

The background features abstract, overlapping geometric shapes in two shades of blue (a darker teal and a lighter sky blue) and white. The shapes are curved and angular, creating a dynamic, modern aesthetic. The white space is primarily on the right side, where the text is located.

MODULE **05**

Sleep

MODULE 05 Sleep

This module is comprised of the following sections:

- SECTION 1:** Key Messages
 - SECTION 2:** Discussing Sleep with Children and Youth
 - SECTION 3:** Addressing Factors that Impact Sleep
 - SECTION 4:** Medications and Pediatric Sleep Difficulties
 - SECTION 5:** Resources and Handouts
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For children and youth with mental health concerns, getting adequate sleep can be especially challenging as many conditions and medications have been shown to impact sleep

Adequate, restful sleep is essential for good health, optimal physical functioning and cognitive performance, and improved ability to cope with stress.¹ In addition, getting sufficient sleep on a regular basis can help to decrease the risk of developing diabetes, obesity, cardiovascular problems, and frequent infection.⁵ Sleep problems are prevalent amongst children and youth, which may be due to an increased demand on their time from school, sports, and other activities. In addition, school-aged children become more interested in television, computer games, the internet, and caffeinated products, which can all lead to sleep difficulties.²⁴ The impact of childhood sleep problems is intensified by the direct effect on parents' sleep, including parental daytime fatigue, mood disturbances, and a decreased level of effective parenting.²⁵

For children and youth with mental health concerns, getting adequate sleep can be especially challenging as many conditions and medications have been shown to impact sleep. Ensuring that these children get an appropriate quantity and quality of sleep is crucial, as adequate sleep has been associated with fewer behavioural and emotional problems, including less aggression, hyperactivity, depression, and anxiety.^{1,2} Poor sleep may also be an indicator of a medical problem, and as such should always be explored.

Parents and caregivers have been found to rarely seek help for their child's sleep problems despite the high number of children and youth who experience sleep difficulties.^{6,25} This highlights the need for health professionals to enquire about sleep and feel comfortable providing recommendations. This module provides you with helpful information to promote healthy sleep habits in children and youth with mental health challenges.

Key Messages

Here are some key messages to keep in mind when discussing sleep with children, youth and their families:



1. SLEEP IS ESSENTIAL TO FEELING WELL, ACADEMIC PERFORMANCE, COPING WITH STRESS AND OVERALL FUNCTIONING

2. THE FIRST STEP TO GETTING A GOOD NIGHT'S SLEEP IS "SLEEP HYGIENE"

The key ingredients of sleep hygiene are:

- Going to bed at the same time every night and waking up at the same time every morning – consistency is key
- Avoiding caffeine (e.g. soda, tea, coffee, chocolate)
- Using your bedroom only for sleep and not for studying or other activities. The sleep environment should be “boring” and not associated with stimulating activities (e.g. TV, music, computer, or work). This “boring” sleep environment sends a signal to the brain to prepare the body for sleep
- Avoiding heavy exercise in the evening
- Avoiding bright light exposure after dinner including the computer and other screen activities
- Ensuring the sleep location is comfortable and quiet

3. MENTAL HEALTH CHALLENGES CAN INTERFERE WITH SLEEP

For children and youth with mental health challenges, while sleep hygiene should always be considered, it may not be enough to treat sleep problems. Additional behavioural, psychological, and/or medical treatment may be necessary.

4. CHILDREN AND YOUTH VARY IN THE AMOUNT OF SLEEP THEY NEED

While the amount of sleep needed varies, most children (aged 5-12) need between 10-11 hours of sleep a night and most adolescents will need approximately 9-10 hours of sleep a night.^{3,15} Warning signs that a child/youth is not getting enough sleep include: feeling tired in the mornings or after lunch, falling asleep in school, having difficulty with concentration or memory, feeling more irritable than usual, or having less energy than usual.



TIPS FROM FAMILIES:

“The most important question is if your child or youth is feeling well rested during the day and has the energy to go about their daily activities”

The Guide to Healthy Living for Families, developed by The F.O.R.C.E. Society for Kids' Mental Health

Discussing Sleep with Children and Youth

In this section, key considerations and resources to keep in mind when discussing sleep with children and youth are offered. These include screening tools to quickly assess sleep difficulties, suggestions for discussing sleep with families, and some specific tips for teens. An important consideration when discussing sleep is whether the family is ready to have this conversation – the family may be dealing with many issues, and sleep may not be at the top of their priority list. Module 1 outlines a suggested approach to broaching sleep and other healthy living topics.

Assessing Sleep Problems in Children and Youth

BEARS Sleep Screening Assessment:

- Bedtime Problems
- Excessive Daytime Sleepiness
- Awakenings
- Regularity and Duration of Sleep
- Snoring

BEARS SCREENING ASSESSMENT

A helpful screening tool for common pediatric sleep problems is the BEARS Sleep Screening Assessment (available at the back of this module). This 5-question screening tool has been found to be more effective at identifying sleep problems within a primary care setting than asking a standard single sleep question²⁵, and includes developmentally appropriate questions for children and adolescents. Health professionals can ask initial “yes/no” questions in each of the five domains, and inquire further in the case of a “yes” response.

SLEEP DIARIES

Sleep diaries are another tool that you may find useful, and can give important information about the root causes of sleep difficulties. Health professionals can ask the child (with the help of a caregiver) or youth to fill out the diary for 1-2 weeks and bring it back on their next visit. Links to sleep diaries appropriate for children and youth can be found in Section 5 (look under ‘Colorado Sleep Center of the Rockies’ or ‘Here to Help’).

CHILDREN’S SLEEP HABIT QUESTIONNAIRE

A less time intensive alternative to a sleep diary is the Children’s Sleep Habit Questionnaire (CSHQ), which is a parent-reported screening instrument with established internal consistency and validity. The CSHQ may be particularly useful for children with ADHD, and is available for free online from: www.gse.uci.edu/childcare/pdf/questionnaire_interview/Childrens%20Sleep%20Habits%20Questionnaire.pdf

Suggestions for Discussing Sleep Problems with Children and Youth

1. EXPLORE DIFFERENT BELIEFS AND ATTITUDES TOWARDS SLEEP

Beliefs and attitudes towards sleep can vary significantly across families and cultures. It's important to find out what these beliefs are when assessing sleep difficulties, and to respect cultural preference and norms. For instance, co-sleeping with a parent is the norm in some cultures, while in others it is considered a sign of a lack of autonomy.

Parental expectations or beliefs about how much sleep their child requires may also be inaccurate. It may be the case that the child or youth is actually a good sleeper, but parental expectations of how much sleep they need are excessive for that child. These expectations and beliefs should be explored.

2. SPEAK TO BOTH THE YOUNG PERSON AND THEIR PARENTS/ CAREGIVERS

If possible, try to speak directly to both the young person and their parent/caregiver, as they may have different information and perspectives. For instance, children may be up at night while the parent is sleeping (e.g. playing video games), be experiencing daytime sleepiness (e.g. falling asleep in class), or using substances that may be interfering with sleep.⁹ Parents may have important medical information (e.g. trauma history), or be able to let you know about possible sleep difficulties that their child is not aware of (e.g. snoring). If children and their parents are providing different information, you can explore why this may be with them.

3. SPECIFIC TIPS FOR TEENS

Parents and teens should be made aware that there are basic changes in sleep physiology that begin with the onset of puberty that result in a later onset of sleepiness during the day and a later onset of alertness in the morning.¹⁵ Thus, what parents might see as defiance may be in fact a physiological reality. Here are some tips specific to teenagers who are having difficulty sleeping:⁹

- Sleep hygiene (detailed in Section 3) is very important. In particular:
 - Weekday and weekend wake-up times should not have more than 2 hours difference. Limiting and regulating the weekend wake-up time is critical to managing teen sleep-wake behaviours: the later the weekend sleep-in, the harder it will be to fall asleep the next night

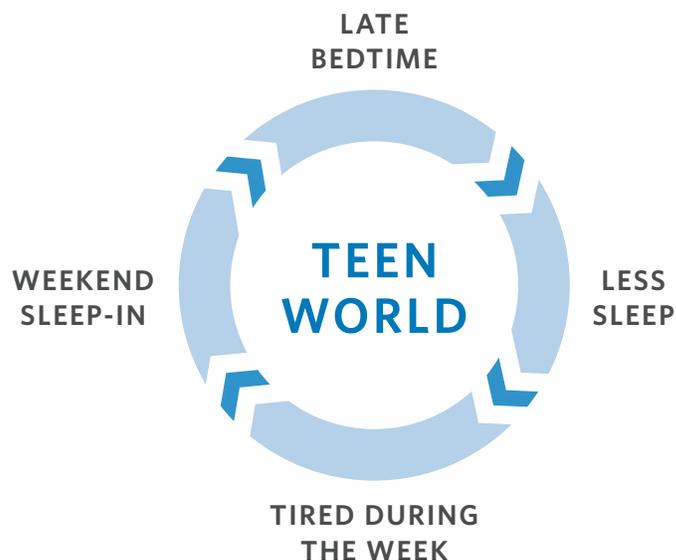


Limiting and regulating the weekend wake-up time is critical to managing teen sleep-wake behaviours



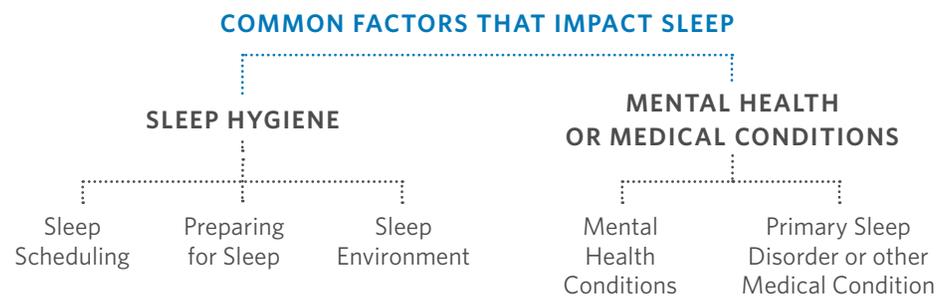
Remind teens that memory and concentration are dependent on adequate sleep

- A pattern of getting 8 hours or less of sleep during the week and sleeping into the afternoon on the weekends has become the norm in our culture, and can lead to chronic sleep problems. It can be difficult to deal with this pattern since many teens want to be like their peers and socialize later in the evenings. You can help them find viable alternatives for socialization and fun that will make them feel better because they have had a good night's sleep
- Limiting engagement in stimulating activities in the evening, such as television or video games
- Parents and teens could discuss a mutually agreeable method of waking the teen in the morning, in order to prevent or minimize difficult morning interactions
- Avoiding all nighters: remind teens that memory and concentration are dependent on adequate sleep. Some teens may complain of having 'too much to do in too little time'. If this is the case, you could discuss some stress management or time management tips with them (see Module 4)
- Bright light in the morning can help teens become more 'awake', and outdoor light can help reset the body clock



Addressing Factors that Impact Sleep

There are many different factors that may lead to sleep difficulties in children and youth. The most common cause of sleep difficulties is poor sleep hygiene, and as such this should **always be addressed first**. The sleep assessment tools described in Section 2 and having conversations with both young people and their parents or caregivers can help determine whether the sleep difficulty is behavioural, medical or social in nature. Social factors may include psychosocial stress, which is known to disrupt normal sleep patterns.¹³ For more information on stress management strategies, see Module 4.



Managing Sleep Hygiene



Sleep hygiene handouts for both children and adolescents can be found at the back of this module

Having good sleep hygiene (sleep habits) is a crucial component to getting a good night's sleep, and should **always** be addressed in children and youth who present with sleep difficulties. You could start this conversation by having young people and their families identify what sleep hygiene habits they already practice, and acknowledging their efforts. Social or environmental barriers to practicing good sleep hygiene may also exist – for instance, it may not be possible to provide a quiet sleep environment. Both current strengths and potential barriers should be acknowledged and addressed.

Some additional sleep hygiene tips suggested by families in B.C. who have children living with a mental health challenge can be found in the *Guide to Healthy Living for Families*, available from: keltymentalhealth.ca/toolkits



Children should be drowsy when put to sleep, but not yet sleeping - moving a child to bed after they have fallen asleep in another location can exacerbate sleep problems⁹

1. SLEEP SCHEDULING

- **CONSISTENCY:** Having a consistent sleep and wake routine is the #1 sleep hygiene tip that can help with sleep difficulties. Bed times and wake times need to be consistent even during weekends and holidays – a child or adolescent who stays up very late on Friday and Saturday will not be tired enough to be able to go to bed early on Sunday to wake up early for school on Monday
- **NAPPING:** For older children and adolescents, it is best to avoid naps during the day. If the young person insists on having a nap, encourage them to limit naps to 20-30 minutes
- **PREPARING FOR EARLIER WAKE TIMES:** The sleep schedule is dictated by the time a child or youth wakes up. As such, when children and youth need to be up earlier (such as when the school year starts), emphasis should be placed on waking them up earlier in the morning, which should make them sleepier earlier in the evening, and ‘reset’ the sleep schedule

NOTE: If a child is irritable and tired, putting them to bed earlier and earlier may worsen the sleep difficulty because they miss the natural rise in melatonin and are awake for longer. Make sure children are drowsy when they’re being put to bed



2. PREPARING FOR SLEEP

- A relaxing sleep ritual can ‘remind’ children and youth that it is time to go to bed. This could include reading, a warm bath, or relaxing music
- Regular exercise can help young people get a better night’s sleep, but strenuous exercise within 3-4 hours of bedtime should be avoided
- Avoid alcohol, caffeine and nicotine for at least 4-6 hours before going to bed – these substances act as stimulants and interfere with the ability to fall asleep
- If the child/youth is hungry before bedtime, they should not go to bed hungry – they could try having a warm glass of milk or a light, healthy snack. For healthy snack ideas, see the handout at the back of Module 2

DEALING WITH BEDTIME STRUGGLES



Bedtime struggles include a child or youth resisting going to bed, or being unable to fall asleep without the assistance of another person, object or situation.⁹

WHAT PARENTS/CAREGIVERS CAN DO

1. Children need a consistent, age-appropriate bedtime and sleep schedule (including on weekends)
2. The bedtime routine should be short and sweet – always moving in the direction of the bedroom (a picture chart, on which routine activities are listed and then checked off by the child when completed, can be helpful)
3. Parents must be consistent every single night for these approaches to be successful
4. The ability to fall asleep on a regular schedule and the ability to feel comfortable sleeping independently are learned skills. Many parents experience frustration that their child will not fall asleep without them and have tried to “stick it out” when they cry. Children with psychiatric problems may not respond to this method which may likely end in a child that is distraught and a parent who eventually gives in. When dealing with bedtime resistance to sleeping alone, parents should work with an appropriate health professional to help them resolve the difficulty in a way which leaves the child and parent more confident that bedtime will be peaceful and loving



A relaxing sleep ritual can ‘remind’ children and youth that it is time to go to bed



The bedroom space should be quiet and comfortable for sleeping

3. THE SLEEP ENVIRONMENT

- The bedroom space should be quiet and comfortable for sleeping. This includes an appropriate temperature, curtains to block light, and a quiet space
- Clock watching reinforces negative thoughts about not being able to fall asleep. If the child/youth has a bedside clock, they should turn it around before going to bed
- The bed should only be used for sleeping. Discourage TV watching, eating, playing on a laptop, or doing other stimulating things in the bedroom
- It could help to get the child or youth to draw a picture of their room to look for any factors that might be contributing to their sleep problems

DEALING WITH NIGHTMARES

- Avoid exposure to frightening or overstimulating images before bedtime (frightening stories, movies or TV shows)
- Ensure adequate sleep as sleep loss may increase the chance of having a nightmare
- Parents can encourage children to draw a picture representing the bad dream and then throw it away, writing the story with a happy ending, or keeping a dream journal
- If the child gets out of bed, parents/caregivers should calmly escort the child back to bed and briefly provide reassurance there – further discussion of the nightmare should be postponed until the following day
- Security objects can be comforting and facilitate a faster return to sleep
- Parents can reassure children that ‘it was only a dream’³

For more tips on dealing with nightmares: <http://sleepforkids.org>

Mental Health Challenges and Sleep

Sleep disturbances are prevalent in many children and adolescents with mental health conditions. While changes to sleep hygiene are recommended as a first choice intervention, sometimes additional intervention is required. Periodic screening for sleep difficulties should be part of the ongoing management of every child with diagnosed psychiatric disorders.³ The following mental health conditions are highlighted, as sleep difficulties are particularly common within these groups:

AUTISM SPECTRUM DISORDERS (ASD)

Common Findings

- Children with ASD experience more sleep problems than the general population⁷
- Treatment of sleep problems in children with ASD should be multifaceted⁹

Summary of evidence and recommendations

- Bedtime routines are crucial, as is paying special attention to the sleep environment⁹
- Massage therapy administered nightly before bedtime (for approximately 15 minutes) may be effective^{9,19}
- Because children with classic autism are at higher risk for epilepsy, nocturnal seizures must be considered⁹
- The impact of medications must be assessed, as they may have an impact on sleep⁹
- Addressing sensory hypersensitivity associated with the sleep environment may help improve quality of sleep. Parents have reported weighted blankets being helpful in children with tactile sensitivities. The sleep environment should provide the most comfortable temperature, preferred texture of the pajamas and bedding, and optimal control of noise and light. Some children may benefit from white noise machines or other soothing sounds during sleep⁷
- Melatonin therapy, in conjunction with behavioural techniques, may be considered if behavioural techniques alone are not effective^{9,10}

ATTENTION DEFICIT HYPERACTIVITY DISORDERS (ADHD)

Common Findings

- Many children who are diagnosed with ADHD have sleep problems. This may be related to hyperarousal intrinsic to ADHD, comorbid psychiatric conditions, concomitant medications, and/or coexisting primary sleep disorders^{3,4,16,21}
- Recent research has confirmed a higher incidence of initial insomnia, decreased total sleep, and excessive daytime sleepiness which may be masked by the hyperactivity²⁶

Summary of evidence and recommendations

- Sleep hygiene has been shown to improve sleep quality in children with ADHD²²
- The **most important** sleep hygiene measure is to ensure a consistent bedtime routine and regular sleep and wake times¹⁶
- If sleep difficulties are medication-induced, adjustments in the types, dose and dosing schedules of medications should be considered³
- Consideration may be given to the use of melatonin in cases where sleep hygiene and medication adjustments have been ineffective^{3,4,16} (see Section 4 for additional information on melatonin)
- Sleep disorders, including restless leg syndrome (RLS), periodic limb movement disorder (PLMD), and sleep disordered breathing (SDB) have higher reported incidences in children with ADHD^{3,8,20}

ANXIETY DISORDERS

Common Findings

- Anxiety disorders frequently associated with sleep problems in children include separation anxiety disorder, generalized anxiety disorder, and post-traumatic stress disorder (PTSD)^{3,9}
- Nightmares may be more common in this population, especially amongst children who have experienced trauma or who have PTSD⁹

Summary of evidence and recommendations

- For children with anxiety around bedtime, a temporary later bedtime that coincides more closely with the actual sleep onset time may relieve some of the anxiety associated with bedtime and falling asleep³
- Once bedtimes are established, they should be firmly enforced to avoid reinforcement of stalling behaviours³
- Teaching of relaxation techniques, such as deep breathing or visual imagery (see Module 4)³
- Identification and elimination of additional factors (e.g. alcohol use or medications) that may be impacting both the psychiatric disorder and the sleep disturbance³

EATING DISORDERS

Common Findings

- Studies concerning sleep and eating disorders have led to conflicting results; some studies suggest patients with eating disorders may experience sleep problems²³

Summary of evidence and recommendations

- Studies that do show a correlation find that the most common disturbances are difficulty falling asleep and midsleep awakening²³
- Sleep problems could be related to an associated anxiety or mood disorder – refer to these sections for additional information
- NOTE: Sleep-related eating disorders should be viewed as an independent clinical syndrome and treated by an appropriate health professional

FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

Common Findings

- Many children with FASD have long-standing sleep disturbances which interfere with their daily activities, cognition, health and behaviour¹⁸

Summary of evidence and recommendations

- Sleep hygiene practices need to be individually tailored to the child
- Children with FASD may have a melatonin deficiency. A best practice recommendation is to provide melatonin and sleep hygiene simultaneously¹⁸
- A sleep hygiene handout specific to children with FASD can be found at the back of this module

MOOD DISORDERS

Common Findings

- Sleep disturbances, including insomnia and hypersomnia, are reported in up to 75% - 90% of children and adolescents with major depressive disorder (MDD)^{3,9,10}
- Sleep disturbances are common in children with bipolar disorder^{3,9,14}
- Many antidepressants, most notably SSRIs, may have disruptive sleep effects³

Summary of evidence and recommendations

- Development of a regular sleep routine, including consistent sleep and wake times³
- Treating the primary psychiatric disorder in ways that do not exacerbate sleep disturbances³
- Eliminating exacerbating factors, including alcohol use, cigarette smoking, and substance use³

SUBSTANCE USE/ABUSE

Common Findings

- Many substances, including nicotine, amphetamines and alcohol, have been shown to interfere with sleep³
- Adolescents who use marijuana heavily have been shown to have compromised objective indicators of sleep quality²⁷

Summary of evidence and recommendations

- Efforts should be made to increase awareness as to the effects of these substances on sleep. If these substances are interfering with sleep, efforts should be made to discontinue use.³

Primary Sleep Disorders and Other Medical Conditions Resulting in Disturbed Sleep

Primary sleep disorders that commonly occur in children and adolescents include restless leg syndrome, bruxism (teeth grinding), and sleepwalking.¹⁷ Secondary sleep disorders can result from respiratory disorders (asthma, sleep apnea), gastro-esophageal reflux and sleep-related epilepsies. If the sleep difficulty is thought to be caused by a primary sleep disorder or other medical condition, a referral should be made to an appropriate health professional.

RECOGNIZING RESTLESS LEG SYNDROME (RLS)

RLS has a higher reported incidence in children with ADHD.^{3,8,20} Symptoms of RLS include the urge to move limbs during sleep and difficulty sleeping. Children may use words like “oowies, tickle, spiders, boo-boos, itchy bones, creepy/crawly, a lot of energy in my legs” to describe their symptoms. Sleep hygiene should include a regular sleep and wake schedule, avoidance of heavy exercise close to bedtime, and eliminating stimulating activities at night. Treatment of iron deficiency is also thought to be effective.¹²

Medications And Pediatric Sleep Difficulties

MEDICATIONS FOR SLEEP DIFFICULTIES IN CHILDREN AND YOUTH

Currently there are no medications for inducing sleep that have been tested in children or youth, with the exception of melatonin. While good sleep hygiene should always be implemented as a first line treatment, there may be some mental health conditions where sleep hygiene in conjunction with melatonin may be optimally effective.

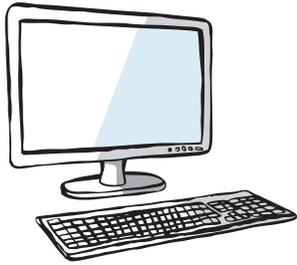
GUIDELINES FOR MELATONIN USE

- There may be misperceptions about melatonin use in the general public. A BC Children’s Hospital information sheet may be useful to better inform parents/caregivers about melatonin – a link to this resource is available in Section 5 of this module
- Effects on sleep architecture include: reduced sleep onset latency, increased sleep duration, and a tendency to move from ‘being a night owl to a morning lark’ (normalization of circadian rhythm)¹¹
- For more information on adverse effects and monitoring parameters, please see the *Commonly Used Psychiatric Medications Monitoring Guide for Children and Adolescents*, available as a link from Module 6
- Recommended clinical uses of melatonin:
 - May be useful for children with ADHD^{4,16}, FASD^{5, 18}, ASD¹⁰
 - For children with ADHD: May facilitate sleep. Initial doses have most often ranged from 3-6 mg, administered approximately 30 minutes before a scheduled bedtime⁴
 - For children with FASD: Immediate-release melatonin is best for sleep onset difficulties and slow / controlled release is best for frequent awakenings. The oral dose should be given about 30 minutes before bedtime. There are no dose formulas that fit everyone – suggested to start with 1-2 mg of melatonin and make small incremental changes⁵
 - For children with ASD: A controlled-release melatonin formulation is suggested, and immediate-release melatonin can be added when response to treatment is incomplete¹⁰



MEDICATIONS WITH NEGATIVE EFFECTS ON SLEEP

Many medications prescribed to children and youth with mental health conditions have profound effects on sleep.³ For a listing of common psychiatric medications and side effects (including sleep-related side effects), see the *Commonly Used Psychiatric Medications Monitoring Guide for Children and Adolescents*, available as a link from Module 6



In this section, you will find resources that may be helpful to both yourself as well as to the families you see in your daily practice. At the end of this section, you will find some tools and handouts. Some of these tools will be useful for you to use with the children and youth you see (e.g. assessment tools), while others can be given to children, youth or parents/caregivers as a handout. Feel free to photocopy any handouts you find useful, and store them in the plastic sleeve found at the back of the toolkit.

Online Resources

| Organization | Details | Web Address |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Kelty Mental Health Resource Centre | <ul style="list-style-type: none"> • Sleep promoting medication information sheets for parents and caregivers | http://keltymentalhealth.ca/finding-help/medication-information-sheets-4 |
| | <ul style="list-style-type: none"> • An interactive bedtime routine chart for parents and children | http://keltymentalhealth.ca/healthy-living/sleep |
| Colorado Sleep Center of the Rockies | <ul style="list-style-type: none"> • Downloadable sleep diary for kids • Information on sleep difficulties in children | www.sleepcenterotr.com/pediatrics.php |
| Here to Help | <ul style="list-style-type: none"> • Free downloadable sleep resource with top sleep hygiene tips and a sleep diary tracking sleep hygiene practices | www.heretohelp.bc.ca/skills/module6 |
| KidsHealth (Children) | <ul style="list-style-type: none"> • Information on sleep geared to children | www.kidshealth.org/kid/ (search 'sleep') |
| KidsHealth (Teens) | <ul style="list-style-type: none"> • Information on sleep geared to adolescents | www.kidshealth.org/teen/your_body/take_care/sleep.html |
| National Sleep Foundation | <ul style="list-style-type: none"> • Website geared to kids, includes interactive games and challenges on sleep benefits, hygiene, barriers, nightmares and more | www.sleepforkids.org |
| University of California | <ul style="list-style-type: none"> • Children's Sleep Habit Questionnaire (available for free download) | www.gse.uci.edu/childcare/pdf/questionnaire_interview/Childrens%20Sleep%20Habits%20Questionnaire.pdf |

Books

FOR PROFESSIONALS

Mindell, JA, & Owens, JA (2003). *A Clinical Guide to Pediatric Sleep. Diagnosis and Management of Sleep Problems*. PA: Lippincott Williams & Wilkins.
NOTE: Includes an appendix with patient handouts

FOR PARENTS

Owens, JA, & Mindell, JA (2005). *Take Charge of Your Child's Sleep*. New York: Marlowe and Company.

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Tools and Handouts

BEARS Sleep Screening Tool



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| | TODDLER/PRESCHOOL (2-5 YEARS) | SCHOOL-AGED (6-12 YEARS) | ADOLESCENT (13-18 YEARS) |
|------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| B EDTIME PROBLEMS | Does your child have any problems going to bed? Falling asleep? | Does your child have any problems at bedtime? (P) Do you have any problems going to bed? (C) | Do you have any problems falling asleep at bedtime? (C) |
| E XCESSIVE DAYTIME SLEEPINESS | Does your child seem overtired or sleepy a lot during the day? Does he/she still take naps? | Does your child have difficulty waking in the morning, seem sleepy during the day or take naps? (P) Do you feel tired a lot? (C) | Do you feel sleepy a lot during the day? In school? While driving? (C) |
| A WAKENINGS DURING THE NIGHT | Does your child wake up a lot at night? | Does your child seem to wake up a lot at night? Any sleepwalking or nightmares? (P) Do you wake up a lot at night? Have trouble getting back to sleep? (C) | Do you wake up a lot at night? Have trouble getting back to sleep? (C) |
| R EGULARITY AND DURATION OF SLEEP | Does your child have a regular bedtime and wake time? What are they? | What time does your child go to bed and get up on school days? Weekends? Do you think he/she is getting enough sleep? (P) | What time do you usually go to bed on school nights? Weekends? How much sleep do you usually get? (C) |
| S NORING | Does your child snore a lot or have difficult breathing at night? | Does your child have loud or nightly snoring or any breathing difficulties at night? (P) | Does your teenager snore loudly or nightly? (P) |

(P) Parent-directed question (C) Child-directed question

Reproduced with permission from: "A Clinical Guide to Pediatric Sleep: Diagnosis and Management of Sleep Problems" by Jodi A. Mindell and Judith A. Owens; 2003: Lippincott Williams & Wilkins.



General Considerations

- Children with FASD frequently have a melatonin deficiency which leads to disturbed sleep patterns
- Sleep disturbances should be treated early and appropriately as they lead to neurocognitive, behavioral, and health difficulties
- Intervention services may be ineffective when sleep deprivation is present
- The functioning of children with FASD is highly variable; therefore developmental evaluations are helpful to understand their strengths and weaknesses
- Sleep hygiene practices designed for typical children are often not useful for those with FASD as interventions need to be tailored to individual abilities
- Caregivers and involved professionals should work together in a team
- Modifying the environment, protection from over-stimulation at home, in school and in social situations are important principles in the general management of children with FASD
- The rich learning experience that is required for typical children may lead to over-loading and disturbed sleep for children with FASD
- Sleep hygiene interventions are increasingly hard to enforce and less effective in children with more severe cognitive loss

Sleep Environment

- The children's reactions to the environment should always be carefully observed
- The bedroom needs to be quiet, comfortable (temperature, non-irritating clothing and bedding), familiar, secure, consistent and unexciting (minimal furniture without clutter, strong odors, bright lights and colors)
- Do not use the bedroom for punishment or play

Preparation for Sleep

- Calming behaviors and wind-down rituals promote sleep
- Beverages containing caffeine or chocolate, excessive mental and physical behaviors, TV and video games should be avoided in the evening to minimize alertness and delayed sleep onset
- Bedtime activities require supervision with emphasis on general hygiene which is often poor in later life

Sleep Scheduling

- Enforcing rules, structure, routine and consistency are important not just at bedtime but all day
- Times for bed and getting-up need to be consistent, even during weekends and holidays
- Melatonin replacement therapy for the child combined with sleep health promotion techniques may be useful to establish sleep scheduling

Sleep Hygiene for the Caregivers

- Raising a child with FASD is a difficult task, thus the sleep health and the emotional needs of the caregivers must always be considered
- Caregiver sleep patterns are linked to those of the child. Treatment of the child's sleep disturbance with melatonin may lead to better sleep health of the caregivers and reduced burden of care

Reproduced with permission from: James, E. Jan, Kwadwo O. Asante, Julianne L. Conry, et al. "Sleep Health Issues for Children with FASD: Clinical Considerations". International Journal of Pediatrics, vol. 2010. Article ID 639048, 7p. doi: 10.1155/2010/639048

Sleep Tips for Kids



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Here are some things you can do to help get a good night's sleep:

Try to go to bed and wake up at the same time every day

Your body will get used to a schedule



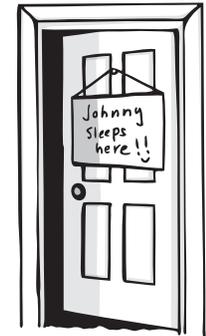
Try to avoid caffeine - especially in the afternoon and at night

Caffeine can be found in many foods and drinks, like chocolate and sodas



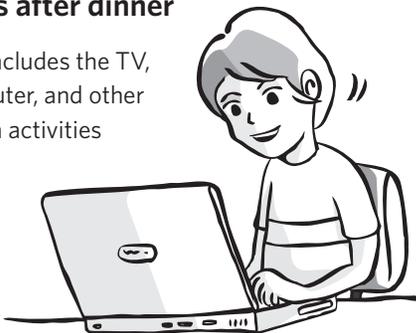
Make sure your bedroom is dark, quiet and comfortable

You can ask your parents for help



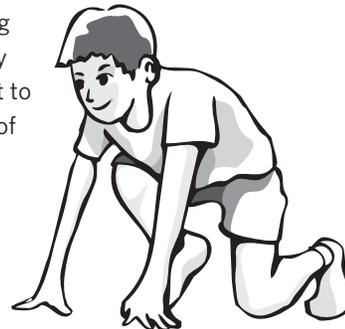
Try to avoid bright lights after dinner

This includes the TV, computer, and other screen activities



Exercise during the day

Running and playing during the day can help your body get ready for sleep (try not to exercise within 3-4 hours of your bedtime)



Have a bedtime routine

Do the same relaxing things before bed each night, like taking a warm bath, reading, or listening to quiet music. Your body will know it is time to get ready to sleep



Checklist for a good sleep

Sleep problems are common during times of stress, and poor sleep can make the stress that much worse. You may find you spend a lot of time in bed sleeping but just don't feel rested. Or, you may find that you have a lot of problems falling asleep.

steps to a better sleep

You'll find that getting good sleep every night will help you feel better during the day.

Here are some things that you can do to help you get a better night's sleep.

1. Set a time to go to bed and wake up, and stick to this seven days a week.
2. Avoid caffeine, alcohol, nicotine and heavy exercise after dinner.
3. Do something relaxing to unwind before going to bed.
4. Avoid using the bed as a place for reading, watching TV, eating or working.
5. Keep your bedroom dark, quiet and at a comfortable temperature. Make sure your bed is comfortable.
6. If you don't fall asleep after you've been in bed for 30 minutes, get up and engage in a quiet activity, such as reading, until sleepy.
7. Only use sleeping medication as prescribed by your doctor.

Avoiding caffeine and relaxing before going to bed can help ensure a good night's sleep.

managing stress

Visit mindcheck.ca for other strategies to help you manage stress, such as relaxation, time management, problem-solving and goal-setting.

Check it out... Act now!

Information and resources: mindcheck.ca