

EXPERT Q&A WEBINAR:

Sound Sleep Strategies



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A Good Night's Sleep

Sarah Springer, MD







Overview

Normal sleep for newborns & how that changes as kids grow older

Causes of sleep difficulties

Strategies to support kids through their struggles & get to healthy sleep for all

Review some specific sleep disorders

Good sleep hygiene for the long haul

Newborns

Normal newborns sleep: stretches of about 1-3 hours

No notion of day or night

Awaken to eat, then quickly back to sleep

Requires parents to be in “survival mode”

- Sleep when the baby sleeps – easy enough with the first child, much harder when there are older siblings!
- Don't try to accomplish much else
- Accept help!

Safe Infant Sleep

In a space by themselves

- Crib, bassinette, side-car co-sleeper

Firm flat surface

Nothing soft or squishy

Lying on the back

Co-sleeping with parents is NOT safe



Fussy Babies

Some just more fussy than others

- Drug-exposed newborns are often VERY hard to settle

Swaddling

White noise, soft music, etc.

Pacifier

Wearing the baby

Dim lights

Avoid sudden loud noises

Moving on From “Survival Mode”

Between 4-6 mos, babies can start to self-soothe & sleep for longer stretches

Begin feeding baby until drowsy, but not fully asleep

- Place in crib drowsy but awake, so baby learns to do that last bit of drifting off on her own
- May be inconsistent at first
- May need a hand on her belly, rubbing her head, a soft lullaby at first

6 Months

By 6 months, most babies can sleep 10-12 hours without needing to eat

Babies who've practiced can be placed into the crib drowsy but awake & fall asleep on their own



The whole household can be functional again!

What If We Missed That Boat?

After 6 months, behavior becomes bigger & bigger factor

Securely attached children can be pushed

- Ferber's & similar methods of allowing child to "cry it out" do work, & are not harmful to securely attached children
- You can talk with & explain to even very young children, who come to understand over time
- Will need "booster dose" of sleep training after illness, travel, major disruptions in routine

**But What About Children
New to Their Families,
Who Haven't Always Experienced
"Warm & Cozy" Bedtimes?**

History Matters



The Reality

Cold

Hungry

Abuse

Violence

Fear

Alone



Maria's Story

Found wandering the streets of a major city

- Estimated ~ 3 years old

Describes being very cold at night – happy when she found a dumpster to sleep in

- Tells Mom about “the man who would come to the dumpster at night & put his pee-pee on me – but it was OK because he kept me warm”

Later disclosed to Mom episodes of gang rape in orphanage, by older boys there

The New Reality

The whole world is new & scary

- Removed from all that is known & familiar, even if it was hard
- Everything sounds, feels, smells, tastes different

May never have slept in a room alone

May never have slept in a dark room

No notion that bedtime is “warm & cozy”

First Goals

“You are safe”

“I/We will be here when you need me/us”

A child newly placed with a family already knows about crying it out alone – this is NOT the time for that!

Be as physically & emotionally present as your child needs you to be

Longer Term Goals

Know where you want to be eventually!

- If you don't want her in your room forever, don't start there!

Begin to establish warm & cozy bedtime routines

- Use child's bedroom if that's where you want her to sleep long-term

Not rigid, but predictable, gradually winding down

- Healthy snack, bath, brush teeth, lotion, massage....
- Snuggles, stories, prayers, good night kisses....

Constant reassurance that I/We will always be here

Transition Plan

Parent(s) can move into child's room & gradually wean out

2 parents can take turns, as child becomes more secure

Continually reassure child: you'll be there when she needs you

Gradually wean yourself out as child becomes more secure

- Can move mattress on floor farther & farther away, out the door, into the hall.... eventually back to your own room & bed

Weaning Yourself Out of Bedtime

Most young children will allow parents to wean out over 1-3 months

- Older children or those who have experienced severe trauma may need a longer, slower wean

Will need to explain to family & friends

- This child's needs are different than those of children who have always been with their families

Older Children & Teens

When children join a new family as an older child or teen, it's always because life has been very hard

It may take a very long time for them to begin to trust you & tell you of past experiences, fears, etc

Acutely, they may simply need your presence & reassurance

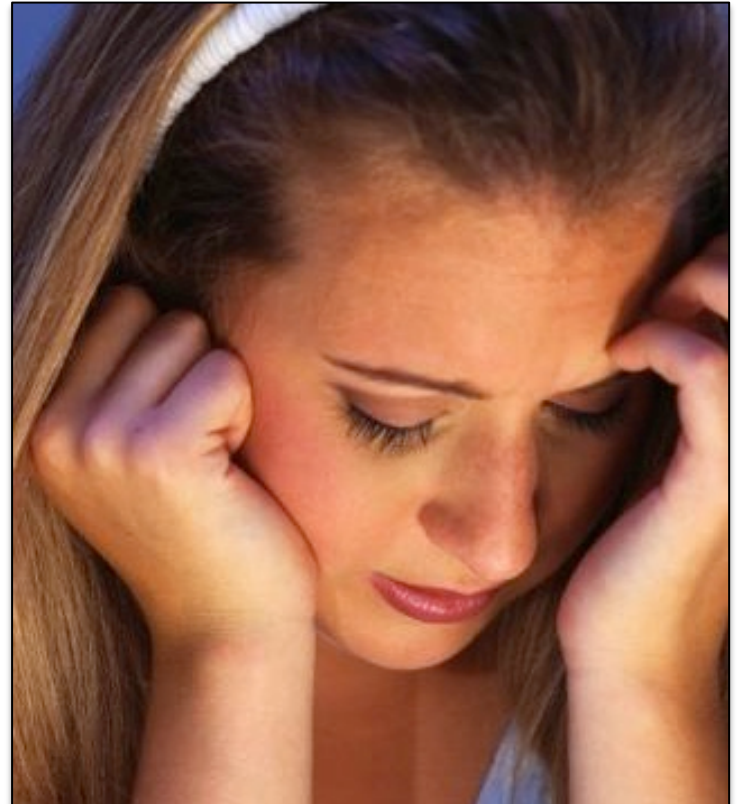
Melissa's Story

Arrived to foster home with a bag of pills

Could not sleep at night, very frightened by noises

Foster parent sat with her all night, explaining each floor creak & radiator bang

Was eventually able to wean off most meds, sleep well, & thrive



Specific Sleep Problems

Rocking

A self-stimulatory behavior common among children who've experienced neglect in a home or institution

- Learned as a coping strategy
- Provides physical movement to deal with stress or boredom

Many children continue to rock themselves to sleep for months or years after placement

- Not really a problem as long as adjustment overall is going well

Rocking

Daytime rocking may continue at times of fatigue, stress, or boredom, even when child adjusts well

- Parents can address those causes, rather than the behavior itself – teaching the child to use different strategies to cope with those feelings

See your child's physician if he/she continues to prefer rocking over receiving comfort from you, even after being in your care for several months

Snoring

Noise made by the vibration of tonsils & adenoids, when the muscles in the airway relax during sleep

Can happen for anybody when tonsils & adenoids are enlarged, as with a cold virus

If persists, can impact sleep quality, which in turn impacts behavior, learning

- See your child's physician if snoring persists, or you are hearing long pauses between breaths

Bed Wetting (Enuresis)

Very common in the general population

- Strong genetic component, & more likely in very sound sleepers

A common regression in children experiencing severe stress

- Not intentional or deliberate
- Improves gradually as the child feels less stressed

Bed Wetting (Enuresis)

Punishing or teasing simply make things worse

- Do not allow other kids to tease the child

Help child to feel mastery over the situation

- Can be in charge of changing sheets or pull-up

Limiting evening fluids, & late-night bathroom trips can help

Addressing underlying stressors is the best long-term strategy

Nightmares

Dream that may reflect real or imagined adversity

- Child usually remembers them
- Generally start at 3-4 years, as child develops capacity for imagination
- Pre-verbal memories may cause dreams child cannot explain

Talking about dreams can help adults to understand a child's fears & past traumas

- Parents & therapists can help a child to feel mastery over the scary thoughts or memories

Other Sleep Disturbances

Sleep walking – common in general population, but more common with stress

- Need to watch safety – may need gates or locks even for older children

Night terrors – different from nightmares – child “half-awake” & thrashing

- Often happens at the same time each night
- Most common in toddlers-preschoolers
- No recollection the next day
- No suggestion of underlying stress or anxiety

Good Sleep Hygiene

No caffeine

Regular physical exercise

No homework, electronics, television, etc ~ 45-60 min. before bed

- Parents should collect electronics at night

Melatonin can help

- Use about 60 minutes before desired lights-out time
- See your child's physician for dosing

Good Sleep Hygiene

Predictable, but not rigid, gradual wind-down routine

- Physical activity to “burn off” the last energy
- Healthy snack, brush teeth, bath, etc
- Stories, snuggles, prayers, etc
- Reassurance that you will be nearby, & still there in the morning

Staying in Bed

Build in the expectation that once we've done our routine, you will stay in your bed

- Initially reinforced by that time you spent camped out in their room

A “get-out-of bed-free” card can help

- Child can use for “one more....” trip to the bathroom, hug, short story, drink of water, etc – but once your card has been used for the night, then no more for that night



Questions?

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