

Healthy Sleep, Healthy Minds:

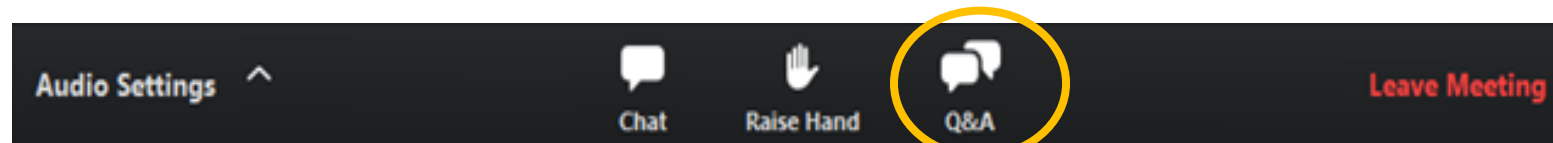
**Identifying and Treating Adolescent
Insomnia to Support Mental Health**

Tuesday, April 21, 2026

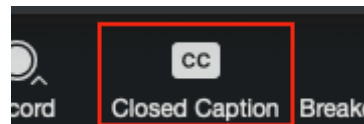
2:00 – 3:00 pm ET

Reminders

- All attendees are in listen-only mode.
- To ask a question during the session, use the “Q&A” icon that appears at the bottom of your Zoom control panel.



- To turn on closed captioning, click on the “CC” button.



- Please complete evaluation poll questions at the end of the presentation.
- The recording, slides, and resources will be shared via email.

Our Initiatives

For more than 20 years, the School-Based Health Alliance has been at the forefront of efforts to advance child and adolescent health. Our collaboration with national, state, and local partner organizations has yielded a multitude of resources, learning collaboratives, and initiatives that have helped to establish and enhance school-based health care as a critical component of community health.

OUR WORK

We are continually making an impact

Through our initiatives, we have been able to empower school-based health providers with the knowledge, tools, and resources necessary to respond effectively to the unique health needs of children and adolescents. By building their capacity and promoting best practices, we have not only improved the quality of care provided but also helped to establish a strong foundation for future generations.

Our work has had a profound impact on the development of school-based health care and the broader community. By investing in this critical area of healthcare, we have been able to help promote the well-being of children and adolescents and create a healthier, more prosperous future for all.

Learn more about our
work at
<https://www.sbh4all.org/>

Learning Objectives

Participants will be able to...

- Explain the connection between sleep and mental health
- Describe symptoms of insomnia
- Identify practical clinical strategies to support healthier sleep for pediatric patients

Today's Presenters



Casey Jo Cottrill, PsyD
Director of School-Based Health
Barbour Community Health Association



Kayla Bartlett, PA-C
School-Based Medical Provider
Barbour Community Health Association





Healthy Sleep, Healthy Minds



BARBOUR COMMUNITY
HEALTH ASSOCIATION



**DR. CASEY JO COTTRILL,
PSYD**

DIRECTOR OF SCHOOL-
BASED HEALTH SERVICES &
LICENSED PSYCHOLOGIST



KAYLA BARTLETT, PA-C
SCHOOL-BASED
MEDICAL PROVIDER

We should be asking about sleep!

Prevalence rate of
18.5% for ages 16–
18 and 9.7% for
ages 13-16

Insomnia is a strong
predictor for
subsequent
development of
depression in
adolescents

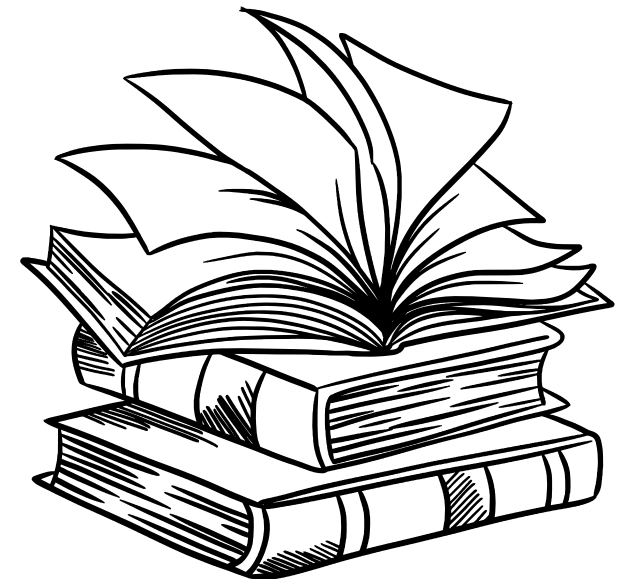
Impairment in
cognitive performance,
poor executive
functioning, increased
risk-taking behaviors,
and lower academic
performance

“Having three insomnia symptoms was associated with a 6.2-fold increased risk of suicidal ideation, 10.4-fold increased risk of making a suicide plan, and a 10.5-fold risk of making a suicide attempt when compared to those with no insomnia symptoms.”

1. A predominant complaint of **dissatisfaction with sleep quantity or quality**, associated with one (or more) of the following symptoms:
 - a. **Difficulty initiating sleep.** (In children, this may manifest as difficulty initiating sleep without caregiver intervention.)
 - b. **Difficulty maintaining sleep**, characterized by frequent awakenings or problems returning to sleep after awakenings. (In children, this may manifest as difficulty returning to sleep without caregiver intervention.)
 - c. **Early-morning awakening** with inability to return to sleep.
2. The sleep disturbance causes **clinically significant distress or impairment** in social, occupational, educational, academic, behavioral, or other important areas of functioning.
3. The sleep difficulty occurs at least **3 nights per week**.

DSM-V-TR Criteria

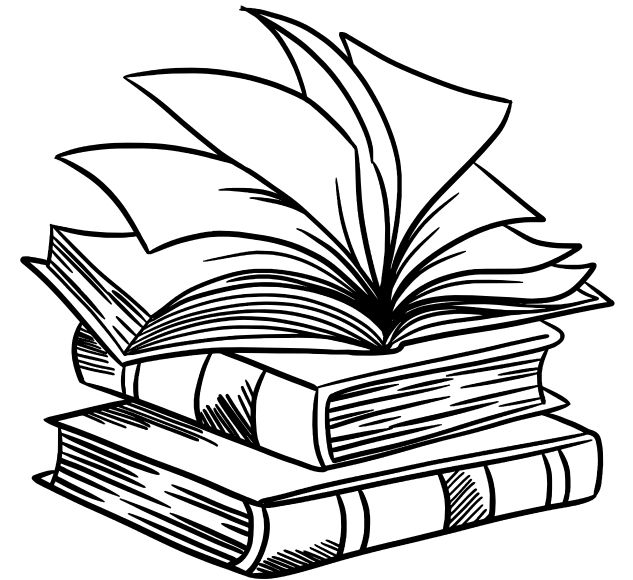
Insomnia Disorder



4. The sleep difficulty is present for **at least 3 months**.
5. The sleep difficulty occurs **despite adequate opportunity for sleep**.
6. The insomnia is not better explained by and does not occur exclusively during the course of another sleep-wake disorder (e.g., narcolepsy, a breathing-related sleep disorder, a circadian rhythm sleep-wake disorder, a parasomnia).
7. The insomnia is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).
8. Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of insomnia.

DSM-V-TR Criteria

Insomnia Disorder



Acute Insomnia

Acute insomnia (i.e. symptoms lasting less than three months but otherwise meeting criteria) should be coded as “Other Specified Insomnia Disorder”

Screening for Sleep Habits

- Ask about sleeping habits annually at well child visit
- Start conversation by asking how many hours of sleep patient gets per night
- Springboard for:
 - Timing of going to sleep and waking up?
 - Staying asleep through the night?
 - Needing naps in the day?
- Follow-up and referrals based on symptoms

Patient Discussion Topic #1

We treat sleep like money in the bank!

“Because there is so much information out there about poor sleep, we think we are supposed to earn (or deposit into the bank) a certain number of hours every night. How much have you been told you should earn?”

Eight hours?

Yes! That is what everyone says. For the general public who do not have insomnia, that’s actually a good rule of thumb. If you are not having trouble falling asleep, staying asleep, or waking too early, then you should give yourself the opportunity to sleep about eight hours. However, for those who have trouble sleeping, trying to force yourself to sleep eight hours can actually make insomnia worse.”



Patient Discussion Topic #2



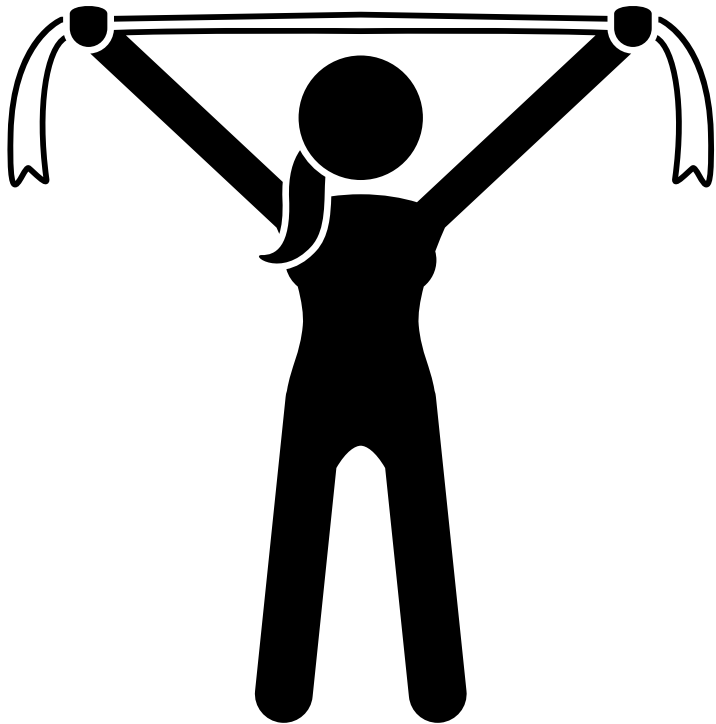
We make up for poor sleep in three ways!

“The number of warnings given to our society about the negative impacts of poor sleep can lead to a lot of pressure to ‘bank’ enough hours every night. If we do not think we have slept enough hours, we will behaviorally make up for those hours in one of three ways:

- Sleeping in (extending wake-up time to later in the day)
- Napping/dozing
- Going to bed earlier than typical”.

Patient Discussion Topic #3

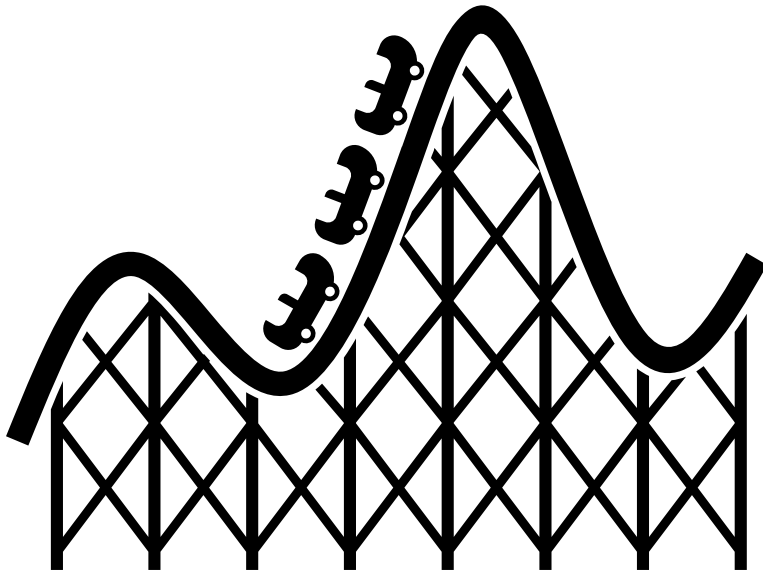
Our sleep drive is like a stretched rubber band



“Our sleep drive (how much our body needs sleep at any given time) is like a stretched rubber band. The more hours we are awake, more light we get during the day, more physical activity, etc. are all stretching our rubber band. We want our rubber band to be really stretched out with lots of tension on it when we are ready to let it go (fall asleep), so that it snaps quickly.”

Patient Discussion

Topic #4



Think about how making up for poor sleep last night impacts our drive for tonight's sleep

“If we sleep in (let's say two hours as an example), then the stretching of the rubber band starts two hours later and therefore has two hours less stretch at bedtime.

If you take a nap, what did you just do? Reset your rubber band! It will stretch again before bedtime, but not nearly to the point of a normal wake-time stretch.

If you try to go to bed too early (that is, before you are sleepy), you likely won't fall asleep easily.”

Patient Discussion: Sleep Schedule Rules

Have a consistent wake time!

No sleeping in more than an hour on the weekends.

No napping!

Students may need to plan for taking walks or doing other activities to fight the after school nap.

Do not force sleep!

Try going to bed at your typical time, but don't force it. If you can't fall asleep, try a non-stimulating activity until sleepy.

Non-Stimulating Activities

- Listening to music, an audiobook, or a podcast
- Folding laundry
- Coloring
- Jigsaw puzzles
- Journaling
- Quiet hobbies such as knitting

Sleep Hygiene

Sleep Hygiene is a healthy practice, but it doesn't treat insomnia.

A dentist will tell you to brush your teeth twice a day (dental hygiene), but if you have a cavity, they are going to drill it out.

Caffeine

Adenosine is a sleep-promoting chemical that builds up in the brain the longer you are awake. The more it builds up, the sleepier you become.

Adenosine is responsible for stretching that rubber band!

Caffeine affects the brain by blocking adenosine receptors.

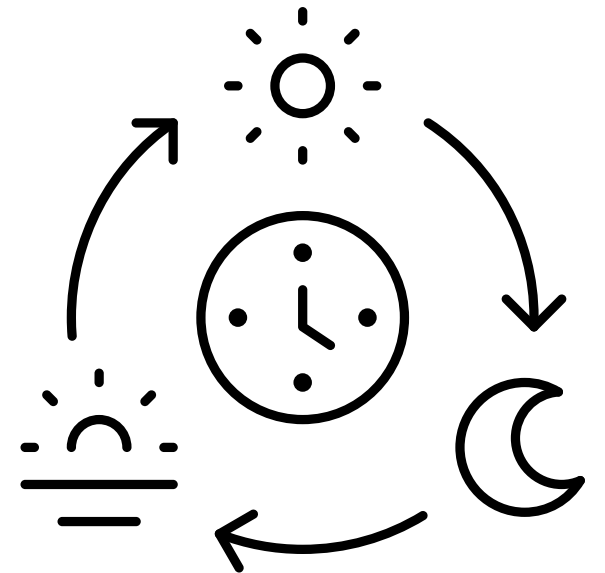
Caffeine has to wear off before Adenosine can be released to start stretching your rubber band again.

The half-life of caffeine can be up to 10 hours.

No caffeine past noon!

- A consistent routine can notify your brain that sleep is coming.
- Spend 30-60 minutes “winding down” before bed.
- Dim your lights to help with the natural release of melatonin.
- Turn off all screens 30-60 minutes before bed. Screens create mental stimulation that is hard to shut off. They also generate blue light that may decrease melatonin production.
- Make relaxation your goal (rather than actually sleeping) to reduce the stress and pressure of sleep.
- If you can't fall asleep within about 20 minutes, get up and engage in a non-stimulating activity until sleepy.

Nightly Routine



When to Consider Making a Referral



Patient is having trouble following the “sleep rules”

Consider a referral to a behavioral health provider



Patient is following the “sleep rules”, but is still meeting criteria for Insomnia

Consider a referral for Cognitive Behavioral Therapy for Insomnia (CBT-I)



Patient does not meet criteria for insomnia, but reports excessive daytime fatigue

Consider a referral to a sleep specialist

CBT-I Training



LOGIN

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RESOURCES

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CBTIweb

A provider-focused, web-based learning course in Cognitive Behavioral Therapy for Insomnia.

CE Credits Available*

Register now

WHAT IS CBTI?

CBTI is the first line treatment for chronic insomnia, as effective as medication in the short-term with considerably better long term outcomes

WHAT IS CBTIWEB?

What is CBTIweb? CBTIweb is an online training designed to provide you, the clinician, with the most efficient and enjoyable learning experience possible to become minimally proficient in CBTI.

TELL ME MORE

Dr. Daniel Taylor, an expert in CBTI, explains the components of CBTIweb

Learn more

<https://www.cbtiweb.org>



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for our presenters via the
Q&A feature.**

Please complete our Zoom poll





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