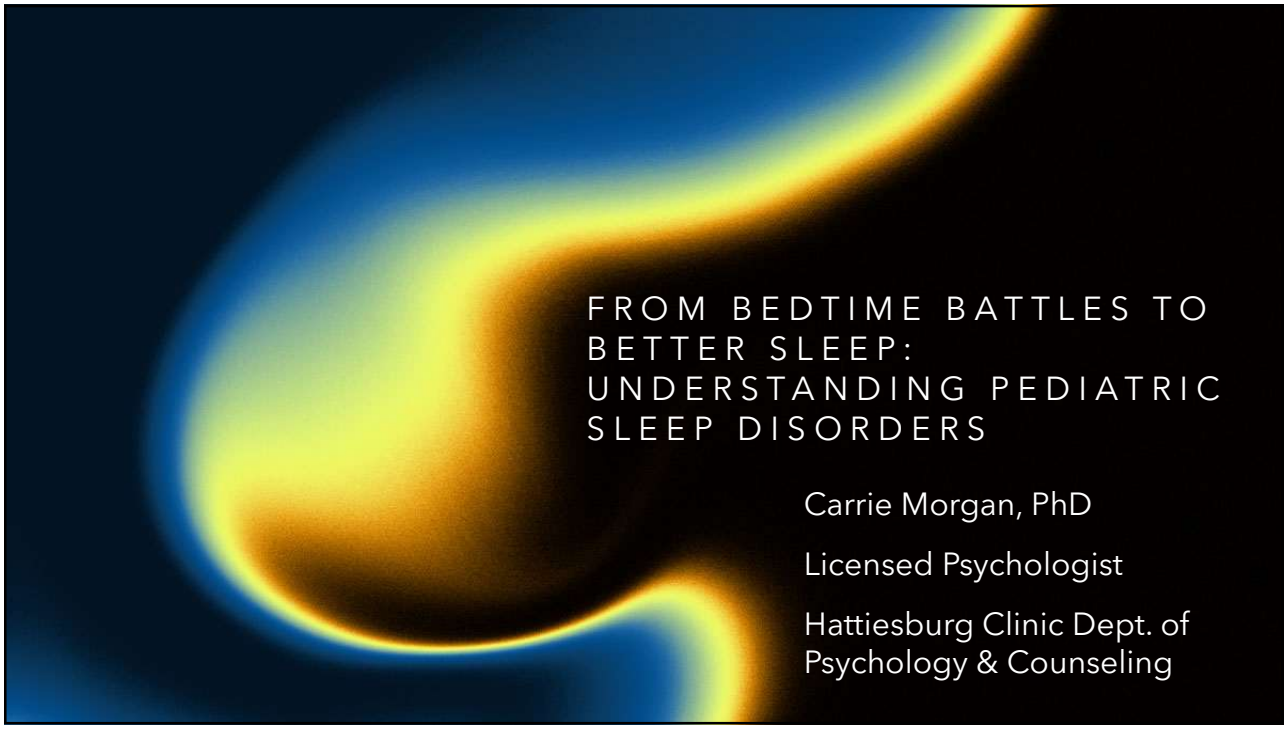
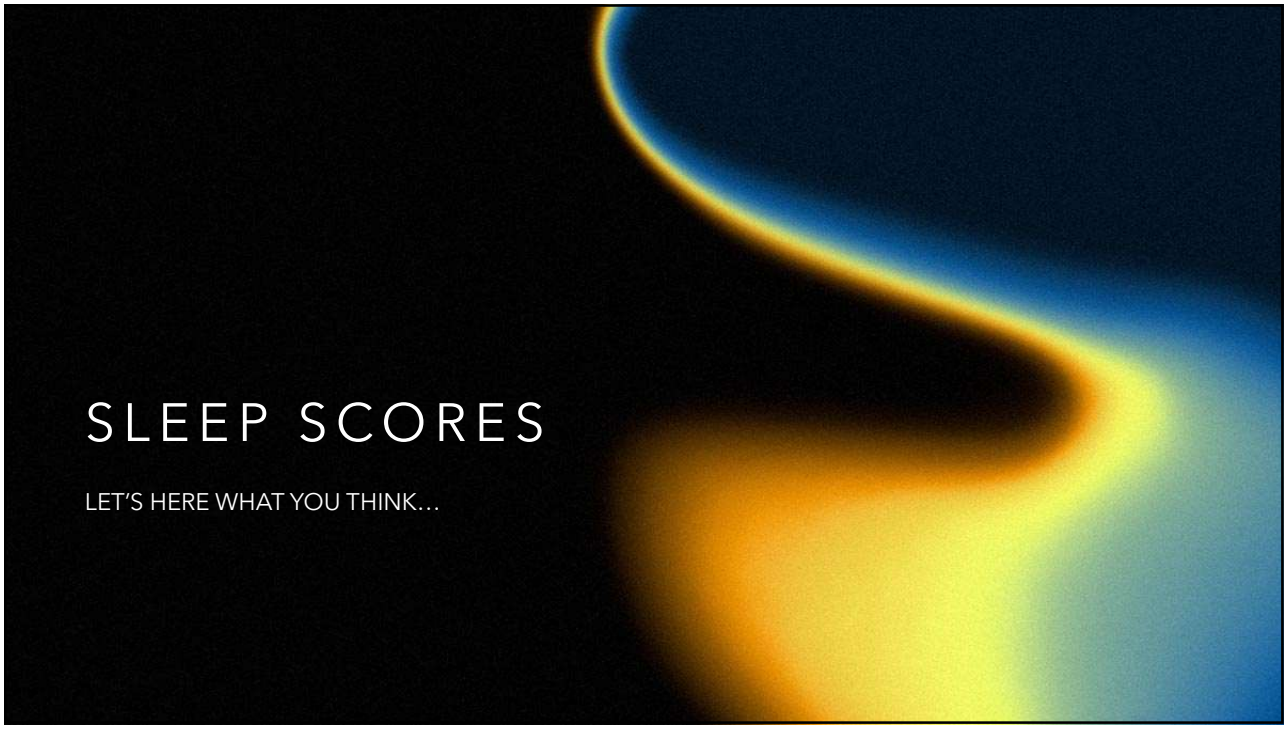

FROM BEDTIME BATTLES TO BETTER SLEEP: UNDERSTANDING PEDIATRIC SLEEP DISORDERS
Carrie Morgan, PhD
Licensed Psychologist
Hattiesburg Clinic Dept. of Psychology & Counseling

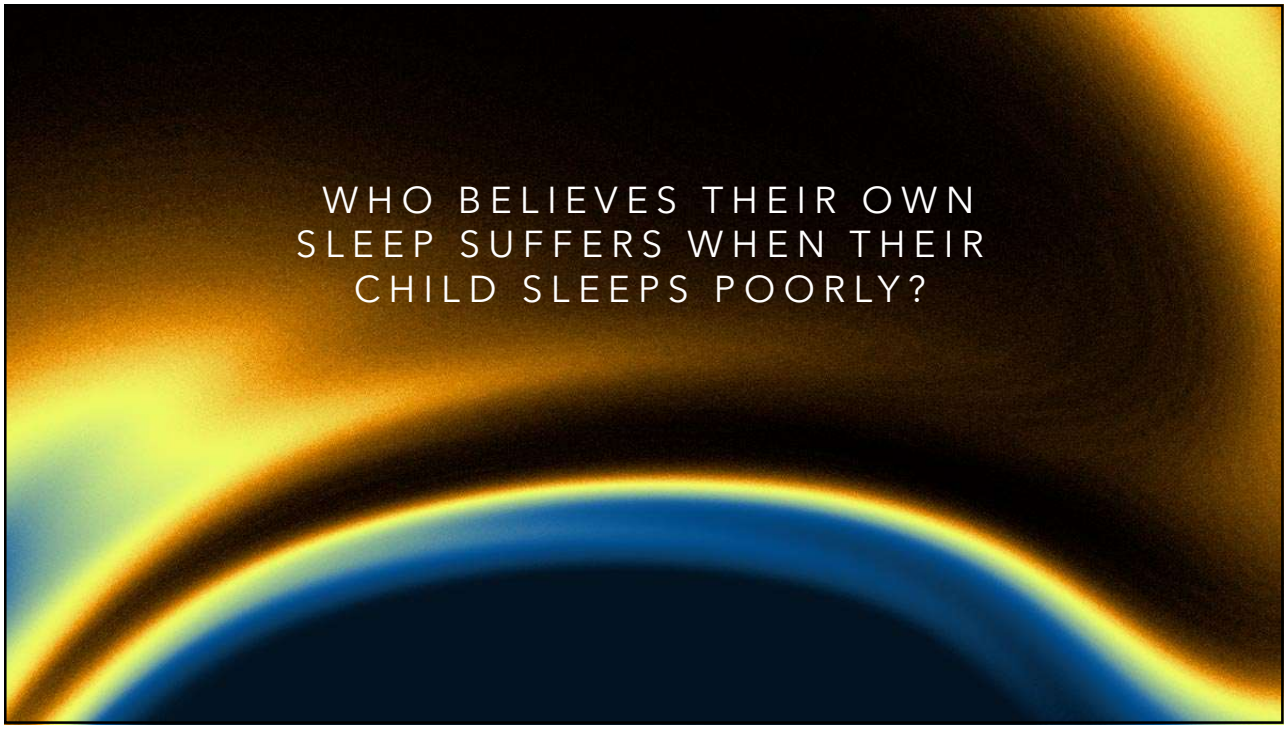
1


SLEEP SCORES
LET'S HERE WHAT YOU THINK…

2


WHO AGREES THAT GOOD SLEEP
IS ESSENTIAL TO OVERALL
FAMILY FUNCTIONING?

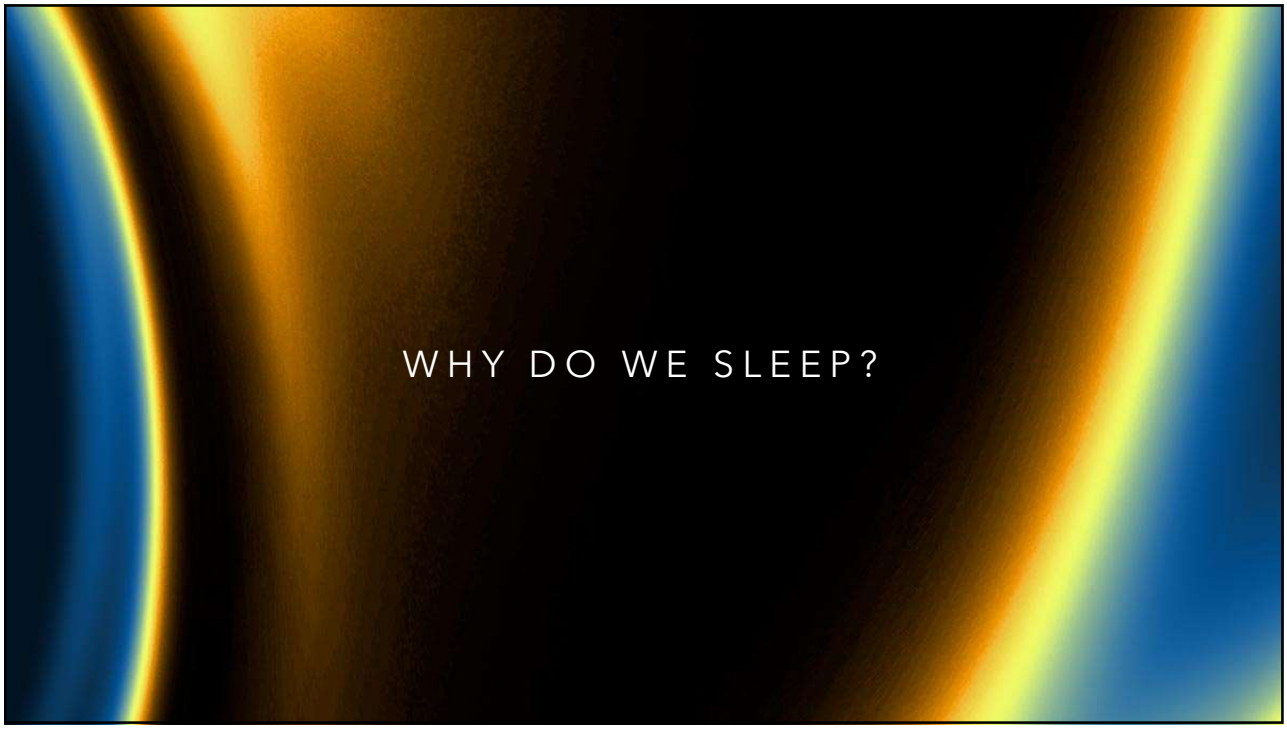
3


WHO BELIEVES THEIR OWN
SLEEP SUFFERS WHEN THEIR
CHILD SLEEPS POORLY?

4


DOES POOR SLEEP NEGATIVELY
AFFECTS YOUR CHILD'S MOOD
AND DAYTIME FUNCTIONING?

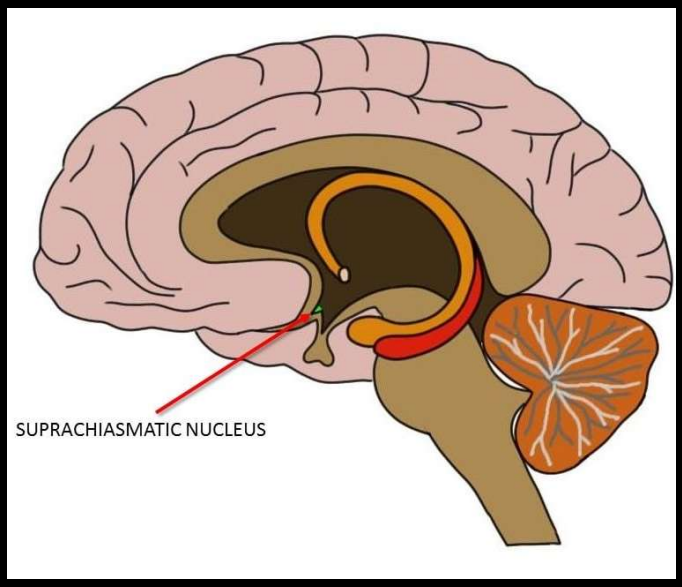
5


WHY DO WE SLEEP?

6

CIRCADIAN RHYTHM

- 24 hour day-night cycle based on daylight and darkness
- Our brain has a master clock located the anterior hypothalamus
- Darkness elicits production of melatonin



7

SLEEP DRIVE

- Motivation for sleep
- Increases in proportion to how long a person has been awake

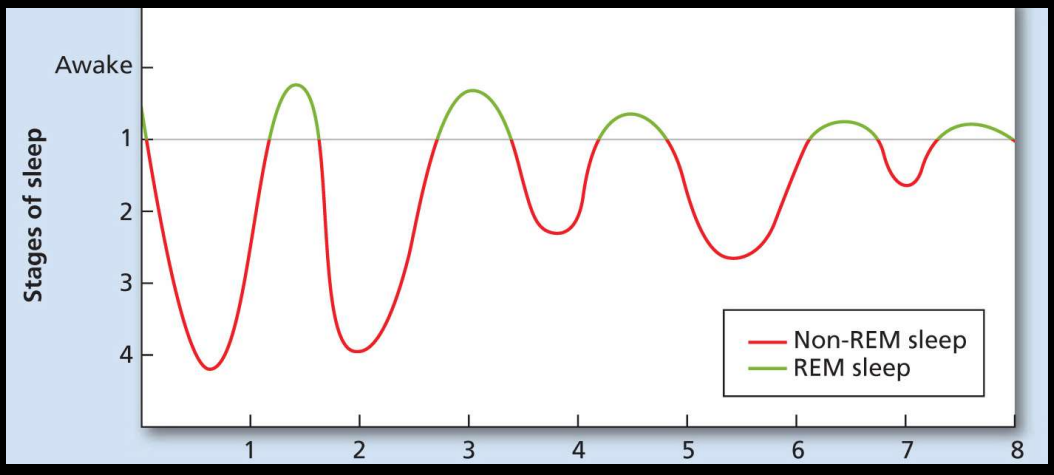


8

THE STAGES OF SLEEP

9

THE SLEEP CYCLE



10

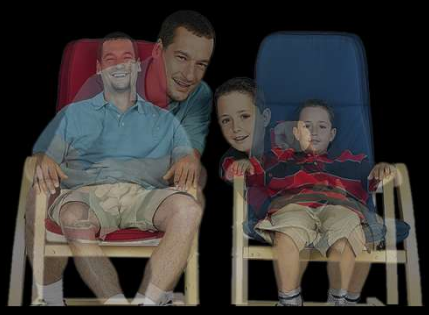
REM VS. NON-REM SLEEP

Rapid eye movement (REM) Sleep	NREM (non-REM) Sleep
• Eyes move rapidly under the eyelids • Person is typically experiencing a dream	• Any of the stages of sleep that do not include REM

11

PRE-SLEEP

- When person is wide awake and mentally active, then becomes relaxed or begins lightly sleeping



12



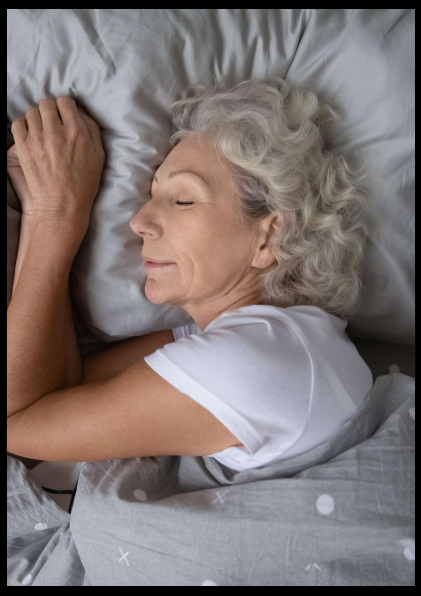
STAGE ONE (N1)

- Lightest stage of sleep
- Occurs at beginning of sleep
- *Hypnic jerk* - sudden, involuntary muscle contractions that happen as you drift off to sleep
- *Hypnagogic images* - vivid, dreamlike visuals and sensory experiences that happen during the transition from wakefulness to sleep

13

STAGE TWO (N2)

- The body starts to relax more deeply
- Body temperature drops, muscles relax, and heart and breathing rate slow



14

STAGE THREE (N3) OR DEEP SLEEP

- The deepest and more restorative sleep, allowing the body to recover and grow
- Critical to restorative sleep, allowing for bodily recovery and growth.
- May also bolster the immune system and other key bodily processes
- We spend the most time in deep sleep during the first half of the night. During the early sleep cycles, N3 stages commonly last for 20 to 40 minutes



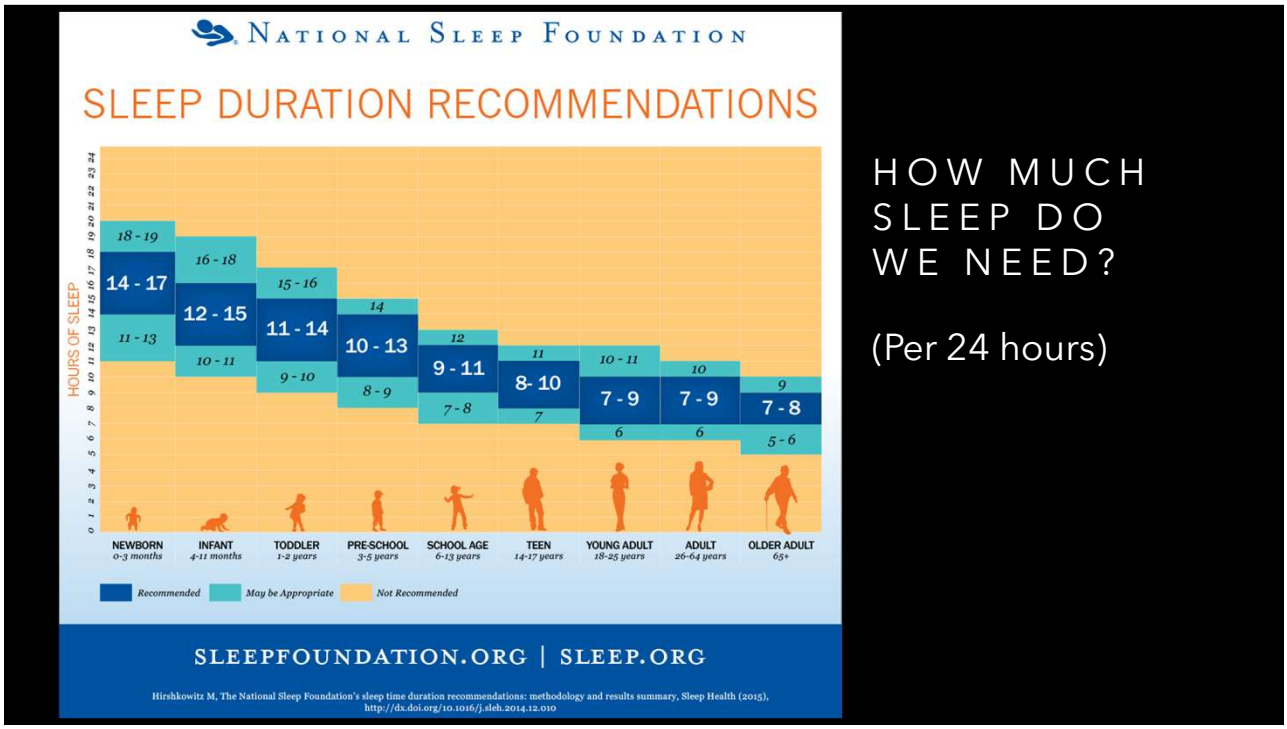
15



STAGE FOUR REM SLEEP/DREAM STAGE

- Brain activity increases, nearing levels seen when you're awake
- Atonia, which is a temporary paralysis of the muscles
- Eyes move rapidly, although closed
- Duration of REM sleep increases during second half of total sleep cycle

16



HOW MUCH SLEEP DO WE NEED?

(Per 24 hours)

17



18

PHYSICAL EFFECTS OF SLEEP DEPRIVATION

- Lowered ability to build muscle
- Less effective immune system
- Obesity
- Increased chance of depression
- Dark circles under the eyes

19

THE NEXT NIGHT...

- After a short night of sleep, our brain spends more time in the REM stage
- This leaves less time for deep sleep
- The impact of sleep loss is delayed

20

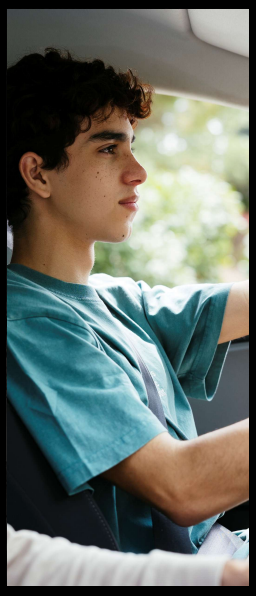
SLEEP STATS



21

SLEEP STATS

- Between health care expenses and lost productivity, insufficient sleep in the U.S. costs about $66 billion each year
- A shortage of sleep is to blame for some 100,000 traffic accidents, 76,000 injuries, and 1,500 deaths a year
  - Sleep deprivation slows reaction time
  - *Microsleeps* become more frequent



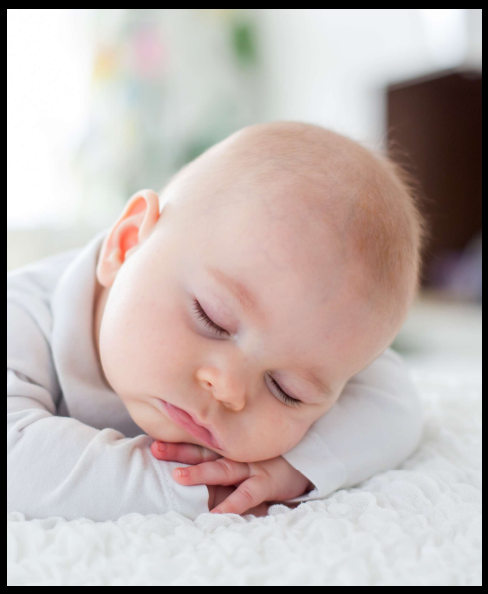
22



SLEEP STATS

- Nearly 30% of adults get less than six hours of sleep
- 20% to 30% of children and adolescents are missing sleep
- Up to 84% of babies with sleep problems still experience problems 3 years later

23



PEDIATRIC SLEEP DISTURBANCE

- Few children "outgrow" sleep problems
  - One study found 84% of babies with sleep problems still experiencing problems 3 years later
- Related to daytime behavior problems
  - Chicken or egg?

24

IMPACT OF CHILDHOOD DAYTIME SLEEPINESS



25

MOOD AND AFFECT

- DEPRESSED MOOD
- INCREASED IRRITABILITY
- INCREASED CRYING
- INCREASED TANTRUMS

26

BEHAVIOR PROBLEMS

- Non-compliance
- Aggression
- Hyperactivity
- Poor impulse control



27



NEUROCOGNITIVE DEFICITS

- Executive functioning
  - Attention
  - Concentration
  - Memory
  - Planning and organization

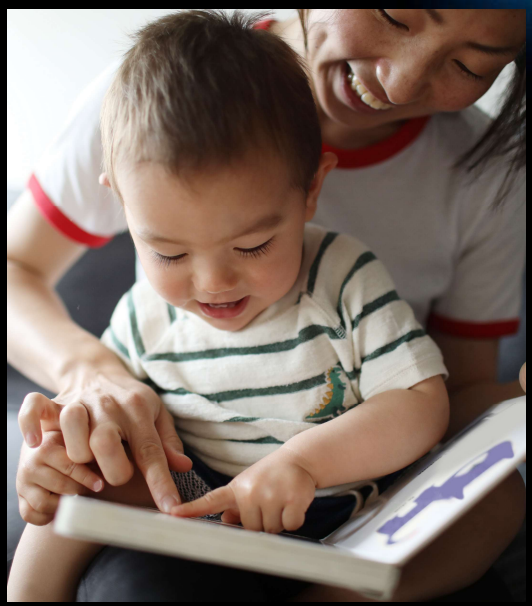
28

PERFORMANCE DEFICITS



- Learning
- Academic output
- Task persistence
- Social interactions

29



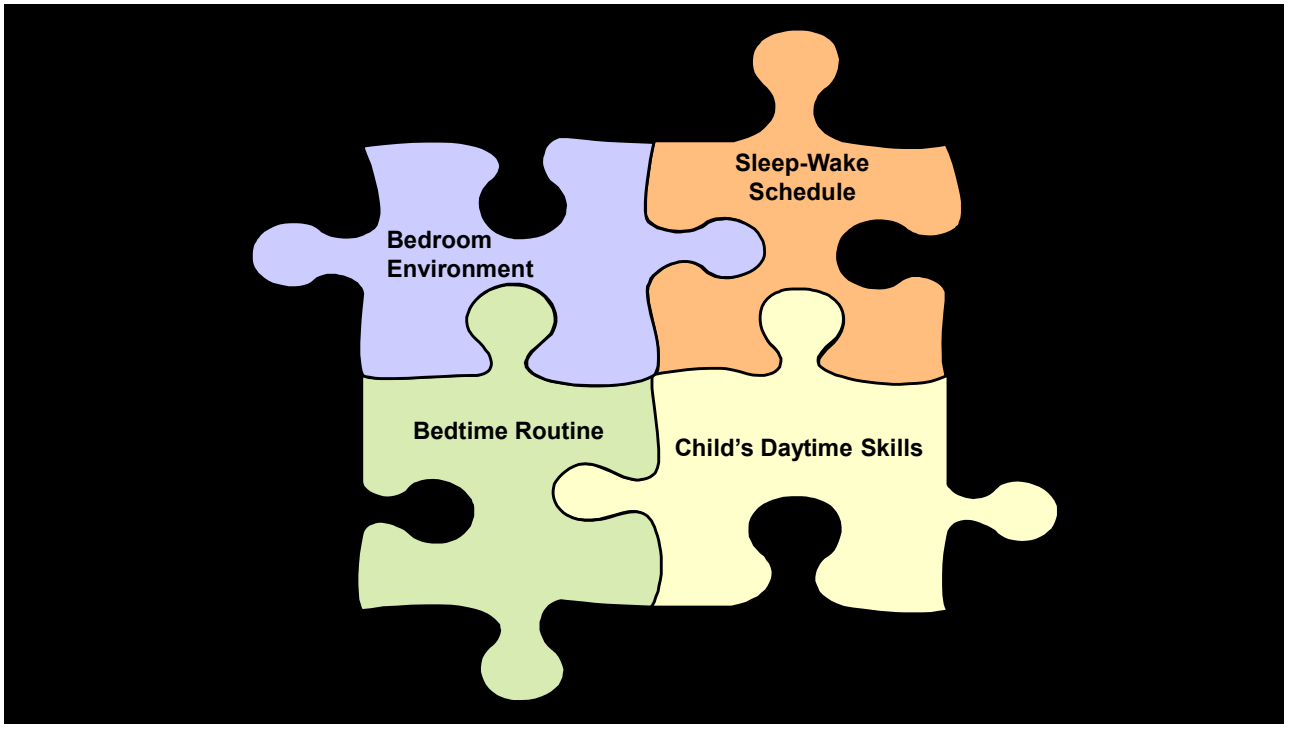
FAMILY DISRUPTION

When Mama ain't happy, ain't nobody happy

30

COMMON CHILDHOOD SLEEP ISSUES

31



32

BEDROOM ENVIRONMENT

Temperature

Cool, 65 degrees

Sound

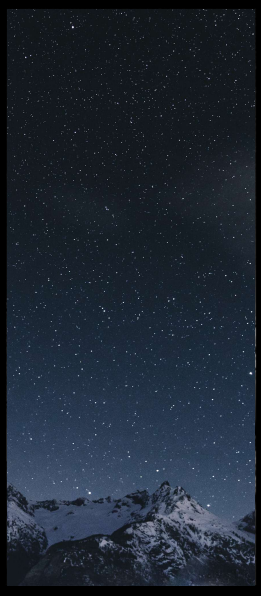
Light, constant

White noise

Nature sounds

Music (slow, with no lyrics)

33



BEDROOM ENVIRONMENT

Light

Dim to dark

Sheild bright lights from phones or alarm clocks

Television

KEEP IT OFF

At most, use "sleep video" from YouTube with blackout/dark screen

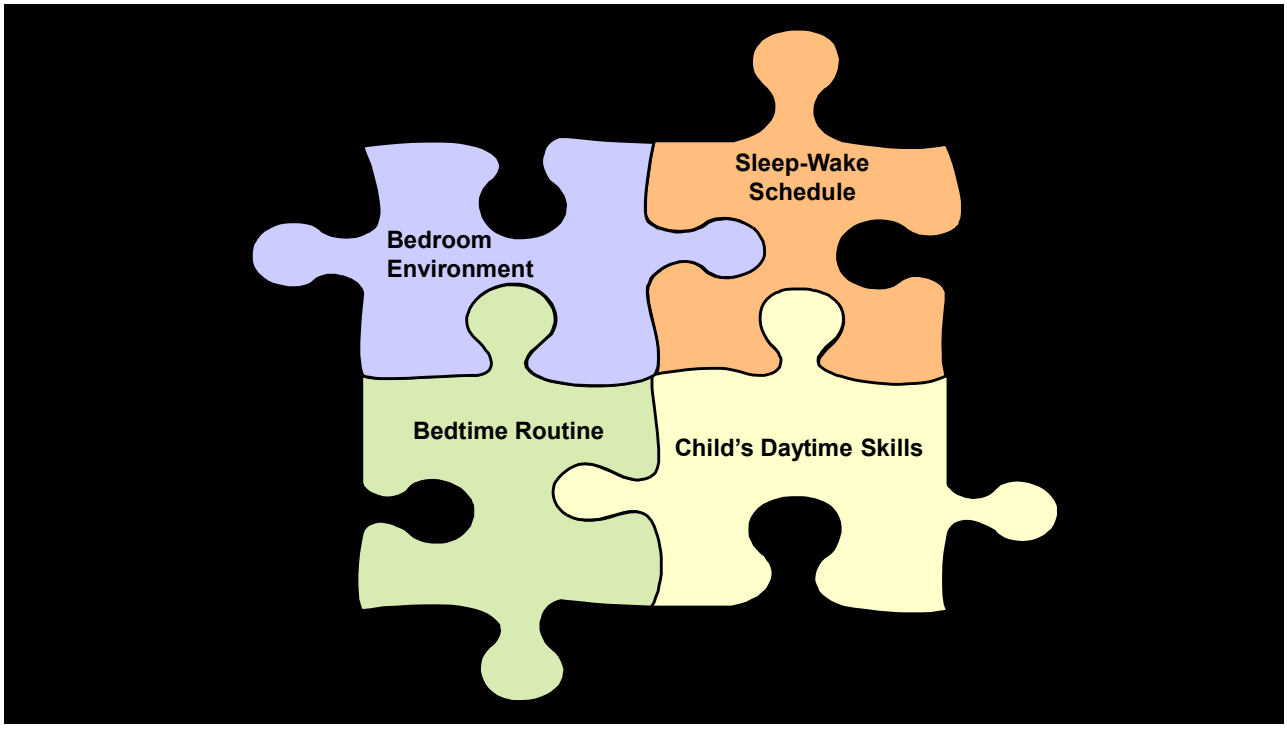
34



BEDROOM ENVIRONMENT: CO-SLEEPING

- Common with infants
  - Increased risk of SIDS
- 45% of 8-12 year-olds sometimes sleep with parents
  - 12% co-sleep every night
- Decreases sleep quality for children and adults

35



36



SLEEP/WAKE SCHEDULE

- Establish bedtime
- Stay consistent, even on weekends
- Avoid building *sleep debt*

37

SLEEP DEBT



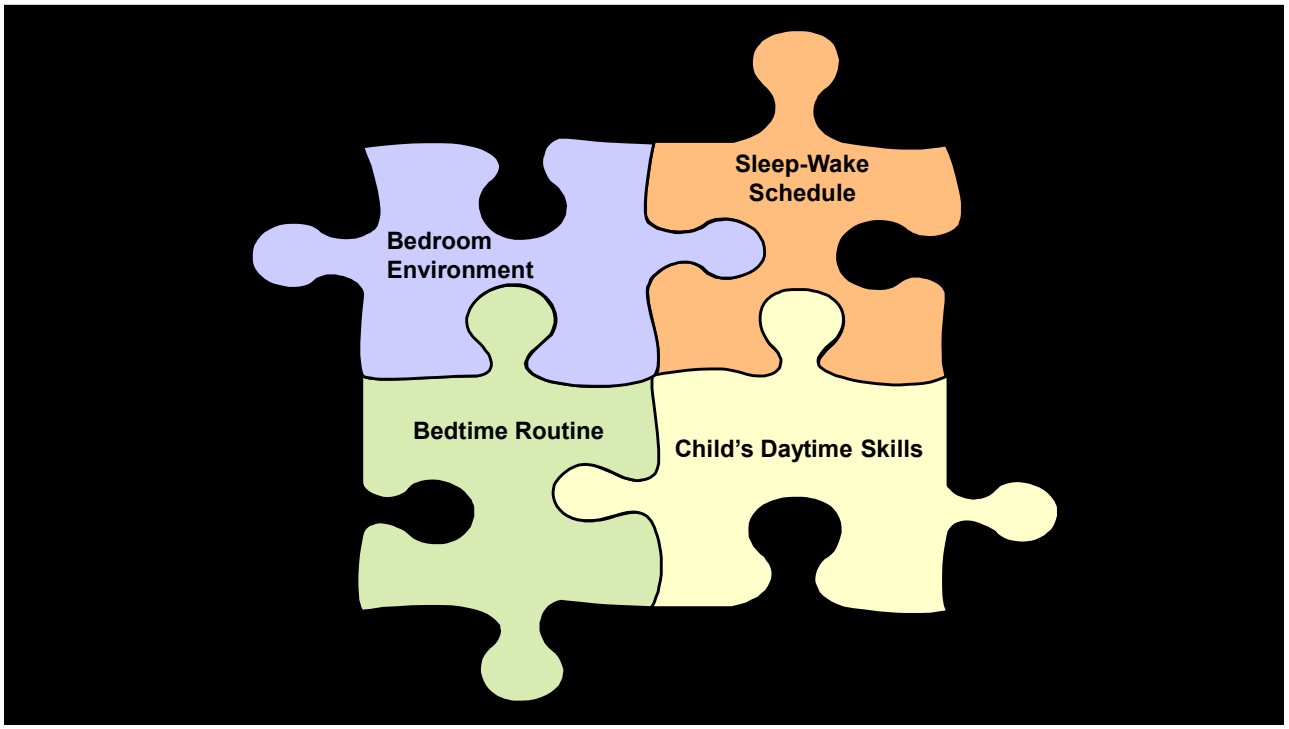
Most children and adults are operating on too little sleep

What is owed, must be paid

Paying in full can be difficult

Slow and steady is the way to go

38



39

BEDTIME ROUTINE

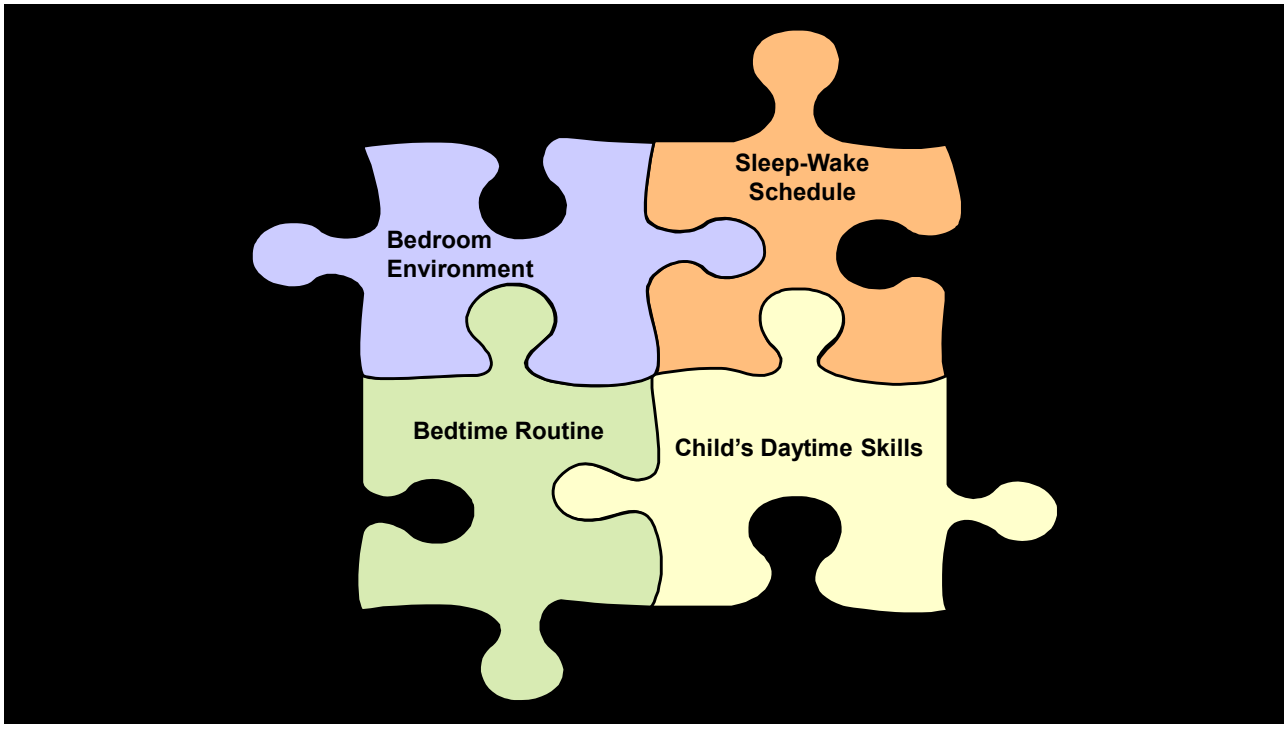
- Start "getting ready for bed" at the same time and complete all tasks before bedtime
- Limit screen time 30 minutes before bedtime
- Ideally, children should be drowsy, but AWAKE, as you shut the door

40

SAMPLE SCHEDULE

Weeknights	Weekends
• Bath, dinner, and homework done by 7:30 PM • "Wind down" time (brushing teeth, reading, or quietly playing) at 8:00 PM • Lights out at 8:30 PM	• Later bedtime is okay, within reason • Lights out by 10-10:30 PM

41



42

DAYTIME SKILLS

- Bedtime is the hardest time to deal with tantrums
- Consistently return the child to their bed if they wake up or leave the room
- Child enters the "witching hour"
- Higher risk of inappropriate behavior being reinforced (parents are tired, too!)
- Improve compliance during the day **first,** then work on bedtime

43



LIMIT-SETTING SLEEP DISORDER

- Inadequate enforcement of bedtime by caretakers
- Child effectively stalls, refuses to go to bed ("curtain calls")
- Delayed sleep onset, awakenings may be a problem

44

RESOLVING PEDIATRIC SLEEP DISTURBANCE

PARENT Responsibilities:

- Provide consistent bedtime routine
- Get the child to bed at predetermined time
- Establish bedroom environment conducive to sleep
- Prohibit stimulating activities at bedtime

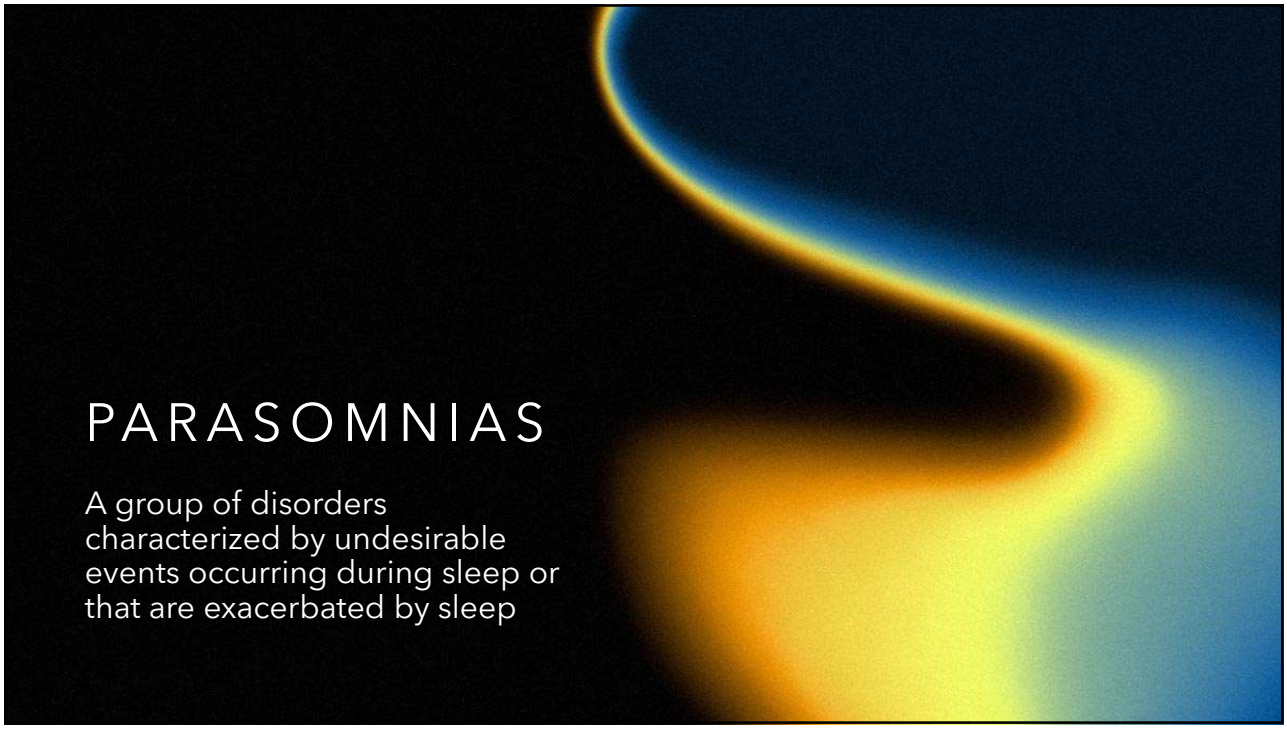
CHILD Responsibilities:

- Go to sleep

45

PARASOMNIAS

A group of disorders characterized by undesirable events occurring during sleep or that are exacerbated by sleep



46



SLEEP TERRORS

Sudden arousal from slow wave (deep) sleep with a piercing scream or cry, accompanied by autonomic and behavioral manifestations of intense fear

- Child appears confused and agitated
- Stares blankly through parent
- May push parent away
- Usually amnestic the next day

47

SLEEP TERRORS

Genetics	Age range
• 22% if neither parent • 45% if one parent • 60% if both parents had sleepwalking/terrors	• 4 - 8 years = peak occurrence • often as child is giving up daytime nap



48



SLEEPWALKING

- Series of complex behaviors initiated during slow-wave sleep and result in walking during sleep
- Movements are slow, poorly coordinated, and automatic

49

SLEEPWALKING

- More complex activities can occur
- Dressing, eating, urinating
- Often out of context
- Speech generally incoherent



50



SLEEP TERRORS AND SLEEPWALKING

- Variable expressions of same clinical entity
- Typical onset in childhood
- Typically occur during deep sleep, not REM (or "dream") stage
- Usually positive family history
- Amnesia for events
- Occurrence during first third of the night

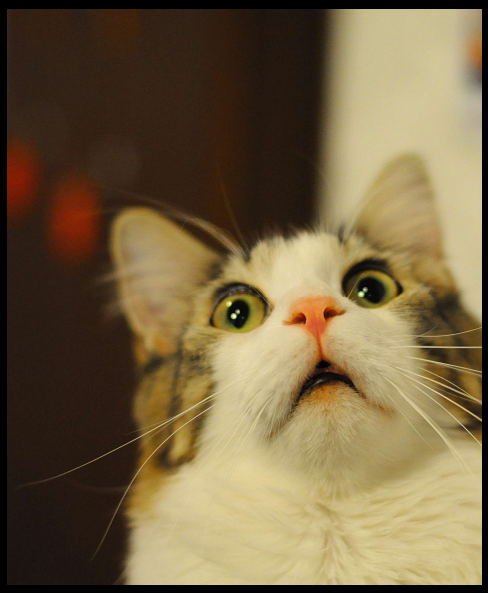
51



TREATMENT OF SLEEP TERRORS AND SLEEPWALKING

- Education and reassurance
- Decrease *sleep pressure*
  - Increase overall sleep time (Re-introduce daytime nap?)
- Consistent sleep routine
- Evaluate sleep quality
- Overnight sleep study

52



NIGHTMARES

Different than Sleep Terrors

- Occur during REM stage of sleep
- Occurs during the last third of the night
- Child remembers events of the dream
- Family history not typical
- Child is fully asleep during event, then fully awake afterward

53

NIGHTMARES

- Common triggers:
  - Any stressor
  - Physical or sexual abuse
  - PTSD
  - Parental substance abuse and/or family conflict
  - Social or academic difficulties
  - Scary or developmentally inappropriate media
- May be a general indicator of a child's overall level of adjustment



54



TREATMENT OF NIGHTMARES

- Reassurance and education
- Sleep hygiene
- Exposure and desensitization
  - Address the stressor!

55



OTHER SLEEP DISORDERS

- Insomnia - the inability to fall or stay asleep
- Obstructive sleep apnea - disorder in which the person stops breathing for nearly half a minute or more
- Narcolepsy – sleep disorder in which a person falls immediately into REM sleep during the day without warning (sleep seizures)
- Sleep paralysis – person is awake but still unable to voluntarily move their body

56

ADOLESCENT SLEEP DISTURBANCES

57

POOR SLEEP SCHEDULE

- Most teenagers sleep 2 to 3 hours less than recommended for their age
- Stay up late, wake up early
- Delayed sleep phase causes *hypersomnia*

58

ADOLESCENT SLEEP: DEVELOPMENTAL ISSUES

- Around the time of puberty onset, hormonal influences on adolescents result in a delay of sleep onset (up to two hours)
- Delayed Sleep Phase Syndrome (DSPS)
  - Feels much like jet lag
  - Increased daytime sleepiness
  - Attempts to "catch up" on weekends



DID YOU KNOW?
Yawns are actually "contagious"!!

59

TREATMENT OF DELAYED SLEEP PHASE SYNDROME (DSPS)

Avoid naps

Light exposure in the morning

Melatonin supplements (ask your health care provider)

Improve *sleep hygiene*

60



CELL PHONES AND SLEEP

61

CELL PHONES AND SLEEP

- Nearly 4 out of 5 adolescents sleep with their cell phone next to their pillow
- Most leave it on all night, allowing them to receive calls or messages from their friends
- Teenagers are “on call” nearly 24/7
- The peer pressure to “be available” is constant and addictive

62



HOW PRESSURE TO RESPOND INFLUENCES SLEEP QUALITY

- Increased sleep disruption and hypervigilance
- Increased anxiety
- Increased depression
- Reduced concentration
- Reduced creativity

63

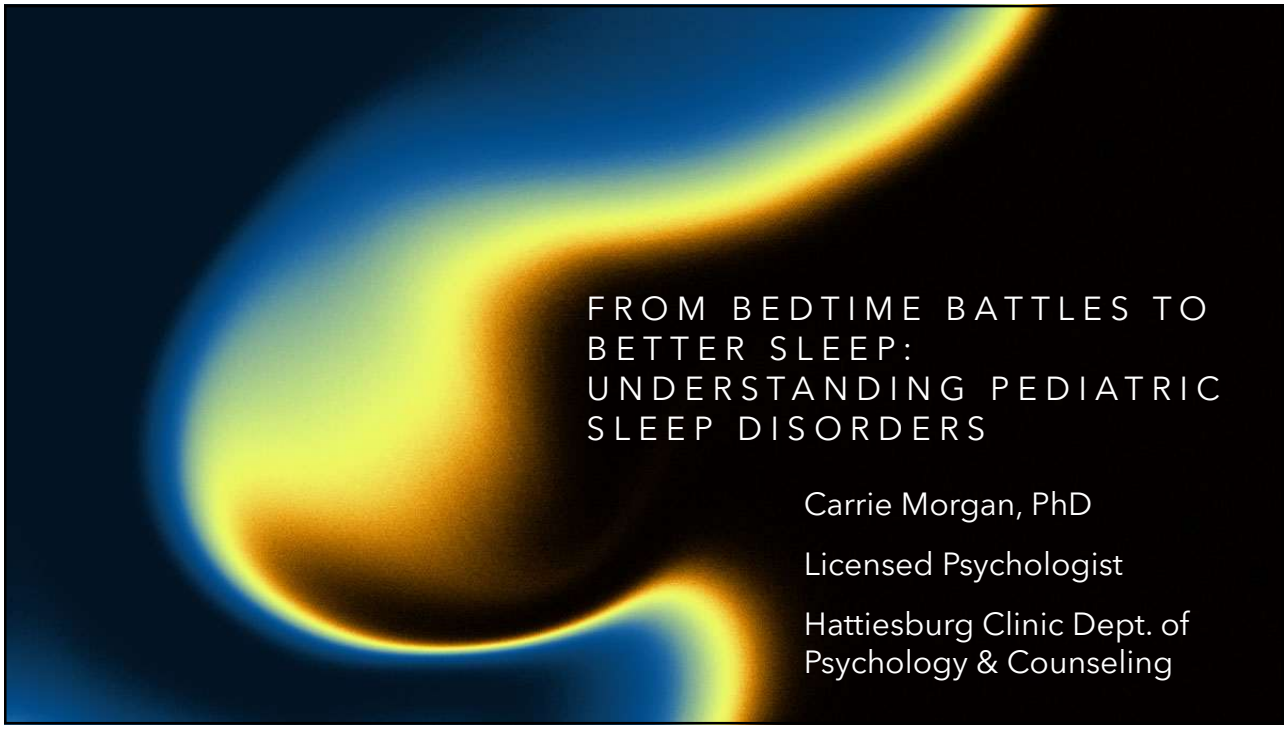
PLANNING VS. POLICING

Calling plans that offer limited hours or texting result in less use by teens, or use Downtime

Discuss shutting the phone off and placing it in another room during the night

Discuss manners and general respect for those around you

64



65

REFERENCES

- Suni, E. (2025, June). Stages of Sleep: What Happens in a Normal Sleep Cycle? *The Sleep Doctor.* https://www.sleepfoundation.org/stages-of-sleep#what-are-the-sleep-stages--2
- National Sleep Foundation. (2020, December). Understanding Circadian Rhythms. https://www.thensf.org/what-is-a-circadian-rhythm/
- Hirshkowitz, M., Whiton, K., Albert, S. M., Alessi, C., Bruni, O., DonCarlos, L., Hazen, N., Herman, J., Katz, E. S., Kheirandish-Gozal, L., Neubauer, D. N., O'Donnell, A. E., Ohayon, M., Peever, J., Rawding, R., Sachdeva, R. C., Setters, B., Vitiello, M. V., Ware, J. C., & Adams Hillard, P. J. (2015). National Sleep Foundation's sleep time duration recommendations: Methodology and results summary. *Sleep Health, 1*(1), 40–43.
- Meltzer, L. J., Williamson, A. A., & Mindell, J. A. (2021). Pediatric sleep health: It matters, and so does how we define it. *Sleep Medicine Reviews, 57*, Article 101425.
- National Sleep Foundation. (2024, March 7). *What to know about teens and sleep*. https://www.thensf.org/what-to-know-about-teens-and-sleep/

66