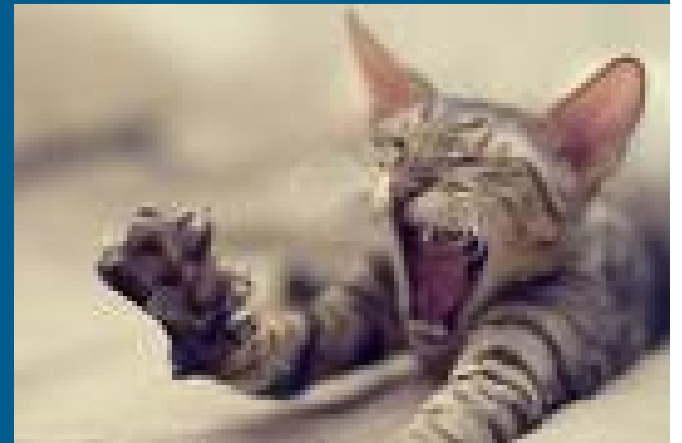
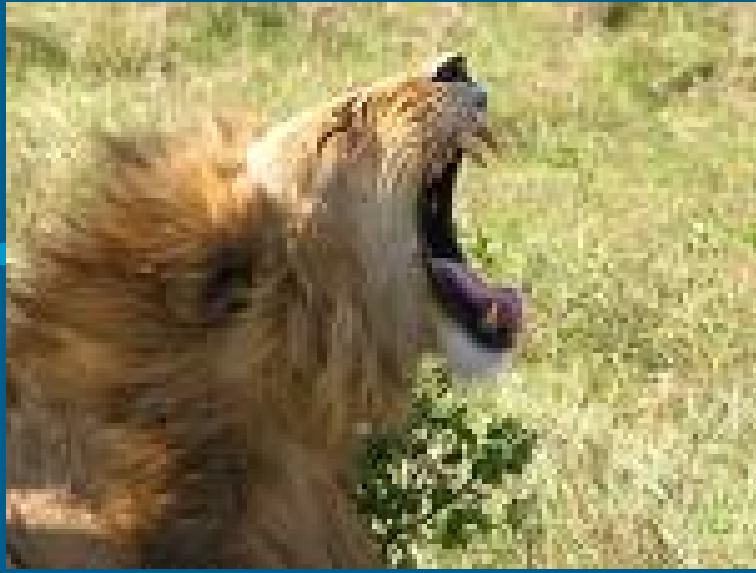


# When Things Go Bump in the Night: Common Sleep Problems in Early Childhood and Possible Remedies

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# Why Do We Sleep?

- We spend about one third of our lives sleeping!
- Sleep is a restorative process



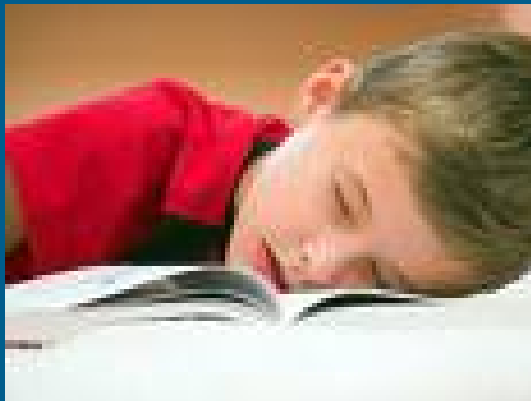
# Consequences of Sleep Deprivation

- Moodiness, irritability, mood swings
- Temper tantrums, noncompliance, oppositional behavior, poor impulse control
- Hyperactive behavior



# Consequences of Sleep Deprivation

- Attention problems, poor concentration, learning problems, poor school performance



# Consequences of Sleep Deprivation

- Grogginess when waking up in the morning.
- Not wanting to get out of bed in the morning.
- Very sleepy during the day.



# Consequences of Sleep Deprivation

- Family Disruption
  - Negative effect on parents
  - Family stress
  - Marital problems
  - Exhaustion



# Sleep-Wake Cycles: Diurnal Organization

- Adults typically have one sleep period
- Infants have many sleep periods throughout the day
- By 6 weeks of age, babies begin to have a diurnal/nocturnal sleep pattern



# Sleep-Wake Cycles: Diurnal Organization

- By 1 year, one or two long periods of sleep at night (8-12 hours) and 2 naps (2 hours) per day.
- Sometime during second year, one daytime nap disappears.
- Many children start to give up naps after 3<sup>rd</sup> birthday.

# How Much Sleep Should My Child Get?

## Age Category

## Average Sleep Duration

## Sleep Patterns

Newborns

16-20 hours

1 to 4 hour sleep periods followed by 1-2 hour awake periods

Infants (0-1)

14-15 hr total at 4 mos.  
13-14 hr total at 6 mos.

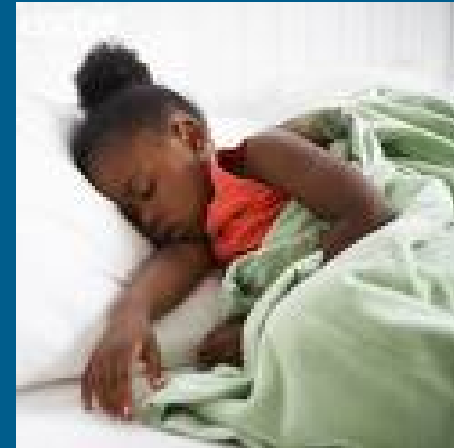
70-80% sleep through the night at 9 months; naps 2-4 hrs twice a day

# How Much Sleep Should My Child Get?

<u>Age Category</u>	<u>Nighttime Sleep</u>	<u>Napping Pattern</u>
Toddlers (1-3 yrs)	11 hours	Naps 1.5 to 3.5 hours once a day
Preschool (3-6 yrs)	10.5-11.5 hours	Naps about 1 hour; most stop by age 5
Middle Childhood (6-12 yrs)	10-11 hours	Low levels of daytime sleepiness

# How To Help Children Sleep Well

- **Have a set bedtime**
- **Have a bedtime routine**
- **Teach child to fall asleep on his/her own**
- **Do not get rid of daytime naps too early**
- **Be consistent**



# Have a Set Bedtime

- A good bedtime is between 7:00 and 8:30 at night
- Keeping bedtime the same every night helps set child's internal clock.



# [ Have a Bedtime Routine ]

- Children love routines so they know what will happen next.
- Routines during the day help them get on a schedule.
- Bedtime routine prepares your child to sleep.

# Have a Bedtime Routine

- Start the bedtime routine early enough to get child in bed at bedtime
  - If bedtime is 8:30, could start the routine at 8:00
- Include enjoyable activities that prepare child for bed:
  - Taking a bath
  - Putting on pajamas
  - Reading a story
  - Singing favorite songs
  - Hug and kiss goodnight



# Have a Bedtime Routine

- The end of the bedtime routine should be calm and relaxing.
- At least the last 10 minutes of the routine should take place in child's room.
- Keep the routine the same every night.





# Things to Keep in Mind...

- Many television shows, including cartoons, can be exciting and get children wound up – making it harder to fall asleep.
- Rough-housing play right before bedtime can also get children wound up.
- Scary stories or television shows, movies, can also increase the chances of nightmares.
- When children are over-tired, they often look hyperactive



# Things to Think About...

- Making the bedroom a relaxing, comfortable place for sleep:
  - Noise level
  - Is there too much light? Does child need a nightlight?
  - The room at bedtime should be the same as it will be in the middle of the night
  - Using “love objects” – stuffed animals, favorite blanket, etc.
  - Sleep is a separation from the parent/caregiver!



# Consistency!

- Staying consistent with bedtime routines, bedtimes, sleep location, and limits, helps children keep good sleep patterns.
- When children are sick, when there are life changes, when routines change, when they are upset or scared, they may show more sleep problems.



# Sleep Problems in Infants and Young Children

- About 25-30% of infants and toddlers have sleep problems
- Maltreated sample - 69% of children
- Correlation between major sleep problems and behavior problems
- Childhood sleep problems often persist

# [ Types of Sleep Problems ]

- Night Waking Problems
- Bedtime Problems
- Nighttime Fears & Nightmares
- Parasomnias
- Sleep Apnea

# Night Waking

- First 2-3 months of life, infants are starting to regulate feeding and sleep cycles
- Between 3 - 6 months, night-wakings are common and intervention is not prescribed
- Usually specific intervention other than education/support about normal sleep in newborns is unnecessary

# Night Waking

- If night-waking is a problem after 6 months of age, may begin intervention - “sleep training”



# Night Waking

- Waking during the night is normal!
- Children must learn how to go back to sleep alone
- Difficulties arise if falling asleep depends on the parent being involved
- Teach child to fall asleep in the same setting as he/she would after waking during the night



# Night Waking

- By 8 months of age, 60-70% of infants self-soothe after night-waking
- By parent report, about 20-30% of toddlers were described as night wakers ( “signalers”)
- 84% of 3 yr olds with sleep problems have problems as 6 year olds

# Dealing with Night Waking

- Create a set bedtime
- Establish consistent bedtime routine; Establish a consistent bedtime environment.
- Teach child to fall asleep on his own at bedtime (the hard part!).



# Dealing with Night Waking

- Sleep Onset Associations:
  - What do you need to fall asleep?
  - What if you woke up a few hours later and everything was different?



# Dealing with Night Waking

- Whatever children need to fall asleep at the beginning of the night is what they need to fall asleep again when they wake up during the night.
- If he or she falls asleep on parent's lap, guess what...?!



# Dealing with Night Waking

- Teaching child to fall asleep on his own
- Hardball approach:
  - After putting child to bed, leave the room.
  - Return in lengthening intervals to reassure.



# [ Dealing with Night Waking ]

- Softball approach

- Stay in the room with your child after he or she is in bed, until they fall asleep.
- Gradually move your way out of the room (might sit close the bed for a few nights, then across the room, etc.)
- Be “boring”

# [ Intervention – General Points ]

- Frame the problem with the parent
  - Developmental challenge
- Parent needs to be willing to implement plans, routine, consistency
- All caregivers need to be on the same page!
- Frequent check-in with parents

# Bedtime Problems

- Toddler/child resists bedtime
- Climbs out of bed
- Leaves bed repeatedly
- This pattern may go on for hours



# Bedtime Problems

- Parents put child back in room repeatedly

*or*

- Parents give up and let child stay up or join them in bed

# Bedtime Problems

- Problems with limit-setting

- Inconsistent limits often result in child pushing limits more
- Feelings of anger and anxiety
- Children can relax once parent asserts control

# Bedtime Problems

- Explore why limit-setting is difficult
  - lack of education
  - lack of motivation
  - guilt
  - parental problems
    - depression
    - anxiety
    - substance use
    - domestic discord

# Bedtime Problems

- Set bedtime and bedtime routine:
  - “But I’m not tired!” – Children sometimes have a hard time ending the day, want to stay up later.
  - Set limits and be consistent – after putting him or her to bed, it’s time to go to sleep. If not tired, he/she could have a toy or book in bed until ready to fall asleep.



# Bedtime Problems

- “Just one more!”
  - Ask why child is doing this...is it a real fear, a real need, etc?
  - Rule of thumb - give child one chance when asks for “just one more.”
  - After responding once, can firmly and calmly tell child that “now it is time to go to sleep.”

# Bedtime Problems

- “Run errands”
- Try not to give too much attention to unwanted behavior.
- If needed, create a reward system for staying in bed.

# Nighttime Fears

- Experiencing some bedtime fears is normal for children (such as the dark, monsters, robbers)
- Fearful child may resist bedtime at all costs, may plead, beg, and cling
- Child may not fall asleep unless parent is present all night, but can fall asleep easily with parent there



# Nighttime Fears

- The fearful child becomes panicked when limits are set
- Excessive nighttime fears often coupled with daytime fears of separation from parent or refusal to stay in room without parent present



# Dealing with Nighttime Fears

- Look for possible causes, especially if extreme/persistent:
  - confusion between death and sleep
  - parental discord
  - robbery or threats to the home
  - abuse or neglect
  - surgery or illness of parent or child
  - loss of important person or pet
  - scary television or movies

# Dealing with Nighttime Fears

- Be available to the child frequently throughout the day as needed.
- Use consistent bedtime routines.
- Avoid things that can trigger fears or nightmares.
  - Do not talk about fears / scary things at night.
- Provide reassurance and help to cope with fears.
  - Parents talk about how they deal with scary things.
  - Read stories about children who conquer their fears.

# [ Dealing with Nighttime Fears ]

- Be creative – for example, use “monster spray”
- Reassure child but set some limits
  - Help her check the closet, leave on a nightlight.
  - Do not search room for monsters for long periods of time.
  - Goal is teaching her to deal with her fears, not avoid them completely.

# Nightmares

- Nightmares are a normal part of development.
- After the age of 2, children can begin to understand that there is some difference between dreams and reality.



# Helping with Nightmares

- Reassure child
  - Hold and comfort her.
  - Speak in a soothing voice
  - Let him know you will keep him safe
  - Stay until he is calm and he can go back to sleep.
- If he needs more reassurance, help him to feel better (turn on light if needed, etc.)

# Helping with Nightmares

- If less than 2, don't try to tell them it's "only a dream"
- Encourage child to talk about the nightmare if able.
  - Help change it to a good ending.
  - Don't push talking if child doesn't want to.
- Encourage child to stay in own room if possible.
  - Don't want to reinforce fear of sleeping in own bed.
  - Might stay with child until falls back to sleep.

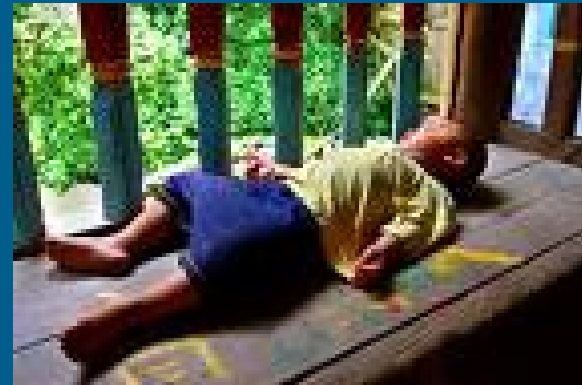
# Parasomnias

- Most common:
  - Confusional arousals
  - Sleepwalking and Sleepwalking
  - Sleep terrors (aka night terrors)



# Sleep Apnea

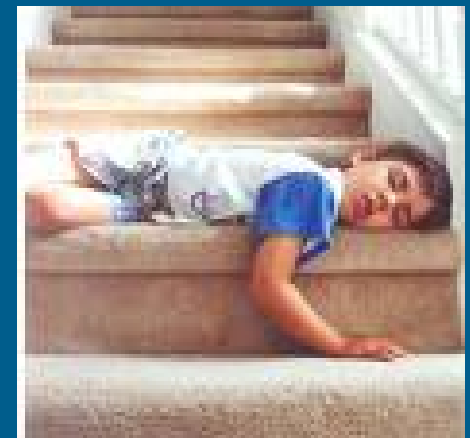
- Serious disorder with pauses in breathing during sleep.
- Symptoms in Children
  - Snoring
  - Breathing pauses
  - Difficulty breathing while sleeping
  - Mouth breathing
  - Coughing or choking in sleep
  - Restless sleep
  - Sleep in unusual positions
  - Sweating
  - Nightmares or night terrors
  - Night wakings





# Sleep Apnea

- Daytime symptoms often associated with sleep apnea in children:
  - Sleepy during the day
  - Hyperactivity
  - Falling asleep at inappropriate times
  - Daytime behavioral problems
  - Behavior has changed significantly
  - Health problems
  - Eating
  - Slow growth



# Sleep Apnea

- Who is at risk? Children with:
  - Enlarged tonsils and/or adenoids
  - Frequent illnesses (ear infections, sore throats, tonsillitis, allergies)
  - Who are overweight
  - Abnormal bone structures in jaw area
  - Children with Down Syndrome
  - Often runs in families

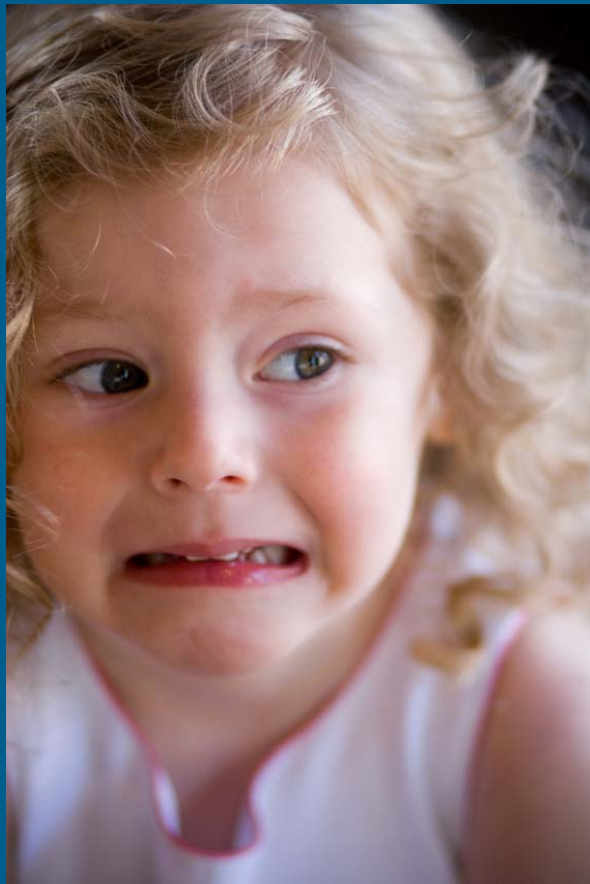
# [ Sleep Apnea – Assessment ]

- Need to be assessed by a pediatric ENT and/or sleep specialist, often at a sleep clinic.
  - Extensive interview
  - Physical examination
  - Overnight sleep study (polysomnography)

# [ When More Help is Needed... ]

- When parent education/support is not enough for behavioral concerns, or when there are complicating questions:
  - Refer to mental health professional and/or pediatrician.
- For concerns about sleep apnea, and parasomnias, refer to pediatrician.
  - Next steps often ENT and/or sleep clinic

# Trauma and Sleep



# [ Stress to Trauma Continuum ]

- All children experience stressful events
- Traumatic stressors involve:
  - actual or threatened death or serious injury, or other threat to one's physical integrity
  - witnessing an event that involves death, injury, or a threat to the physical integrity of another person
  - learning about unexpected or violent death, serious harm or threat of death or injury experienced by a family member or other close associate

# Impact of Stress and Trauma

- Mediated by:
  - Characteristics of the event
    - Type
    - Intensity
    - Duration (Frequency)



# [ Impact of Stress and Trauma ]

- Mediated by child's characteristics
  - Developmental understanding of the event
    - **Infants** -- Dysregulation of affect, disruption of sleep, feeding. Loss of caretaking adult. Pain or fear. Limited ability to cope.
    - **Toddlers**-- Working to build confidence in their ability to be autonomous and independent. Building trust in relationships.
    - **Preschoolers** -- Working to distinguish between fantasy and reality, building sense of mastery. Magical thinking, ego centric view of events may cause children to attribute negative consequences of an event to their own thoughts and behavior.
  - Child's resiliency and coping skills



# [ Impact of Stress and Trauma ]

- Mediated by:
  - Support systems
    - Parental and family relationships
    - Community resources



# Trauma and Adaptation

- Adaptive responses help the individual maintain psychological and physiological equilibrium and well-being in the face of threats.
- An adaptive response in one environment may be maladaptive in another!



# Response to Trauma

- Hyperarousal & Hypervigilance
  - Alarm response
  - Heightened preparedness to perceive and behaviorally cope with threat to danger
    - Incompatible with sleep
- Numbing & Exhaustion
  - Excessive sleep or sleepiness



# Regular Stress and Sleep

- Nursery school infants and toddlers graduated to a new class
  - Longer time falling asleep
  - Increased crying before sleep onset
  - Decreased sleep during nap time
- Mothers hospitalized for birth of another child
  - Increased night waking while parent absent

# Separation and Loss

- Parents/caregivers provide safety and regulation for young children.
- Parental loss or absence deprives the child of this essential support in regulating their emotional, behavioral and physiological functioning.
- Monkeys separated from their mothers demonstrated sleep disturbances
  - Increased wake time
  - Increased number of arousals during sleep
  - Decreased REM sleep



# Disaster

- Bay Area Earthquake
  - Sleep problems, particularly refusal to go to bed or to sleep alone, were most frequent symptom (more than 50% of children)
- September 11th
  - A newborn previously known to sleep only in 2-hour stretches slept for over 5 hours
  - Months after the attack, 4-year-old said, “I can’t sleep because I’m scared of an angry bad guy.”
- Hurricane Katrina
  - In one sample of 3-6 year olds, the rate of PTSD was 62.5% for those who stayed in the city and 43.5% in those who evacuated.

# Violence

- Witnessing Domestic Violence
  - Violence may occur at night when parents believe the children are asleep, but they're not!
  - Mothers who survived domestic violence reported that many of their children experienced nightmares, bed-wetting, night panics and disrupted sleep patterns.
- After playground sniper attack
  - 71% of children had sleep problems
  - 63% of children had bad dreams

# Child Abuse

- Sleep disturbances can be a response to abuse
  - Sexual abuse
    - Sleeping may not be a safe behavior
  - Physical abuse
    - Can affect amount and quality of sleep





# Support

- Ongoing trauma
  - Need safe and secure environment
  - Change environment!
- Past trauma
  - Hyperarousal may be activated by cues of past trauma
  - Intrusive thoughts may interfere with sleep
  - **Provide regular and increased sense of security and safety**



# [ Professional Support ]



- For trauma-related sleep issues that interfere with child or family functioning (including but not limited to PTSD):

→ Refer to a mental health professional for treatment

# [ Sweet Dreams! ]

