

Courtyard Conversations S3E3 - Dr. Christine Spadola - Restorative Rest: Sleep Health in Social Work Transcript

Douglas:

Welcome to Courtyard Conversations. I am a host, Douglas Gutierrez, and with me today, I am here with the one and only Dr. Christine Spadola. An Assistant Professor at UTA's School of Social Work and a distinguished researcher in sleep health and behavioral interventions. With nearly 20 years of clinical and research experience, Dr. Spadola has led innovative projects addressing sleep health disparities and mental well-being among vulnerable populations.

From her postdoctoral fellowship at Harvard Medical School to her impactful teaching at UTA, Dr. Spadola is a leader in promoting evidence-based sleep health interventions for social workers and is passionate about promoting health among underserved communities. Join us as we dive into her work and the crucial role of sleep health in social work practice.

How are you doing? Now, I know I said a mouthful, but if there's anything I missed, an introduction. Is there anything you would like a small introduction give.

Christine:

Yeah. Thank you for that introduction. I've been an assistant professor, for six years. I've been at UTA for three. I love it here. And just in terms of sleep, I'm also working with Massachusetts General Hospital, Harvard Medical School to deliver an evidence-based, behavioral intervention for insomnia called CBTI or cognitive behavioral therapy for insomnia. And it's part of a research grant looking at insomnia interventions for low income adults in primary care. So that's a lot of fun. I get to do that via telephone or zoom. So somewhat relevant to our conversation.

Douglas:

Yeah, yeah yeah. Well, leading into the program, I see you have an undergraduate degree in international studies and criminology, a master's degree in counseling psychology, and a PhD in social work welfare. Why did you choose to enter the social work field?

Christine:

Sure. Great question. I remember when I was not sure what I wanted to do. Someone said trust the process and I just believe that definitely. And I just feel I had all these experiences that, led me to where I was. In brief, though, my first position at a college was a research interviewer with, unhoused women often struggling with also food insecurity, also substance misuse. And I just learned about, the difficult backgrounds they came from and just how resilient they were. And that inspired me to become a therapist, a mental health counselor. And then from there, I wanted I had even more questions about why things were how we can help more broader interventions. And someone told me that getting your PhD is like a hunting license for that. Then I decided to get my PhD in social welfare. Yeah, it was a long route, but worth it.

Douglas:

And I kind of see now looking back how they all kind of intersect in a way. Why is sleep health often overlooked in behavioral health training programs, including social work?

Christine:

Yeah, that's a great question. So there is research out there that even primary care physicians don't get much training in sleep, nor do psychologists, social workers. We are not social work training programs in the US are not required to have sleep. Health is not a part of the required curriculum. And why that is, I would surmise, to say that there's so much we have to get in. I wonder if that could change. Perhaps because more and more we're learning about the importance of sleep and just how important it is for mental health. When I was practicing as a therapist, I was often struck by how my clients, they did so much better when they slept well. Right. And then I was surprised that in my training program, I was never trained on sleep.

And that's not that's the norm though. So, I'm hoping that could perhaps change our social workers could infuse sleep, health or social work. Faculty could infuse sleep health into their training. I do know at UTA, though, master's students or graduate students have to take a little bit of a sleep. I think it's a ten minute video, on sleep for a part of their kind of self care. Of course, when they enter the program. So that's really cool.

Douglas:

That's interesting, Dr. Spadola. How does inadequate sleep affect mental health outcomes for vulnerable populations?

Christine:

Yeah. Another great, question. Just in general, sleep is, inadequate sleep. Well, before I talk about this, even if you are someone who has trouble sleeping and you're awake in the middle of the night and you're worried about your sleep, and you're like, this is going to be devastating, I'm not going to sleep, then you don't need to listen to this. But if you're someone who perhaps you're like, oh, I don't need to sleep. I'm fine. Sleep is important. Then there's some. This is a good message. This is a good messaging for that. But sleep is really important for our physical health. Suboptimal sleep is associated with type two diabetes, cardiovascular disease, certain cancers. There's a host of, negative outcomes in terms of mental health.

Poor sleep is also associated with all kinds of mental health challenges depression, anxiety, even substance use. Re-initiation back into substance use, suicidal ideation. So, a lot of my work and my research is if we could get people sleeping better, perhaps they could be feeling better and just looking at sleep to promote mental health.

Douglas:

When someone is affected mental health wise, can that affect their sleep? Like if they're going through the daily stresses of life, the daily weight of life, doesn't that also kind of affect how they can sleep and how the type of quality they can sleep?

Christine:

Yeah, you're exactly right. So it's what we call a bidirectional relationship, right? When you're stressed out you're it's going to impact your sleep for sure. Right. And then we also find that if you have poor sleep how you respond to stress changes as well. We might not adaptable to stress. Even our emotion processing could be off our reaction times too.

Douglas:

Due to the lack of sleep?

Christine:

Yes.

Douglas:

Interesting. Can you, can you explain a little bit more about that bidirectional relation?

Christine:

Sure, sure. So we have like you were saying like stress, right? Or even mental health challenges like depression, anxiety. They can often be associated with poor sleep. Right. So that's that one way direction. Right. And the other direction outside of that poor sleep is also associated with kind of increased stress because of how we process it. Depression, anxiety. All that said is does that make sense?

Douglas/Christine:

It makes sense.

Christine:

Yeah two directions.

Douglas:

So they're both kind of interdependent on one another. The type of quality you are, the type of the quality and sleep you're getting in relation to how you're dealing with stress and mental health struggles?

Christine:

Sure. And they're a lot of training programs too. If you are dealing with someone within insomnia and perhaps anxiety or trauma, a question is like, what do you treat first? And a lot of the research could be try to treat the sleep first, right. They're all it's all related, of course, but what I think is really interesting is that sleep is also now known to be a causal factor for mental health issues.

Doughlas

Okay. What do you suggest or recommend to target first the sleep or the stress?

Christine:

Ideally. I mean ideally both. Because to sleep well, we want to try to unwind as much as possible and relax before bed. I was working with someone as part of the CBTI protocol. I do we recommend an hour one down routine before bed, which can be really hard with what's going on with life. And my client was a busy working mom and she's like, I can't do that. But what she would do is do a ten-minute couch set before the end of the night. And that was just an intentional, like, I'm on the couch, I'm done with the day, I'm going to listen to meditation, I'm going to relax. So telling yourself, like, I'm done for the day now I get to be my relaxing self and not my doing self anymore.

My being self, if that makes sense.

Doughlas:

I love that I might back-pocket that ten-minute couch window. I might steal that.

Christine:

Yeah, let me know what works.

Doughlas:

Regarding social work's role in sleep health promotion, how can social workers integrate sleep health education into their practice with underserved communities?

Christine:

Sure. So first become educated on sleep as best you can. I have a website (sleephealthproject.uta.edu)* And I just try to put all evidence based research resources on sleep because there's so much bad information out there, yet there's so much great research being done.

Doughlas:

Yeah, how can you tell which one to put more value in?

Christine:

Right, right, right. So evidence evidence-based resources for that. So educating yourself and just asking clients how they are sleeping can be really impactful. And it can also even be a door opener because some people don't want to talk about how they're feeling. But a lot of times everyone will tell you about how they sleep. Just, if someone asks me what I do on an air, I'm sitting next to an airplane. They will tell me about their sleep nine times out of ten.

And just like, referring out for sleep, if you suspect a sleep disorder, sleep apnea could be underdiagnosed. So educating themselves, referring out if they suspect there's an underlying

sleep disorder as well, and just encouraging them to promote their sleep and prioritize it as best they can in their current lifestyle.

Douglas:

I like the bow at the end. Yeah, absolutely.

Addressing the knowledge gap, you mentioned many social workers lack formal training in sleep health. What barriers contribute to this gap? I know you said in your upbringing and your, pursuing higher education that you didn't have this training, right. What barriers, aside from, I guess, the lack of awareness, are present in this matter?

Christine:

Yeah. So again, I think just training programs are so much that they have to cover, you know, that. So sleep might not come up too much. And maybe it is and we just aren't capturing that. I'm conducting research right now. We're working on, on publishing the findings, but, it was about like 65% of social workers reported no formal sleep education, but a lot could get sleep education as a part of continuing education units.

They had become educated on cognitive behavioral therapy for insomnia and brief behavioral therapy for insomnia, and be equipped to deliver those effective interventions. So again, I would just say time priorities as well. But even like even if someone is working with someone, unhoused populations too, we have, we have research is showing that if, emergency housing facilities could, even give out eye shades, if possible, to block out light or, earbuds for noise. So just kind of low thresholds. Mechanisms to optimize one's sleep could be helpful.

Douglas:

Do you have any eyeshades on you right now for us?

Christine:

I don't have them on me right now, but I do have eyeshades at home.

Douglas:

Do you sleep with eye shades on, or do you have blackout curtains at your home?

Christine:

Yeah, it's it's always good. Cool, dark, quiet bedroom. You know, know how you sleep best, but cool, dark, quiet bedroom. Could be good. Sometimes blackout curtains can be really expensive, so eyehades could be helpful. Oftentimes, you know, light pollution could impact our sleep, too, depending on where we live in highly urban areas. So blackout shades, eyeshades can be really important for that.

Douglas:

What are some key findings from your research on yoga and its effect to adolescent mental health in relation to with sleep and relaxation?

Christine:

Oh, God. Yeah. In grad school, I started in yoga research, and it was just so much fun. And we designed, a yoga intervention. It was the target population was teenagers and outpaced outpatient mental health treatment. And we were designing a yoga intervention for them, with them too. They helped us design it. And we have, important findings for depression and anxiety. And it helps to alleviate depression and anxiety in that realm. So that was really exciting. So I think there is a lot of support for mind body interventions, in addition to therapy that can be very helpful.

Doughlas:

Do you think yoga affects adolescents the same as an older adult or maybe geriatric populations?

Christine:

I yeah, I wouldn't think it could affect them any differently. I'm just like thinking..

Doughlas:

I know, there may be a physical barrier in terms of like flexibility and etc.

Christine:

And so there's things. Yeah. And there's different types of yoga. And we thought to do a very accessible yoga intervention. But of course like older populations maybe chair yoga might be more prevalent. And then during my postdoc we did a yoga intervention in affordable housing communities. And again, we wanted to make that accessible and dispel the myth that yoga is just a skinny white lady standing on her head. Right. It's for everyone. So,

Doughlas:

Still impressive. I can't do that.

Christine:

Oh, I can't either.

Doughlas:

Kudos to the very flexible and calisthenics strength type of people.

Christine:

Sure, sure. Which is more of a stereotype than yoga, than what yoga truly is. But and in that study, we also found that yoga could help to improve sleep. And we recommended a nightly

relaxing yoga routine. You can even YouTube that like relaxing yoga for bedtime and try that before bed.

Doughlas:

I'm learning a lot just from this conversation. Yeah, yeah. Well, I know you mentioned a website earlier, you created a UTA based website to provide evidence-based sleep health resources. Can you tell us a little bit more about this website's goals and how it's helping social work students and social workers in a field?

Christine:

Sure, sure. So it's still under development. And I'd love to get feedback about what else could be there. But again, it's just to bring awareness, as well as, resources that could be there to help social workers. For example, there is a brilliant researcher, doctors doctor Candice Alfano out of University of Houston, and she developed, nighttime sleep intervention for, for caregivers, kinship caregivers or foster caregivers, for individuals in the child welfare system.

And she has this, like, beautiful model. So that's included there just to advertise that. And really, her findings are positivity before bed. Connection. The overarching research is like no screens, but her research is like sometimes a screen might help the connection or could help with stress. So that could be okay. I'm not one to misrepresent her research, but just bring that out to individuals in the child welfare system that this resource is in existence. So great work is being done. I just would like for it to get to the right hand.

Doughlas:

Interesting, you mentioned screen time. I know I had a phase a couple of summers ago where I would play rain sounds on YouTube to go to bed. Sometimes it'll I don't have the YouTube video on and it'll be in the rain forest. There's a waterfall. And kind of having that flow or those those those sounds that remind me that I'm not sleeping in a box, sleeping in an apartment, sleeping in this city next to all sorts of loud people, just kind of helps it. Like you said, it kind of helps relax the mind and in a sense, make me feel like I'm somewhere safe that I can sleep.

Christine:

I love that, yeah, yeah. White noise and those noise, that's what. Yeah, it can be really helpful. So it's great and it's great to know what works for you. I always suggest trying it, but knowing what works for you. And you mentioned screens. It's really interesting, the research behind screens, it's pretty marginal. And it's more like what? Like ideally you avoid the lights in your eye before bed, but it's more the content that you're looking at versus the lights is what we're really finding. So if someone is looking at pictures of puppies and manatees and it relaxes them before bed or otters, why not? Or otters? Sure, sure. Why not? Sometimes engaging with social media before bed, that could be tricky.

But just in general, a lot of the no screens before bed, is a little overstated. The research is showing. So research is always nuanced. Of course.

Douglas:

Of course. But I know you've been working on this question. How do you navigate common misconceptions about sleep, such as advice from non-experts or influencers?

Christine:

That's a good question. So researchers are not great at promoting their research, right? They're not good influencers in general. There are some great researcher influencers out there. So just if you're if there's an influencer you're following, looking at their credentials and if they're trying to sell you something, I would also be very, very wary. But looking at their credentials, like, are they a board-certified sleep physician? Are they a diplomat in behavioral sleep medicine? Just looking at their training before you take their advice as well.

Douglas:

Interesting. What inspired your commitment to addressing health disparities through sleep health promotion?

Christine:

So I would argue that aspects of sleep are I look well, I look at sleep as a modifiable behavior, right? Aspects of it aren't under our control.

Douglas:

Modifiable behavior?

Christine:

Yes. Like we can do things to help optimize our sleep. I will say just back tracking the socio contextual model that all impacts our sleep. Like where we sleep, who we sleep with, that all impacts our sleep. And some of these factors are not within our control, but some factors are. So taking those factors and optimizing our sleep I say, are easier than, perhaps, you know, the other things we're supposed to do exercise, eating right. All of that. So that's just why I think optimizing our sleep could be a way to mitigate health disparities, especially, well, especially considering the link between suboptimal sleep and maladaptive physical health outcomes and mental health outcomes.

Douglas:

I know, I know we talked about this earlier off off screen, for the college student who's dealing with, you know, stress from homework assignments. Maybe they're away from home. And, you know, I know in my college experience in undergrad at Paul Quinn, I was sleeping at like two, three in the morning. And most of the time is because that was around the only time I could

eat. What relationship does having those late snacks or meals like indulging in meals before sleep have on someone's quality of sleep?

Christine:

Yeah. So the overall recommendation from my understanding, is ideally your last meal or snack is three hours before bed.

Doughlas:

Three hours before bed? See, I always thought it was one hour before.

Christine:

Yes. That's my understanding of that research. This is not my specialized area. I do know they have found the Mediterranean diet in terms of foods that we could eat. The Mediterranean diet. It's great for our health, great for sleep, eating in the middle of the night. So there is some research that when we produce melatonin, when it's dark and we eat, it could interfere with the digestion. So, eating can be better, but you don't want to make yourself too hungry. So I think like if it's a heavy meal at least three hours before bed.

Doughlas:

Okay, fair. Yeah, I was doing burgers. Fries is to the really unhealthy. I wouldn't recommend this, but the really unhealthy greasy fat foods.

Christine:

Got it that that was your season.

Doughlas:

That was my season. I'm in a better place now.

Christine:

There you go. X2

Doughlas:

I drink water before bed now. Kind of wrapping around the, coming around the corner, Dr. Spadola, what steps can social workers, students, faculty and staff and community members take to prioritize sleep health in their work and in their personal lives?

Christine:

So to prioritize sleep health, you know, we try to do as best we can. I think a number one tip we want really good instead of just duration, we want good sleep quality.

So maintaining the same sleep schedule is best for Abel. The best way to do that is to set your alarm for the most consistent the same time every day. And then that will help you go to bed at the same time every day. There's like 20 more tips I could go into if we had time.

So, I think that is one of the most important things to you. Of course, managing stress. Right. If we go into the bed, you know how we if you have a young kid or young niece or nephew, there's like an hour long bedtime routine with book in bath. We all need that too.

We're not meant as a as adults. We need a wind-down routine as well. Staying as active as possible during the day is very helpful to build up that sleep hunger. The aspects that control our sleep, our, homeostatic sleep drive, which is sleep hunger as well as our circadian rhythm. So for circadian rhythm, getting light, in the morning is very helpful minimizing if you can, lowering the lights at night can be great.

Not getting bright lights. If you're a shift worker, which is really hard. If you can driving home with sunglasses because the light will tell us it's time to wake up. You know, in that shift, workers driving home. And they're going to go to bed. So, alcohol is apparently a very common sleep aid.

And just it can make us feel sleepy at first, but it leads to more fragmented sleep. So the research behind that is really about us. So avoiding alcohol prior to bed, nicotine as well, in general, being physically active, I'm trying to think of the other top ones, but if I could suggest anything, maintaining a consistent sleep schedule, which starts with waking up at the same time every day.

Doughlas:

Yeah, I think my issue with waking up at the same time every day is dependent on when I can go to sleep the night before. And it's always been even now in this and currently, that is one of the things I'm struggling with, just because I'll have a good morning. And then instead of sticking to my routine, I attempt to kind of get a jumpstart on tomorrow's activities, and then I end up staying up later than anticipated for the day.

And it just messes up my momentum.

Christine:

But what you can do. It'll be rough the next morning. You still get up at the same time, you power on through and then you'll get back to it. And something that's cool is we get deeper sleep after getting the night after we're really sleep deprived. You get deeper sleep the next night.

Like the body takes care of itself in general, so it's pretty cool. So if you do that, do that, know that next, the next night you'll probably just sleep deeper.

Doughlas:

If I can make it. If I can make it. I have one final question Dr. Spadola, kind of pertaining to students, especially around midterms and finals.

In my undergrad experience, I was the student that, I sacrificed my sleep. I stayed up all night, pulled an all-nighter to memorize the questions memorize the answers. And I remember a conversation we had. You said that that's something that it's not the most optimal option that,

you know, I. And it was a joke at the time, but I know some girls that would say, hey, if I don't know it by 12:00, I just don't know it.

I'm going to bed and I'm just going to, you know, say my prayers for this test tomorrow. Best of luck. What do you recommend is the best alternative option to do in terms of wanting to stay up and study for an exam, or getting optimal sleep the night before and then, attacking it the next morning?

Christine:

Yeah. So really early for that recall.

Sleep is the best. So...

Douglas:

I still pass my test.

Christine:

Okay. That's good, that's good. Remember, all of this is nuanced. Yeah, but as best as you can, avoid the all nighters and prioritize sleep. I also worry about sleep deprivation and you driving, too. And when individuals are driving. So if we have to do that, then taking a nap before we drive for safety reasons as well.

But I mean, I was guilty of all nighters back in the day too. So as best you can avoid that and sleep does help with our memory and recall more than anything.

Douglas:

Well, they say hindsight is the best superpower. So now that we have this research and information and being able to apply it now in our everyday lives, I think is critical.

Christine:

There you go. Yeah.

Douglas:

Okay. Well, Dr. Spadola, it's been an honor to have you on our show. Thank you so much for this insightful and very important conversation. We hope that listeners can take a lot of value from this conversation and be able to apply it in their lives.

Christine:

That's great.

Douglas:

Do you have any last words or, did you want to shout out your website again?

Christine:

Sure. It's still under construction. I have a wonderful doc student helping me with it. Its sleephealthproject.uta.edu,

Douglas:

Awesome, thanks. Well, thank you again for your time. I'm your host, Douglas Gutierrez. This is Courtyard Conversations.