Rocky Garrison, PhD, CBSM
Clinical Psychologist
rockygarrison.com
2104 NE 45th Avenue
Portland, OR 97213
503-317-4521
fax: 503-282-0616

CONFIDENTIAL CLINICAL RECORD

NAME: What S. Sleep   DOB:

IDENTIFYING INFORMATION: What S. Sleep was a 40 year old single mother of 2 children aged 21 and 10. She was referred for assessment and treatment of insomnia by A Referring Sleep Program. She reported her ethnic heritage as Russian, Danish, Irish, and Portugese.

Goals identified for insomnia treatment by this client were to wake up feeling rested and to discontinue use of sleep medications.

CURRENT MEDICATIONS: Nexium 40 mg AM; Crestor 40 mg; Prinzide/Zestoretic 20-12.5 mg; Questran 4 gr HS; Cymbalta 60 mg; Depakote 250 mg; Coumadin 4 mg; Lopressor 50 mg; Norvasc 5 mg

SLEEP AIDS: Elavil 10 mg HS (taken on some nights); Tylenol PM (taken most nights)

TREATMENT HISTORY: What S. reported a sleep study 5 years ago at a local community hospital which ruled out sleep disordered breathing. She attended an Insomnia Information Class, where she obtained a score of 19 on the Epworth Sleepiness Scale, indicating severe daytime sleepiness. Her 1 week sleep log reported a sleep efficiency of 81% with a great deal of variability in time to bed and arise time. She has recently seen a neurologist for restless legs syndrome. She reported having recently tried sleep compression with little success. She is seeing an acupuncturist for muscle tension.

INSOMNIA COMPLAINT: For the past week What S. reported a severe difficulty falling asleep, very severe difficulty staying asleep, and severe problems waking up too early. Napping late in the day, knowing that she has to get up at a certain time the next day, and pain were identified as worsening sleep; Trying to go to sleep at the same time every night and decreased caffeine were identified as improving sleep. Sleep in a different bed or location was described as worse. On the Insomnia Severity Index she obtained a score of 24, indicating severe clinical insomnia.

CURRENT SLEEP QUALITY: For the past month What S. reported a usual bed time of between 11:00 PM and 1:00 AM, and a usual rising time of between 6:00 AM and 9:00 AM. Total sleep time is estimated to be 4 hours. Sleep latency is 30 to 120 minutes; sleep efficiency is 53%. On the Pittsburgh Sleep Quality Index she obtained a score of 18 on the Global Scale, 6 on the Sleep Efficiency Scale, 8 on the Perceived Sleep Quality Scale, and 4 on the Daily Disturbances Scale. These scores indicate very poor sleep quality.

SLEEP HABITS: Prior to bed What S. generally feeds her pets and does housework. Once in bed she watches TV and reads. Naps occur 4 times a week; involuntary daytime sleep episodes occur several times a week. Sleep was described as nonrestorative. She has seasonal variability in her sleep due to seasonal affective disorder and allergies. Chronotype is identified as a night person. On the Pre-Sleep Arousal scale she obtained a score of 27 on the Somatic Domain and 35 on the Cognitive Domain, indicating very high pre-sleep arousal in both domains.

SLEEP HISTORY: What S. reported onset of insomnia in her early 20's, following the birth of her first child. During this time she also did some shift work. Course has been persistent - the past decade has included a car accident, several surgeries, and a stroke, with sleep increasingly worse.

BEDROOM ENVIRONMENT: Bed is in poor condition. Bedroom is noisy and light. Various pets disrupt her sleep. What S. is sleeping in the living room on an air mattress. A clock is visible from her sleep position.

NOCTURNAL SYMPTOMS: Snoring and coughing are acknowledged. Gasping is denied. STOP-BANG score is 5/7. RLS symptoms are acknowledged and under the care of a neurologist. What S. is a restless sleeper who has reflux, pain and anxiety at night. She grinds her teeth nightly and denied nightmares.
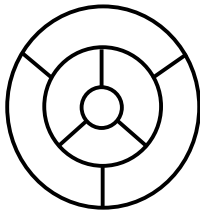
Rocky Garrison, PhD, CBSM
Clinical Psychologist
rockygarrison.com
2104 NE 45th Avenue
Portland, OR 97213
503-317-4521
fax: 503-282-0616

DAYTIME FUNCTIONING: What S. is currently a student. She reported daytime sleepiness and fatigue, depressed mood, impaired concentration and attention, irritability, memory problems and reduced motivation. On the Sleep Related Behaviours Scale she identified some preoccupation with sleep during the day. On the Flinders Fatigue Scale she obtained a score of 21, indicating very high level of fatigue compared to a sample of poor sleepers.

PSYCHOLOGICAL FUNCTIONING: What S. described her mood as "variable, depending on the weather," energy level as "poor," and appetite as "I eat a poor diet once a day." She acknowledged anhedonia. Average score on the 4 item positive affect scale was 3.25, indicating a somewhat lowered level of positive affect. She denied feelings of worthlessness, hopelessness, and guilt. She acknowledged feelings of anxiety, worry, and chronic muscle tension. She denied phobias and avoidances while saying she is a compulsive shopper. She had several panic attacks a year ago. History is positive for abuse as a child and domestic violence. Score on the Arousal Predisposition Scale was 41, placing her at the 73rd percentile. On the Kessler Psychological Distress Scale she scored 20, indicating a mild level of psychological distress.

CURRENT STRESSORS: family issues

FAMILY HISTORY: positive for anxiety and depression; negative for insomnia, substance abuse, and psychiatric hospitalization

HABITS: What S. denied alcohol and tobacco use. She uses marijuana 1 – 2 times a week. She has several large colas, generally stopping before 3:00 PM. She is currently in physical therapy 3 times a week. She has no regular relaxation practice.

ASSESSMENT: What S. has had sleep difficulties for over 20 years, since the birth of her first child. Course has been persistently worse, with numerous psychosocial stressors. Her sleep schedule is quite irregular and sleep efficiency is low.

DIAGNOSIS: psychophysiological insomnia

PLAN: What S. will acquire a relaxation response using a CD. She will work toward a consistent wake up time associated with bright light. She will investigate options to make her bed and sleep environment more conducive to sleep.

RTC: 3 weeks

Rocky Garrison, Ph.D., CBSM
OR Psychologist #503