

Strategies to Improve Sleep for Children in Foster Care

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Training Code A170



Sleep concerns are common in Foster Care

One study found that 86% of Foster Care workers report that Foster Children struggle with sleep problems such as:



Difficulties falling asleep, avoiding sleep, nighttime fears, fear of sleeping alone



Nighttime awakenings, struggling to return to sleep, going to someone else's room during wakeups



Bedwetting, nightmares



Sleeping more than recommended or sleeping on an inverted schedule (mixing up days and nights)

How does trauma affect sleep?

- After a trauma, our brain goes into “high alert mode.” It becomes extra vigilant, looking for any sign of danger.
- If the trauma happened at night, bedtime may feel extra scary and may cause flashbacks.
- Because the brain is so sensitive, even things that are non-threatening can be interpreted as danger.
- This stresses the body and causes faster heart rate and breathing and a release of stress hormones. It's hard to sleep when we feel like this.

Objectives

Part 1: The science of sleep and what happens when we don't sleep

Part 2: Behavioral strategies for a healthy sleep foundation

Part 3: Positive Parenting skills to help with bedtime

Part 4: State of the science about medications for pediatric sleep concerns

Part 5: Behavioral sleep resources and what to do with medical sleep disorder symptoms



Estimated time: 15 minutes

Part 1

The science of sleep, what happens when we don't sleep

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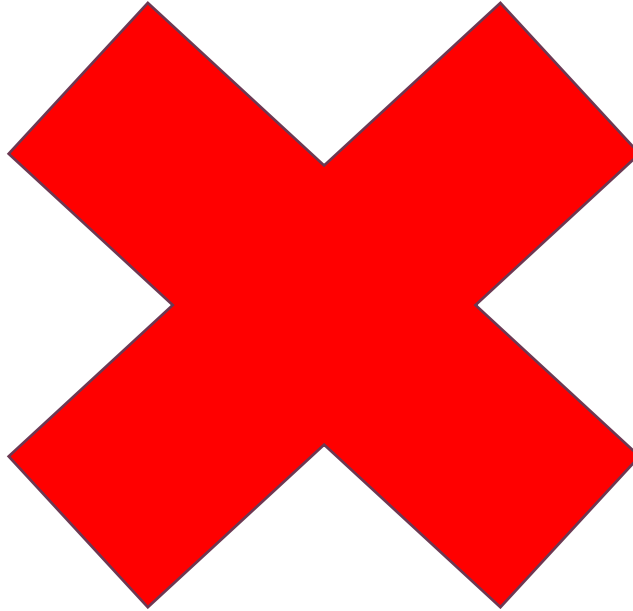
What is sleep?



- As important as breathing or drinking – we would die without sleep
- A time that the body rests, recharges, and rewires
- Change in our behavior, brain, and body works



Awake &
vigilant

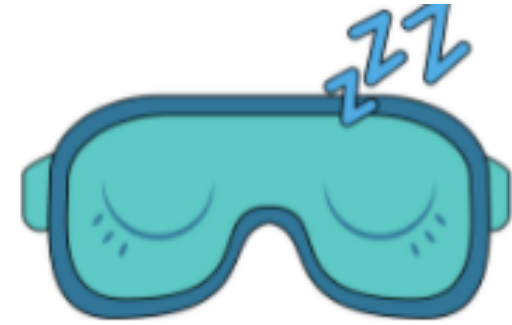


Asleep &
vulnerable



Awake &
vigilant

Bedtime Routine

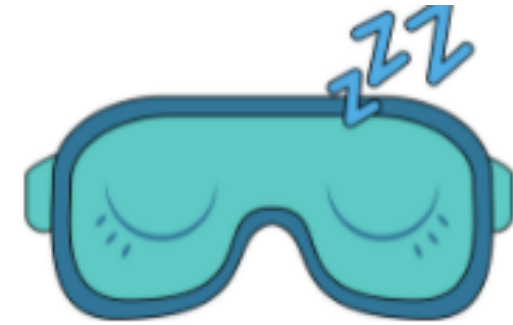
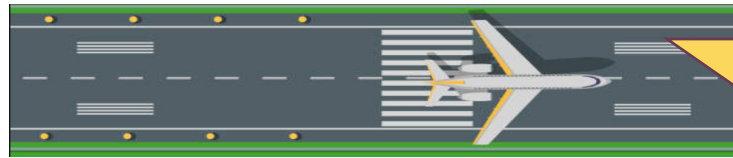


Asleep &
vulnerable



Awake &
vigilant

Bedtime Routine



Asleep &
vulnerable



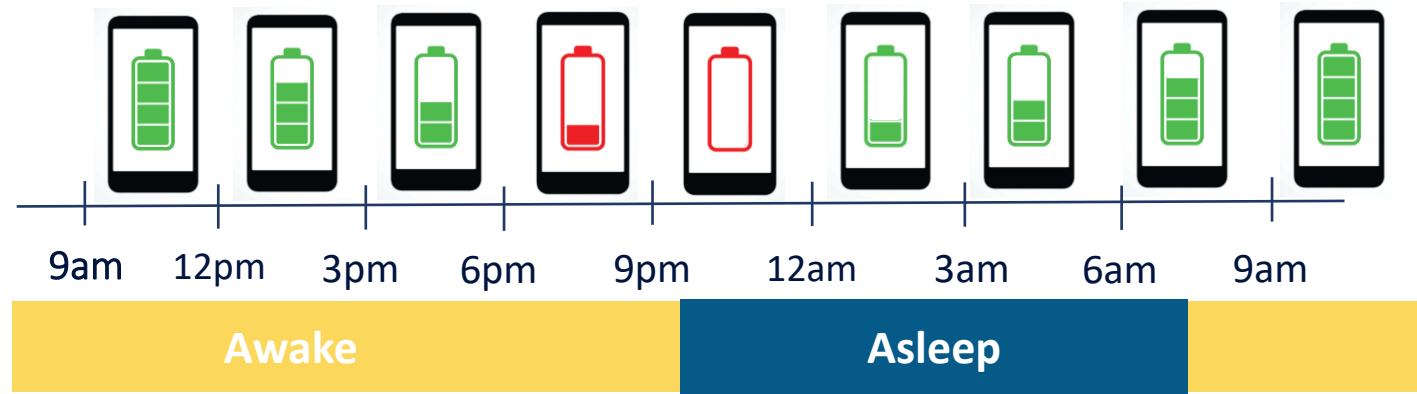
Magic Moment!!

Whatever we have during the Magic Moment (going from awake to asleep) is what we learn to depend on to fall back asleep.

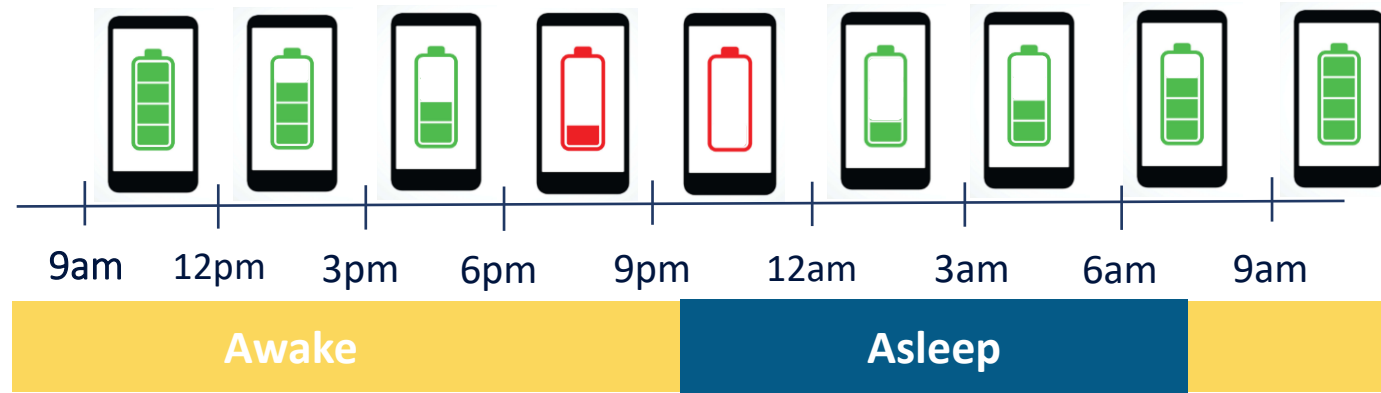
We all have 4-7 healthy and normal nighttime wakeups per night
(after every sleep cycle, which last about 1.5 hours)

During these wakeups, we may look for 1) what we had during the Magic Moment, and 2) threats to safety

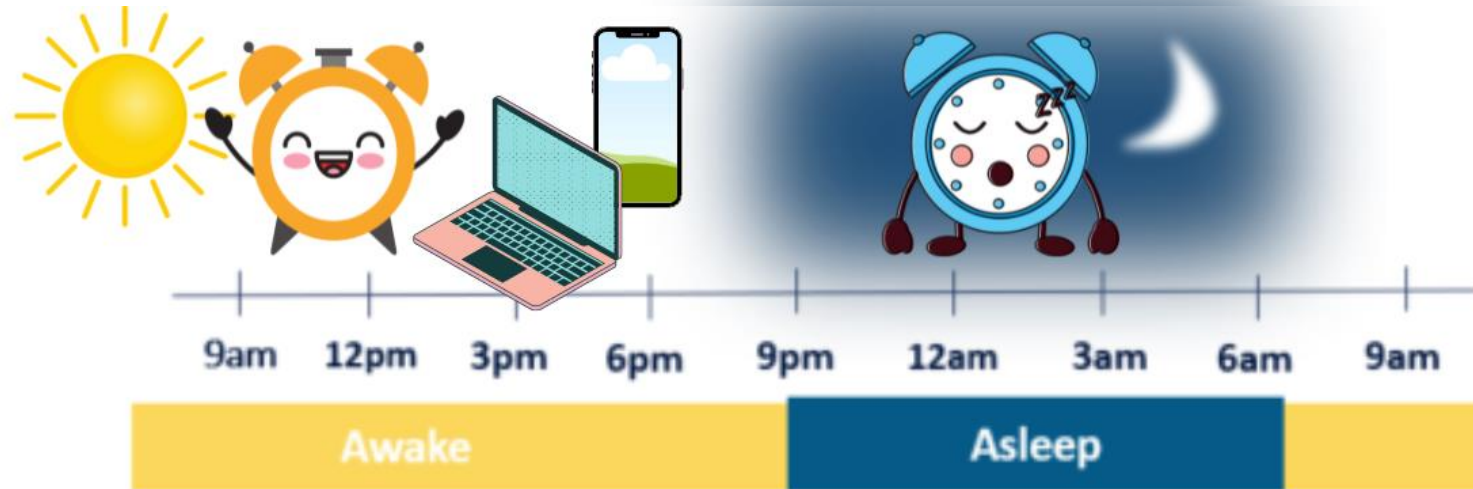
Sleep Pressure, aka
**the Body
Battery**



Sleep Pressure, aka
the Body Battery

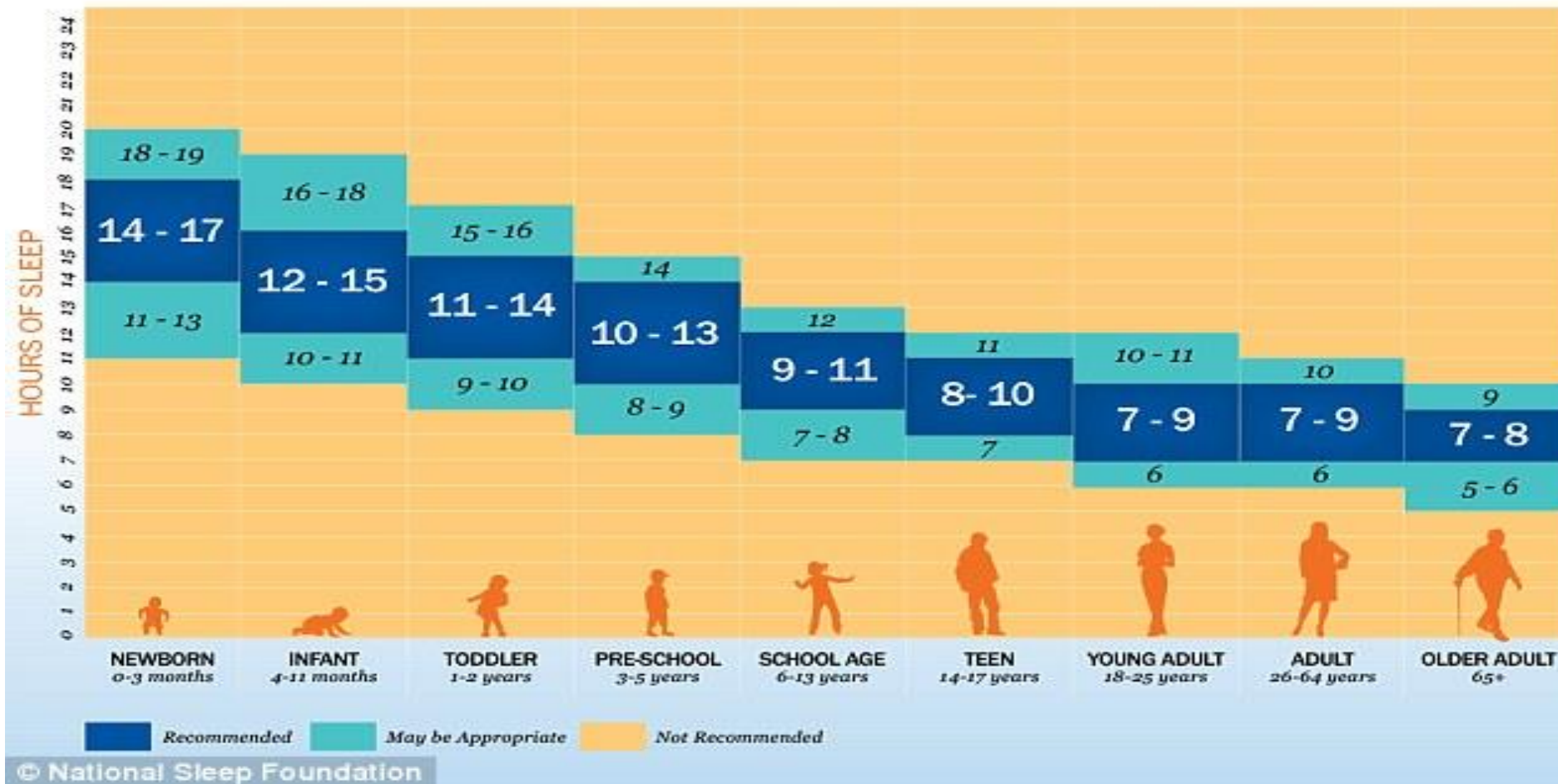


Circadian Rhythm, aka
the Body Clock



How much sleep do kids need?

SLEEP DURATION RECOMMENDATIONS



What happens when kids don't sleep?

MORE SLEEPY

- Yawning, rubbing eyes, nodding off
- Sleeping through the day and missing activities or learning
- Falling asleep at the wheel when driving

Citation: 4-6



RISKY BEHAVIORS

- More sports injuries
- More car crashes
- Higher rates of drug and alcohol use

Citation: 13, 14



Academic Struggles

- Poorer ability to learn
- Make more mistakes
- Lower academic achievement

Citation: 5, 6



BODY ACHES & MORE LIKELY TO GET SICK

- Suppressed immune system
- More headaches, bellyaches, worse pain
- More susceptible to colds or other illnesses

Citation: 7

What happens when kids don't sleep?

MORE IMPULSIVE & HYPERACTIVE

- Backtalk, interrupting
- Hitting, throwing
- Attention-seeking behaviors
- Constantly in motion
- Difficulty staying in one place

Citation: 11, 12



WORSE MOOD

- More irritable, sad, anxious
- Poorer ability to manage emotional responses
- Tantrums, arguments, emotional outbursts, withdrawn, spending all day in bedroom

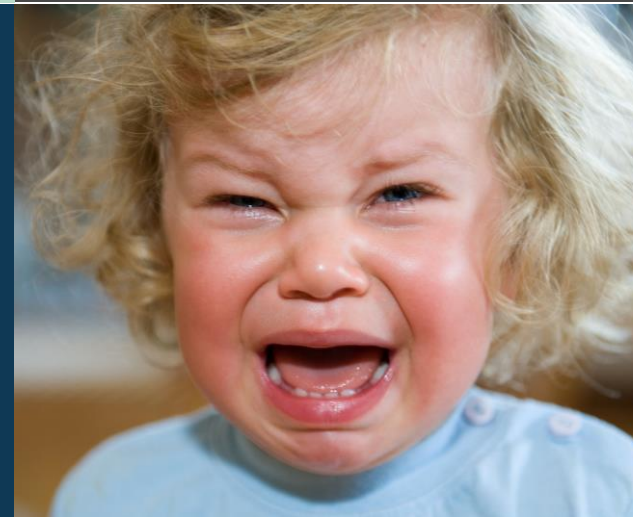
Citation: 15, 17



MORE INATTENTIVE & DISTRACTABLE

- Getting off task, not finishing
- Disorganized
- Difficulty following multiple-step instructions
- Forgetful

Citation: 4



MENTAL HEALTH

- More severe depression, anxiety, PTSD
- Higher rates of suicidal thoughts, actions
- Severe sleep deprivation can cause *temporary* psychotic symptoms and manic episodes in people who already have bipolar disorder

Citation: 16, 18

**Sometimes, symptoms of sleep deprivation
can be mis-diagnosed as psychiatric, mood, or
behavior disorders.**

That can mean that sometimes problems are
mis-treated with psychotropic medications

(which do not treat the root cause)

This training aims to address *some of* the root causes of poor sleep as a way to improve
sleep health and decrease the need for psychotropic medications

Estimated time of recording: 30 minutes

Part 2

12 behavioral strategies to set the stage for healthy sleep

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The goal of these strategies are to:

- Engage in daytime activities that encourage nighttime sleep
- Send messages of safety and comfort at bedtime
- Put kids to bed at a time and in a place their body is most likely to fall asleep, based on their Body Battery and Body Clock



Remember that you may be working against years of unhelpful sleep patterns and behaviors. Practice patience and grace.

1

Get info about past sleep habits and comforts

Reach out to child's parents or prior caregivers to promote bedtime consistency and predictability when helpful

- Typical times falling asleep and waking up on schooldays and on weekends
- Bedtime routine
- What they struggle with (if anything)
- Any nightmares, sleep terrors, bedwetting, sleep walking?
- Bedtime rituals
- Comfort objects (like teddy bears, pets)

1

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2

Provide comfort, promote feelings of safety

Ask the child to help you make their sleep space comfortable. Provide options for items that are soft and comforting.

- If possible, offer the option to share a room with siblings
- Ask the child to help you arrange the room so it's comfortable for them (within reason).
 - For example - bed against a wall, or facing away from window or closet
- Offer younger children a stuffed animal. Encourage them to hug, comfort, and talk to this animal who feels scared and lonely.
- Offer older children soft blankets or pillows, body pillows, or to sleep with a pet in the room (if safe and a good fit)

3

Follow Safe Sleep Practices

For babies 2 years and younger

Safe Sleep Practices reduces the risk of Sudden Infant Death Syndrome (SIDS)

Follow the ABCs of Safe Sleep by having baby sleep:

- A** Alone (never in adult bed or on the couch with an adult)
- B** on their **B**acks (never on tummies)
- C** In a bare Crib (or pack 'n play or bassinette – something with a firm, flat sleep surface)

What Does A Safe Sleep Environment Look Like?

Baby's sleep area is in the same room, next to where the parent sleeps.

Use a firm and flat sleep surface, such as a mattress in a safety-approved crib,* covered by a fitted sheet.

Baby should **not** sleep or nap in an adult bed, on a couch, or on a chair, even if an adult is present.

Do **not** smoke or let anyone else smoke around your baby.



Do **not** put pillows, blankets, crib bumpers, soft objects and toys in your baby's sleep area.

Dress your baby in sleep clothing, such as a sleep sack, pajamas or a onesie. Make sure nothing covers their head.

Always place your baby on his or her back to sleep, for naps and at night.

4

Create a Healthy Sleep Environment

Creating a comforting and relaxed sleep environment is the foundation of a good night's rest!

Smoke-Free

Smoke can cause breathing problems during sleep like sleep apnea



Cool

Keep temperature to 70 degrees or cooler

- Use AC, overhead or standing fan, or window AC unit
- Wear light pajamas
- Use lightweight blankets or just a sheet

If the child wakes up sweaty or flushed, the room is too warm



Quiet

Children with trauma may easily startle, so do what you can to dampen any house noises.

Use a white noise machine to drown out noises.

- Turn it on once the child lays down to sleep (not before) and keep it on all night long

Use child-sized earplugs for light sleepers.



Dark

If the child is comfortable with dark, turn off:

- Overhead lights and lamps
- Phones, TVs, tablets, screens
- Hang blackout curtains or shades over windows.

Use dim nightlights or lamps further away from the face for kids who don't like the dark

- DO use warm colored lights that are yellow, orange, red
- DO NOT use lights that are blue or bright white



Relaxing

Keep "awake things" out of sight and off the bed

- Homework, phones, tablets, computers should not be visible from bed
- For young kids, avoid too many toys on or around the bed at bedtime

Dim the lights and play soft music the child likes right before bed

Have your child tell you what they find relaxing

- Comfortable bedding, stuffed animals, special blankets
- Try to keep the bed fairly neat and tidy

Avoid using the bed as a "time out" or punishment



5

Follow healthy daytime habits and a predictable schedule



Daytime routines promote a sense of predictability.

Develop a flexible daily routine that includes:



3 meals/day eaten at a table with other people



Changing out of PJs and into day clothes



Healthy mental stimulation, avoiding naps (ages 6+), and 30+ minutes of physical activity



Lots of light exposure inside (shades open, lights on) and getting outside at least once



Avoiding caffeine and strategically timing any stimulating medications



Staying out of bed until bedtime

6

Pick the right bed and wake times

And stick with them!

7:30pm is a good bedtime for most babies & toddlers.
Use the chart to pick bed and wake times for older kids.

Be sure the child is in bed for the recommended amount of time for their age – no more, no less.

Keep a similar sleep schedule every day to keep your Body Clock sharp

- 1 hour later on weekends is OK
- No napping or sleeping in – especially after a short night of sleep

Most children and teens will need caregivers to enforce bed and wake times.

Recommended amount of sleep in 24-hour period:

- Newborns (0-3 months): 14-17 hours (including nighttime sleep + naps)
- Infants (4-11 months): 12-15 hours (including nighttime sleep + naps)
- Toddlers (1-3 years): 11-14 hours (including nighttime sleep + naps)
- Pre-schoolers (3-5 years): 10-13 hours (including nighttime sleep + naps)
- School-aged (6-13 years): 9-11 hours (including nighttime sleep, no naps)
- Teens (13-18 years): 8-10 hours (including nighttime sleep, no naps)
- Young adults (18-25 years): 7-9 hours (including nighttime sleep, no naps)

| Wake up time | Number of hours of sleep needed | | | |
|--------------|---------------------------------|--------------------|--------------------|-------------------|
| | 8 hours | 9 hours | 10 hours | 11 hours |
| 6:00 am | ASLEEP by 10:00 pm | ASLEEP by 9:00 pm | ASLEEP by 8:00 pm | ASLEEP by 7:00 pm |
| 7:00 am | ASLEEP by 11:00 pm | ASLEEP by 10:00 pm | ASLEEP by 9:00 pm | ASLEEP by 8:00 pm |
| 8:00 am | ASLEEP by Midnight | ASLEEP by 11:00 pm | ASLEEP by 10:00 pm | ASLEEP by 9:00 pm |

What if the child doesn't fall asleep at the time they need to get enough rest?

If a child consistently falls asleep
1+ hours after bedtime:

No sleeping in late – even after a bad night! No napping to “catch up on sleep”

- When we do this:
 - The Body Battery stays charged longer (making it hard to fall asleep later that night)
 - The Body Clock starts thinking it should send sleepy signals later. That means it won't tell the child to feel sleepy until much later the next night.

Push bedtime a little later for a couple weeks.

- Set bedtime closer to the time they are falling asleep.
- Once they're falling asleep in 30 minutes or less at that new bedtime, slowly move bedtime earlier by 15-minutes every few days)

7

Keep naps consistent & early enough

Children 6 and older should not need naps.

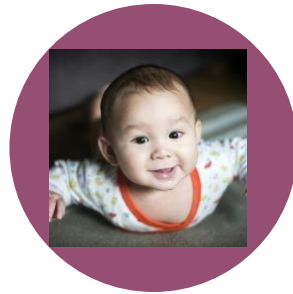
Think of naps as a mini overnight sleep! Follow a mini bedtime routine before each nap and have them in the same location and with the same conditions as overnight sleep.

0-3 months



- Sleep for 14-17 hours per day, spread evenly between daytime naps and nighttime sleep
- Typically awake for 2 hours then asleep 30mins-3 hours
- To help keep days/nights on track, keep things light bright and noisy during day, dim and quiet at night

4-11 months



- Most babies nap 3-4 hours/day with either:
- Several 30-45 min naps after 2 hours awake, OR two 1.5-2-hour naps (around 9am and 2pm)
- End of last nap no later than 4:00pm to aim for 7:30pm bedtime

1-3 years



- Between 12-18 months most toddlers transition to 1 nap per day
- Ideally nap for 2-3 hours, timed after lunch (12-1pm)
- End of last nap no later than 4:00pm to aim for 7:30pm bedtime

3-5 years



- Children grow out of naps between 3-5 years – but the exact timing depends on the child
- Ideally nap for 1-2 hours, timed after lunch (12-1pm)
- Continue offering a “quiet time” nap opportunity after lunch

8

Keep devices out
of the bedroom
&
set a technology
curfew





Technology stimulates the brain and puts out bright blue light (which charges our Body Battery and sends awake signals to the Body Clock)

Ideally, all technology gets turned off 60 minutes before bed

However, some children may not have learned non-technology ways to soothe and may still depend on TV or shows for feelings of comfort and security at bedtime

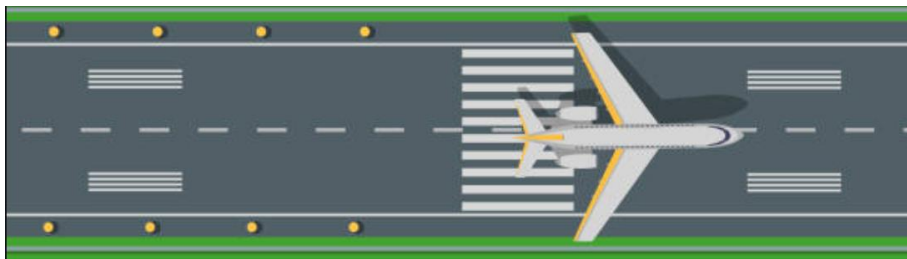
| Try to move away from | Try to move towards |
|---|--|
| <ul style="list-style-type: none">• Unsupervised technology time• Watching scary or exciting content before bed• Watching content or playing video games in bed• Watching content on a tablet or phone (held close to the face, increasing light exposure)• Watching content to fall asleep | <ul style="list-style-type: none">• Watching content <i>with</i> the child that is:<ul style="list-style-type: none">• Calm, low-stimulation, and age appropriate• On a TV (instead of a tablet)• In a shared space outside of the bedroom• Increasing the amount of physical space between the child and the technology• Increasing the buffer time between the technology curfew and bedtime |

9

Follow a bedtime routine

Predictable bedtime routines help:

- Wind down the brain and body
- Teach the body that sleep is coming
- Help kids know what's coming next



Bedtime routines should be about warm interactions and creating a sleep context that feels familiar, predictable, and calm

5 steps to a solid bedtime routine

Be involved and keep it positive

- Focus on being warm, supportive, and encouraging
- Conflict should be avoided or de-escalated
- Pick 1-2 enjoyable activities to do with the child during the routine

Time it right

- Start 15-30 minutes before bedtime at a time you can follow every night.

Make it feel like nighttime

- Dim overhead lights and turn on lamps to simulate the setting sun.
- Turn off electronics, turn down music, use quiet voices, put away toys
- Play some soft, slow, calming music to set the right tone

Pick the right activities

- Include 3-7 calm, non-technology activities that this specific child finds soothing (some ideas on the next page)
- Activities should move closer to the bedroom with each step

Stick with it

- Use a visual bedtime routine card so that the *child* knows what's coming next
- Follow the same steps in the same order every night

Great Bedtime Routine Activities

Always pick bedtime routine activities that are soothing to the unique child in your care. If the child hates baths, then do the bath before dinner - not as part of the bedtime routine!

- Turning down lights, making things quiet, moving slowly
- Calm, interactive activities with the caregiver
 - Listening to a story or podcast together, playing a board game, journaling, crafting, reading a book together
- Self hygiene
 - Bath or shower, washing face, washing hands, brushing teeth
- Fix hair
 - Putting on hair bonnet, braiding hair
- Use pleasant products
 - Nice-smelling lotion, leave-in hair conditioner, lip balm
- Put on sleep-specific clothes (like PJs)
- Listen to slow music (60 beats per minute is good)
- Relaxation strategies
 - Slow breathing or meditations, prayers
- Special rituals
 - Sing a song, tell a story, special handshake

MY BEDTIME PLAN



My routine starts at:

7:00pm



My bedtime is at:

7:20pm



My wake time is at:

6:30am

THIS IS MY BEDTIME ROUTINE!



Dim lights



Brush teeth



Use the bathroom



Put on PJs



Sing a song



Goodnight!

THIS IS MY BEDTIME ROUTINE



Turn screens off



Healthy snack



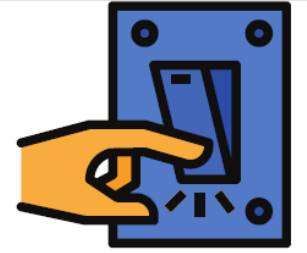
Listen to music



Brush teeth



Read a story



Lights out

THIS IS MY BEDTIME ROUTINE



Bath or shower



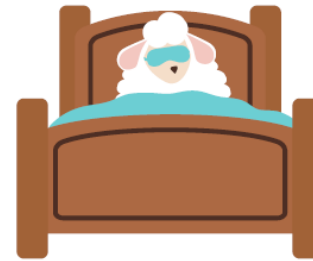
Lotion



Put on PJs



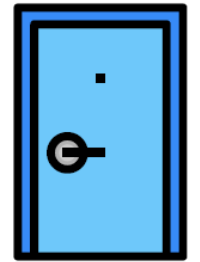
Rock in chair



Into Bed



Sing a song



Close door

Avoid using sleep, the bed, or bedtime as a punishment... or reward

Nighttime, the bed, and sleep may not feel safe. We want to build back a sense of trust and positivity with the bed and sleep.

Be mindful not to undermine healthy sleep with rewards.

Do not punish by:

- Doing time-outs in bed
- Telling them to go to bed to think about their actions
- Sending them to bed earlier than usual

Do not reward by:

- Allowing them to stay up later than usual
- Allowing them to sleep in a different location than they are usually allowed to sleep
 - For example: on the couch or with a foster parent

Set the child up with helpful sleep dependencies for their



Magic Moment



Sleep dependencies to avoid

- Falling asleep with TV, tablet, or phone on (even on a timer)
- Falling asleep with an adult or caregiver who won't be next to them all night
- Falling asleep in one place (e.g. the couch, caregiver's bed) and being transitioned to another room (e.g. their bedroom)
- For infants and babies:
 - Feeding to sleep
 - Being rocked to fall asleep
 - Having a bottle to fall asleep

Sleep dependencies to encourage

- Falling asleep with a special pillow, blanket, or toy they own and can take with them anywhere
- Falling asleep with white noise machine that stays on all night
- Falling asleep with a soft nightlight that stays on all night



12

Model a sleep-positive family culture

Actions speak louder than words when it comes to parenting

What messages are you sending about sleep through your behavior? Do you follow a healthy sleep schedule? How do you talk about sleep? What are you doing as the children are getting ready for bed? Do you have any untreated sleep problems you should ask your doctor about?

Estimated time of recording: 20 minutes

Part 3

Positive parenting strategies to use at bedtime

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Bedtime is all about the C's and P's!

CONSISTENCY

PATIENCE

CALMNESS



consistency
is key

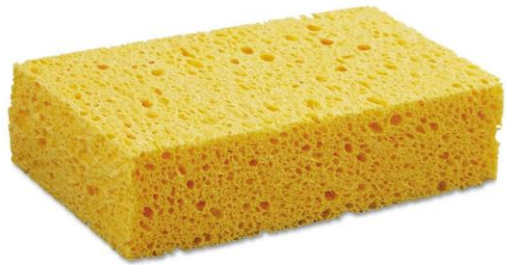
PREDICTIBILITY



POSITIVITY

Take care of yourself...

... so you can be
a model for how to act at bedtime



Children absorb the energy around them.
Your feelings can become their feelings.

Before Bedtime

- Check in with your feelings, muscle tension, facial expressions, and tone around bedtime.
 - If you feel angry, scared, tense, or exhausted – that's understandable!
 - Acknowledge and process these feelings with yourself or someone else before bedtime
- Do whatever you need to do to take care of yourself
 - Take care of your own sleep and health
 - Ask for respite care or help with bedtime
 - Take 5 minutes of quiet to yourself before the bedtime routine
 - Count out 10 slow breaths

During Bedtime

- Remind yourself that challenging behaviors are often driven by trauma and fear.
- Be the anchor amidst the storm!
- Portray peace, patience, and confidence in your parenting by:
 - Using a calm, soft, but firm voice
 - Using neutral to positive facial expressions

Build trust by being clear and consistent with expectations

- For the first few days, review your bedtime expectations at a time that everyone is calm, fed, and well-rested.
 - This may include where they will sleep, their bedtimes, the steps of the bedtime routine, and what is and isn't allowed during the night.
- Follow through on your word and never make a promise you can't keep.



Children in your care may not have much experience with consistent parenting. While they may initially push your limits, it's important to kindly and patiently enforce those boundaries.



Just like we benefit from knowing what's expected of us at the workplace, children behave best when they know what is expected of them.



Provide controlled choices

When kids feel out of control, they are likely to resist and refuse. This can be the basis of many problem behaviors.

When kids feel involved in decision-making, they feel heard and appreciated. This tends to decrease problem behaviors.

Give children some healthy control by offering a limited menu of 2-3 choices for an upcoming decision.

Make sure you're OK with all the options you list!

| Choice Type | EXAMPLE |
|-----------------------|--|
| This or that? | Would you like to wear this PJ shirt or that one? Which pillow do you want to use – this one or that one? |
| Which color? | What color toothpaste should we use tonight? Red or purple? Which stuffed animal do you want tonight – the green one or the purple one? |
| Who will help? | Time to set the timer to brush teeth. Who should set it – me or you? Time to turn on your nightlight and turn off your light. Which one do you want to help with? Would you like me to join you for prayers tonight or would you like to say them alone? |
| How many? | Almost time to start the bedtime routine. Should I set the timer to remind us to start it for 5 minutes or 10 minutes? Would you like to sing 1 or 2 songs tonight? |

Praise the best and ignore the rest!

Did you know you can impact children's behavior with your attention? Children are very motivated by adult attention – both positive or negative. What you put your attention on is likely to increase.

Be strategic about which behaviors you pay attention to. Pile on the praise for positive bedtime behaviors and remove your attention for negative bedtime behaviors.

How to provide effective praise

- Be genuine and enthusiastic when providing praise
- Get specific! Tell them exactly what they did well – then they know to increase that behavior in the future!
- High fives, smiles, head nods

Bedtime behaviors to praise:

- Listening to your instructions
- Following the steps of the bedtime routine
- Being brave and doing something that is hard but healthy for sleep (e.g. using a nightlight instead of light)

How to strategically ignore

- Keep your mouth closed – do not comment on negative behaviors (unless they are unsafe)
- Keep your face neutral – no laughing or scowling
- Turn your body away from the child (busy yourself with another task)

Bedtime behaviors to strategically ignore:

- Backtalk
- Whining
- Requests for more of a preferred task (screen time, toys, games, etc.)

Use visual timers and give transition warnings



- Many children (especially young children or those with ADHD) struggle to understand passing time. They are always living in the moment.
- Some children may feel threatened when they are told to stop a preferred task to get ready for bed. This can be very upsetting, which can make it difficult to calm for bed.

Instead of this:

“Time for bed. Turn off your game.”

“Why are you fighting with me? You know it’s 8pm and we turn off your game.”

“If you don’t turn off that game in 1 minute you don’t get it for the next week.”

Try this:

“It’s almost 8pm. I am going to set the timer for 15 minutes. When it rings it will be time to turn off your game.”

“5 minutes left. Remember to save your game!”

“1 minute left! Remember, as soon as the timer goes off your game will turn off.”

Give fewer, more effective commands

Avoid questions, make eye contact, and give 1-step commands

- 1. First decide exactly what you need the child to do.
- 2. Get their attention and make eye contact before talking (you may need to kneel down to get on their level)
- 3. Tell them what to do. Avoid asking it as a question (“Can you start getting ready for bed?”)
 - 1. Use as few words as possible with a pleasant but firm voice. Only give one step to at a time.
- 4. Stay nearby to supervise.
 - If they follow through, give some positive praise!
 - If they do not follow through, remind them once of what they need to do.

| Instead of this | Try to do this |
|--|--|
| <ul style="list-style-type: none">[yells across the room to be heard over the TV] “Can you put your jammies on then brush your teeth for me?” | <ul style="list-style-type: none">[kneel in front of the child, holding the PJs.] “It’s time to put your jammies on. Let’s put your first leg through! Thanks for listening!” |
| <ul style="list-style-type: none">“Are you about ready to try to start your routine and to sleep? No? But it’s time for bed. OK, you can play your game a few more minutes.” | <ul style="list-style-type: none">[makes eye contact] “I’m setting your timer for 5 more minutes with your game. Timer’s up, buddy. Turn off your game. Thanks for listening. Now let’s walk to the bathroom.” |
| <ul style="list-style-type: none">“Go get ready for bed – I’ll meet you in your room for books.” | <ul style="list-style-type: none">“Let’s walk to the bathroom together – who can be quieter??.”“Brush your teeth until the timer goes off.” |

Use questions when you want to give the child control

Will you be my helper?

Asking for children's help during the routine helps them feel important, valued, and part of a shared goal. It also gives you the chance to thank them, which builds trust and bonding.

Avoid asking them to do tasks you know they dislike. Instead, pick tasks that are easy or enjoyable.

If they don't want to help – don't worry and just roll with it.



Time to start the bedtime routine. Will you be my helper? Turn off that big overhead light. Thanks! Now, turn on the lamp please.



Hey buddy I need some help while we're getting ready for bed. Would you help me out and let the dogs out? Thanks!



Could you please set out your sister's PJs? That would help me so much – thank you!



Time to start the bedtime routine. I'm looking for a special helper to turn on the bedtime music. Who might be able to help?

Notice “sticky spots” in the bedtime routine

1. Notice patterns in which part of the bedtime routine tends to be most difficult
2. Does this activity need to be a part of the bedtime routine?
 1. If **no**, place activity earlier in the evening
 2. If **yes**, use your positive parenting skills and place a positive, fun, or soothing activity during or after to help the child transition through the difficult step to the next step



Ending a preferred activity

- Use your timer and transition warnings!
- Allow enough time to calm down before the next step
- Start the bedtime routine with an activity the child likes



Brushing teeth, PJs

- Play calming, enjoyable music
- Brush your teeth with the child
- Allow child to pick out your PJs and you pick out theirs



Getting into bed

- “Who can tiptoe the quietest to bed?”
- Place a special note under their pillow
- Dim the lights and read books with flashlights (if not afraid)



Turning off the lights

- Child picks out a nightlight they enjoy and help turn it on
- Do prayers, songs, deep breaths, meditation, or other calming joint activity after “lights off”

Estimated time of recording: 5 minutes

Part 4

Medications for sleep concerns in children

***Disclaimer** - I am not a physician. I am not giving advice about what individual families should do about sleeping medication. Please always talk to your child's pediatrician or sleep medicine doctor for questions or concerns about sleep medications.

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Although over-the-counter and prescription sleep medications are commonly prescribed by pediatricians²¹, pediatric sleep experts do not recommend sleep medicines as a long-term solution for sleep²⁰



For most children, behavioral sleep interventions should be tried before considering sleep medications.

Sleep medications should not be a long-term solution for most children.

5 questions to ask yourself and your child's doctor before starting a sleep medication

Are we as a family following all the healthy sleep habits?

- Structured day with physical activity and light exposure
- No caffeine or late afternoon napping
- Sleep environment that is dark, cool, quiet, and comfortable
- Consistent bedtime routine and bed and wake times
- Modeling a sleep-positive family environment

Are there any other non-medication strategies we can try before starting a medication for sleep?

What are the medication's possible side-effects? Do the possible benefits outweigh the possible risks?

How long would this medication be used? When would we know it was time to stop the medication?

Estimated time of recording: 5 minutes

Part 5

Books and websites for more info on behavioral strategies for sleep, and when to talk to a doctor about the child's sleep

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Resources

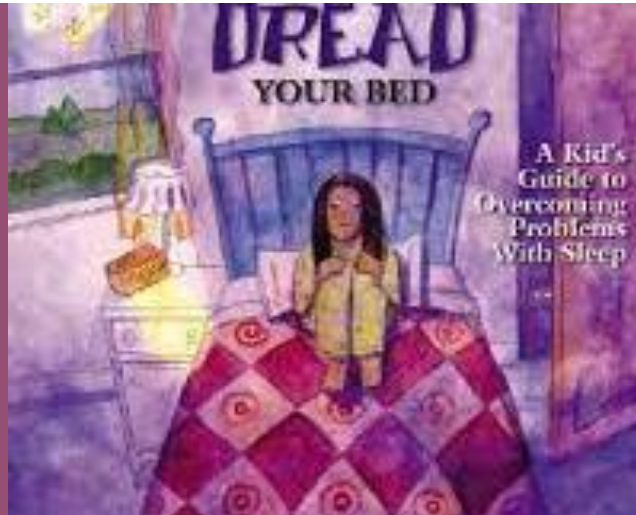
Always bring concerns about the child's sleep to a pediatrician.

If you are looking for additional resources about behavioral strategies for sleep, check out these books and website:

For Infants and Toddlers

Books: "Sleeping through the night: how infants, toddlers, and their parents can get a good night's sleep" – by Jodi Mindell

Website: www.babysleep.com



For teens

Book for adults: "Snooze... or lose! 10 no-war ways to improve your teen's sleep habits" – by Helena Emsellem

Book for teens: "The insomnia workbook for teens" – by Tompkins and Thompson



For school-aged kids

Book for kids and adults to read together: "What to do when you dread your bed" – by Dawn Huebner



For kids with special needs (like autism or Down's Syndrome)

Book: "Sleep Better! A guide to improving sleep for children with special needs" – by Mark Durand

Symptoms of Medical Sleep Disorders

Some medical sleep disorders can also cause problems falling or staying asleep, or with being excessively sleepy during the day - regardless of trauma or how healthy the child's sleep habits are.

Talk to the child's pediatrician if you notice:

At bedtime, the child:

- Complains that their legs hurt, tingle, or feel funny
- Moves a lot while trying to fall asleep and just can't seem to stay still

While sleeping, the child:

- Snores loud enough to be heard outside the bedroom on most nights
- Snorts, gasps, or pauses while breathing during sleep
- Kicks or jerks rhythmically throughout sleep
- Is extremely restless during sleep, moving all over the bed or regularly falling off the bed

During the day, the child:

- Wakes up with a dry mouth or headaches
- Is very difficult to wake up and appears unrefreshed or sleepy throughout the day, even when they got enough sleep for age overnight
- Falls asleep at inappropriate times (like during class or while playing or talking to someone)

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