

# Maryland BHIPP

*Strategies to Support Healthy Sleep in Children During  
COVID-19*

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# Meet The Presenters



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# Who We Are – Maryland BHIPP



## Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®

### *Coming soon!*

- Direct Telespsychiatry & Telecounseling Services
- Care coordination



# Partners & Funding

- BHIPP is supported by funding from the **Maryland Department of Health, Behavioral Health Administration** and operates as a collaboration between the **University of Maryland School of Medicine**, the **Johns Hopkins University School of Medicine**, **Salisbury University** and **Morgan State University**.
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# BHIPP is Available to Provide Support to PCPs During Coronavirus



**BHIPP is open.**

*The BHIPP phone line remains open during this challenging time to support primary care clinicians in assessing and managing the mental health needs of their patients.*

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## Ways to Connect:

- Visit our COVID-19 Resource Page:  
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- Sign up for our newsletter:  
<https://mdbhipp.org/contact.html>
- Follow us on Facebook:  
<https://www.facebook.com/MDBHIPP/>
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# Learning Objectives

By the end of the presentation, learners will be able to:

- Discuss the importance of healthy sleep for child and family wellbeing.
- Evaluate a pediatric patient for sleep concerns.
- Select an appropriate treatment/prevention regimen for pediatric sleep concerns.
- Educate parents and caregivers on sleep hygiene practices and behavioral treatments for sleep concerns.



## Sleep in America Poll, 2004

*Sleep is the forgotten country and is not getting the attention it merits. It plays out in the home, in the pediatrician's office, and in school. Sleep is an important factor in the lives of children.*

Mary A. Carskadon, PhD



# Why Should We Care About Sleep?

- Higher risk for child abuse
- Family distress, maternal ill health, marital discord
- Affects physical development, learning/memory, attention, activity level, aggression
- Can be mistaken for other disorders and lead to unnecessary treatment
- Most common reason for giving meds to children

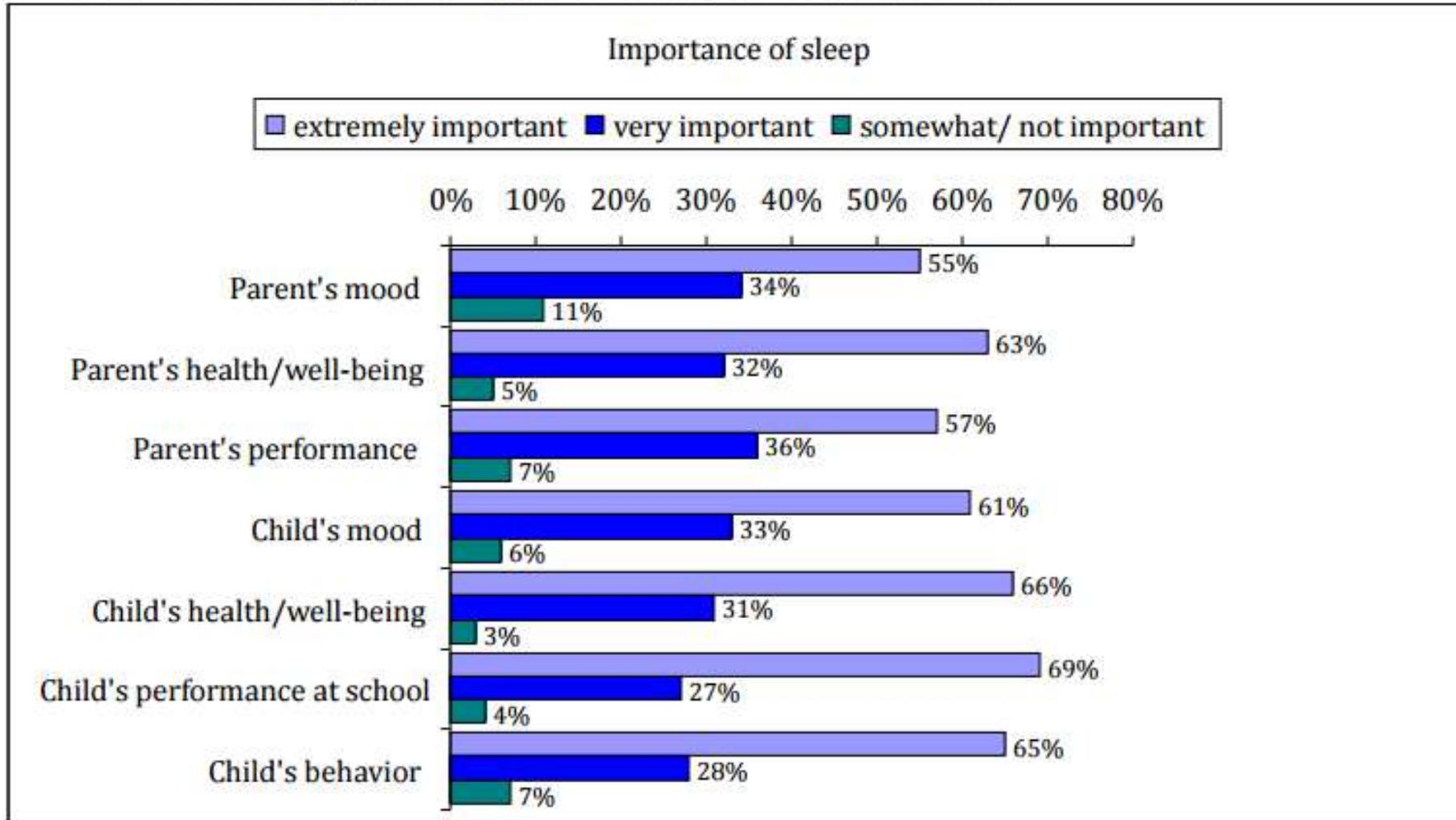


# Impact on Caregivers

- Most parents/caregivers say they get less sleep than they need.
- The sleep habits of children have a direct impact on the adults caring for them.
- Parents/caregivers whose children get the least amount of sleep are twice as likely to say they sleep less than six hours a night.\*



Exhibit 15. Parents' ratings of the importance of sleep for various outcomes.



# SLEEP DIARY



Good sleep is important for the health and happiness of every person, no matter how old or young. Without getting enough sleep, it can be hard to stay awake, pay attention, and enjoy the day.

## Did You Know?

**Getting enough sleep helps you stay healthy, safe, and feeling good.**

A good night's sleep will help...

- \* You remember what you learned all day.
- \* You have more energy for sports and playing.
- \* Your body fight germs and illness better.
- \* You to pay attention.
- \* You feel better about yourself!



## Tips To Help You Get A Good Night's Sleep

### Do:

- \* Sleep 10 to 11 hours (ages 5-12) every night.
- \* Go to bed at the same time every night.
- \* Follow a bedtime routine by doing the same relaxing activities every night before bed – like reading or listening to quiet music.
- \* Exercise during the day.
- \* Have a light snack or warm glass of milk before bed, if you are hungry.
- \* Keep your bedroom cool, dark, and quiet.

### Do Not:

- \* Stay up late.
- \* Go to bed at different times each night.
- \* Watch TV or play video games because they can disturb your sleep.
- \* Exercise too close to bedtime (3 hours or sooner).
- \* Drink soda or eat chocolate because they contain caffeine, which can make it hard to sleep.
- \* Have TV's, computers, video games, loud noises or bright lights in your bedroom. They can bother you while you sleep.

This **Sleep Diary** is a fun way to help you, your parents and your doctor talk about the importance of sleep. Each day you will answer several questions about your sleep. Starting any day of the week, fill out the sleep diary for seven days. The last page has an activity for the end of the week.

# HAVE FUN!



# \_\_\_\_\_ 's Sleep Diary

(Write your name here)

Fill in these blanks with your information.

I am \_\_\_\_\_ years old and in \_\_\_\_\_ grade.

This is the week of \_\_\_\_\_ (Month) \_\_\_\_\_ (Date) \_\_\_\_\_ (Year)

## 1. Complete Before Going to Bed

### • What did you drink today?

In the space inside each can, write the number of cans/bottles of caffeinated drinks, such as soda and tea, you had each day of the week. Remember, caffeine in drinks can keep you from sleeping well.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						

### • Check off any of these activities you did in the HOUR before going to bed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
 Read a book							
 Used the Computer							
 Played with Toys/Games							
 Exercised/Played Sports							
 Watched TV							
 Played Video Games							
 Listened to Music							
 Had a Snack							
 Took a Bath/Shower							
 Talked on the Phone							
 Did Homework							



## 2. Complete When You Wake Up

### • How did you sleep?

Answer the first two questions by circling YES or NO. Write your answer to the last question.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Did you have trouble falling asleep?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you wake up during the night?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Who or what woke you up during the night?							

### • How much sleep did you get last night?

Color in the boxes from the time you fell asleep last night until the time you woke up this morning. Count the number of boxes you colored in to figure out how many hours you slept. Write the number of hours you slept below each day.

EXAMPLE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:30 PM	<input type="checkbox"/>						
8:00 PM	<input type="checkbox"/>						
8:30 PM	<input type="checkbox"/>						
9:00 PM	<input type="checkbox"/>						
9:30 PM	<input type="checkbox"/>						
10:00 PM	<input type="checkbox"/>						
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7:30 AM	<input type="checkbox"/>						
8:00 AM	<input type="checkbox"/>						
8:30 AM	<input type="checkbox"/>						
9:00 AM	<input type="checkbox"/>						
9:30 AM	<input type="checkbox"/>						
10:00 AM	<input type="checkbox"/>						
I slept <b>11</b> hours.	I slept _____ hours.						



# Sleep in America Poll 2006

- The National Sleep Foundation's 2006 Sleep in America poll finds that America's adolescents (6th-12th grade) are not getting the sleep they need.
- Just one in five adolescents get an optimal nine hours of sleep on school nights; nearly one-half (45%) sleep less than eight hours on school nights.
- The average 6th-grader sleeps an average of 8.4 hours on school nights, while a typical high school senior sleeps just 6.9 hours.



# Sleep in America Poll Cont'd.

## Mood:

- A strong association was found between negative moods and more pronounced sleep related issues.
- Among those adolescents say they're unhappy or tense most often, 73% feel they don't get enough sleep at night and 59% are too sleepy during the day.
- Teens who slept 9+ hours on school nights reported much more positive mood than their peers.
- Those adolescents who most often felt unhappy or sad than their peers were also more likely to fall asleep in school, have difficulty falling asleep at night and think they have a sleep problem. In addition, they have more trouble getting along with their family.

## Drowsy Driving:

- Sleepiness in any driver – including teenage drivers – is extremely dangerous for themselves and others.
- More than one-half of adolescent drivers have driven drowsy during the past year.
- In fact, 15% of drivers in 10th to 12th grades drive drowsy at least once a week.



# Sleep in America Poll Cont'd.

## Electronics:

- Watching television is the most popular activity (76%) for adolescents in the hour before bedtime, while other popular activities include surfing the internet/instant-messaging (44%) and talking on the phone (40%).
- On average, 6th-graders have more than two of these items in their bedroom, while 12th-graders have about four.
- Adolescents with four or more such items in their bedrooms are almost twice as likely to fall asleep in school and while doing homework.



# National Sleep Foundation Poll (2004)

Age	Recommended	Actual
3-11 months	14-15	12.7
12-35 months	12-14	11.7
3-6 years	11-13	10.4
1 <sup>st</sup> -5 <sup>th</sup> Grade	10-11	9.5
Adolescent	8.5-9.5	7.2



# Caffeine

- Of those who consume caffeine, nearly three-quarters are school-aged children (73%)
- 27% are preschoolers.
- According to the poll data, children who drink caffeinated beverages sleep less than those who don't.



# Evaluation – Child Factors

- Rule Out Physical/Health Factors
  - Apnea, snoring, ear infections, allergies, congestion, pain, colic, dietary info re: caffeine/medications
- Detailed History
  - Sleep diary (1-2wks) - sleep onset, waking, assistance given at transitions
  - Compare with normative development
  - Evaluate parental/family distress



# Treatment/Prevention

- Maintain a daily sleep schedule and consistent bedtime routine
- The environment should be the same every sleep time and throughout the night/nap
- Set limits
- Encourage use of a security object
- Develop a regular daily sleep schedule



# When Not to Start an Intervention

- Sick
- Teething
- Stressful event in family
- Before addressing caregiver difficulties that might prevent success
- When night-waking typically increases (before developmental milestones: crawling, standing, walking)



# Sleep Hygiene - Infancy

- Develop good sleep associations
- One comfort object & pacifier
- Masking noise (fan, radio static, not TV)
- Keep attention during night waking to a minimum
- Help child learn self-soothing skills
  - Lay down awake but sleepy
  - Don't respond immediately when child is in between sleep cycles



# Sleep Hygiene – Toddler/Child

- Limit setting
- Crib tent, baby gate, safety-proof room
- Nightlight at age 3 or 4



# Sleep Hygiene - Adolescents

- Set a regular bedtime and wake-up schedule (even on the weekends) so that an adolescent can achieve 9 or more hours of sleep every night
- Encourage a relaxing bedtime routine, such as reading for fun or taking a warm bath or shower
- Keep the bedroom comfortable -- dark, cool, and quiet
- Remove TVs, computers and other distractions from the bedroom, and set limits on usage before bedtime
- Avoid all caffeine after lunchtime



# Treatment/Prevention: Sleep Hygiene

- Parent education and support
- Regular bed/wake time (naps end before 3 pm)
- Calm bedtime routine (<30m)
- Quiet, cool, non-stimulating environment (circadian rhythm is light *and* temp sensitive)
- Limit caffeine, exposure to tobacco
- No screen time 60m before bed



# Treatment/Prevention: Sleep Hygiene during COVID

- Follow a consistent daytime and evening routine
  - Including a school/work schedule for families working/learning at home
- Consistent bedtime and wake time
  - Naptime
- Stay active
- Get outside
- Only use your bed for sleep
- Provide opportunities to talk about worries throughout the day
- Parents and caregivers need to prioritize their sleep, and other strategies to take care of their health!



# Behavioral Treatments: Relaxation & Reducing Anxiety

- No scary movies/TV
- Relaxation exercises at bedtime
- To treat:
  - Nightmares
  - Delayed sleep onset

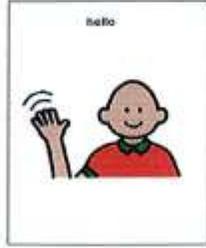


# Overview of Psychopharmacological Treatment

- American Academy of Pediatrics and National Sleep Foundation: “There is inadequate data to guide pharmacologic treatment of insomnia in children”
- Some help in short-term while starting behavioral interventions, effects not impressive in long-term, may help initially with parental acceptance of and compliance with behavioral interventions



Schedule



Play: Chooses a Game



Play: and Mom Play



Snack



's Morning Schedule

<p>Wake Up</p> 	
<p>Shower</p> 	
<p>Brush Teeth</p> 	
<p>Put On Clothes</p> 	
<p>Eat Breakfast</p> 	
<p>Leave for School</p> 	



s Evening Schedule

<p>Homework</p> 	
<p>Playtime with Mom</p> 	
<p>Freetime – Play a game or TV</p> 	
<p>Dinner</p> 	
<p>Bath Time</p> 	
<p>Read a Story</p> 	
<p>Bed Time</p> 	



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## Jordyn's Bedtime Chart



# Resources

- American Academy of Sleep Medicine
  - <http://www.sleepeducation.com>
  - Journal of Clinical Sleep Medicine
  - Sleep for Kids [www.sleepforkids.org](http://www.sleepforkids.org)
- Medline Plus
  - <http://www.nlm.nih.gov/medlineplus/sleepdisorders.html> (look under link to children)



# National Sleep Foundation <http://www.sleepfoundation.org>

The screenshot shows the National Sleep Foundation website's 'CHILDREN, TEENS & SLEEP' category page. The browser address bar shows the URL <https://sleepfoundation.org/category/children-teens-sleep>. The navigation menu includes 'Visit Sleep.org', 'Sleep Disorders', 'Sleep Topics', 'Video', 'Journal', 'Find A Sleep Professional', and 'Sleep Shop'. The main content area features several article cards:

- Sleep Training Your Child? 5 Things to Remember**: The sleep training process is different for every baby, here are some key points that all parents should keep in mind.
- Can Kids Get Sleep Apnea?**: Kids can get sleep apnea, a serious health issue, but there are ways to treat it.
- Teens and Sleep**: Is your teen getting enough sleep? The answer might be different than you think. Learn more about your teen's sleeping needs.
- School Start Time and Sleep**: Has your teen complained that school starts too early? They might be on to something! Learn more.
- Children and Sleep**: Are your children sleeping enough? Find out how much sleep they really need.

There are also two 'Ad closed by Google' notices on the page, one with a 'Why this ad?' link.



# References

- Berman, H. Hardesty, J., & Humphreys, J. (2004). Children of abused women. IN J. Humphreys & J. Campbell (Eds.), Family violence and nursing practice (pp. 150-185). Philadelphia: Lippencott, Williams, & Wilkins.
- Chervin, R., et. al. (2006) Sleep disordered breathing, behavior, cognition in children before and after adenotonsillectomy. *Pediatrics*, 117(4), 769-778.
- Braam, W., Didden, R., Smits, M., & Curfs, L. (Mar 2008). Melatonin treatment in individuals with intellectual disability and chronic insomnia: a randomized placebo-controlled study. *Journal of Intellectual Disability Research*, 52(3), 256-264.
- Smits, M.G., Nagtegaal, E.E., van der Heijden, J., Coenen, A.M., Kerkhof, G.A. (2001) Melatonin for chronic sleep onset insomnia in children: a randomized placebo-controlled trial. *Journal of Child Neurology*, 16(2), 86-92.
- Ingrassia, A. & Turk, J. (2005). The use of clonidine for severe and intractable sleep problems in children with neurodevelopmental disorders – a case series. *Eur Child Adolesc Psychiatry*, 14(1), 34-40.
- Humphreys, J.C., Lee, K.A. (Jul-Aug 2006). Sleep of children of abused women in transitional housing. *Pediatric Nursing*, 32(4), 322-323.
- Barr, R.G. (2003). Preventing Shaken Baby Syndrome with an educational campaign on infant crying: “The Period of Purple Crying.” Presented to the European Conference on SBS, Edinburgh, 19-20 May.



# References, cont.

- Owens-Stively, J., Frank, N., Smith, A., Hagino, O., Spirito, A., Arrigan, M., et al. (1997). Child temperament, parenting discipline style, and daytime behavior in childhood sleep disorders. *Journal of Developmental and Behavioral Pediatrics*, 18(5), 314-321.
- Christophersen, E.R., & Mortweet, S.L. (2001). *Treatments that work with children: Empirically supported strategies for managing childhood problems*. Washington, DC: American Psychological Association.
- Morrell, J.B. (1999). The role of maternal cognitions in infant sleep problems as assessed by a new instrument, The Maternal Cognitions about Infant Sleep Questionnaire. *Journal of Child Psychology and Psychiatry*, 40, 247-258.
- Stores, G. & Wiggs, L. Eds. (2001). *Sleep Disturbance in Children and Adolescents with Disorders of Development: Its Significance and Management*. MacKeith Press, Cambridge University Press, London.
- Merenstein D, Diener-West M, Halbower AC, Krist A, Rubin HR. The trail of infant response to diphenhydramine: the TIREd study – a randomized, controlled, patient-oriented trial. *Arch Pediatr Adolesc Med*. 2006;160(7):707-712.
- Carter, A.S., Briggs-Gowan, M.J., & Davis, N.O. (2004). Assessment of young children's social-emotional development and psychopathology: Recent advances and recommendations for practice. *Journal of Child Psychology and Psychiatry*, 45(1), 109-134.
- Hess, H.R., Kennedy, C., Lynch, M.E., & Lee, K.A. (1994). Sleep behavior disorders in children after cardiac surgery. *Sleep Research*, 23, 367.
- Ramchandani et. al. (2000). A systematic review of treatments for settling problems and night waking in young children. *British Medical Journal*, 320, 209-213.



# References, cont.

- St James-Roberts, I. (2007). Helping parents to manage infant crying and sleeping: A review of the evidence and its implications for services. *Child Abuse Review, 16*, 47-69.
- Christopersen, E.R., & Mortweet, S.L. (2001). *Treatments that work with children: Empirically supported strategies for managing childhood problems*. Washington, DC: American Psychological Association.
- Ferber, R. (1995). Sleeplessness in children. In R. Ferber & M. Kryger (Eds.) *Principles and practice of sleep medicine in the child* (pp. 79-89). Philadelphia:W.B. Saunders.
- Davis, K.F., Parker, K.P., & Montgomery, G.L. (2004). Sleep in infants and young children: Part Two: Common sleep problems. *Journal of Pediatric Health Care, 18*(3), 130-137.
- American Academy of Pediatrics. (2005). Taskforce on sudden infant death syndrome: The changing concept of sudden infant death syndrome diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics, 116*, 1245-1255.
- Keller, M.A. & Goldberg, W.A. (2004). Co-Sleeping: Help or hindrance for young children's independence? *Infant and Child Development, 13*, 369-388.
- Willinger, M., Ko, C.W., Hoffman, H.J., Kessler, R.C., & Corwin, M.J. (2003). Trends in infant bed sharing in the United States, 1993-2000. *Archives of Pediatric and Adolescent Medicine, 157*, 43-49.
- Sadeh, A. Raviv, A., & Gruber, R. (2000). Sleep patterns and sleep disruptions in school-age children. *Developmental Psychology, 36*(3), 253-257.



Thank you!

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