav Med Publ Soc Behav Med*. 2015;49(6):912-917. doi:10.1007/s12160-015-9711-6
28. Berg KA, Francis MW, Ross K, Spilsbury JC. Opportunities to improve sleep of children exposed to interpersonal violence: A social-ecological perspective. *Child Youth Serv Rev*. 2021;127:106082. doi:10.1016/j.childyouth.2021.106082
29. Gilgoff R, Bhushan D. Stressful Experiences: How to Help Your Child Heal. *HealthyChildren.org*. April 10, 2023. Accessed January 26, 2025. <https://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/stressful-experiences-how-to-help-your-child-heal.aspx>

## Quality Sleep | Stress Busters Toolkit for Community-Based Organizations

---

30. National Institute of Mental Health (NIMH). Helping Children and Adolescents Cope With Traumatic Events. October 11, 2024. Accessed January 26, 2025. <https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-disasters-and-other-traumatic-events>
31. Homelessness Resource Center (HRC), SAMHSA. Motivational Interviewing: Open Questions, Affirmation, Reflective Listening, and Summary Reflections (OARS). HomelessHub. 2007. Accessed January 25, 2025. <https://homelesshub.ca/resource/motivational-interviewing-open-questions-affirmation-reflective-listening-and-summary-reflections-oars/>
32. Rollnick S, Miller WR, Butler C. Motivational Interviewing in Health Care: Helping Patients Change Behavior. Guilford Press; 2008.
33. Shahid A, Wilkinson K, Marcu S, Shapiro CM. Pittsburgh Sleep Quality Index (PSQI), Chapter 67, STOP, THAT and One Hundred Other Sleep Scales. Springer Science & Business Media; 2012.
34. Shahid A, Wilkinson K, Marcu S, Shapiro CM. Morningness-Eveningness Questionnaire, Chapter 54, STOP, THAT and One Hundred Other Sleep Scales. Springer Science & Business Media; 2012.
35. Böhmer MN, Hamers PCM, Bindels PJE, Oppewal A, van Someren EJW, Festen DAM. Are we still in the dark? A systematic review on personal daily light exposure, sleep-wake rhythm, and mood in healthy adults from the general population. *Sleep Health*. 2021;7(5):610-630. doi:10.1016/j.sleh.2021.06.001
36. Kansagra S. Sleep Disorders in Adolescents. *Pediatrics*. 2020;145(Suppl 2):S204-S209. doi:10.1542/peds.2019-20561
37. Lillehei AS, Halcón LL, Savik K, Reis R. Effect of Inhaled Lavender and Sleep Hygiene on Self-Reported Sleep Issues: A Randomized Controlled Trial. *J Altern Complement Med*. 2015;21(7):430-438. doi:10.1089/acm.2014.0327
38. Travagin G, Margola D, Revenson TA. How effective are expressive writing interventions for adolescents? A meta-analytic review. *Clin Psychol Rev*. 2015;36:42-55. doi:10.1016/j.cpr.2015.01.003
39. Allen SL, Howlett MD, Coulombe JA, Corkum PV. ABCs of SLEEPING: A review of the evidence behind pediatric sleep practice recommendations. *Sleep Med Rev*. 2016;29:1-14. doi:10.1016/j.smrv.2015.08.006
40. Beaujolais B, Wang X, Shockley McCarthy K, Dillard RL, Pei F, Yoon S. Caregiver Influences on Resilience Development Among Children with Maltreatment Experience: Practitioner Perspectives. *Child Adolesc Soc Work J*. 2021;38(3):295-308. doi:10.1007/s10560-020-00674-4
41. Blake MJ, Sheeber LB, Youssef GJ, Raniti MB, Allen NB. Systematic Review and Meta-analysis of Adolescent Cognitive-Behavioral Sleep Interventions. *Clin Child Fam Psychol Rev*. 2017;20(3):227-249. doi:10.1007/s10567-017-0234-5
42. de Bruin EJ, Bögels SM, Oort FJ, Meijer AM. Efficacy of Cognitive Behavioral Therapy for Insomnia in Adolescents: A Randomized Controlled Trial with Internet Therapy, Group Therapy and A Waiting List Condition. *Sleep*. 2015;38(12):1913-1926. doi:10.5665/sleep.5240
43. Dewald-Kaufmann J, de Bruin E, Michael G. Cognitive Behavioral Therapy for Insomnia (CBT-i) in School-Aged Children and Adolescents. *Sleep Med Clin*. 2019;14(2):155-165. doi:10.1016/j.jsmc.2019.02.002

## Quality Sleep | Stress Busters Toolkit for Community-Based Organizations

---

44. Schutte-Rodin S, Broch L, Buysse D, Dorsey C, Sateia M. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. *J Clin Sleep Med JCSM Off Publ Am Acad Sleep Med.* 2008;4(5):487-504.
45. Trauer JM, Qian MY, Doyle JS, Rajaratnam SMW, Cunnington D. Cognitive Behavioral Therapy for Chronic Insomnia: A Systematic Review and Meta-analysis. *Ann Intern Med.* 2015;163(3):191-204. doi:10.7326/M14-2841
46. Substance Abuse and Mental Health Services Administration (SAMHSA). Practical Guide for Implementing a Trauma-Informed Approach. National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration; 2023. Accessed February 4, 2025. <https://library.samhsa.gov/sites/default/files/pep23-06-05-005.pdf>
47. Esposito D, Belli A, Ferri R, Bruni O. Sleeping without Prescription: Management of Sleep Disorders in Children with Autism with Non-Pharmacological Interventions and Over-the-Counter Treatments. *Brain Sci.* 2020;10(7):441. doi:10.3390/brainsci10070441
48. UCLA Health. 5 long-term health effects of shift work. June 18, 2024. Accessed February 4, 2025. <https://www.uclahealth.org/news/article/5-long-term-health-effects-shift-work>
49. Garde AH, Begtrup L, Bjorvatn B, et al. How to schedule night shift work in order to reduce health and safety risks. *Scand J Work Environ Health.* 2020;46(6):557-569. doi:10.5271/sjweh.3920
50. Cleveland Clinic. Power Naps: Benefits and How To Do It. Cleveland Clinic. November 11, 2021. Accessed February 4, 2025. <https://health.clevelandclinic.org/power-naps>
51. Wofford N, Ceballos N, Elkins G, Westerberg CE. A brief nap during an acute stressor improves negative affect. *J Sleep Res.* 2022;31(6):e13701. doi:10.1111/jsr.13701
52. Billings ME, Cohen RT, Baldwin CM, et al. Disparities in Sleep Health and Potential Intervention Models: A Focused Review. *Chest.* 2021;159(3):1232-1240. doi:10.1016/j.chest.2020.09.249
53. Mallampalli MP, Carter CL. Exploring sex and gender differences in sleep health: a Society for Women's Health Research Report. *J Womens Health* 2002. 2014;23(7):553-562. doi:10.1089/jwh.2014.4816
54. Morssinkhof MWL, van der Werf YD, van den Heuvel OA, et al. Influence of sex hormone use on sleep architecture in a transgender cohort. *Sleep.* 2023;46(11):zsad249. doi:10.1093/sleep/zsad249
55. Santhi N, Lazar AS, McCabe PJ, Lo JC, Groeger JA, Dijk DJ. Sex differences in the circadian regulation of sleep and waking cognition in humans. *Proc Natl Acad Sci U S A.* 2016;113(19):E2730-2739. doi:10.1073/pnas.1521637113