

Project Sleep Podcast
“Teens & Sleep”
(Sleep Insights Series Episode 1)

Julie Flygare, JD is the President & CEO of Project Sleep, a leading narcolepsy advocate, speaker, award-winning author, and Stanford Medicine X ePatient Scholar diagnosed with narcolepsy and cataplexy in 2007. She received her B.A. from Brown University in 2005 and her J.D. from Boston College Law School in 2009.

Dr. Afolabi-Brown is board-certified in pediatric pulmonary medicine and pediatric sleep disorders. As a double board-certified pediatric respiratory sleep medicine physician, Dr. Brown helps her patients breathe better and sleep better. By extension, she helps improve the sleep of their parents. Dr. Brown is a speaker, an educator, a writer, and the founder of [Restful Sleep MD](#) and also a member of Project Sleep’s Expert Advisory Board.

The Sleep Insight Series invites listeners to learn about this amazing adventure we take every night called sleep. Through these insightful discussions, we examine sleep, and our societies beliefs about sleep, from a variety of angles. We hope you'll learn some cool new facts and analogies that you can use to help us raise awareness about this under-appreciated one third of our lives. This is a written transcription of the podcast “Teens & Sleep with Dr. Afolabi-Brown” (Sleep Insights Series Episode 1) from Project Sleep. Transcription provided by Mirela Starlight.

Project Sleep is a 501(c)3 Nonprofit Organization, dedicated to raising awareness and advocating for sleep health, sleep equity and sleep disorders.

All guests and speakers express their own opinions. While medical diagnoses and treatment options are discussed for educational purposes, this information should not be taken as medical advice. Each person’s experience is so unique, which is why it’s so important to always consult your own medical team when making decisions about your own health.

Julie in intro: If you've ever spent time around teenagers, you probably know that many teens are struggling with sleep. In fact, nearly 70% of high school students sleep less than the recommended 8-9 hours a night. In this podcast, I talk to Dr. Afolabi Brown about how we can make sleep cool with teenagers and their parents too.

Julie: Hello everybody! I am just so excited to get started with our conversation of how can we make sleep cool. Question of the hour, question of the decade, question of our lives. But first, I just want to share a little bit about Dr. Afolabi Brown's background. She is a board-certified pediatric pulmonologist and sleep medicine physician who helps her young patients breathe better and sleep better. She's a speaker, an educator, a writer and a founder of Restful Sleep MD. She's here to help families learn how to create the best versions of themselves, without sacrificing their health or losing sleep. I'm just so grateful that you were willing to join us tonight.

Dr. Afolabi-Brown: Yeah, thank you so much, I'm really excited to be here.

Julie: So, the question I always like to ask people to start, is— what got you interested in sleep to begin with? Were you always going to be a sleep educator, or when did this come about?

Dr. Afolabi-Brown: I know right. I wasn't one of those people that knew what she wanted to do when she was five, not at all. (laughing) One thing I did notice though or realized pretty early, like when I was in medical school was just how much sleep deprivation impacted me personally and I think that's something that a lot of people— it varies, right. Some people, it seems one night of sleep loss and they're just like, out. And so I was kind of one of those. But I just kept trying to push it, right. Burn the candle on both ends, and— really sleep is not really in your vocabulary as a medical student. But it was a struggle and so I was working much harder than I thought like my other colleagues were working, until I started to figure out, myself, like— I'm not one of those people that can really thrive on, you know, reading all night and trying to make it through on caffeine. So, I already started to see that even before I knew I was going to have a career in sleep medicine. But then fast forward, I had, you know, my own kids and, oh my goodness, (laughing) that's like a whole, like, flashback— I thought medical school was ridiculous, right— and it was a struggle and so that— during that time as well as my residency, I struggled with getting enough sleep. And then during that time with all the stress and the changes with motherhood, that I had bouts of insomnia right, and anxiety and things like that. So kind of struggled with that a bit.

Dr. Afolabi-Brown: And then you know even after I trained— after my pediatric residency and I trained as a pulmonologist— what I just kept hearing was, these kids have asthma or breathing problems and you know one of the things that's really impacted is their sleep 'cause they're up coughing all night, and things like that. And so that prompted me to pursue a fellowship in sleep medicine. And so then I started seeing kids in my practice and then— the parents! The moms especially, I was just drawn to them, again, it's like— you know something like, "I don't know how I got here, I could barely keep my eyes open driving here, bringing this kid who doesn't sleep," right, and so it just comes if your child is not sleeping, you're not sleeping. And then of course as the kids sleep gets better and the parents are like, "Oh, my god. Thank you. You gave me my life back." (laughs) and I'm like, "Okay! There's something here." And so really because of my own experiences, that really prompted me to start Restful Sleep MD where my focus is on moms and their children 'cause it kind of goes hand in hand, and so— here I am.

Julie: So two things that you just said gave me chills. (laughs) Like, when you said that sleep is not part of your vocabulary in med school— and I know it's true, I'm not saying it's not true— it just gives you chills when you think about, you know, in retrospect, that we sleep a third of our lives and that it impacts the other two thirds of our lives so much. And it's still really not part of that vocabulary. It's just so striking to always hear someone say that. And then the second thing you said about, "my kid's not sleeping, so I'm not sleeping," you know having narcolepsy people always say narcolepsy is a family condition— it impacts the whole family, and— so that just reminds me of that and how powerful that is. So— I know you've done a lot to educate young people and parents, and so I kind of have the million-dollar question, to start— how can we make sleep cool? Like, what kind of analogies, what do you find gets people to— get it, more— how important sleep is in general?

Dr. Afolabi-Brown: Yeah, no that's a great question. I love— (laughs) making sleep cool. One because we have to. Literally and figuratively, right, so— your sleep environment should be cool. So, you need to drop that thermostat, that's the start— (laughing)

Julie: I didn't even think of that! (laughing)

Dr. Afolabi-Brown: I know! When I saw that I'm like, yes! Oh, I get to say that! Yes! You need, so— let's just drop that nugget there. Sometimes when you struggle with sleep, at times it's the ambient temperature that prevents you from sleeping— being able to sleep restfully. And so your core body temperature needs to drop, so you need to cool down to sleep off. So, yes that's the first thing. And then you know in terms of making sleep cool, I think it really starts with who we're talking to and really meeting them where they are. So, for me, I— you know, I find the teenage phase of life really fascinating. First, they are trying to be cool, and sleep is not necessarily the cool— sleep is almost like a waste of time— (laughs) it's like a nuisance, that's at the end of the day. So one of the things I think we could do is really trying to connect on that level. And so one of the analogies that I've shared, and I can't remember where I'd heard it before but that's something that I share even with parents, with busy moms who just can't stop— as well as with kids is— thinking about the experience you have when you're waking up in the morning and you realize you didn't plug in your cell phone.

Julie: Hmm.

Dr. Afolabi-Brown: (laughing) And then it's like maybe 50%, it's not like dead, right. But as you step out of that house and you get to your destination, you're already feeling a bit nervous, like, "Oh my god, what if this phone dies," right. Like is there an outlet, can I plug it? Or if someone in the middle of the day sends you some heavy video to watch (laughs) you're like, mm-mm. I'm not going to watch that, it's going to drain me. It's going to drain my battery. And then, eventually maybe you do find an outlet to plug your phone and— (sighs) it's just this relief you get and all of the sudden you're just more available, you're opening up those apps and trying to check things out. And so the same with us, like we sort of can get by partly charged, but you kind of tend to avoid things that drain you unintentionally because that's what happens when you're depleted of sleep. So even though a lot of times, you know, especially people that have been so used to being sleep deprived, you're so used to it, so you're so used to being tired, you don't even know what's— (laughs) rested, it feels like. But give it a try, if you think you're amazing at this point without enough sleep, try to plug that charge to full and just see how phenomenal you are. And usually, I mean, you know, everybody wants to be a better version of themselves. So I feel like that connects with a lot of people, when I sort of use that analogy. So that's one of my favorite.

Julie: Yeah. That's a really good one. And it's so, so true because we definitely feel so much anxiety about a low battery on our phones, and yet it's almost as if having a low battery on our sleep is, like— totally cool. You know? It's so, so messed up. What do you think are the biggest barriers that face people, especially teenagers or young adults to be able to get a good night's sleep?

Dr. Afolabi-Brown: I think there are a few things when we think about that. One I think is, access to the right information about sleep. Which is why I'm just such a big fan of your work, really, I think— it was never like— even as someone training in medical school, maybe we got one— we got like a lecture on fatigue and, you know, the duty hours and things like that, but it was not part of— it was not part of our curriculum growing up. So, we're not necessarily exposed to this information, so we don't really understand what sleep does. We don't understand that it's not just a cure for sleepiness, it's actually a critical, vital— (laughing) part of our existence. And so, because of that we sort of skim on sleep and then sleep is on the back burner. Because we don't understand it. So I think that's one thing, it's the education of how vital sleep is, like— drinking water, like food— it's so important. But we don't know that. And then other things I would say are— sort of like, personal factors. One could be habits, right. Things

that we're doing that does not promote good sleep, so you know it's all the sleep hygiene stuff, the caffeine, the devices, which all of them have one role or one role to play in our ability to get good sleep. And then in addition to those, you know personal factors, other things that we would consider would be things like environmental factors. So we talked about like, the temperature of your room and the environment you're sleeping in. We talk a lot about disparities of health and so if you're in a place where accommodation is not secure, you're not going to sleep, right. So that's a huge gap. Things like that. And then you know also we think about societal factors, things like for teenagers, the early school start times, right. The fact that the message we're passing across to them completely negates their understanding of how important sleep is. So we're like, Oh yes you should get enough sleep. Oh by the way you have this gazillion— (laughing) this ridiculous pile of homework, you need to be on this volunteer or these groups, these clubs— and then oh by the way you need to wake up by 6 a.m. to get to school, like— you know it's so much. And of course with the personal it's like for the teens they have that circadian shift, so everything is kind of just working against their sleep pretty much and it's— it's a whole lot of stuff.

Julie: In your practice, how often do you see things that are more like, something that can change like that, versus sleep disorders in children?

Dr. Afolabi-Brown: It's a mix of them. I think I've definitely seen things involve when it comes to more of the sort of the bigger role and societal stuff, with the pandemic right, a lot more kids are home— a lot more kids are anxious— and things like that. So we're seeing the effects of that in their sleep. But then you know things like sleep apnea, is much more common than we think. You know, as high as 6% in some groups of kids, depending on where. And now again with the pandemic, kids were not getting out, exercising— a lot of kids are at home. Obesity is on like a— just a rise, right. So, that's contributing to sleep apnea as well. We see just a mix of everything and then that's even apart from you know the younger children with um, just the behavioral insomnia and they want to be in bed with mom and they have all the pushback at bed time and things like that. Most times I would say I tend to see, even in one patient I could see a mix of everything, you know. They're on their devices for so long and— you know and then they're anxious, and oh by the way they eventually fall asleep and they're snoring. So that gets very interesting.

Julie: Yeah. You know I always say well, I have narcolepsy so I give myself a little bit of a free pass on some of the other sleep hygiene things which I don't think is probably the best perspective, however. I don't know, sometimes you've just got to do your best. But I was actually at a pediatric sleep conference a few years ago and I remember them talking about the stuff around devices, because it's not a very cool message to have to tell people, you know, oh by the way you should really put your phone away at night. And especially for adults too like, oh by the way you shouldn't drink alcohol because it's really going to— like all these messages are like, waah-waah. You know and so I guess with the devices some of the interesting things I learned at that conferences was like, thinking more practically, like maybe changing the content of what people watch. Instead of saying don't watch anything, maybe more like, don't watch things that are highly stressful or highly addicting to watch more. So, I was just curious if, you know, your perspective on the cell phone issue, 'cause I just imagine with teens it's even worse.

Dr. Afolabi-Brown: Exactly. And it's like the elephant in the room. You're saying— how uncool can you get, by saying, "Oh yes, let's make sleep cool, get your phone out of your room." (laughing) It does shut down. And I mean the cell phones and, and— there's actually like a lot of

evidence to support this— kids are using these devices as their own way of emotional connection. Connection with their friends— and some use it to share creative ideas, some have used it to like build stuff, and— it's just such an amazing tool, but I think it's, you know too much of anything is— becomes bad, and so really helping them to strike that balance. And some of that takes patience and really engaging with the teen to say, you know, why— what's your goal, what, how do you feel, man, how do you want to feel? Moving forward. Are you tired of being tired, right. So some of it requires some of those conversations. But yes, there are different things to do. There are different alternatives, or options. You know sometimes I'm a bit more sort of lenient on using the screen filters, the blue light blocking filters, that's one thing. And also switching the content, like you said. So we're not now sitting, watching you know snapchat where you're constantly, or— whatever it is, right. When you're constantly engaging or— watching a violent movie or things like that. Or something very addictive. Because the other piece of it also is I think YouTube, Netflix, all of them just have this autoplay function, so— (laughs) you don't even intend to, and it just keeps playing. So sometimes I'll encourage families to just disconnect that. So if you're going to watch the next one you're actually going to search for it. So that's one alternative.

Dr. Afolabi-Brown: And then sometimes, one of the other things I talk to people about doing is— you know what, you can have that time. Because sometimes also, social media, or just being on your phone, for some of us it's sort of like, just a way to just relax and wind down. But you have to be very strategic about when you're doing that. So is that falling asleep with your phone, like literally— (laughing) on your chest, or something (laughing) I know I'm talking to myself, too, right, so. Instead of doing that why don't we move it to the beginning of your routine, like set a space where it's in your mind— there's a delineation, like this is my personal space. My bedroom. A place where I can relax and wind down. And so if we're going to watch and engage and things like that, we could do it but, maybe about 30 minutes before bed, take that down. Especially for our teens. Ideally it's an hour but usually we'll negotiate about 30 minutes. And then do whatever it is you do, whether it's to take your bath or journal or— read, or get ready for the next day, sort of do that in between and then get into bed.

Dr. Afolabi-Brown: So you still get that time, that time doesn't change, but you're sort of moving things around a bit. And empowering them with the reason why, again— it's not because we want you to not connect with friends and network and be with people, it's just because our brains make all these associations, and also because of the blue light and melatonin suppression and also the arousal that we get from all those devices. For some, especially teens who have a lot of like, anxiety and they get this sort of psychophysiological insomnia where their mind is racing and they actually say listen, I'm using that phone to distract myself. Then we start to talk about, okay how about the content, how about switching to content that's a bit more relaxing, if you want to listen to a boring podcast or, you know something like that (laughs) you know that's still— you still get to do that and you know help you kind of wind down.

Julie: Okay and this kind of goes as a question, whether or not they have a sleep condition or— because I really feel that, as we learn you know the school start times are— not allowing kids to have the right timing of sleep that they need— you're going to find that a lot of kids are sleepy in school, right. And so when people ask me like, well then how do you— how do you see the kids with the sleep disorders? I'm not always sure that they stand out? Or— yeah, I guess I don't know that they stand out enough. And so I guess I was just kind of curious, how do you distinguish, besides obviously coming to a sleep doctor and learning more. What do you see that might distinguish sleep disorders from just average sleepiness in kids.

Dr. Afolabi-Brown: Yeah. Yeah, and you know that's so true. And what do we need to see, that would prompt you to seek out a sleep physician, because it's not like the appointments come easy— it's a lot of— places don't have (laughing) sleep physicians, so— if you're going to go down that route, do you need to. And that's a very important point you bring up. So you know when I— when we look at sleep, you know, I kind of look at it in three different categories. And so, we talk about like the sleep quantity, which most of us— most of our kids, our teenagers, with the school start times and everything else, they're already short on that. And so it becomes a huge— very, very huge barrier to figure out. And that's why so many kids in terms of the diagnosis of narcolepsy, right— they go undiagnosed for up to a decade, because it's like, "Well you just didn't get enough sleep," and meanwhile they're struggling everywhere, right. So that's one and then the second is the sleep quality. Like are they getting enough sleep but waking up still exhausted. For example sometimes what I try to get people to do is try to extend your sleep, say, during the summer— you know during a period where there's really no regulation in that sense. How are things? If they're like, yeah, I got my 10 hours of sleep and I'm still exhausted. And then somethings wrong with either the quality, what's going on there. And then there are like obvious things like snoring or you know the discomfort you get in your legs before you go to sleep which may be suggestive of a disorder called restless leg syndrome.

Dr. Afolabi-Brown: Or you know additional symptoms with like, with narcolepsy where maybe you have the strong emotions that trigger loss of tone or you know all those kind of things which are unusual. Or you get enough sleep and it's just never enough. So those are some things that can really prompt seeking a physician to see like, what's— what exactly is going on. With the— it's hard. Our school district thankfully because of the pandemic, they got— they moved the school start time, so I think the kids, the teens, the high school starts at about 8:20 now, so it's still not 8:30 which is perfect. But I was talking with the superintendent, and he's like, "It's incredible," like all those kids at first period just had their heads— he said when he would walk through the schools before they made the shift, their heads would be down. Because they're so sleepy during that time. So the first period was just awash. But now they're starting school at 8:20, they're all perked up, it's so different. But that's— there is usually some red flags, and then we start to see that difference when they have periods like spring break or summer where they just— they've got enough sleep but they're still having issues.

Julie: Yeah, I think that's a really, really good point. 'Cause that was actually my own experience, it was during exams. Because exams were— we didn't have classes anymore, all we had to do was study and take our exams and so I was able to get the full 10 hours of sleep, and then realizing I couldn't drive 15 minutes to school in the morning without getting tired. That's when it clicked for me, you know, because there was no restriction. That's really interesting. And you know one of the benefits of Covid, you know there aren't many, but— seeing some school start times change is really exciting. But you did remind of a kind of, question about the pandemic as well, as we're seeing more long Covid and sleepy or fatigue or brain fog type issues— come about from that— do you think that this will maybe add greater awareness around those types of things? And possibly sleep disorders? Or do you think it may be that people that have had Covid might never consider they could have a sleep disorder cuz they might just think it's long Covid.

Dr. Afolabi-Brown: I think that's where the issue is now, it's— what— the chicken or the egg, was there something that was present, could Covid have unearthed it, right. Could that have just revealed it. It's possible, it's really hard to say. I think you know with the sleep quality and the

fatigue and the brain fog and all those symptoms, there's so many factors that play into it. Sometimes it may be things like— you know, of course the anxiety, or mood problems. Sometimes it could be if you're— especially if you've been indoors for so long, and you're not necessarily getting the activation or exercise or building enough sleep pressure. Or sometimes it may be because the fatigue has now led to a point where you're just like, in bed all the time and usually that's something that I try to get people to try to differentiate— it's hard, right. It's hard to differentiate, are you tired or are you sleepy— it's like okay what's going on? Because for some people the tiredness they feel literally exhausted, they feel like they can hardly stand upright for five minutes. But then when they get the opportunity to lay down or to sleep— no. They don't. They're not able to sleep, and I think that's usually a very critical piece of information that guides. And that's why we try to measure this objectively with the Epworth sleepiness score which is just a way of assessing how sleepy you really are. Compared to just, "I'm sleepy," but like objectively assess it and so it has like a group of questions, the likelihood of you dozing, and I'm sure you've filled that out— (laughs) quite a few times. I think that objectively is really valuable for me because I've had kids who are like, ahhh, they're so exhausted, they can't get out of bed, and the Epworth is two. Anything above 10 is abnormal. And so I think that differentiation really helps a lot. Because the way you address someone who is chronically fatigued is completely different or, to some degree different from you know how you would address someone who's actually sleepy.

Julie: Yeah. That's a really important point, I think. And our language around those terms isn't always so clear, you know especially when we don't come from a medical background or something, so we're not really sure what we're always saying. So. Yeah, I know you said you're a mom as well as a sleep clinician and a pediatrician and I was just kind of curious in general, do you think your experience as a mom, has that influenced your practice, or your experience as a doctor influenced your experience as a mom?

Dr. Afolabi-Brown: Yes. Yes. That's— yes. (laughing) Oh my goodness, I thought I would like— I got this nailed down, I'm a pediatrician. You know what I mean? But nuh-uh. Those kids do not come with a manual, they do not read the textbook, they just do their— (laughing) do their own thing. And so yes, it completely— first it gave me world respect for moms and everything that we do. Second it humbled me, to think that I felt I was the authority. And some parents who, you know, they're meeting me for the first time and here I am trying to tell them what to do, but moms like, "Mm-mm. I don't think so." Yes, mom you were right. (laughing) So, one, my empathy and my ability to actually listen to moms completely changed, and that's one thing that I heard a lot— so I hear a lot it's like, oh I felt like— I felt like my concerns were being brushed off, and things, but you have to listen, like you're doing advocating for patients. We as parents, as— I mean, kids cannot advocate for themselves. So moms have to be in tune and speak for them. And so walking that walk, when I hear mom say, no I'm not ready or, no I think he's fine. I believe them. Because most of the time they are, almost all the time they're right. So it definitely changed the way I interacted with parents, and it changed also— you know I feel like it was hard for me also like, okay I'm a pediatrician, I'm taking my kid to the pediatrician. You know sometimes I went, they even knew I was a pediatrician, and they would just gloss over— and I'm like, no, no no no no no no, like. (laughing) "You know what to do, whatever." No, I want you to tell me 'cause I want to make sure I'm not like, you know, being biased and things like that, so. The second pediatrician I just didn't tell them, and it was just beautiful, to just like— yeah, yeah, yeah. (laughing)

Julie: Yeah.

Dr. Afolabi-Brown: 'Cause I'm like, I just want to— I just want to hear it from somebody else. When I go home I don't want to be doctor and mom, I just want to be mom. So let me just be mom when I'm here, you know. So I think that was helpful too. So it's changed— it changed both, it changed me. (laughing) Completely. My son, my kids however do their own thing. I mean, right now 'cause they know I have a live with you, they think I'm pretty cool now, but before they were like, "Ugh. You're a sleep doctor, we're never going to get to stay up late." (laughing)

Julie: (laughing) Yeah!

Dr. Afolabi-Brown: I know, but I let them— I try— maybe not that often, but I try— you know I give them some time, but— but we try not to shift too much on the weekends and things like that just because I know it's that social jetlag factor, where kids— you just feel like you're pretty much completely moved away from what your internal clock is set to do on the weekends and then you're coming right back on Monday, to try to regulate is really hard. I guess that's— to me I'm saving their lives, but they just don't know yet.

Julie: Mm-hmm.

(Dr. Brown laughing)

Julie: I feel like I've learned a lot more about that recently— at least about one study that showed that if you're changing that timing over the weekend, that that might impact you as much as the quantity of sleep that you get, you know. Which we always think of as so important! But even that timing is so critical. Do you have any tips for people about things that they should do in the morning? To try to transition in the morning time?

Dr. Afolabi-Brown: Yes. Absolutely. I think our morning routines are just as important as our nighttime routine. So there's a lot we hear about, oh bed time routines, and things like that, but— importantly is having a good morning routine. And, you know, the goal is to get you ready for the day. And if you had a bad night that's even more important. And one of the things I recommend is when you wake up, not to stay in bed for too much longer. Of course again as a mom it's like, okay I have this just brief moment of silence, I'm just going to take this in and just lay here (laughing) and lay still for as long as possible. But while you should still enjoy those moments of quiet, you don't want to just keep laying there. Really you want to try to get up and I think lights should be just part of that routine. You know, exposing yourself to natural light is ideal. If not, just making the light as bright as possible. So we're essentially doing the opposite of what we would do at night. At night time we're kind of trying to eliminate that bright light, we're trying to get into this really dark, calm environment that helps our melatonin production increase. But then in the morning you want to shut that off. So you're really looking to brighten the place up. When we wake up in the morning we've actually been dehydrated, so one thing I encourage is drinking water before you grab that coffee— (laughs) grab some water and just drink to rehydrate yourself. So lights, hydration and movement. And of course your hygiene, whatever that means, brush your teeth or whatever, but. Light, hydration, and movement. And so you can incorporate that any how. I think it's really— first of all, exercise and movement is just such a boost, in terms of your mood and your energy level for the day, and also it helps set you up for

better sleep success at night. And so having that as well, as part of your morning routine I think is ideal.

Julie: I think that's so beautiful, I don't think I've ever heard anyone quite say that our morning routine should be just as important as our night routine. So, wow. Okay. And do you think— you know I've heard people say to take, you know, 15 minutes or— I kind of always have the goal of spending the first hour before I get on my laptop and trying to take that as me time, not always so successfully, but do you think there's any certain amount of time that you should spend for your morning routine?

Dr. Afolabi-Brown: It depends on how much time you have. And it depends on who we're talking to. So if it's a teenager, I mean they barely have— they're running to catch the morning bus, right. Again, their internal clocks have shifted, so they've may have gone to bed a little bit later. And so usually what I try to get them to do is get in as much sleep in the morning as possible because the deep sleep they get at the earlier hours of the morning is so important for their learning, for their development and things like that. So that means their morning routine is going to be a bit shorter, but they need that light, so importantly. Most teens when you go to their room to wake them up they just go straight under the covers. You need to gently pull those covers— (laughing) and open the windows. They need that because they need that to help set their internal clocks. But they may not get all this whole period of like reflecting on the day and things like that but as adults if you can incorporate that I think that is beautiful. So apart from those three basics we talked about, things like spending a few— you know some time to plan your day, some time to just like, either journal, or just spend— just reflecting, before you jump— sometimes it may be reading a book, whatever it is. And yes you want to avoid going straight to your phone, straight to work and things like that. As soon as you wake up. And one of the things I usually will say is sometimes as women, usually I would say many times, it's not a sleep issue, it's a boundaries issue. Because we feel like, oh god, I ignored people— (laughing) I ignored people last night 'cause I was trying to set my bedtime, let me start answering right away. And then all of the sudden that anxiety starts to come, all of the sudden that feeling of pressure, like oh my gosh, how am I going to get all of this done? So you want to prepare yourself, you want to make out that time, and it varies. Some people, if you can get about an hour, I mean that would be incredible. I usually will say, usually about an hour, an hour and a half. I'm not— email, or text, things like that. I'm not doing things like that. Of course if it's an emergency or someone that's like our family or whatever, then that's different. And the beautiful thing about our phones and our devices is you can set that "do not disturb" you know, for as long as you want, and so you can actually set those limits and put that in place.

Julie: Yeah. I love that. I mean I guess I was thinking about even saying that, that it's an hour, so— that's because I also don't have to commute anywhere, and I used to have to commute across LA for 45 minutes or an hour. That's time you kind of just reflect, you listen to music, you listen to podcasts, you know, it's not the greatest, but. When I work from home now or during the pandemic there's just that— the separation can be a little bit tricky.

Dr. Afolabi-Brown: It is. It is. The lines just get very blurry, the lines get very blurry. So if you can, I mean if you can do it— I love podcasts too, so that's definitely all like— audio, like an audible book or something, just time for you. You may have done that at night, but it's just a different way to sort of set the tone for your day. I know the days that I've gone on, mistakenly— hit Instagram or gone into my in— it's just like, ugh, it's going to be a day, you know, 'cause you

just already start to feel that stress rising. Which is why it's important to protect that the best you can.

Julie: I love that. These are always important reminders, just and hearing from different voices, you know. We need so many of these reminders. So, I have a question, and I like to kind of ask— and I didn't actually tell you this totally in advance, but I like to ask people, what keeps them up worried at night, and what energizes them to start the day? And I guess I kind of mean that theoretically or philosophically. Like, what makes you worried when you think about sleep and our culture and the future, and what gives you hope and excites you about this field?

Dr. Afolabi-Brown: Yeah, I mean I think— it's again, for someone who's trained in this and I've seen the impact with a lot of evidence, it's like you can't unsee just what the impact is. One of the things that I enjoy doing is, I kind of enjoy encouraging and empowering people. And just seeing how drained, exhausted people are— a lot of work that I do also is around helping people sort of set boundaries. And I see it. I see them struggle with things like that. So, that tends to get to me. I think what does excite me and what gives me hope would be realizing that we are no longer working in silos. So just the incredible people— now talking to you, Julie, just realizing that we can all do this together, we can amplify our voices. It just excites me, right, like it's not like we're trying to— you know we're all just trying to make things better and everybody has that intention, it's like, okay! I'm not the only one, right, there's so many people now really taking this on and making this their mission and that's just a beautiful thing to see. (laughs) I had a friend who said, "You know when I'm in bed sometimes nowadays and I'm scrolling on social media, I actually sometimes see your face." (laughing) I'm like, "Ooohkay." (laughs) I said, "What do you do?" She said, "I put my phone down right away and go to sleep." (laughing) I'm like, "Yes!" (laughing) Beautiful. Because that's— I know she's not going to be anxious, right, because she's made the right decision. I know she just got an extra hour of sleep instead of the doom scrolling, right. So that just cheers me up, that really delights me.

Julie: Yeah. Well you're doing such great work and how did you decide to transition into doing more education and work like that?

Dr. Afolabi-Brown: Yeah I still do both, I still work in of course my employed practice, I still see patients. I think a decision was made when you know a couple of years ago I just started feeling this restlessness, like I just— there needs to be more, we need to get this message out there. Again, the connection I made with you know parents or moms especially and the exhaustion and the overwhelm, and seeing that— well, there's the education piece of it. Like people just don't know what they don't know. So, that was really what prompted me to do that and also just realizing like, okay, I can change lives one patient at a time in the four walls of my clinic, right. But if I get my message out there I could reach more people, change more lives, especially people that don't necessarily have access to me in clinic. And so then you know it's kind of like the best of both worlds.

Julie: Well just thank you for all of it, you know it's all so important. I often think about that. Running a non-profit, and just someone that is impatient, I'm an impatient patient, you know, I want change and I want it now. And how do you make that impact, you know. That person-to-person impact is so important, but then doing things myself like writing a book, you know seeing that you could impact so many more people that way, so. Yeah, it's all so important. And a huge shout out at this point to Emma, Emma Cooksey who connected us—

Dr. Afolabi-Brown: Woohoo! (laughs)

Julie: Yeah. (laughs) Emma is another advocate on our Dream Team of people that are just so genuinely interested in supporting other people and other people's messages and community in this, you know, I don't know, I don't know— I've been drinking the Kool-Aid recently, or something, of this community is such a cool, special community where it's— a lot of really caring people. And just surrounding ourselves with all those people gives me a lot of energy too. So—

Dr. Afolabi-Brown: I'm just going to put a plug in and just shout out— Wide Awake and Dreaming.

Julie: Aww.

Dr. Afolabi-Brown: That book is just— it blew me away. So, just sharing your story, I'm like, oh my goodness, it's so beautifully written and everyone out there, if you haven't gotten your copy, just go grab it. (laughing)

Julie: Thank you so much.

Dr. Afolabi-Brown: Mm-hmm.

Julie: With the moms, do you feel like there's any key pieces of advice? We do have a lot of moms in our community— it's just so complicated, you know, what's postpartum depression— what's sleep issue— you know you're not getting enough sleep. Do you have any key pieces of advice for our moms out there?

Dr. Afolabi-Brown: Yeah, you know, so much, 'cause that's— my heart just— it's so connected with that and that's really my mission. I think it's just, you know, it sounds cliché, but giving yourself grace and realizing that prioritizing yourself actually makes you a better version of you for others. So we're all things to all people. But you know like you mentioned, we're supposed to be asleep a third of our lives. And for us to show up the best we can for that extra two thirds, show up as a mom, as you know, a healer, as a friend, as an advocate, as an employee, as an entrepreneur, whatever that is— when you prioritize that one third, literally it just transforms what you can do with that extra two thirds. So if you can think of it that way, and say I'm going to set time to make sure I rest, I sleep in— I prioritize sleep. You're doing the whole world a favor.

Julie: It's such an important message! (laughs)

(Dr. Brown laughing)

Julie: Big claps, I know that other people are clapping along to that, I mean— that's sort of like self-care, or self-healing or self-importance! You know? I've heard that term mom guilt, you know, and releasing a little bit of that, in general, but especially in how we approach sleep—

Dr. Afolabi-Brown: Yeah.

Julie: — is so important. Are there any other things that you'd like to make sure that you share with our community today?

Dr. Afolabi-Brown: Yeah, absolutely. So I am the founder of Restful Sleep MD, you'll find me on [Instagram](#), I hang out there. (laughing) And I also have a website, restfulsleepmd.com. I have a framework that I share with people to create restful sleep habits and one of the things I say is, you could start sleeping well tonight— like, this is the perfect weekend to start improving your sleep habits and you could grab that framework from my website and really everybody in the family can start sleeping well, so. I'm excited.

Julie: Awww. That's so hopeful! We can do better tonight, guys. Thank you so much Dr. Brown, for spending this time with us. I just want to wish everyone a good night's sleep tonight, and thank you again to Dr. Brown for spending this time with us!

Dr. Afolabi-Brown: Thank you so much for having me.

This discussion was originally recorded during Project Sleep's [Sleep Advocacy Forum](#) in October 2021.