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# Aspiranet

## ~July 2022~

### Monthly Regulation Topic

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#### Promoting Healthy Sleep for Children & Youth

While it's common for children to have some issues at night, for children in foster care who experience trauma, loss and separation, nighttime struggles often increase and may include:

- Avoiding sleep; difficulty falling asleep
- Nighttime fears; including sleeping alone
- Waking during the night; struggling to falling back to sleep
- Nightmares or sleep disorders (sleep walking; night terrors)

#### How Trauma affects sleep:

As we know, as a result of trauma, the brain goes into “high alert” – looking for any sign of danger, and causing the brain to interpret things that may not be threatening to most people to be experienced as dangerous or frightening.

Being on high alert causes the body to react by releasing stress hormones, increasing heart rate and breathing, which makes falling and staying asleep more difficult.

#### The importance of sleep is often underestimated:

- Sleep is as important as breathing or drinking – we would die without sleep
- It is the time for the body to rest, recharge, and rewire
- Sleep influences our behavior, brain and body

#### What happens when children don't get adequate sleep?

We all have experienced typical behaviors of sleep deprivation such as frequent yawning, rubbing our tired eyes, or possibly nodding off.

In actuality sleep deprivation can have a much broader impact, as outlined below:

#### Health Impacts

- Suppressed immune system
- More headaches, bellyaches, increased pain
- More susceptible to colds or other illnesses

#### More Inattentive & Distractible

- Getting off track, not finishing task
- Disorganized
- Difficulty following multiple step instructions
- Forgetful

#### Increased Impulsive & Hyperactive Behavior

- Backtalk, interrupting
- Aggressive behaviors (hitting, throwing)
- Attention-seeking behaviors
- Constantly in motion; difficulty staying in one place

## **Academic Struggles**

- Poorer ability to learn
- Lower academic achievement

## **Mental health**

- More severe depression, anxiety, PTSD
- Higher rates of suicidal thoughts, actions

## **Impact on Mood**

- More irritable, sad, anxious
- Poorer ability to manage emotional responses
- Tantrums, arguments, emotional outbursts
- Withdrawn, spending all day in bedroom

**IMPORTANT NOTE:** Sometimes, symptoms of sleep deprivation can be misdiagnosed as psychiatric, mood, or behavior disorders. It is important to share sleep struggles your child's doctors, therapists, and psychiatrists.

## **Strategies for Healthy Sleep**

### **Promote Comfort & Feelings of Safety**

- Ask your child to help you make their sleep space comfortable. Provide options for items that are soft and comforting.
- If appropriate, provide the option to share a room with a sibling.
- Ask your child to help you arrange the room so it's comfortable for them (within reason). For example - bed against a wall, or facing away from window or closet.
- Offer younger children a stuffed animal. Encourage them to hug, comfort, and talk to this animal who feels scared and lonely.
- Offer older children soft blankets or pillows, body pillows, or to sleep with a pet in the room (if safe and a good fit).

### **Daytime Routines**

- Structure and routine promote a sense of predictability; increasing feelings of safety & comfort
- 3 meals a day and snacks when needed
- After waking, changing out of pajamas and getting dressed for the day
- Lots of light exposure inside (shades open, lights on) and getting outside at least once per day
- Healthy mental stimulation, avoiding naps (for children ages 6+) and 30+ minutes of physical activities each day
- Avoiding caffeinated beverages

### **Bedtime Routines**

Bedtime routines should be about warm interactions and creating a sleep context that feels familiar, predictable, and calm. These routines wind down the brain and body, teach the body that sleep is coming, and help kids know what's coming next.

- Start at least 15-30 minutes before bedtime at a time you can follow every night
- Make it feel like nighttime; dim overhead lights and turn on lamps to simulate the setting sun

- Turn off electronics, turn down music, use quiet voices, put away toys
- Play some soft, slow, calming music to set the tone
- Be involved in the bedtime routine and keep it positive
- Focus on being warm, supportive, and encouraging
- Conflict should be avoided or de-escalated
- Pick 1-2 enjoyable activities to do with your child during the routine. Always pick bedtime routine activities that are soothing to the unique child in your care. If your child dislikes baths or showers then do before dinner - not as part of the bedtime routine. Most important – stick with the routine:
- Identify calm, interactive activities to do with your child(ren)
  - Reading a book together, listening to a story or podcast together, playing a board game, journaling, crafting, etc.
  - Nighttime hygiene: bath or shower, washing hands & face, brushing teeth
  - Brush or braid hair
  - Use soothing products: Nice-smelling lotion, leave-in hair conditioner, lip balm
  - Listen to slow music (60 beats per minute is good)
  - Relaxation strategies: Slow breathing or meditations, prayers
  - Special rituals of child's choice: Sing a song, tell a story, special handshake

Consider a visual bedtime routine card so that your child knows what's coming next (such as turning off electronics, brushing teeth, putting on pajamas, reading book or listening to story together, etc.)

**NOTE:** Please discuss any ongoing concerns related to your child's sleep difficulties with your Aspiranet Social Worker and the child's primary care physician.

Source: Information adapted from *Strategies for Improving Sleep for Children in Foster Care* by Dr. Kendra Krietsch, PhD.

For further information: <https://dss.mo.gov/cd/files/Strategiesforbettersleepinfostercare.pdf>

Please sign and return this page to your Aspiranet Social Worker for training credit.

My signature below indicates that I have completed the July 2022 "**Promoting Healthy Sleep for Children & Youth**" training.

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*Signature Resource Parent #1*

\_\_\_\_\_  
*Date*

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*Print Name Resource Parent #1*

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*Signature Resource Parent #2*

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*Date*

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*Print Name Resource Parent #2*

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*Aspiranet Authorized Signature*

\_\_\_\_\_  
*Date*

Training credit: \_\_\_\_ minutes