


The 4C's of Healthy Sleep for Missouri Foster Resource Providers

 **CONSISTENT**
adequate schedules

 **CALM**
evening environments

 **CUES**
that signal sleep

 **CLOSE**
connection

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Objectives

Part 1: Sleep 101

- What is sleep
- How trauma affects sleep
- Consequences of poor sleep
- Signs of medical sleep disorders
- Sleep medications

Part 2: 4C's of Healthy Sleep

- C1: Consistent, adequate schedules
- C2: Calm evening environments
- C3: Cues that signal sleep
- C4: Close connection



Part 1

What is sleep?

1



What is sleep?



How trauma affects sleep



Consequences of poor sleep



Sleep medications

What is sleep?



- Change in our behavior, brain, and body
- A time that the body rests, recharges, and rewires
- As important as eating and drinking
- Eyes closed, unaware of outside world, can't protect our bodies

How does trauma affect sleep?

- Trauma puts the brain's alarm system into "high alert" mode.
- Bedtime may feel extra scary. This sets off the alarm.
- This causes faster heart rate, faster breathing, muscle tension, and a release of stress hormones.
- Being on "high alert" makes it difficult to fall asleep.

Studies find sleep problems are common in children in Foster Care



Taking a long time to fall asleep (45mins, on avg)



Nighttime fears, fear of sleeping alone, nightmares (51%)



Waking up overnight (awake avg 34mins/night), moving to someone else's bed overnight (86%)



Bedwetting (32%), sleep terrors (26%)

What does healthy sleep look like?



On most nights:

1. Falling asleep calmly, confidently, and comfortably within 30 minutes
2. Falling asleep without needing a TV, tablet, bottle, or another person
3. Returning to sleep quickly during nighttime wakeups (a few wakeups/night is normal!)
4. Sleeping the right amount for your age most nights
5. Sleeping on a similar schedule most nights
6. Feeling well-rested after waking up

 What is sleep?

 How trauma affects sleep

 Consequences of poor sleep

 Sleep medications

How much sleep do children need?

Sleep Deprivation can look like...



INFANTS

- Fussy, clingy
- Fluttering eyelids, yawning while awake
- Lack of interest, looking away
- Overtired (red face, arched back, excessive crying)



TODDLERS / PRESCHOOLERS

- Yawning, rubbing eyes
- Whiney, fussy, tantrums
- Low frustration tolerance
- Short attention span
- Hyperactive, won't sit still, "can't relax"



SCHOOL-AGED

- Napping (home, school)
- Learning problems
- Short attention span
- Unfocused, forgetful
- Impulsive, interrupting
- Headaches



TEENS

- Napping, falling asleep at school, missing activities to sleep
- Moody, irritable, worse mental health (anxiety & depression)
- Withdrawn
- Risky behavior, car accidents, injuries
- Headaches

Signs of a Medical Sleep Disorders

Research studies suggest that sleep disorders may be more common in Foster Children¹

Talk to the child's pediatrician if you notice your child:

AT BEDTIME

- Complain that their legs
 - Hurt
 - Tingle
 - Feel funny
- Requests leg massages or rubs their own legs frequently
- Is restless and “can’t keep still” while trying to fall asleep

WHILE SLEEPING

- Snores loudly on most nights
- Gasps, snorts, or pauses in breathing
- Kicks or jerks rhythmically
- Is very restless, flip flopping all night
- Falls off the bed often
- Sweats through their PJs

DURING THE DAY

- Wakes up with morning headaches
- Even after getting enough sleep,
 - Is difficult to wake in the morning
 - Is sleepy throughout the day
 - Falls asleep at inappropriate times (e.g., during class, while playing)

? What is sleep?

🌱 How trauma affects sleep

🧠 Consequences of poor sleep

💊 Sleep medications



Sometimes, symptoms of poor sleep can be mis-diagnosed as psychiatric, mood, or behavior disorders...
...and then mis-treated with psychotropic medications.

Psychotropic Sleep Medications



*Disclaimer - I am not a physician and I am not giving individual medical advice.

Always talk to your child's case worker AND their pediatrician or prescribing medical provider with questions or concerns about sleep medications.

The state of Missouri defines a psychotropic medication as “any medicine that affects the mind, emotions or behavior... including herbal remedies.”

The state of Missouri requires that you get consent from your Case Mangers or authorizing consenter BEFORE giving any Psychotropic Medications to a Foster Child in your care.

Any medication taken for sleep is considered a Psychotropic Medication, including:

Over-the-counter medications, like:

- Melatonin
- Benadryl

Prescribed medications, like:

- Clonidine
- Guanfacine

Although sleep medications are commonly prescribed by pediatricians¹



There are no FDA-approved sleep medications for children ages 16 or younger²



Pediatric sleep experts do not recommend sleep medicines as a long-term solution for insomnia³

- Behavioral interventions should always be tried first
- All medications carry risk of side-effects
- Meds don't typically target the underlying root cause

Medications are sometimes needed to treat:

- Medical sleep concerns
- Sleep problems in children with complex neuro-developmental, medical, or psychiatric conditions

(¹Honaker & Meltzer, 2016; ²Owens & Moturi, 2009; ³Mindell & Owens, 2015)

Questions to ask your child's doctor before considering a sleep medication

- 1 Is there anything else we can try before starting a medication for sleep?
 - 2 What are the medication's possible side-effects? Do the possible benefits outweigh the possible risks?
 - 3 How long would this medication be used? When would we know it was time to stop the medication?
-

Part 2

Behavioral Strategies for Sleep:
The 4C's of Healthy Sleep



2

 **CONSISTENT**
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The 4C's of Healthy Sleep

Theoretical model developed by **Dr. Candice Alfano** of the University of Houston

Want to learn more about Dr. Alfano's research?

Hover your phone over this QR code or search in your internet browser for "University of Houston Sleep and Anxiety Center of Houston"



Trauma-informed model to address sleep issues in maltreated children

Informed by multiple bodies of science, including the science of:


- Sleep
- Child development
- Attachment
- Trauma

Not intended to be a "cure-all" - but can create the foundation of healthy sleep

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Consistency creates predictability. Predictability means knowing what to expect.

Predictability helps kids feel safe and in control.


In this section we discuss how:

1. Consistent daytime schedules set the foundation for a good night's sleep
2. Consistent bedtime expectations can help your Foster Child feel safer
3. Consistent naptimes, bedtimes, and wake times keep your child's sleep biology working well

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Follow a Consistent but Flexible DAYTIME SCHEDULE

Before 9:00 AM	Wake up!
9:00-10:00	Outdoor Time
10:00-11:00	Academic Time
11:00-12:00	Creative Time
12:00-12:30	LUNCH
12:30-1:00	Home Chores
1:00-2:30	Quiet Time
2:30-4:00	Academic Time
4:00-5:00	Outdoor time
5:00-6:00	Dinner time
6:00-9:00	Free Time
9:00 PM	Bedtime

Daytime routines should include:



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 (sodas, sweet/unsweetened tea, coffee, energy drinks)



Staying out of bed until bedtime (except for naps)

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Follow a consistent NAP SCHEDULE.



Naps are appropriate for children 5 years and younger.

Aim to offer naps around the same time each day and in the same place they sleep overnight. Follow a mini nap routine beforehand.

0-3 months

Nap timing and duration is *irregular*.

- Safe Sleep Practices still apply. If baby falls asleep in a car seat, stroller, etc., move them to a firm sleep surface.

Aim for:

- 14-17 hours of sleep per 24-hrs, equally day and night
- Awake 2 hours, asleep 30mins – 3hrs
- Keep environment bright and noisy during day & dim and quiet at night

4-11 months

Consistent nap timing, equaling 3-4 hours/day.

- Safe Sleep Practices still apply. If baby falls asleep in a car seat, stroller, etc., move them to a firm sleep surface ASAP.

Aim for:

- Either several 30-45 min naps with 2hrs awake in between, OR
- Two 1.5-2-hour naps (first around 9am, then around 2pm)
- Naps end no later than 4:00pm

1-3 years

Consistent nap timing, equaling 2-3 hours/day.

- Most toddlers transition to 1 nap/day between 12-18 months
- Napping later than 4:00pm can interfere with nighttime sleep.

Aim for:

- Naps are best timed after lunch (12-1pm) for 2-3 hours
- Naps end no later than 4:00pm

3-5 years

Consistent nap timing, equaling 1-2 hours/day.

- Children outgrow naps between 3-5 years.
- Sleep can get rocky as kids outgrow naps. Earlier bedtimes can help!

Aim for:

- Offer a nap or quiet time after lunch (12-1pm) for 1-2 hours (ok to discontinue if not asleep within 1 hr)
- Naps end no later than 4:00pm



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Follow a consistent SLEEP SCHEDULE

Set up Bedtimes and Waketimes that allow for the right amount of sleep for your child’s age.
(No more, no less).

Follow the same Bedtimes and Waketimes most days.
(1 hour later on weekends is OK)


Avoid sleeping in late or extra naps after a “bad night.”
(This can create longer-term problems)

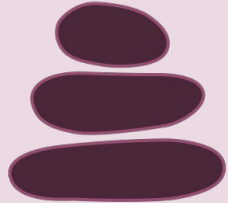
Age Range	Sleep Need	Naps	Suggested Bed- & Wake-times
0-3 months	14-17hrs (including naps)	Typical pattern may be awake for 2hrs then asleep for 30mins-3hrs throughout day and night.	
4-11 months	12-15hrs/day (including naps)	Naps should total <u>3-4hrs/ day</u> . <ul style="list-style-type: none"> 3-4 naps/day for 30-45mins, OR 2 naps/day for 1.5-2hrs at 9am and 2pm 	Weekdays: 7pm-7am Weekends: 7pm-7am
1-2 years	11-14hrs/day (including naps)	Naps should total <u>2-3hrs/day</u> <ul style="list-style-type: none"> 1 nap/day around 12pm for 2-3hrs 	Weekdays: 7pm-7am Weekends: 7pm-7am
3-5 years	10-13hrs/day (including naps)	Naps should total <u>1-2hrs/day</u> <ul style="list-style-type: none"> 1 nap/day around 12pm for 1-2hrs 	Weekdays: 7pm-6am Weekends: 7pm-6am
6-13 years	9-11hrs/night	Naps not recommended.	Weekdays: 8pm-6am Weekends: 9pm-7am
14-18 years	8-10yrs/night	Naps not recommended.	Weekdays: 9pm-6am Weekends: 10pm-7am

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Children need a calm “outside” to feel calm “inside.”

We all need a peaceful wind-down from the day to prepare our brains to sleep.


In this section we discuss how:

1. Caregivers can share their calm with children by taking time to calm themselves before bed.
2. To create a peaceful home environment 30-60mins before bed
3. To create a healthy, sleep-promoting bedroom.
4. To follow Safe Sleep practices (for babies 12months and younger)

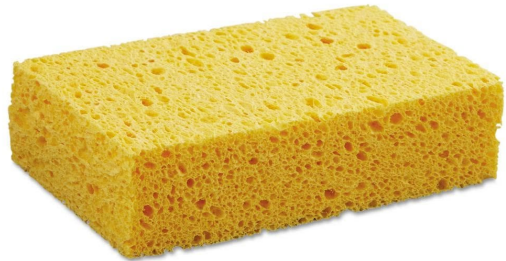
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Take care of YOURSELF first



Children absorb the energy around them.

You can choose to share your calm with them, rather than join in their chaos.

Before Bedtime

Ask yourself:

- How am I feeling?
- What are my body language, facial expressions, and tone of voice communicating?
- What do I need to stay calm, patient, and consistent during bedtime?

Work on:

- Take care of your own sleep and health
- Ask for respite care or bedtime help from friends and family
- Find ways to safely step away from the children for a few moments before bedtime
 - Bathroom break
 - 10 deep breaths
 - Mental vacation

During Bedtime

Remember:

- Challenging behaviors are often driven by trauma, fear, and being overtired.
- Be the anchor amidst the storm!


Portray peace, patience, and confidence by:

- Using a low-volume, calm, and confident tone of voice
- Using neutral to positive facial expressions
- Taking 3-5 slow breaths several times during bedtime

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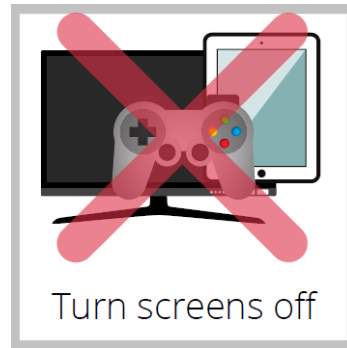
Create a peaceful home environment 30-60mins before bed with

dim lights, quiet voices, slow bodies, calm hearts



Dim the lights

- Turn off TVs, tablets, phones
- Close curtains
- Turn off overhead lights & turn on lamps



Lower noise levels

- Turn off TVs, tablets, phones
- Adults use soft, quiet voices
- Put away noisy toys
- Play soft/slow music



Reduce movement

- Encourage slow bodies
- Avoid family members coming & going from home
- Set up an activity in one room



Avoid stress

- Save disagreements, stressful convos, or discipline for later
- Separate kids who “rile up” each other, offset bedtimes
- Ignore minor misbehavior

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Example of a calm pre-bedtime home environment



Image from the book "The Bedtime Bonnet" by Nancy Redd

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Create a Healthy Bedroom Sleep Environment

Aim for the child to sleep in the same place all night every night. Aim for an environment that is:

Cool

Aim for 65-70 degrees

Keep things cool with:

- AC, fans, window AC unit
- Lightweight PJs, blankets, or just a sheet
- Sleep on home's lower floors or basement (if safe)

OK if your child does not want a blanket

Room is too warm if the child:

- says they're hot
- looks flushed
- sweats overnight



Dark

Turn off

- TVs, tablets, phones
- Overhead, hallway, or closet lights, lamps, hallway, closet lights

Cover windows with:

- Blackout curtains, dark sheet/towel, dark film

DO USE:

- Dim, warm-colored nightlights placed away from head of bed

AVOID:

- LED lights (especially blues, purples)
- Star projectors,
- TVs as nightlights



Quiet

Turn off TVs, tablets, phones, laptops

Close bedroom windows & doors

Encourage the whole house to be quiet

Use white noise machines that

- Turn on at bedtime
- Stay on all night
- Turn off at wake time

Use earplugs for light sleepers



Calm

Turn off TVs, tablets, phones, laptops

Put away

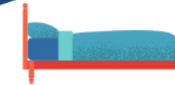
- Electronics
- Noisy or light-up toys
- Homework

No visible clocks

Try to keep room tidy

Allow comfort items

- Special blankets, pillows, stuffies
- Comforting photos of family or pets in view



Follow Safe Sleep Practices

For babies 12 months or younger

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

Follow the ABCs of Safe Sleep recommended by the American Academy of Pediatrics. Baby should sleep:

- A** Alone (never co-sleeping in a bed or on a couch or chair)
- B** on their **B**acks (never on tummies)
- C** In a bare **C**rib (with a firm flat surface and sides - NO blankets, pillows, bumpers, toys)

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.

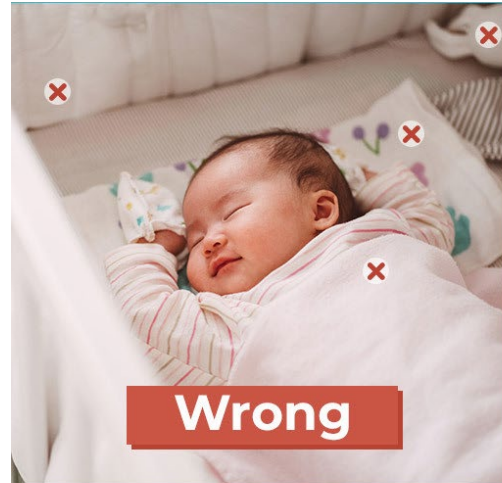
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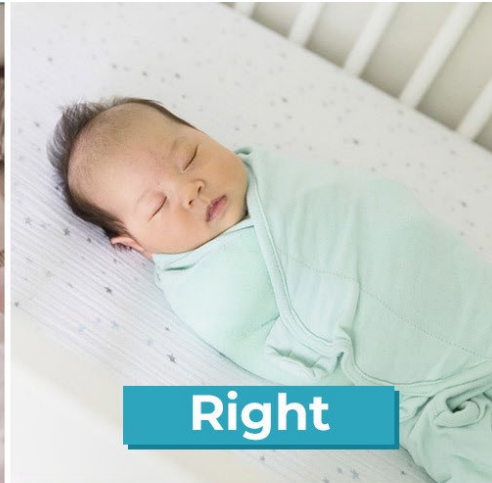
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What does Safe Sleep look like?



- ✗ Bumper
- ✗ Pillow
- ✗ Blanket
- ✗ Soft toys



- ✓ Baby is alone
- ✓ Put to sleep on back
- ✓ Crib/bassinet meets current safety standards



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Bedtime Routines help bedtime feel predictable and cues the body to feel sleepy.


They are also a great time to prioritize warm interactions and closeness.




In this section we discuss how:

1. To find comforting objects for the child
2. To create a bedtime routine that:
 - Helps the child mentally transition from day to night and wind down
 - Reinforces messages of safety and predictability
 - Connect with you as the adult caregiver

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 **CLOSE**
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Get info about past sleep habits and comforts

Reach out to child's parents, prior caregivers, or caseworker. Ask about past sleep habits and comforts.

- Comfort objects (pacifiers, pets, toys, objects)
- Typical bedtimes and waketimes
- Bedtime routine and rituals
- What they struggle with (if anything)



Provide comfort options


For children ages 1 through early school-aged:

- If safe and possible, offer the option to share a room with siblings or family pets
- Offer a stuffed animal to choose from. Encourage them to hug, comfort, and talk to this animal who feels scared and lonely.


For older children and teens:

- Ask for their help arranging the room
- If possible, give options to choose from between different-textured sheets, soft blankets, or pillows

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 **CUES**
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Establish a comforting bedtime routine



Predictable bedtime routines should:

- Wind down the brain and body
- Teach the body that sleep is coming
- Help children connect with caregivers

Be involved and keep it positive

- Focus on being warm and encouraging. Include some fun parts!
- Conflict should be avoided or de-escalated
- Strategically ignore whining, backtalk, or bedtime refusal
- Give privacy for bath time and PJs for older, independent children

Time it right

- Start 15-30 minutes before bedtime (some kids may need up to 1 hour)
- Use timers, colored lights, or music to keep everyone on track

Make it feel like nighttime

- Dim overhead lights and turn on lamps
- Turn off electronics, turn down music, put away toys.
- Play soft, slow music
- Encourage *quiet voices, slow bodies, calm hearts*

Pick the right activities

- Include 3-7 calm, non-technology activities that your specific child finds soothing
- Activities should get less active and 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 around the same time each night

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Possible Bedtime Routine Steps

1. Turn off TVs, tablets, phones, video games

- Screens keep the brain active and wired.
- Blue light from screens suppresses our body's naturally-occurring melatonin (the "sleepy" hormone)

2. Set the mood

- Dim overhead lights, quiet voices, move slowly
- Slow, calm music or playlist

3. "Connection Time"

- Child-directed time where you are undistracted and focused on connecting with the child
- Story or podcast, puzzle, board game, crossword puzzle, journal, craft, reading, one-on-one time

4. Body hygiene and care

- Bath, shower, wash hands or face
- Brush teeth
- Brush hair, put on hair bonnet, braid hair
- Use pleasant products like lotions, lip balm

5. Put on PJs

- Give privacy and autonomy to school-aged kids and older

6. Say goodnight to pets, siblings, other caregivers

- Cues the body to wind down

7. Prepare the bedroom for sleep

- Unmake bed, arrange pillows, blankets, stuffed animals
- Turn on white noise and/or warm-colored nightlight (avoid LED lights or projectors, they are too bright and stimulating)

8. Relaxation or sensory strategies

- Rocking, swaddling, pacifier for babies
- For pre-schoolers and older: Lava lamps, warm bed buddies, weighted blankets or pillows on top
- Slow breathing or meditations, prayers

9. End with a special ritual

- Do the same ritual every night before you leave the room.
- Sing a song, tell a story, special handshake
- Calmly and confidently leave the room

Baby Routine

MY BEDTIME PLAN



My bedtime routine starts at:
7:00pm



My bedtime is at:
7:30pm



My wake time is at:
6:30pm

During my bedtime routine, the house is quiet and dimly lit. Everyone uses indoor voices and I am quiet like a mouse. We turn OFF tv's and overhead lights and turn ON dim lights, like lamps.

My bedtime routine starts 15-30 minutes before bedtime. It has 3-7 steps that I follow in the same order every night.

THIS IS MY BEDTIME ROUTINE



Dim lights



Feed while awake



Bath



Lotion



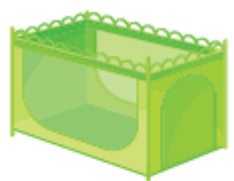
Sleep Sack



Snuggle



Read book



Into pack 'n play drowsy but awake

School-Aged kid's Routine

MY BEDTIME PLAN



My bedtime routine starts at:
8:00pm



My bedtime is at:
8:30pm



My wake time is at:
6:00am

During my bedtime routine, the house is quiet and dimly lit. Everyone uses indoor voices and I am quiet like a mouse. We turn OFF tv's and overhead lights and turn ON dim lights, like lamps.

My bedtime routine starts 15-30 minutes before bedtime. It has 3-7 steps that I follow in the same order every night.

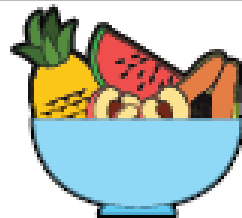
THIS IS MY BEDTIME ROUTINE



Dim lights



Turn screens off



Healthy snack



Brush teeth



Puzzle



Nightlight on



Goodnight!

Connection Time Activity!

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We need to feel safe to fall asleep.



Efforts to connect with your Foster Child builds their feelings of safety and trust.

In this section we discuss how:

1. 5-10 minutes of one-on-one “Connection Time” before bed can help your Foster Child sleep better
2. Good “Connection Time” activities for your Foster Child to choose from with varying levels of physical and emotional closeness
3. What you, as their adult caregiver, can focus on doing during “Connection Time”

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As long as it is welcomed,
Affectionate touch helps:

- reduce stress and tension
- lower vigilance
- promote feelings of safety and trust



Children will differ in their comfort with physical or emotional closeness.
Do not push for more touch or affection than they are comfortable with.



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 CUES
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Connecting with your Foster Child before Sleep

All children need warmth, love, and affection from trusted adults and caregivers.
Build that trust and connection through child-led Connection Time.

The goals of Connection Time are to spend high-quality one-on-one time with your Foster Child (individually) where:

- **Your Foster Child** directs the activity and level of physical and emotional closeness
- **You** provide your undivided attention for 5-10 minutes to connect with them individually
- **You** communicate **love, acceptance, and warmth**
 - Verbally
 - praise, compliments, laughing, soft tone of voice)
 - Non-verbally
 - open body language, positive facial expressions, and affectionate touch (if the child is open to it)

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Some kids will jump right into cuddles and hugs



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Some kids will be more comfortable with “parallel play”



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Some kids will connect best through silly play



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What adults should do during Connection Time



Be 100% Present

- Phones down, TVs off
- Stay mentally present
- Other children occupied
- Make eye contact
- Smile
- Enjoy yourself!



Let the Child Lead

Child should be in charge of

1. Picking the Connection Time activity
2. Level of physical & emotional closeness

Notice and respond to their words, body language, and tone of voice.


- Laughing, smiling, approaching for hugs = comfortable level of closeness
- Muscles tightening, pulling away, grimacing = stop any physical touch, create more physical space, ask if they would like a different activity



Avoid Criticism

- Connection Time is not the time to teach, correct, or discipline.
- Criticism leads to distrust and breaks connection, can sound like:
 - “You’re not following the rules.”
 - “That’s not how those go together.”
 - “Be quiet or we’re not playing.”

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 **CALM**
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 **CUES**
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connection

What adults should do during Connection Time

Children are very motivated by positive or negative adult attention. Attention is given through our words and tone of voice, our body language, and facial expressions. The behaviors you show attention to are likely to increase.



Praise the Best

Pile on the praise for behavior you want to see more of. Give lots of compliments:

- “You’re being so careful with your toys!”
- “I love how you’re giving everyone a turn.”
- “Your sharing hands are so nice.”
- “Thanks for keeping your volume down.”
- “You do a great job looking out for your little sister.”
- “I’m always impressed with what interesting music you listen to.”



Ignore the Rest

- Remove your attention from behaviors you want to see less of, like:
 - Backtalk, whining, complaints
 - Requests for more screen time
- How to strategically ignore:
 - Keep your mouth closed – don’t comment on it!
 - Keep face neutral – no laughing or scowling

 **CONSISTENT**
adequate schedules


 **CALM**
evening environments

 **CUES**
that signal sleep

 **CLOSE**
connection

Connection Time Activity Ideas: Infants and Toddlers



	
LESS physical / emotional closeness	MORE physical / emotional closeness
<ul style="list-style-type: none">• Meet sensory needs<ul style="list-style-type: none">• Pacifier• Swaddles• Rocker or swinging bassinet• Warm bed buddies• Comfort object• Physical distance between you & child while:<ul style="list-style-type: none">• Singing• Reading• Praying• Listening to soft music• Watching nightlight projector	<ul style="list-style-type: none">• Snuggles, rocking• Gentle massage of feet, legs, hands• Gently stroking head, eyebrows, cheeks• Physically interactive play or songs<ul style="list-style-type: none">• peekaboo• head shoulders knees and toes• patty cake patty cake• Holding baby while quietly<ul style="list-style-type: none">• Singing• Reading• Praying• Listening to soft music

Infants and toddlers will benefit most from sensory-based connection activities.
They will respond most to your tone of voice and facial expressions.

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adequate schedules


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Connection Time Activity Ideas: Pre-Schoolers through School-aged



	
LESS physical / emotional closeness	MORE physical / emotional closeness
<ul style="list-style-type: none">• Playing TOGETHER with quiet, non-stimulating toys<ul style="list-style-type: none">• Coloring, drawing, paint by numbers• Blocks, Legos, puzzle, playdough, fidgets• Stuffed animals, soft toys• Connecting verbally<ul style="list-style-type: none">• Telling silly jokes, making up a story together• Writing letters to loved ones or each other• Putting the kid “in charge”<ul style="list-style-type: none">• Child picks out foster caregiver’s PJs• Child brushes caregiver’s hair• Caring for others<ul style="list-style-type: none">• Petting family animals• Tucking in younger siblings• Tucking in dolls, stuffed animals, etc.	<ul style="list-style-type: none">• Snuggling on couch• Getting “tucked” into bed• Stroking hair, arms, back• Massaging hands or feet• “Talk time” – sharing how the child’s day went• Brushing, braiding, playing with child’s hair

Always offer your child 2-3 Connection Time activities to pick from, ranging from LESS to MORE physically and emotionally close.

 **CONSISTENT**
adequate schedules


 **CALM**
evening environments

 **CUES**
that signal sleep

 **CLOSE**
connection

Connection Time Activity Ideas: Tweens and Teens



	
LESS physical / emotional closeness	MORE physical / emotional closeness
<ul style="list-style-type: none">• Playing cards, board games, doing a puzzle• Working together on a shared craft• Listening to an audio book or podcast together• Prepare younger siblings, pets for bed together• Playing each other favorite songs• Sharing favorite Youtube videos or funny Memes *• Watching TV show together*	<ul style="list-style-type: none">• Talking together on the couch• “What were you grateful for today”• Peak and the pit (best/worst part of the day)• Creating “dream boards” with goals for the future

Connecting with tweens and teens will be less about overt physical affection, and more about talking, sharing interests, and spending quality time.

 CONSISTENT
adequate schedules

 CALM
evening environments

 CUES
that signal sleep

 CLOSE
connection

Example of a nice child-led Connection Time with a toddler



Video from Imani Johnson – “PCIT PRIDE Skills”

Calm Evening Environments



- Reduce noise and lighting throughout the home
- Engage in calming activities
- Avoid conflict and arguments among family members
- Limit the use of electronic devices

Consistent, Adequate Schedules



- Keep bed, wake and naps times the same everyday
- Ensure sleep schedules permit adequate total sleep
- Monitor behavioral indicators of sleep deprivation

Cues that Signal Sleep



- Do the same activities in the same order before bedtime every night
- Help children identify their own sleep cues
- Provide and prompt the use of sleep cues every night

Close Connection



- Spend quiet time connecting with children before sleep
- Use verbal and nonverbal communicators of affection, acceptance, and love
- Focus attention on the child
- Use affectionate touch as appropriate

Resources

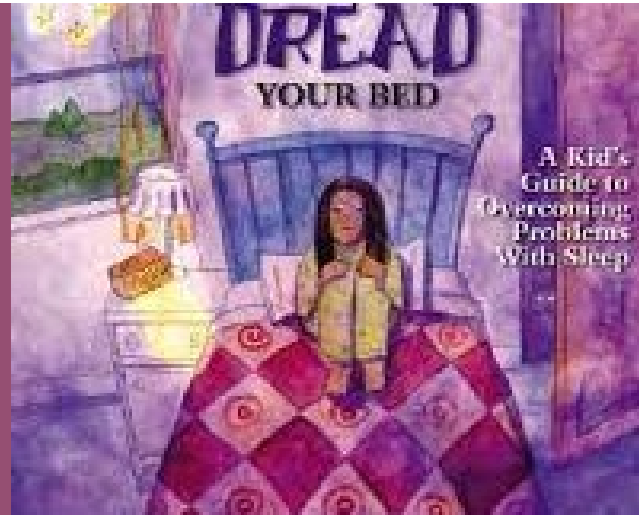
Always bring concerns about the child's sleep to a pediatrician.

If you are looking for additional resources, 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



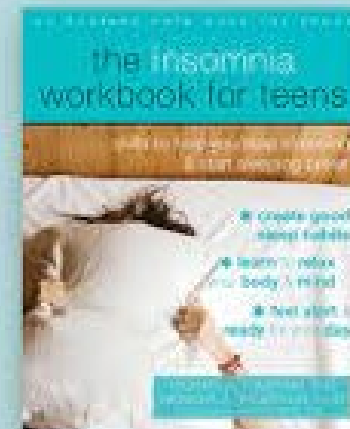
sleeping through the night

REVISED EDITION



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

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