

# **Behavioral Strategies PCPs Can Offer Families to Improve Sleep in Youths Ages Six Months to Eighteen Years**

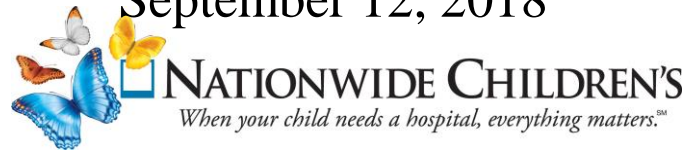


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# Objectives of Today's Webinar

1. Identify evidence-based behavioral strategies to improve sleep for children and adolescents
2. Evaluate which families are likely appropriate for these behavioral strategies
3. Develop specific responses to address family concerns about these strategies

# Opening Words of Caution

1. Some behavioral interventions discussed today have scientific support from efficacy studies. These include: unmodified extinction, graduated extinction, and delayed bedtime.
2. Other suggestions today are generally supported by behavioral modification principles.

# Opening Words of Caution

3. Scientifically supported interventions typically focus on normally developing children who are six months of age and who do not require nighttime feedings.
4. There is more than one “behavioral pathway” to sleep.
5. Past studies suggest PCPs vary in terms of familiarity and utilization of behavioral strategies.

# Today's Talk is Based on These References

1. Mindell JA & Owens JA. (2003) A Clinical Guide to Pediatric Sleep: Diagnosis and Management of Sleep Problems. Philadelphia: Lippincott, Williams, and Wilkins.
2. Mindell JA et al. (2006). Behavioral Treatment of Bedtime Problems and Night Wakings in Infants and Young Children. Sleep, 29(10), 1263-1276.
3. Kuhn BR & Elliott AJ. (2003). Treatment Efficacy in Behavioral Pediatric Sleep Medicine. Journal of Psychosomatic Research, 54, 587-597.

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4. Morgenthaler et al. (2006). Practice Parameters for Behavioral Treatment of Bedtime Problems and Night Wakings in Infants and Young Children. Sleep, 29(10), 1277-1281.
5. **Price AMH et al. (2012). Five Year Follow-Up Harms and Benefits of Behavioral Infant Sleep Intervention: Randomized Trial. Pediatrics, 130(4), 643-651.**

# Question 1: What are three global principles to highlight to parents?

Principle #1: Put children to bed when they are *drowsy but still awake* – avoid the two extremes



# Question 1: What are three global principles to highlight to parents?

Principle #1: *Drowsy but still awake*





# Question 1: What are three global principles to highlight to parents?

Principle #2: The ability to *self-soothe* is one of the greatest gifts parents can help children obtain.



# Question 1: What are three global principles to highlight to parents?

Principle #3: Making bedtime (both the caregivers and environment) as **BORING** as possible to children.



## Question 2: How can parents be discouraged from sharing their beds with their children?

When we sleep, we move a lot and disrupt others' sleep.



Hysing et al. (2014) found bedsharing predicted pediatric sleep problems, even after controlling for prior sleep problems.

**ABCs = SAFE SLEEP = HIGH QUALITY SLEEP**

# Question 3: How might parents be convinced to use ignoring (“cry it out”, “Ferberizing”)?

1. Educate parents about child’s likely distress
  - A. Minimal distress approach
  - B. No long-term harm
2. Gentler approaches
  - A. Offer two options: graduated extinction (featuring check-ins at increasing longer intervals) and unmodified extinction (no check-ins)
  - B. Bedtime pass reward system

# Bedtime Pass Reward System

- Create bedtime passes (coupons, sheets of paper)
- The child has a set number of passes at the beginning of night
- Take one away every time the child requires parental attention
- If the child has 1 pass left over by morning, the child gets a novel and small reward that day
- Reward progress, not perfection; gradually make earning the novel reward more challenging to earn

## Question 4: How can parents be instructed to implement “cry it out” in the most effective way?

- Steps parents should follow while ignoring the child:
  - No talking
  - No eye contact



- Check in periods should feature brief reassurance

## Question 4: How can parents implement “cry it out” in the most effective way?

- What happens if ignoring is partially tried?
- Ignoring may be the least favorite of all behavioral strategies
- “When is the most feasible time for your family to start an ignoring program?”

## Question 5: What children might be inappropriate for such an ignoring program?

- Significant daytime separation anxiety
- Oppositional behavior so severe that a parent thinks the strategies can not be used safely
- Trauma symptoms
- However, children with adjustment-related concerns may respond well to behavioral sleep strategies.



# Question 6: How can parents make sure that the home is boring as possible at night?

- Disable all TVs in the home



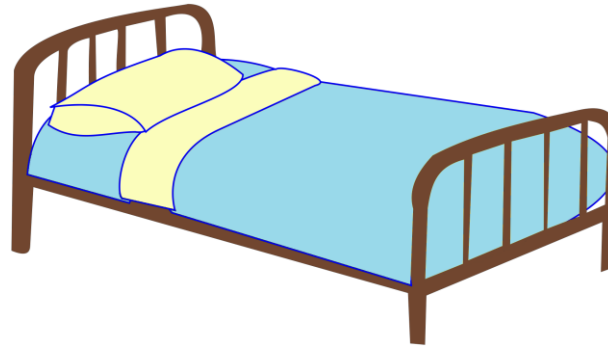
- Lock up toys and technology



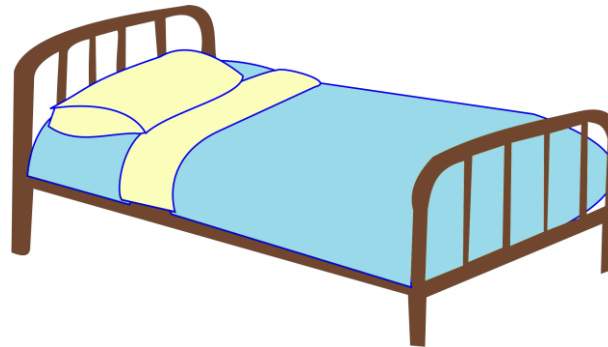
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*When your child needs a hospital, everything matters.™*

# Question 7: What are important strategies to help adolescents sleep better?

- Item that facilitates good sleep patterns:



- Item that disrupts good sleep patterns:



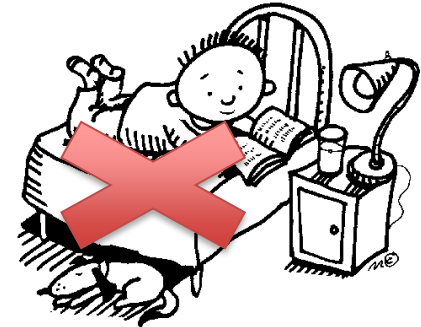
# Question 7: What are important strategies to help adolescents sleep better?

- 1. Sleep restriction: Limit amount of awake time in bed—get up out of bed after 20 minutes to engage in a boring activity
- A. Decatastrophizing not falling asleep
- B. Increase sleep efficiency, not total time spent in bed



# Question 7: What are important strategies to help adolescents sleep better?

- 2. Stimulus control – Use the bed for sleep and sleep only; the bed will become a stronger signal for sleep.



- *What does the youth do in bed during the day or at night besides sleep?*

# Question 7: What are important strategies to help adolescent sleep better?

- 3. Recommend a mobile alarm clock



# Question 8: What self-help materials might be recommended to families?

- Sleepeasy Solution DVD (2010; Sleepy Planet) for children ages 6 months to 36 months
- Stevens, Splaingard, Webster-Cheng, Rausch, and Splaingard reported at the June 2017 Sleep Meeting improvement on various sleep measures for DVD versus wait list control
- Single study – generalizability is unknown
- No involvement of the DVD developers in any aspect of the research
- No financial relationship between the researchers and the DVD developers

## Question 9: What about behavioral strategies for non-insomnia sleep concerns?

1. Night terrors—don't wake the child; clinicians should empathize with parents
2. Sleepwalking—safety precautions (doors, windows, bunk beds, floors)
3. Body rocking/head banging—limit parental attention; safety precautions
4. Primary nocturnal enuresis—rule out medical etiology; nighttime alarm system

# Take Home Messages

1. 'Bedtime is boring'
2. Drowsy but awake
3. The ability to self-soothe is one of the greatest skills a parent can help promote

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