Lee Burgess: Welcome back to the Law School Toolbox podcast. Today, we are welcoming Lindsay Scola to talk about sleep disorders and what you need to know to advocate for yourself. This is Part 2 of a two-part interview with Lindsay, so please check last week's episode to learn more about why your sleep is important. Your Law School Toolbox hosts are Alison Monahan and Lee Burgess, that's me. We're here to demystify the law school and early legal career experience, so you'll be the best law student and lawyer you can be. We're the co-creators of the Law School Toolbox, the Bar Exam Toolbox, and the career-related website CareerDicta. Alison also runs The Girl's Guide to Law School. If you enjoy the show, please leave a review or rating on your favorite listening app. And if you have any questions, don't hesitate to reach out to us. You can reach us via the contact form on LawSchoolToolBox.com, and we'd love to hear from you. And with that, let's get started.

Hi, this is Lee from the Law School Toolbox, and I'm excited to have back on the podcast Lindsay Scola to talk more about sleep. And today we're going to talk about sleep disorders and how you can advocate for yourself if you think you are not getting the sleep that you need. So Lindsay, thanks so much for joining us again. I can't wait to jump into this conversation. For those who missed Part 1 about sleep, can you just share a quick tidbit about why you care about sleep and why you're here to talk about it?

Lindsay Scola: Yeah. So, I started having experiences with feeling excessively sleepy during the day when I was 16, and my doctor told me that busy people are tired, and I was a busy person. And it took me 19 years to find out I have a sleep disorder. I was diagnosed with narcolepsy, and then a few years later, I was diagnosed with Upper Airway Resistance Syndrome, which we're going to talk a little bit more about. I had so much time thinking that I was slower, not as smart, didn't want it as much as my peers did, maybe I wasn't as ambitious as I thought I was. And I wish that earlier in my career I had known what healthy sleep looks like, what unhealthy sleep looks like, and being able to have these conversations with ourselves and our friends and our family, that we can let each other know that there's help out there.

Lee Burgess: Yeah. So, we're going to dive into the world of sleep disorders, and I'll be honest, maybe I've heard of narcolepsy, although I don't know that much about it at all. And I know about sleep apnea, because that's what people seem to be talking about. But other than that, I can honestly say, I don't know that I know other sleep disorders. So, what are even this realm of disorders that we're talking about?

Lindsay Scola: So, there're 80 sleep disorders. There are a lot of sleep disorders, yeah, and at least one in five of us has a sleep disorder. So, there are some that are

extraordinarily rare, that are more on the rare side. Narcolepsy – what I have – is one in 2,000 people. But something like sleep apnea is one in five people. You probably know someone in your life with sleep apnea, if you're not somebody yourself. So, these are way more common than we realize, and way more common than something like migraines, which we talk about all the time and know people that have it. So, it's just newer for us to be able to have these conversations. And one of the things that we talked about on the last podcast is that general practitioners have very little sleep education. So, your doctor that you're discussing things going on in your life with probably isn't adept at identifying this or knowing where to go with it next. And so, I'm going to talk through what some of these symptoms are and know that sleep specialists are a real thing, and that they're the linchpin in being able to get a diagnosis and get treatment for sleep disorders across the board.

Lee Burgess: Okay. So, if you're listening to this and you're like, "Do I have a sleep disorder? Do I need to talk to somebody about this?", what do you think are some of the signs that it's time to have a conversation with medical providers or to find a sleep expert to talk about this?

Lindsay Scola: First, if you are feeling excessively sleepy during the day. If you are waking up feeling like you haven't gone to sleep, or if you're being hit by moments where "I can't keep my eyes open no matter how hard I try" – this is something called "excessive daytime sleepiness" and it's a hallmark of a lot of disorders out there. I'm sure everybody here knows somebody who snores, or sleeps next to somebody who snores, or is somebody who snores themselves. Snoring is not normal. Now, there can be multiple reasons why you snore that have something to do with the architecture of your face. Sleep apnea is one of the more common reasons. And we have this sort of image in our heads that people with sleep apnea is like an overweight middle aged guy with a big round neck and a square jaw. That's not the case. That person might be more prone to sleep apnea, but sleep apnea has a lot more to do with the structure inside our mouth and our throat and our jaw that causes it, that it actually isn't always the case of what we look like on the outside. I have a very tall, skinny sister, who has sleep apnea. And so, it's not what we've sort of been conditioned to look for. So, if you're somebody who's feeling excessively sleepy during the day, if you're waking up multiple times a night to use the bathroom – this could be a sign of a sleep disorder, potentially sleep apnea, because what's happening when you're having sleep apnea is that multiple times an hour, you can't get enough air. And so, your brain is waking up your body and saying to breathe. You might physically wake up from that. You might not mentally wake up from that, but your body and your brain are waking up. We sleep in 90-minute cycles. It gives us enough light sleep, deep sleep, and REM sleep. And all of those play an important part for the physiological processes that our body needs. But if you

imagine that you're waking up multiple times an hour, you're not getting that complete sleep cycle. So, what's the first thing that happens when you wake up in the morning? Most of us need to use the bathroom. So your brain and your body is waking up and it says it's time to use the bathroom. So if you're going to the bathroom three times a night, this could be a sign that something else is happening. If you're waking up with a headache every morning or a dry throat, you might not know that you snore, you might not know that you're gasping yourself awake. Those could be symptoms that something else is going on. As I mentioned, I have something called Upper Airway Resistance Syndrome, which is kind of like a mild sleep apnea, where there's an issue with the construction of my jaw, that my tongue is actually too big for my mouth. Now, I talk all the time, so my husband had a field day with that diagnosis. And so, I was waking up every day with a headache and a sore throat, and I thought it was bad allergies, but really it was not getting enough oxygen. And so, I wear a very simple oral appliance that pulls my bottom jaw forward, and now I don't have that problem anymore.

Lee Burgess: Yeah. I think that's maybe one of the interesting things about sleep disorders. I love how I'm talking about it now that I listed off the, what, like two or three that I know, but I'm like, "Let me share my wisdom." But the folks that I do know in my life that have struggled with sleep disorders is, sometimes there are these little fixes, because I think that a lot of times folks are intimidated to go down this path because they don't want to have to wear a machine to sleep or they don't want to have to have really intensive interventions. But sometimes there are simple interventions. But knowledge is power, that's just the reality.

Lindsay Scola: Knowledge is power. I have to say, narcolepsy is something that doesn't have a novel treatment, in the same way that a diabetic takes insulin to make up for something that's missing. We don't have that for narcolepsy at this moment. So I take medications that treat certain symptoms that I have. So there are days that I have bad days, but I have to say I am so much more happy and functioning even on those days than I was prior to that, because I know what's happening, I know what's going on in my brain. And yes, I know some people don't want to go down the route of sleep apnea because they don't want to wear a CPAP. But once you start wearing that CPAP, your risk of hypertension goes down, your risk of insulin resistance goes down, so you're actually protecting your heart and your body in incredible long-term ways than you would if you continue to go on with that undiagnosed sleep apnea. So you're going to be cognitively better because you're getting a full amount of sleep. You're going to be better in your heart and your lungs, and so it's a short-term consequence of getting that information for really long-term results. I mean, we've seen that somebody who gets diagnosed with sleep apnea, it's actually sort of a lower cost treatment for them. But then somebody who doesn't get diagnosed with sleep apnea that has

it and continues on, they could be incurring like $20,000 extra a year in other medical costs because of all of these comorbidities that end up stacking up because they haven't gotten this treated. And so, I always tell people that are annoyed that their partner is snoring that this is actually a cause for concern. And you love that person that you're choosing to share a bed with, at least I hope so. It's the reason that you started sharing a bed with them in the first place, is that you want them to be the best, healthiest version of themselves. And the sound of a CPAP next to you is much better than the sound of somebody snoring you into the next room.

Lee Burgess: Yeah, for sure. So, you're concerned, you're tired, maybe the extra stress of a job change, being in something like law school, is kind of making everything more pronounced than it used to be. So, what do you do next? You're like, "Cool, this sounds like me. I'm tired, I am not functioning well. Now what do I do?"

Lindsay Scola: First, write everything down. So, for something like narcolepsy, there're five distinct symptoms, which as someone who did not know anything about sleep in my wildest dreams wouldn't have known that some of them were symptoms to start with, and definitely would not have known that they were connected. So in narcolepsy we talked about the excessive daytime sleepiness. Another symptom is fractured sleep. You can fall asleep okay, but you can't stay asleep. So, as somebody who could sleep all the time, I thought I was a really great sleeper. I was just so extraordinarily tired because I don't get deep sleep, that my body could sleep all the time because it wasn't getting the thing that it needed. There is something called "hypnagogic hallucination", and that's a hallucination as you're falling asleep or as you're waking up. So it's a sort of blending of reality with an intense dream state on either side of that sleep cycle. These can be audio, visual, or sensory, or they can be all three. So, most of my hallucinations are audio and they happen at the end of a sleep cycle. So, for most of my life, I have been hearing things that weren't there, and they're like little blips, so I kind of ignored it, thought it was part of a dream. I've heard people speaking in Russian in the hallway that weren't there, construction in the backyard at like 3:00 o'clock in the morning that wasn't happening. Sometimes it sounds like a crash of something, but nothing happened. One time the dog was barking in my hallucination, and I was sleeping, of course without my contacts, and there was like a stack of clothes next to the door. And so I'm asking the dog if he needs to go out, who's sleeping on the floor next to me and is looking at me like, "I don't know what you're talking about." So, there were these little things, that I didn't know that's not normal. Now, every once in a while I was having these ones where it was audio, visual, and sensory, and something scary would happen and I couldn't move and I couldn't breathe and I couldn't scream, and that's because sleep paralysis can also be a symptom. That's because when you're in REM

sleep, your body paralyzes itself so you don't act out your dream. I wasn't able to act out this thing that I needed to do that was happening with this thing because I was in this sort of mix in between these worlds. I never would have gone to the doctor and said, "I'm having hallucinations, I'm having sleep paralysis, I'm having fractured sleep, I'm having excessive daytime sleepiness." But if I had started writing down all of the things that were happening in my life, this could have been an easier presentation to someone. And then the last symptom which happens for some people with narcolepsy, but not everybody, is something called "cataplexy". And this is a loss of muscle tone when you experience a strong emotion. So this could be some people falling over like a rag doll, or it could be something really minor. I tend to drop my phone when I laugh, and for years I told people, "Don't make me laugh, I'll drop my phone." Should have been like a signal to everybody that's not a normal thing to say. And into my diagnosis, I was still telling people, "Don't make me laugh, I'll drop my phone." Not completely recognizing that was cataplexy. Sometimes if I'm feeling really exposed in a conversation or just sort of out of my depth, my lip will droop a little bit. It's not always noticeable to everyone, but I feel it. I get a lot of cataplexy when I'm skiing. I'm a moderate skier who's afraid of moderate hills. So, once it gets steeper, I start feeling like there's like warm champagne coming up my hands into my elbows, and it gets really hard to hold my poles. So if there's anything happening that's not feeling normal, start writing that down, so that you can sort of present a full picture of what's happening for you, that you might not know things that fit together. So you could be someone who doesn't know that you snore because you don't share a bed with somebody or you sleep next to someone who's a really deep sleeper. But you're waking up a lot to use the restroom and you're waking up with a headache and you're waking up with a sore throat – it's definitely time to explore sleep apnea. And after you've written all these things down, your general practitioner is likely not going to know what to do with all of them, so you need to see a sleep specialist. The general practitioner can help you at the start of your journey, but seeing a sleep specialist is extraordinarily important.

Lee Burgess: Yeah. And something you mentioned on the last podcast that I think it's important to raise as well, is that there's a lot of correlation between sleep disorders and some other things going on with folks that are very common and we talk about all the time, like ADHD. And so, if you, let's say, are someone with some sort of attention deficit disorder, should you just go ahead and start tracking some of this stuff, because the likelihood is that there may be something happening in parallel?

Lindsay Scola: Yeah. As someone with ADHD myself, there's a vague narrative out there that people with ADHD are just crappy sleepers. And as we said in the last podcast, you wouldn't tell someone with asthma that they're just going to be a s*itty

breather. So, there is some research out there that shows us that as many as 80% of people with ADHD also have a sleep disorder. This could be chronic insomnia, this could be sleep apnea, restless leg syndrome, narcolepsy, there're different circadian rhythm disorders. And so, if you are someone who already knows you have ADHD, you're struggling with your sleep and you think this is something beyond maybe something going on with your stimulants, this is something that you should absolutely be pursuing. And writing everything down is so super helpful, because maybe it's not a sleep disorder. Maybe there's something going on that's a hormonal imbalance, maybe it's something else, but don't just assume "I've been told that I'm a bad sleeper" and that's how you're supposed to live the rest of your life. And as an advocate for yourself, you know your body better than any other person is ever going to know your body. And so, while you might not be able to identify this as what's happening to your body, you know that something is feeling not right, and 100% always trust that gut, wherever you are, whatever you're doing.

Lee Burgess: Yeah. So you go to your GP... And remember, for most people who are in school, there's a student health center. You usually have access to medical care while you're in school. And so, it could be a good time to start exploring this, because also, you can't think and memorize things when you're not sleeping. So, you've got your journal, you're like, "I've got all this stuff going on, I'm exhausted all the time." And then they say, "Cool. Take melatonin." What do you do if you're not getting the answers you want? How do you advocate for yourself to get additional support?

Lindsay Scola: Well, some insurance doesn't need a referral to see a sleep specialist. So you could say, "I think there's something going on with my sleep, I'm going to see a sleep specialist." And you can also demand from your GP that you want to see a sleep specialist and you need that referral. And if they won't do it, go to somebody else. What's the worst thing that's going to happen? You go to a sleep specialist and the sleep specialist says, "I don't think this is your sleep." You're way better off actually getting to that person and actually asking the questions of the person who's more likely going to know. The last thing that you want to do is diagnose yourself before you see a doctor.

Lee Burgess: Dr. Google, everybody's best friend.

Lindsay Scola: Everybody's best friend. And I am not saying this because I don't do it.

Lee Burgess: I mean, we've all Dr. Googled every now and then, let's be honest.

Lindsay Scola: We all Dr. Googled. Yes, no, I definitely diagnosed myself with dengue fever one time. I did not have dengue fever. I've come up with some really bizarre things

and no matter what I do on WebMD, I'm always going to get to ear cancer. But we've sort of conditioned ourselves to be an advocate, especially when we're not feeling listened to, that we have to go in and say, "I have this thing, treat me for this thing." And which is very easy for a doctor to come back and say, "No, you don't have that thing." And it doesn't become an improv situation where it's like, "No, you don't have that thing, but let's figure out what you have." But it's a lot harder for them to refuse you in that conversation, when you're like, "I have this going on, this going on, this going on, this going on. Figure out what it is." That's open-ended; it's not a "yes or no" situation for them. And as someone who has diagnosed myself with the wrong thing multiple times, because I did miss that day at med school, this is what I wish that I had been able to figure out earlier in my diagnosis journey, is I'm much better off coming in and saying, "These are the things going on." And especially writing it down before I get there, because we have all been in that situation where we're feeling absolutely miserable, and we get to the doctor, and the doctor's like, "How are you feeling?", and we're like, "Fine." And that could be like, "Eh, I'm a little okay" or, "I completely forgot what I was going to ask you" or, "I'm feeling absolutely miserable", but that's the answer we came up with, because they're rushed, they come in the room, you're ready to go, you've got things to talk about, and then you're like completely blank. It's so much better for everybody if you've got that written down ahead of time. Even if you haven't had the time to go through and make an actual journal for what's going on every day, write down the things that are taking you there in the first place. And if that's just, "I feel extraordinarily tired every day" – you shouldn't feel extraordinarily tired every day. Let's go figure out what's going on.

Lee Burgess: Yeah. I am definitely one of those people who gets anxious going to the doctor, and so I send them an email beforehand, being like, "This is what I want to talk about."

Lindsay Scola: That's fantastic! What a great idea.

Lee Burgess: I worry that I'm going to get there and what if I don't remember to get out my phone or have my list? But I am my most eloquent self before I'm going to go, right? And so, I just sent an email and I'm like, "These are the things I want to talk about. I hope you can make sure that we hit all of them today." And then sometimes I think that's great, because then they're ready to talk about those things. So, if I'm super tired and I'm feeling like garbage and I don't know what to do, then maybe they're going to be in a better headspace about what to do with that problem. It's giving them a heads up, which depending on your medical professional and if you have a relationship with them, but if you send that email, they'll usually open it in the appointment with you. And if you remind them that you did it, if they're like, "How are you doing?", you're like, "I

sent you an email", they're like, "Oh, let me go get that." And then they pull it up and they're like, "Oh, let's go through these questions that you had." I mean, it's actually pretty helpful.

Lindsay Scola: Don't let anybody tell you how you should or should not be feeling. I know a lot of people who got diagnosed with a sleep disorder while they were in med school, or law school, or some other pressure cooker situation. It's very easy for doctors to come back and be like, "Well, you work in a pressure cooker situation, of course you're tired." Back in my residency I was pulling 42-hour shifts and I was super tired. And we can go into a whole other conversation whether that's healthy or not. But you know how you feel. And I think for too long for me, I was like, "Everybody around me is tired, they're all saying that they're tired." Being tired is a badge of honor, especially when you work in a pressure cooker. The number of hours you put in is always trumping the quality of the hours you put in, because people are measuring themselves up against that. But I don't know what your "tired" is. You don't know what my "tired" is. And so, how all of us are going to describe feeling tired is going to be completely different. Of course, if you are staying up all night to memorize things and not going to sleep and trying to work crazy hours, you are going to be tired. Are you going to be feeling so excessively sleepy that you have this voice in your head saying, "If I don't go to sleep, I'm going to die"? Probably not. So, it's really important to continue to listen to that voice and if someone starts telling you, "Oh, of course, everybody's tired" – that's not an acceptable answer in that moment, and you are allowed to ask for more.

Lee Burgess: Yeah. Oh, I used to study for my law school exams at the UCSF medical school library, because it's beautiful and has this beautiful view with the Golden Gate Bridge and over the city. And I would study in there and then all the medical students would come sleep in the library in the middle of the day. And I remember asking someone once, "What's everyone doing?" They're like, "We have a break." They looked at me like I was the cuckoo one, when I'm like, "What is going on?" And they're like, "It's totally normal to come sleep in the middle of the day, because we don't get enough sleep." I'm like, "I don't know that that's normal. I'm just not sure that's normal."

Lindsay Scola: But if you are in a situation where you are being asked to work a lot of hours or do a lot of things, and catching up at sleep at different times is the best opportunity you have – that is totally okay.

Lee Burgess: Yeah. So maybe they were the wiser. Maybe I should have also been sleeping in the library. I don't know.

Lindsay Scola: If you're a super creative person who feels like you're getting your best, most creative work done after midnight, but you have to wake up at 7:00 AM to function for something, maybe you're sleeping in two chunks during the day. Biologically, we actually did that. Up until the Industrial Revolution, people actually slept in two sleeps. So they would go to sleep when the sun went down, they'd wake up, they'd spend a couple of hours with their family, or knitting, or smoking a pipe, or whatever people did before they had electricity. And then they would go back to sleep, and they'd sleep until the sun came up. And then we got light inside, we got more rigid work hours, and that sort of went away. But our bodies sort of never forgot that. There are a lot of people who wake up at 3:00 AM and it feels really normal for them. Now, I've watched a lot of horror films, so when this was happening for me, I was like, "Of course I'm haunted, this is the witching hour." When is some little demon going to peek out from under my dresser doors? But if you're somebody who's waking up in the middle of the night and you feel like your brain's getting super activated, and you feel like you need to do an hour or two of work and go back to sleep, and you find a way to make that work in your life – that's totally okay.

Lee Burgess: Yeah. I think the other thing, given that I'm a bit past my law school years now, my years of beginning my adulthood, is that we can acclimate to being in these situations where we're in a constant state of sleep deprivation. I had some of those periods when I was working. I definitely had those periods when I had small children, because my children just... They sleep now, but boy, there were some dark times. That's a whole another podcast, about those dark times. But I think you can acclimate to it, but that doesn't mean that it's not still hard for you, and that incremental gains can be so much better. So I think when we're talking about a population of folks like law students and lawyers, who we all like to control everything, we like things to be perfect, generally speaking, we're all high performers, that it can be hard to say, "Well, if I just do a couple of these things, it might get incrementally better." And that incrementally better is actually worth fighting for, and I think that it can feel like such an all or nothing. It's like, if you're sitting here and you're like, "Yeah, I think I need to be sleeping more, I don't feel great, I'm not sure when I'm going to get to go to the doctor, maybe I'll start taking notes about these things." But even just writing things down, it's going to at least highlight for you maybe these areas where you could make some simple changes, right? Maybe you become more aware of your circadian rhythm or you get blackout curtains at Target or whatever it might be. There can be these tiny things, but that 3% more sleep is still going to be better than staying stuck where you are.

Lindsay Scola: Absolutely. And I will be the first to admit before my narcolepsy diagnosis, I kept having all these doctors talk to me about sleep hygiene, and it felt like this list that I had to check everything off and if I didn't, I was failing, and so I might as

well not do it at all. And so I had terrible sleep hygiene. There were a lot of things that I did that were not healthy for my sleep. I slept with the TV on at a full volume all night long. I would be in my bed, forcing myself to try and go to sleep when I was awake. I definitely wasn't thinking about when I was consuming food and alcohol. You know when you're younger, you think that you can do a full day of work, and then go out with friends and have as many drinks as everybody feels is necessary, go to sleep and wake up and do it the next day. Some of us, when we hit our 40s, if you have more than one drink, you're giving up the next day, so we're past that. But a glass of wine might make you fall asleep easier. It's definitely going to mess with your sleep structure throughout the night. If I had understood, which I do now, the incremental pieces that I could do to help myself, I definitely would not have kept myself from getting narcolepsy, but I would have had a lot more knowledge about what was going on and I could have made bad situations better. And you might think that I'm struggling with a sleep disorder, because I'm feeling like I cannot be awake after 9:30 at night. But you're somebody who's naturally waking up every day at 5:00 AM. There're only so many hours in a day that your body is supposed to be awake. And so you might actually be somebody who is a serious morning person and you're not going to hit those big productive times. And just tapping into your natural rhythm is going to make you a much more functional, happy person. And there might not be disordered sleep there. Actually paying attention to our sleep might be the thing that you need to feel better, especially if you are someone who only has certain periods where you can be asleep because of a crazy schedule, and you're a Type A personality, which I'm guessing most people listening to this are, because you chose this profession. You cannot muscle yourself to sleep. So, if you are laying there going, "Oh my God, I have to go to sleep now", you're not going to go to sleep. It's like the opposite of what's going to help you go to sleep. And so, having these moments where you can give yourself a little bit of grace as well. Get up and do something else. Get tired again, come back to sleep. If you are someone who is struggling with your sleep, don't sit in your bed all night on your laptop. That one used to drive me crazy because I had a doctor that was like, "All of your problems are going to go away if you stop working on your laptop in bed", which we can all say is crazy now because I had narcolepsy. But if you are somebody who has a hard time falling asleep and you're sitting up on your laptop in bed, you're not telling yourself this is a place of rest. And so, what are the things that I can do to get my brain to start turning off, to start getting excited about going to bed? I use essential oils at night. I've got my scent that makes me like, "Oh, it's sleepy time." I do that. I listen to noise that helps me fall asleep. So, what is that thing that you can be doing that helps you? And then again, you're writing all this stuff down.

Lee Burgess: Yeah. And I think it's interesting because as a parent, we talk about this stuff with kids all the time. What's your bedtime routine? What time do you start

going to bed? Like, first, they take a bath, and then they brush their teeth, and then we read together, they tell a story, you turn on the white noise machine, they crawl into bed. They almost do it the same exact time every night. We do all of this for small children, because we're like, "Well, they need those signs that it's time to go to sleep." And then we become adults, and we're like, "I don't need any of that stuff. I brush my teeth and I should just be able to walk in and lay my head down and be done with it."

Lindsay Scola: Well, especially if we have ADHD. We know intellectually, "I should brush my teeth so my teeth don't fall out of my head", but I've never had a routine in my life. I was talking to my therapist the other day and I was like, "I just feel like I'm kind of off my routine." And then I started laughing hysterically, as though I've actually ever had a routine. I'm just not someone that naturally does that. But there are things that our body does crave that make it better. So, you might not be that person that has a 10-step facial routine before you go to bed, but you can do some things that can help your brain calm down and wind down and get ready to go to sleep.

Lee Burgess: Yeah. And I think that working late on my laptop, even if I'm not doing it in bed, even if I'm doing it on the couch, it's just disastrous. It is not a good time for me after 8:30 to have that laptop open. Nothing good happens, basically. Maybe I get something done, but that is just not what I need. I need to connect with my partner, watch something silly on TV, do whatever else there is. But I've just learned that that is not good. I can't shut the laptop and go to bed. That's just not how my brain works. And there is freedom within starting to learn these things by yourself. Now my business partner, Alison, she's a night owl. She will be texting me because she's working on something at 10:00 o'clock at night, and I'm like, "I am going to bed. I will talk to you later. You can send me messages, I'll read them when I get up at 6:30."

Lindsay Scola: And she's probably not functioning at 6:30.

Lee Burgess: No, she's got my texts on silent at 6:30, and there's just an awareness of it. And I think the power of tracking, as we've talked about, of just writing things down and looking for patterns can be so powerful. But I often think in life, we have to look at what we say young people need when we're talking about, they should have some sort of routine, they should have a reliable schedule. One of the things with my kids is, if I have to wake them up before school, that's concerning to me. That means that they're not going to sleep at their usual time, because they have this long window to sleep. I never talk about stuff like that for myself. It takes a while to be like, "What? Should I be waking up on my own?" And I do at this point in my life. I don't sleep with alarms.

Lindsay Scola: But also your kids are getting older, and they are going to get to a place where they're going to need a little bit more sleep in the morning than they probably have time for. So, having to wake them up is not totally a cause for concern.

Lee Burgess: It's totally not a cause for concern. It's more just when it becomes an outlier. It's not like we're moving that way, but if every day I'm dragging them out of their room, they're telling me they're tired. I'm like, "Well, then we're not going to bed at our usual window" or whatever. But also there're growth spurts and all these reasons why. But if it happens too much, then something has shifted. And I think that we just don't often reflect on our own rhythms like that, like we do of other folks in our lives.

Lindsay Scola: Yeah. And I have to say I've gotten much better at listening to my brain, like "I'm tired, put the phone down." Because I am someone who likes to be on my phone before bed. And if you found a way to work with that, that's totally okay. If you are somebody who I was for a long time, could not put the phone down or felt like I had to be checking every email that came in, or you've been in a world where that's a thing, get an old fashioned alarm clock and put the phone someplace else. Take that away from yourself if you feel like you cannot put the phone down. But on the reverse of that, if you're someone who's put the phone down and all of a sudden, especially as a person with ADHD, you have this burning desire to find out if penguins have knees – pick the phone up and look it up, and put the phone back down and go to sleep.

Lee Burgess: Okay, do penguins have knees? I don't know the answer to that.

Lindsay Scola: They do.

Lee Burgess: They do?

Lindsay Scola: They do have knees.

Lee Burgess: I was like, "I've never thought about that before."

Lindsay Scola: Well, because that's where my ADHD brain goes when it's time to do something like sleep. It's like, "Oh, how deep are the rivers around America?" And I'm on a late-night hyper focus, rabbit hole chase on this. I'm the queen of random thoughts at these moments. But I had that question, I looked it up, I put the phone down, and I went to sleep. I had a burning desire one night to see if I was washing my underwear in the most hygienic way. Why was this keeping me up? I can't tell you. You can add vinegar, if anybody at home is wondering about this.

Lee Burgess: I was like, "I don't know the answer to that either!" Oh my gosh, I feel like there's another podcast about things that you've looked up at night that I'm supposed to know.

Lindsay Scola: 100%. I feel like I could have my own trivia show on this. But by looking these things up and not just letting my brain stew on this, it actually allows me to get to sleep. So, don't be so hard on yourself that it was like, "I put the phone down, I can't look at the phone again." Now, don't have this burning desire to find out if penguins have knees, and then you need to look at what every ex-boyfriend is doing in their life right now for the next three hours. That's not an effective use of that sleep time. But if you give yourself that one moment to get the thing off your brain and go to sleep, that's totally okay.

Lee Burgess: Yeah. I also know other people who will leave a pad of paper next to their bed, where they'll just write down stuff that pops into their head, or to-do list items. Give them a place to go, give them a place to live, and then you don't have to continue to stew on them.

Lindsay Scola: Absolutely. Sometimes I wake up... One of the superpowers of narcolepsy is that I have these vivid, crazy dreams that I have a much better chance of remembering than other people, but I might not remember them later as the day goes on. And so, I have a little notebook in my nightstand that that's where my stuff goes. And a lot of my creative writing has come from these like dream notes. So, if you've got a place to do that where you can then go back to sleep, that's great.

Lee Burgess: Is it Guillermo del Toro who does the very intense visual movies, that some of them are based off his dreams? Yes, I think that's who that is. And I'm always like, "Wow, those are some dreams, man."

Lindsay Scola: Right? Yeah. I go back and forth between having these super creative dreams or then having incredibly vivid, lucid dreams where I'm reading email and making tea during the day, like I'm just reliving what I did during the day.

Lee Burgess: That sounds really nice. I had some weird dreams last night and I wish I would have been making tea.

Lindsay Scola: I'm just saying, as someone who has these really vivid dreams, it sort of feels like a wasted opportunity to just be reliving my day. Just all I'm saying.

Lee Burgess: Yeah, I know. On that note, we should all try and dream about making tea and doing calm things. To close it all up, if you've been listening to this podcast and you're like, "Uh-oh, I think that maybe I need to spend some time on these

issues" – where should somebody start advocating for themselves around getting help?

Lindsay Scola: So, most people are going to have to start with your general practitioner, because your insurance probably requires that you see them before you see a sleep specialist. Ask for a referral to a sleep specialist, because it might not be the first thing that they offer. If they say "no", demand it or go see a different general practitioner. You can find a lot of great resources online. There's an awesome organization that I work with called Project Sleep, where they have every major sleep disorder on there. There're resource sheets, there's a helpline. So you could be somebody that's like, "Something's going on with my sleep. I don't know where to go. I don't know who to ask." Get on, go to Project Sleep, go to their helpline page, and you'll be able to talk to someone and get some next steps for it.

Lee Burgess: Amazing. Well, Lindsay, if people want to know more about what you do and your research in talking about this, where do they go?

Lindsay Scola: LindsayScola.com. You can follow me on LinkedIn or Instagram. And I talk about a lot of this stuff and want to stay in touch.

Lee Burgess: Amazing. Well, thank you so much for your time. I hope you'll come back and talk about sleep more, because I feel like there's a lot to talk about here, not just if penguins have knees. I still want to do the episode on all the things that you've learned from looking things up in the middle of the night. So, we'll just put a pin on that for the future.

Lindsay Scola: There you go.

Lee Burgess: Alright. Thanks so much.

Lindsay Scola: Thank you.

Lee Burgess: If you enjoyed this episode of the Law School Toolbox podcast, please take a second to leave a review and rating on your favorite listening app. We'd really appreciate it. And be sure to subscribe so you don't miss anything. If you have any questions or comments, please don't hesitate to reach out to myself or Alison at lee@lawschooltoolbox.com or alison@lawschooltoolbox.com. Or you can always contact us via our website contact form at LawSchoolToolBox.com. Thanks for listening, and we'll talk soon!

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