



McGill

Faculty of
Education

Department of
Educational and Counselling Psychology

Effective Parenting



April/May 2018

Tuesday Evening Seminars

May 1st Location = Stewart Bio S1-3

1205 Dr Penfield Ave

Slides Available Thursday: bit.ly/mcgillparent



April 3 Helping your child manage stress in a complex world
Drs Nancy Heath & Amy Shapiro



April 10 Improving sleep: A guaranteed method for improving school achievement and behaviour for children (and their parents)
Dr. Steven Shaw



April 17 Helping your child navigate and learn online in a time of Facebook and fake news
Dr. Adam Dubé



April 24 Introduction to gender, sex and sexuality: What to know to help your kids
Dr. Jessica Ruglis



May 1 Understanding neurodevelopmental conditions: What parents need to know
Dr. Armando Bertone

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IMPROVING SLEEP: A GUARANTEED METHOD FOR IMPROVING SCHOOL ACHIEVEMENT AND BEHAVIOUR FOR CHILDREN (AND THEIR PARENTS)

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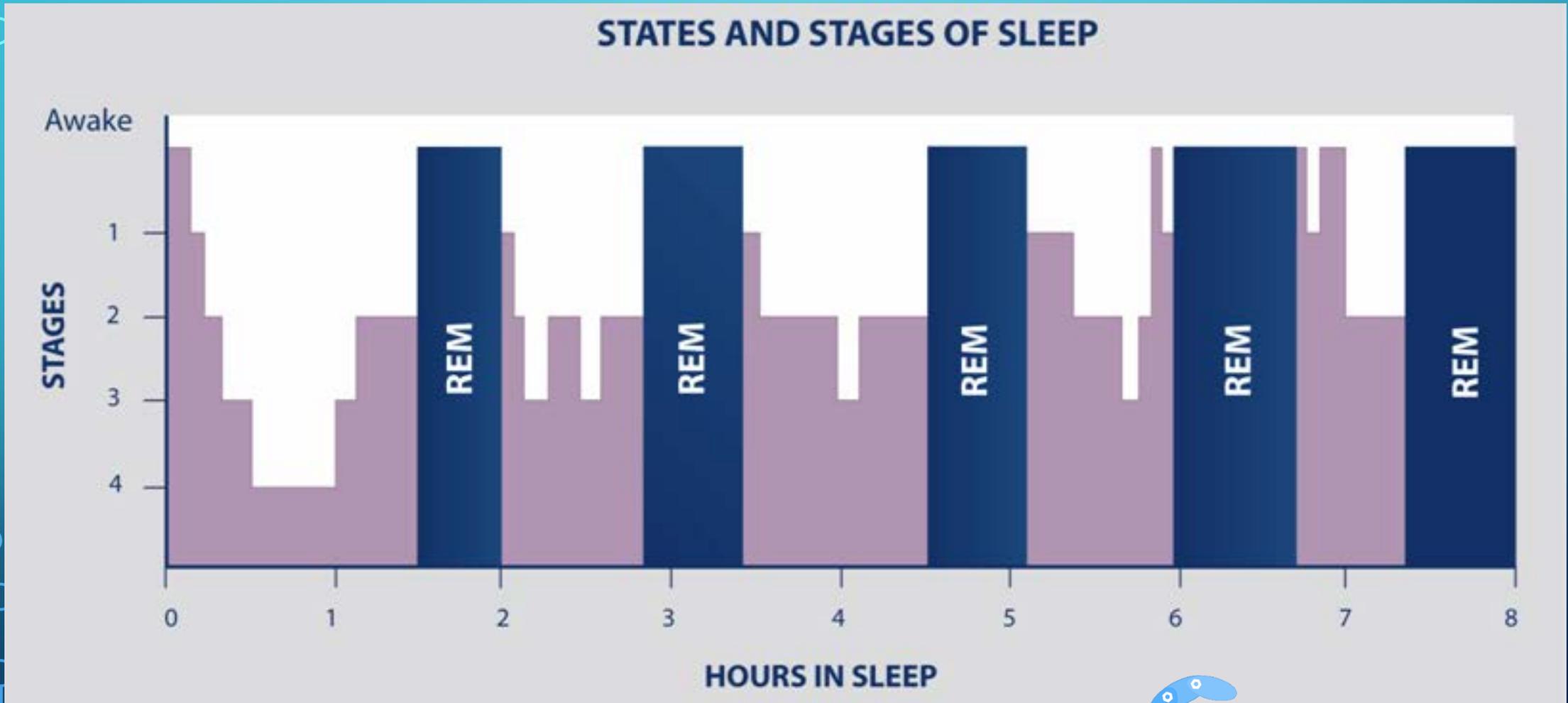
OVERVIEW

- Sleep is a clinical interest for me
- The ideas are basic, but critical
- Sleep disorders are a specialized area of practice that require folks who are content experts
- Sleep is a major problem for all

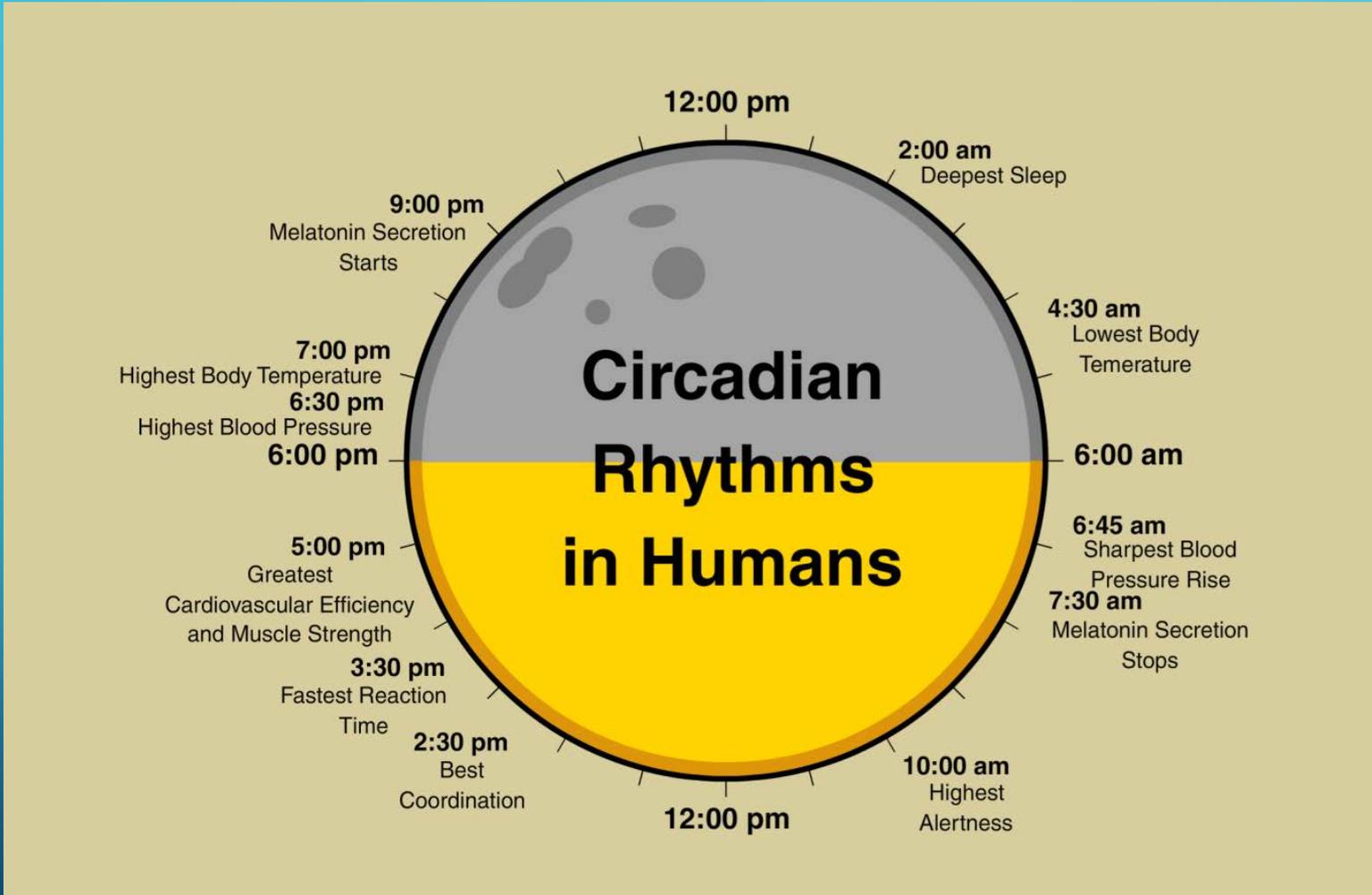
AVERAGE REQUIRED SLEEP TIME

New born	16–18 hours
Young child	12–14 hours
Child	10–12 hours
Teenager	8–10 hours
Young adult	7.5–8.5 hours
Adult	7–8 hours
Older adult	6–6.5 hours

SLEEP OCCURS IN STATES AND STAGES



CIRCADIAN RHYTHMS

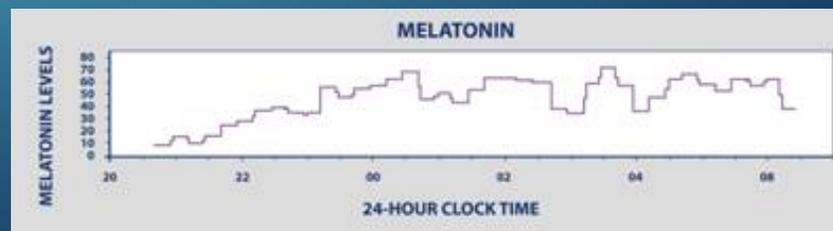
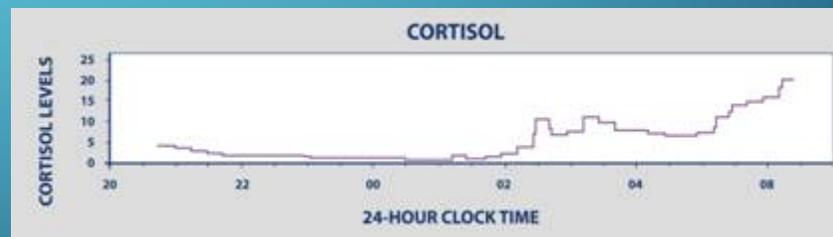
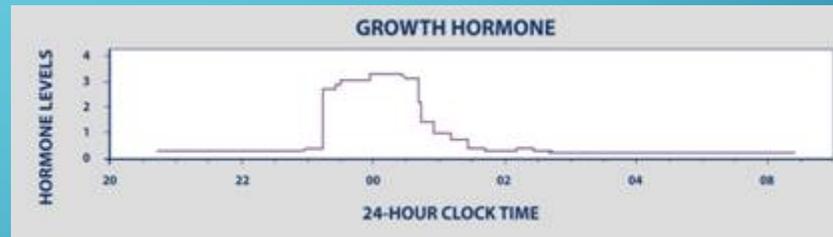


- **More information:**

- Secrets of Sleep Science: From Dreams to Disorders; Craig Heller. Stanford University Lectures

DURING SLEEP:

- Body temperature lowers
- Hormone levels rise and fall



WHY IS SLEEP IMPORTANT?

- **Food for the brain** – produces alertness, enhances memory and our ability to learn
- **A biological requirement** – helps us perform effectively and safely
- **Essential for development** – particularly during growth and maturation
- **A key to our health** – as important as good nutrition and regular exercise

Getting sleep helps prevent illness.

Good sleep is associated with good health.



SLEEP AS A UNIVERSAL INTERVENTION

- Sleep
- Diet
- Exercise
- Family relationships
- Social supports

CONSEQUENCES OF SLEEP DEPRIVATION

- **Cognitive, social and behavioral performance become impaired.**
- **Poor school performance and lower grades**
- **Tardiness and absence from school**
- **Difficulty remaining alert and paying attention**
- **Reduced ability to concentrate, problem-solve, remember, and have a positive attitude**

CONSEQUENCES OF SLEEP DEPRIVATION (CONT.)

- Irritability and impaired moods
- Problems controlling emotions and getting along with others
- Greater risk for hyperactivity, depression and possibly violence and substance abuse
- At risk for injuries and drowsy driving accidents

Overall, daytime sleepiness reduces enjoyment and quality of life.

SLEEP HYGIENE

- Sleeping environment conducive to sleep
- Consistent bedtime routine
- Avoid sleep associations
- Avoid going to bed too early
- Avoid late naps
- Have a wind down routine

POSITIVE SLEEP PRACTICES

- Set a regular bed and wake time
- Consistent bedtime routine
- Keep the hour before bedtime relaxing
- Spend time outside and exercise during the day
- Keep TV viewing and use of technology limited at night
- Avoid large meals close to bedtime, provide snack

POSITIVE SLEEP PRACTICES

- Provide a comfortable bed 'nest', warm to cool in temperature, quiet and dark (night light if needed)
- Go to sleep in the same place where you sleep all night
- Limit naps to 15–20 minutes
- Open curtains in the morning to signal it is time to wake up
- Positive modelling of sleep habits by parents (make sleep a priority)

AVERAGE SLEEP HOURS

Age	Nighttime sleep	Daytime sleep	Total Hours
1 month	8.5 hours	7.5 hours/many naps	16
3 months	6-10	5-9 / many naps	15
6 months	10-12	3-4.5 / 2-3 naps	14.5
9 months	11	3 / 2-3 naps	14
12 months	11	2.5 / 2 naps	13.5
18 months	11	2.5 / 1-2 naps	13.5
2 years	11	2 / 1 nap	13
3 years	10.5	1.5 / 1 nap	12
4 years	11.5	Optional nap	11.5
5 years	11	Optional nap	11

IMPROVE BED TIME ROUTINE

- What is a good bed time routine?
- Older children can be a part of developing their own routine
- Sleep Aids
 - Picture schedules
 - Timers
 - Cues

BEDTIME ROUTINES

- Should last 30-45 mins
- Ideally should be at same time each night
- Relaxing activities (bath, story, pyjamas, brush teeth)
- Repeating routine reinforces the activity
- Young children and infants to bed when sleepy not asleep—they need to learn to fall asleep

STRATEGIES TO REDUCE SLEEP DISTURBANCE

1. Establish a routine
2. Sensory cues/needs
3. Communication cues/level
4. Behavioural
 - Timetabling of sleep
 - Change the bedtime
 - Change bedtime when not asleep
 - Restrict sleep
 - Gradual distancing of parents
 - Schedule awakening
 - Desensitisation

WHAT DO WE NEED TO PREVENT SLEEP DISRUPTIONS:

- Consistency!!!
- Bedtime routine
- Sleep environment
- Good-for-sleep foods
- Level of activity during the day
- Light exposure during the day
- Boost melatonin production at night
- Watching sleep cues

Daytime activity to improve sleep

Level of exercise and activity

- Increasing exercise / physical activity (any type, nearly any time)
- Increasing non-physical activity appears to help too
- Addressing daytime activity makes it easier to adhere to sleep schedule recommendations

Pattern of activities and environmental exposures

- Improving regularity of routines, activities, mealtimes, social cues
- Increasing light exposure in the daytime and reducing artificial light exposure in the evening

AVOID OR LIMIT CAFFEINE

[Caffeine] is...the only psychoactive drug legally available to children.

Carroll, M. in Handbook of Substance Abuse, 1998

Maximum daily intake

- *children 4–6 years: 45mg/day*
- *children 7–9 years: 62mg/day*
- *children 10–12 years: 85 mg/day*
- *Adults: 400–450mg/day*

CAFFEINE

- Coffee (drip) (240ml) 210mg
- Coffee (instant) (240ml) 110mg
- Coffee (espresso) (shot) 95mg
- Tea (5 minute steep) (240ml) 95mg
- Tea (3 minutes steep) (240ml) 55mg
- Hot chocolate (240 ml) 15mg
- Regular or diet Coke (356ml) 45mg
- Most other soft drinks (356ml) 0mg
- Small chocolate bar 25mg



IMPROVE NUTRITION

- Sleep-inducing foods
- Problem foods
- Iron deficiency
- More information:

National Sleep Foundation:

[Sleepfoundation.org/bedroom/taste.php](https://sleepfoundation.org/bedroom/taste.php)

TRYPTOPHAN

- Turkey
- Tuna
- Almonds, cashews, walnuts, natural peanut butter
- Cottage cheese, hard cheese, yoghurt, cow's milk, soymilk
- Tofu, soybeans, eggs
- Bananas and avocados

MELATONIN

- Hormone that regulates sleep
- Melatonin production depends on light
- Melatonin manufacturing is not regulated by FDA:
 - Side effects don't have to be listed
 - Dosage may not be accurate
- Not enough studies to test safety of melatonin use on children
- More information:
 - National Sleep Foundation: sleepfoundation.org

LIGHT'S IMPACT ON SLEEP

- Research:

- Exposing eyes to lots of light during the day increases melatonin production at night
- Exposing eyes to light in the evening decreases melatonin production at night

- Blue Light is the biggest melatonin suppressant

- More information:

- Lowbluelights.com
- Richard Hansler, Ph.D. *Pregnant? New Baby? Need Sleep!*

SCREENS

- Phone, laptops, and TVs cost an average of one hour of sleep per night
- Quality of sleep may be affected as well

MODEL BEHAVIOUR

- What you do is far more important than what you say
- Value sleep and rest
- Value consistency and routine

**YOUR CHILD WILL
FOLLOW YOUR
EXAMPLE, NOT
YOUR ADVICE.**



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Connections Lab

AVOID

- **Creating a bedtime routine that requires parental presence or props which could become inappropriate sleep associations.**
- **Confuse the child by bringing them back to the living area once their bedtime routine is completed**
- **Send the child to bed as a punishment, the bedroom should be a calm and happy place**
- **Allow the child to nap after 3.30pm from 9 months old.**
- **Give the child caffeine containing food or drink in the evening.**
- **Encourage the child to do any stimulating activity or exercise in the hour before bedtime.**

ISSUES

- Children with disabilities (esp. ADHD, ASD, ID) are highly likely to have sleep disorders
- Work closely with pediatrician: sleep is critical
- Usually the same things work—but less likely to tolerate deviations

TROUBLESHOOTING

- Night terrors
- Nightmares
- Sleepwalking
- Sleep overs
- Enuresis
- Refusal

CONTACT INFORMATION

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- Lab Twitter Account: [@Shawpsych](https://twitter.com/Shawpsych)
- Blog “How not to suck in grad school”:
researchtopracticeconnections.wordpress.com



ADOLESCENTS

USA (Carskadon 2007)

- 40% had 4+ electronic devices: slept 30 minutes less

Australian (Dollman et al 2007)

- 10–15 yr olds: sleep less with age
- Obese/overweight: sleep 20–30 minutes less
- Compared with 1985–2004: sleep average 30 minutes less

SA (Reynolds 2010)

- 14–16 yr old girls: sleeping less than 9 hours and linked with mobiles, email, computer and TV/DVD

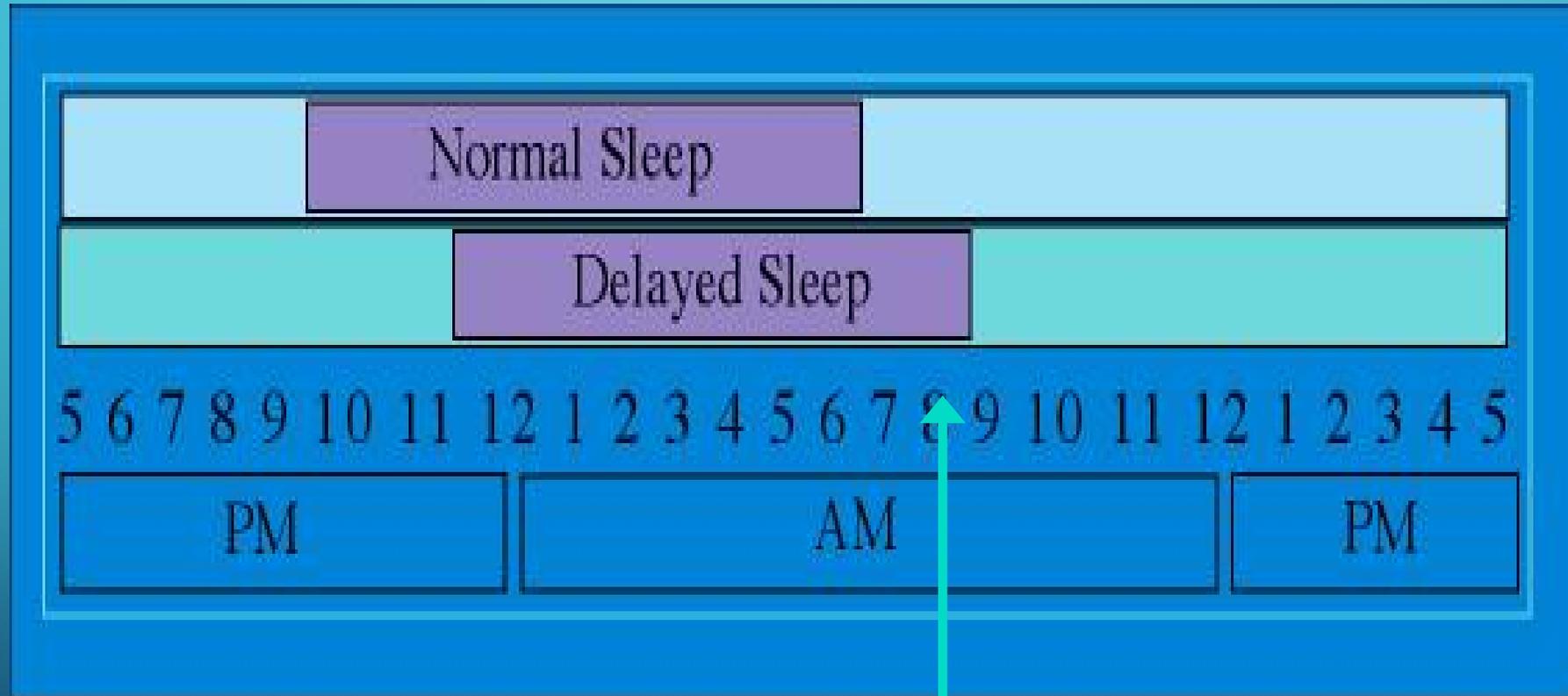
SA (Short 2010)

- Years 9,10,11 wanted more than 9 hours but fewer than 20% achieved this
- 1/3 overslept by 2 hours or more on weekends

TEENS EXPERIENCE A SHIFT TO A LATER SLEEP-WAKE CYCLE

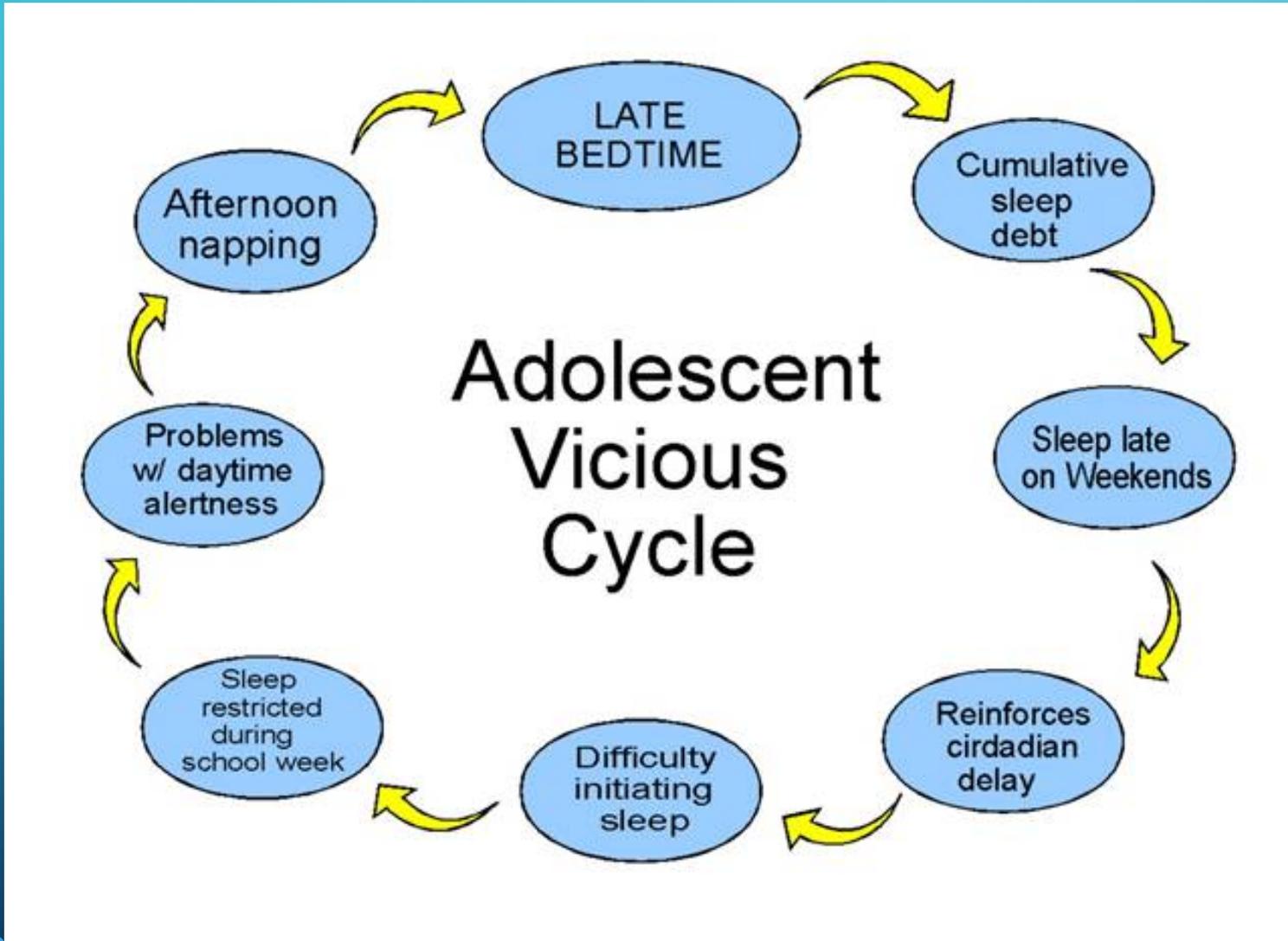
- **The biological clocks of children shift during adolescence, which drives them to a later bed time schedule (around 11:00 pm) and a natural tendency to wake later in the morning.**
- **This delayed phase syndrome can place them in conflict with their schedules – particularly early school start times.**

DELAYED SLEEP PHASE SLEEP SCHEDULE



In order to get to school on time, many teens must wake before 6:30 am and shorten their sleep time.

TRYING TO GET ENOUGH SLEEP



EFFECTS OF SLEEP DISRUPTIONS

- Behavioral:
 - Hitting
 - Moving all the time or not at all
- Cognitive:
 - Difficulty learning new concepts
 - Short attention span
 - Impaired abstract thinking
 - Lack of desire to play, especially with new and challenging toys
- Delays in all areas of development

EFFECTS OF SLEEP DISRUPTIONS

- **Physical:**

- Lack of energy, fatigue
- Compromised immune system
- Weight gain
- Slow and impaired reaction

- **Emotional:**

- Bad mood
- Impaired social interactions

PREVALENCE OF SLEEP DISTURBANCE

Sleep disturbance is more common in children than previously known:

- 25–30 per cent of toddlers
- 15–30 per cent of preschoolers
- 37 per cent of younger school-age children
- 40 per cent of adolescents

THREE BASIC TYPES OF SLEEP DISTURBANCE

Quantity—not enough or too many hours of sleep (duration)

Quality—sleep is disrupted or fragmented

Timing—sleep-wake rhythm is not well established

STATISTICS

- 1 in 4 adults struggle with sleep in some way
- 20-30% of young children experience some kind of sleep disorder at some point in their childhood
- Up to 80% in children with special needs and chronic illnesses
- 80% of children with Autism (20% being severe sleep issues)
- About 50% of all children with sleep issues having this being an “every night” occurrence
- More information:
 - American Academy of Sleep Medicine: aasmnet.org

SLEEP IN CHILDREN WITH COMMON PSYCHIATRIC CONDITIONS

- ADHD
- Pervasive Developmental Delays
- Mood Disorders
- Anxiety Disorders

SYMPTOMS OF SLEEP DEPRIVATION IN CHILDREN

- Moodiness and irritability, aggression
- Temper tantrums
- Grogginess when they wake up in the morning
- Child falling asleep in the car
- Having to wake child up almost every morning
- Child has trouble thinking during the day
- On some nights, child “crashes” much earlier than their usual bedtime

DISTURBED SLEEP

- 25-30% of children from early years to adolescence in general are considered to have a sleep disturbance which is significant (Stores 2009)
- There are 80 different types of sleep disorder identified by the American Academy of Sleep Disorders (ICSD 2005)
- For practical purposes we are going to focus on disorders of initiating and maintaining sleep (DIMS).

DID YOU KNOW?

- **85% of teens get less than the minimum requirement of 8 ½ hours of sleep**
- **Less Sleep ≠ More Time**
- **Shortened sleep impairs learning, performance, health and safety**
- **55% of fall-asleep crashes involve drivers 25 years of age or younger**
- **Almost ¼ of young adults report driving faster when drowsy**



Treatment of Insomnia

Cognitive Behavioural Therapy for Insomnia (CBT-i)

Stimulus control

- Only sleep (and sex) in bed
- 15 min rule
- Regular sleep schedule
- No naps
- Only go to bed when sleepy

Excellent evidence in insomnia without co-morbidity

Very good evidence in insomnia co-morbid with physical and mental health conditions

Sleep restriction therapy

Relaxation

Cognitive strategies

- Challenging unhelpful beliefs
- Thought stopping
- Rehearsal and planning

- 1. Stick to the same bedtime and wake time every day, even on weekends. Children sleep better when they have the same bedtime and wake time every day. Staying up late during the weekend and then trying to catch up on sleep by sleeping in can throw off a child's sleep schedule for several days.
- 2. Beds are for sleeping. Try to use your bed only for sleeping. Lying on a bed and doing other activities (e.g., watching TV, using a tablet or computer) makes it hard for your brain to associate your bed with sleep.
- 3. A comfy, cozy room. A child's bedroom environment should be cool, quiet, and comfortable.
- 4. Alarm clocks are for waking up. Children who tend to stare at the clock, waiting and hoping to fall asleep should have the clock turned away from them.
- 5. Bedtime routine. A predictable series of events should lead up to bedtime. This can include brushing teeth, putting on pajamas, and reading a story from a book.
- 6. Quiet, calm, and relaxing activities. Before bedtime is a great time to relax by listening to soft, calming music or reading a story. Avoid activities that are excessively stimulating right before bedtime. This includes screen time like watching television, using a tablet or computer, and playing video games, as well as physical exercise. Avoid these activities during a nighttime awakening as well. It is best to keep video games, televisions, or phones out of the bedroom and to limit their use at least 1 hour before bedtime.
- 7. How to relax. If a child needs help relaxing, they can use techniques such as taking deep and slow breaths or thinking of positive images like being on a beach.
- 8. Start the day off right with exercise. Exercising earlier in the day can help children feel more energetic and awake during the day, have an easier time focusing, and even help with falling asleep and staying asleep later on that evening.

- 9. Avoid caffeine. Avoid consuming anything with caffeine (soda, chocolate, tea, coffee) in the late afternoon and throughout the evening. It can still cause nighttime awakenings and shallow sleep even if it doesn't prevent one from falling asleep.
- 10. If you can't sleep, get out of bed. If a child is tossing and turning in bed, have them get out of bed and do something that isn't too stimulating, such as read a boring book (e.g., textbook). They can return to bed once they are sleepy again. If they are still awake after 20-30 minutes, they can repeat the process and get out of bed for another 20 minutes before returning. Doing this prevents the bed from being associated with sleeplessness.
- 11. Put kids to sleep drowsy, but awake. The ideal time for a child to go to bed is when they are drowsy, but still awake. Allowing them to fall asleep in places other than their bed teaches them to associate sleep with other places than their bed.
- 12. Cuddle up with a stuffed animal or soft blanket. Giving a child a security object can be a good transition to help them feel safe when their parent(s) isn't/aren't there. Try to incorporate a doll, toy, or a blanket to comfort them when it's time for bed.
- 13. Bedtime checkups should be short and sweet. When checking up on a child, the main purpose is to let them know you are there and that they are all right. The briefer and less stimulating, the better.
- 14. Maintain a sleep diary in order to track naps, bedtimes, wake times, and behaviors to find patterns and work on particular problems when things are not going well.

DREAMS

- REM dreams
- Non-REM dreams
- Motor paralysis
- Rapid-eye movements
- Dream content
 - Predominantly sad/angry/apprehensive
 - Primarily visual

PEDIATRIC INSOMNIA

- No clear definition has existed until this year: “Repeated difficulty with sleep initiation, duration, consolidation, or quality that occurs despite age-appropriate time and opportunity for sleep and results in daytime functional impairment for the child and/or family.”
 - International Classification of Sleep Disorders-2

PEDIATRIC INSOMNIA (2)

- Prevalence estimated at 1 – 6 % in general pediatric population but considerably higher amongst those children with neurodevelopmental delay and chronic med/psych conditions
- A recent study of 46 children (5-16 y/o) found that 50% of the those presenting to a pediatric sleep center for insomnia had a preexisting psych diagnosis and the remaining 50% had elevated psych impairment scores on psychometric measures & diagnostic interview (Ivanenko et al, 2004)

BEHAVIORAL INSOMNIA

- A recently introduced diagnostic category to emphasize the sleep difficulties resulting from inadequate limit setting or sleep associations:
 - Rocking
 - Watching TV
 - Falling asleep every night in the parent's bed
- The child is unable to fall asleep in the absence of these conditions at both bedtime and following nocturnal awakenings

ENURESIS: EPIDEMIOLOGY & DIAGNOSIS

- Occurs in approximately 30% of 4 y/o, 10% of 6 y/o, 5% of 10 y/o, 3% of 12 y/o, and 1% of those 15 y/o and over
- Although not satisfying DSM-IV criteria for diagnosis, 10 – 20% of 5 y/o continue to have a least one episode of nocturnal enuresis/month
- DSM-IV requires:
 - Frequency at least 2x/week for at least 3 months
 - age at least 5 years

ENURESIS: ETIOLOGY

- Primary enuresis (never consistently dry)
 - Multifactorial etiology w/difficulties in: bladder musculature stability, CNS arousability, pontine reflex function, internal sphincter tone, functional bladder capacity, nocturnal urine production, & maturational delay in ADH secretion
- Secondary enuresis (previously dry for 6 mo)
 - UTI, diabetes mellitus, psychological factors

ASSOCIATED FEATURES

- Nocturnal enuresis is associated with poor self-image, diminished achievement in school, and an increase in the time spent by families compensating, both financially and personally, for the symptoms.
- Risk factors (twice as common in boys > girls, family history, lower SES, black race)

SLEEP TERRORS

- Infrequent occurrence
 - Prevalence 3–6.5% in children, 1–2.6% in adults
- Autonomic activation
- 30 seconds – 3 minutes
- Complete amnesia
- Gender preference
 - Males typically in childhood
 - Females possibly more common in adulthood

SLEEPWALKING

- Common occurrence
 - Prevalence 6-17% in children; lifetime incidence 40%
 - Prevalence 2.5% in adults
- Generally docile
- Often coupled with enuresis
- No consistent gender differences
- Complete amnesia
- May engage in complex behaviors

CONFUSIONAL AROUSAL

- Epidemiology unclear
 - 4% incidence in Stockholm study
 - No gender differences noted
- Hallmarks include irrational acts, poor judgment, incoherence, and disorientation
- Autonomic arousal
- Complete amnesia
- Premeditated acts believed impossible

Please complete the questionnaire about your child's sleep pattern over the last 3 months						
	PLEASE PUT AN "x" IN THE APPROPRIATE BOX					
1	How long after going to bed does your child usually fall asleep?	15 mins	15-30 mins	30-45 mins	45-60 mins	More than 60 mins
		Never	Occasionally Once or twice a month	Sometimes Once or twice per week	Often 3 or 5 times per week	Always Daily
2	The child goes to bed reluctantly					
3	The child has difficulty getting to sleep at night (and may require a parent to be present)					
4	The child does not fall asleep in his or her own bed					
5	The child wakes up two or more times in the night					
6	After waking up in the night the child has difficulty falling asleep again by him/her self					
7	The child sleeps in the parent's bed at some time during the night					
8	If the child wakes, he or she uses a comforter (e.g dummy) and requires a parent to replace it					
9	The child wants a drink during the night (including breast or bottle-feed)					
10	Do you think your child has sleep difficulties					



More about interventions

Mindfulness

Evidence for mindfulness to improve sleep is increasingly promising, more research is needed

Relaxation techniques are often a component of CBT-I

Passive body warming

Hot shower / bath / drink / heat pack / sit somewhere hot

Cooling occurs in bed, enhances body temperature rhythm amplitude

Can improve sleep maintenance and depth

Part of a relaxing bedtime routine

ON-LINE RESOURCES

- American Academy of Pediatrics
 - *Aap.org*
- National Sleep Foundation
 - *Sleepfoundation.org*
- American Sleep Association
 - *Sleepassociation.org*
- Gwen Dewar, Parenting Science
 - *Parentingscience.com*