

Sleep Challenges and Strategies for Change

Parent Presentation

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By Maggie Teske, OTS



What is Sleep?

- Two main phases of sleep—**rapid eye movement** (REM) and **non-rapid eye movement** (Non-REM)
 - **REM** begins approximately 90 min after first falling asleep and is when we dream.
 - **Non-REM** occurs in the 90 min prior to the onset of REM, and cycles through 4 separate stages.
 - **Stage 1**- light sleep, transition between being awake and asleep; **Stage 2**- deeper sleep, “true sleep”; **Stage 3** and **4**- deepest sleep, “restorative” stage
 - **Partial waking**-brief period (sometimes only a few seconds) we awaken from sleep while transitioning to Non-REM after dreaming
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True or False?

There are some children who just don't need very much sleep.

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False.



Why is Sleep Important?

- Amount of deep sleep is highest in early childhood (50% of sleep), drops during adolescence, and shrinks to 3-5% in older adults.
- REM occupies about 25% of an adult's sleep, whereas newborns will spend about half their time.
- The majority of human growth hormone is released during sleep.
- Not enough sleep can negatively effect the immune system.

Age	Recommended Amount of Sleep
Newborns	16–18 hours a day
Preschool-aged children	11–12 hours a day
School-aged children	At least 10 hours a day
Teens	9–10 hours a day
Adults (including the elderly)	7–8 hours a day



Why is Sleep Important?

- Children and adolescents with chronic medical conditions, behavioral/emotional disorders, or developmental disorders are more likely to have sleep problems than other kids.
- Poor sleep can lead to moodiness, irritability, depression, anxiety, and limit coping skills.
- Chronic sleep disturbances will cause a decline in motivation or concentration.



Common Sleep Issues

- Difficulty Initiating Sleep—difficulty falling asleep, bedtime problems, etc.
- Difficulty Maintaining Sleep—waking frequently during the night or waking too early and not being able to go back to sleep

Strategies for Change



Sleep Hygiene-daily living practices that influence your ability to fall asleep and stay asleep. (Durand, 1998)



Bedtime Routine

- About the last 30 min. before bedtime
- Include calming activities
- Keep the order and timing of the activities about the same each night
- Avoid “screens” during this time
- Avoid extending the time
- Most children thrive on structure and order, must be consistent
- When routines can become rituals for a child, build in flexibility and variation to the order of activities from the beginning
- For kids who take longer to wind down, allow a longer bedtime routine



More Sleep Hygiene Tips

- Light snack is a good idea, but no heavy meals within two hours of bedtime
- Avoid caffeine 6 hours prior to bedtime
- Avoid problem foods: highly spiced foods, cucumbers and beans, foods with MSG
- Exercise is recommended 4-6 hours before bedtime, discouraged the child from exercising or engaging in vigorous activity right before bedtime
- Create positive associations between their bed and sleeping
- Bedroom should be cool, dark, quiet, and comfortable



Strategies for Difficulty Initiating Sleep

Graduated Extinction of Bedtime Problems

- Spending longer amounts of time tolerating the protests of child at bedtime
- First, establish a bedtime routine
- Establish and be firm about a bedtime
- Determine how long to wait before checking on child
- Pick a night to begin the plan
- First night, put child to bed, leave the room then wait the agreed-on time (e.g., 3 min). If child is still crying, go into room, tell him or her to go to bed, then leave. Continue the pattern until the child is asleep.
- On each subsequent night, extend the time between visits by 2 or 3 min



Strategies for Difficulty Initiating Sleep

Bedtime Fading

- Select a bedtime when child is likely to fall asleep with little difficulty and within about 15 min
- If the child falls asleep within 15 min of being put to bed at this time and without resistance for two consecutive nights, then move back bedtime 15 min
- Keep the child awake before the new bedtime even if he or she seems to want to fall asleep
- If the child does not fall asleep within about 15 min after being put to bed, then have him or her leave the bedroom and extend the bedtime for 1 more hour
- Continue to move back the bedtime until the desired bedtime is reached



Strategies for Difficulty Maintaining Sleep

- Address Difficulty Initiating Sleep first!
- Use the a similar Graduated Extinction process but begin when the child starts crying after waking in the middle of the night.

Sensory Strategies for Sleep*

- Weighted blanket/vest
- Body Pillow
- White-noise machine
- Avoiding stimulating visuals (color, decorations, etc.)
- Removing any florescent lights in the bedroom
- Soft music
- Relaxation CDs
- Rhythmic, repetitive, low frequency movement
- Vibrating pillows and beds
- Swaddling

*Work with an Occupational Therapist to determine the best Sensory Strategies for your child's sleep

In Summary

Strategies for sleep difficulties require

- Consistency
- Routine
- Individualized
- Knowledge of when and where to refer

Resources for Families

American Academy of Sleep Medicine (AASM)

www.aasmnet.org

www.sleepeducation.com

Sleep Research Society (SRC)

www.sleepresearchsociety.org

National Sleep Foundation (NSF)

www.sleepfoundation.org

National Center of Sleep Disorders Research (NCSDR)

www.nhlbi.nih.gov/about/ncsdr/index.htm



Resources

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- Jan, J.E. et al. (2007). Sleep hygiene for children with neurodevelopmental disabilities. *Pediatrics*, 122, 1343.
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<http://www.nhlbi.nih.gov/health/health-topics/topics/sdd/howmuch.html>
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