

# Children's Sleep 101: A Guide for Parents

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# The Mechanics of Sleep

What happens while we sleep... and why we need it

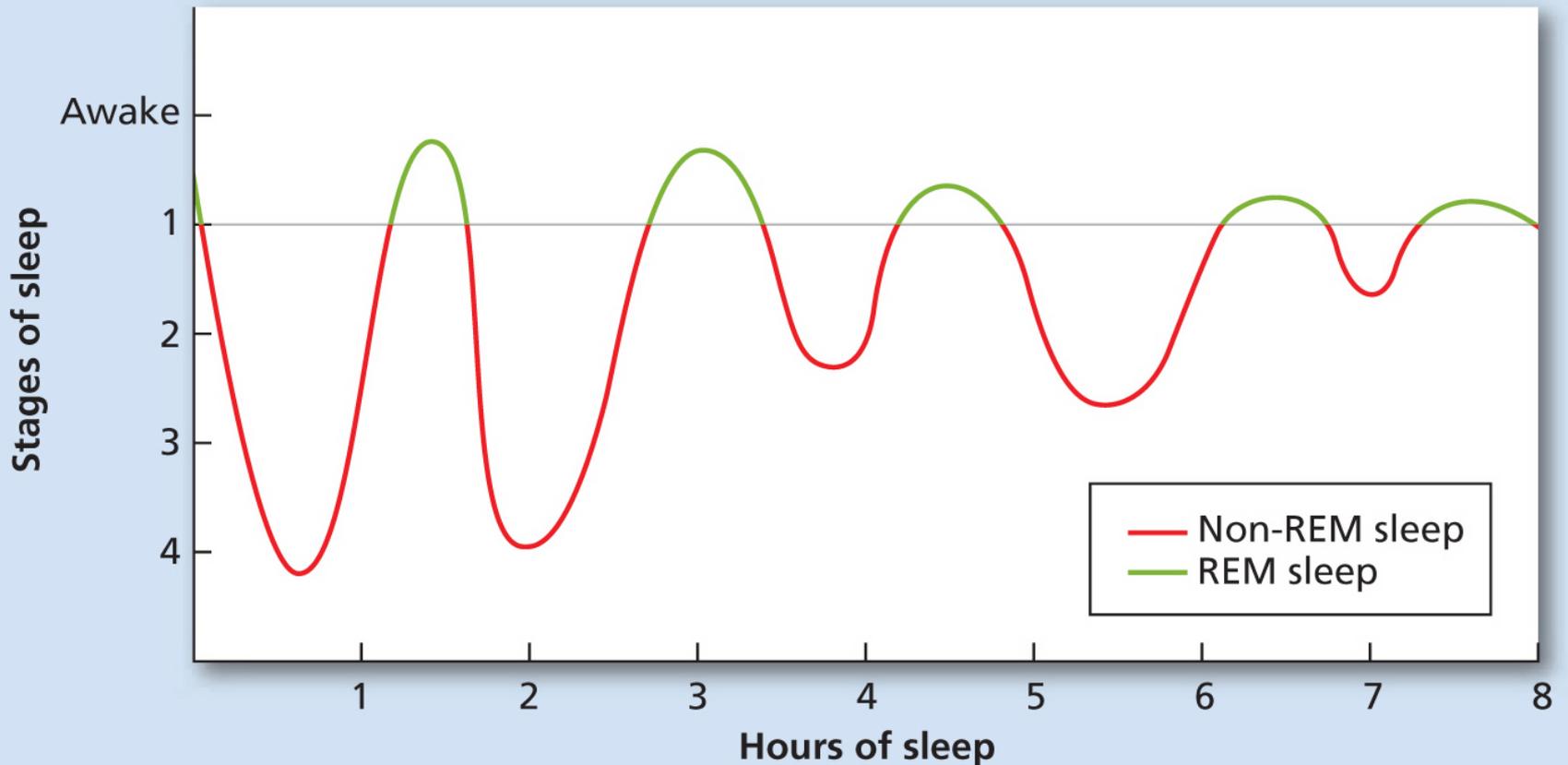
# Stages of Sleep: Pre-sleep

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

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# Typical Night of Sleep



# Stages of Sleep

- Rapid eye movement (REM) –
  - stage of sleep in which the eyes move rapidly under the eyelids and the person is typically experiencing a dream.
- NREM (non-REM) sleep –
  - any of the stages of sleep that do not include REM.

# Stages of Sleep: Non-REM

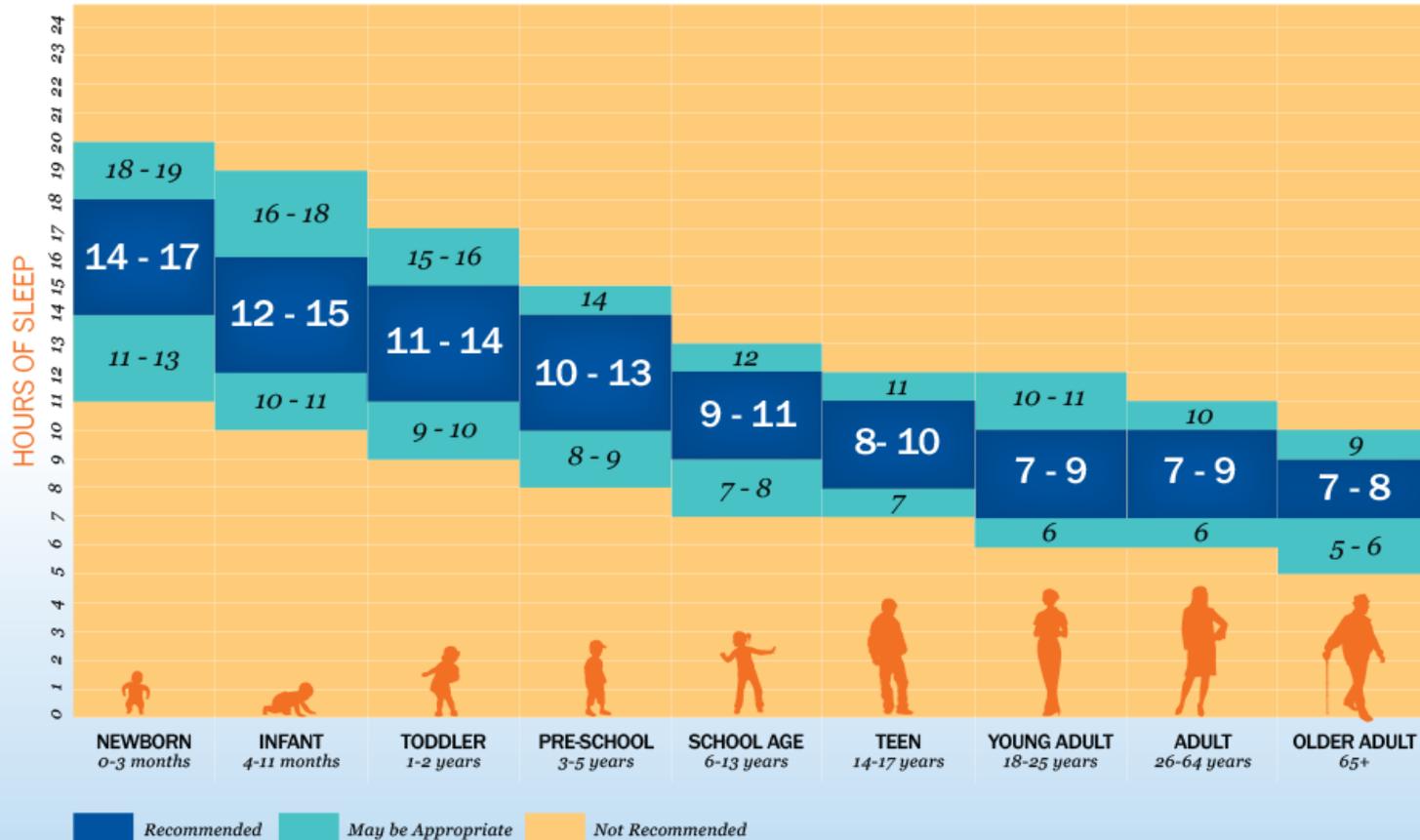
- Stage 1 – light sleep, *hypnic jerk*, *hypnagogic images*
- Stage 2 – temperature, breathing, and heart rate decrease
- Stage 3 – growth hormones released, hard to wake up





# How Much Sleep Do We Need?

# SLEEP DURATION RECOMMENDATIONS



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# Without Sleep

- Physical effects of sleep deprivation:
  - Lowered ability to build muscle
  - Less effective immune system
  - Obesity
    - Women who sleep five hours or less a night are 15 percent more likely to become obese during the next decade
  - Increased chance of depression
  - Dark circles under the eyes

# 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

# 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

# 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?

# Daytime Sleepiness and Children: Impact

- Mood and Affect:
  - Sad/Depressed
  - Irritable
  - Crying
  - Tantrums

# Daytime Sleepiness and Children: Impact

- Behavior Problems:
  - Non-compliance
  - Aggression
  - Hyperactivity
  - Poor impulse control

# Daytime Sleepiness and Children: Impact

- Neurocognitive Deficits:
  - Attention
  - Concentration
  - Memory
  - Executive Functions
    - Planning and organization

# Daytime Sleepiness and Children: Impact

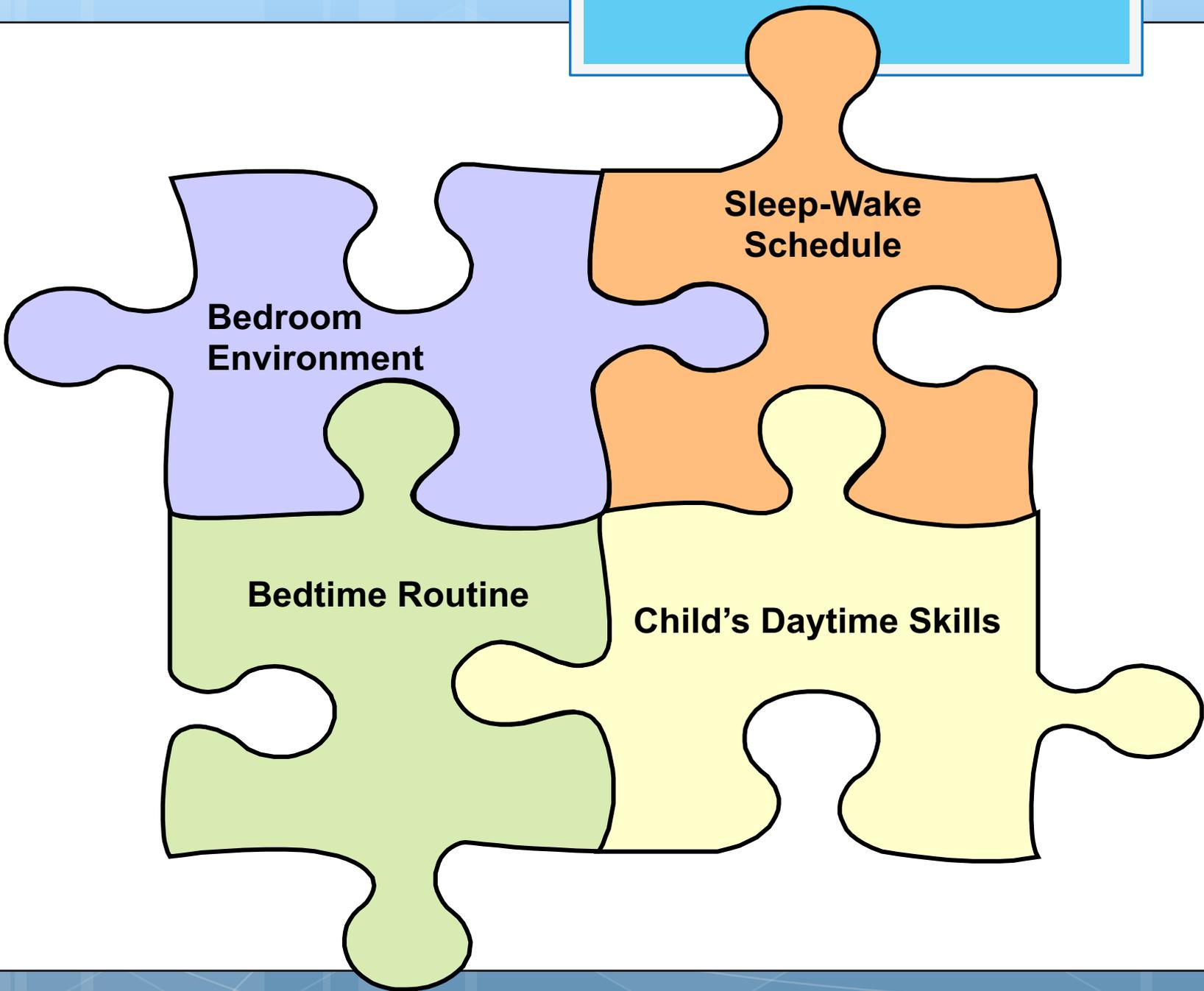
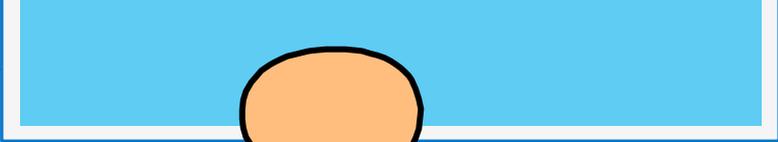
- Performance Deficits:
  - Learning
  - Academic Output
  - Task Persistence
  - Social Interactions

# Daytime Sleepiness and Children: Impact

- Family Disruption
  - When Mama ain't happy, ain't nobody happy



# Common Childhood Sleep Issues



# Bedroom Environment

- Temperature
  - Cool, 65 degrees
- Sound
  - Light, constant
  - White noise
  - Nature sounds
  - Music (slow, with no lyrics)

# Bedroom Environment

- Light
  - Dim to dark
  - Shield bright light from phones or alarm clock
- NO TELEVISION
  - Not with sound on!
  - Not with sound off!

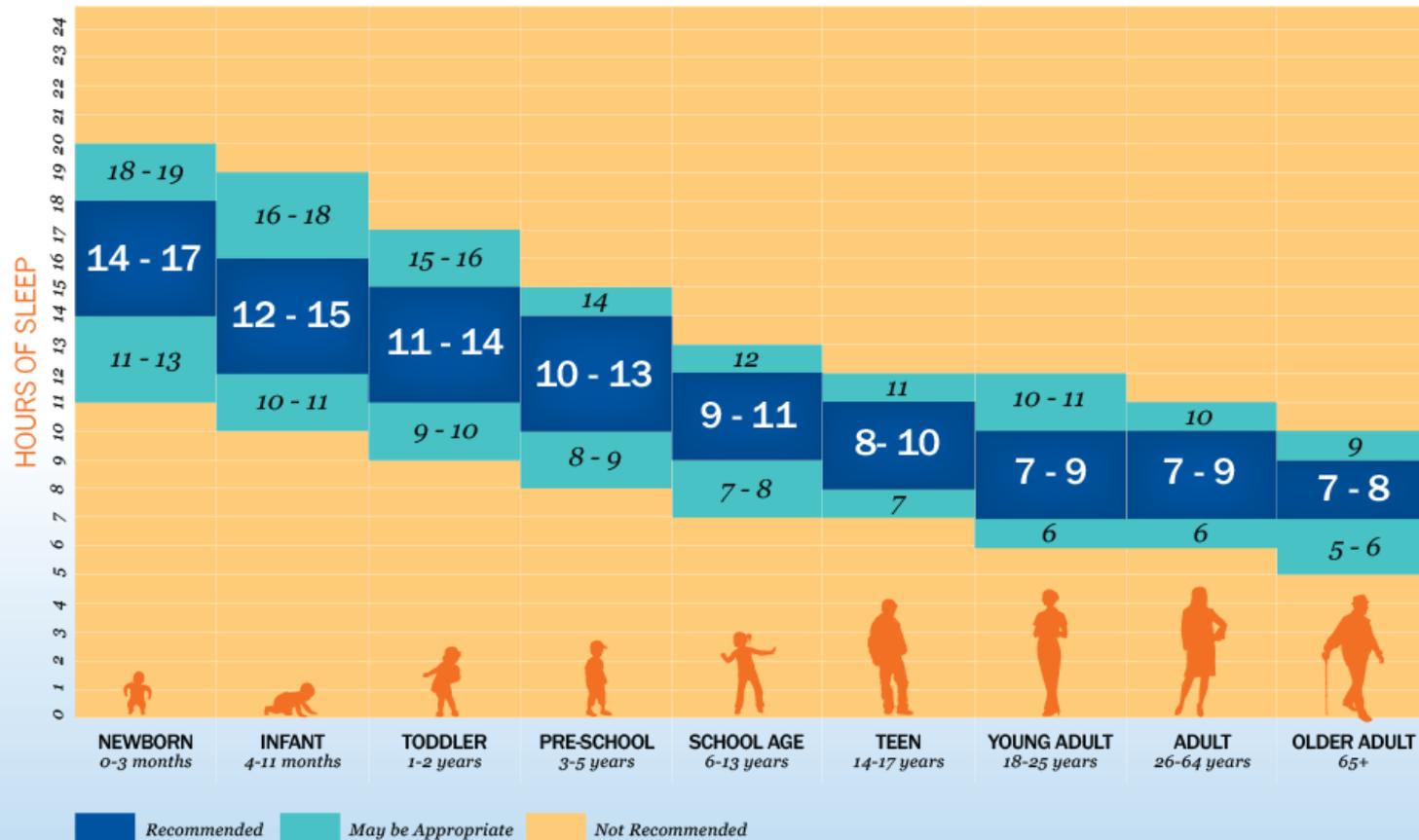
# Bedroom Environment – Co-Sleeping

- Infants often sleep in their parents' room
  - Bed sharing increases risk of SIDS
- 45% of parents let their 8-12 year-olds sleep with them from to time
  - 12% permit it every night
- Independent sleep may improve sleep quality for the child... and the parent
- Adults may reduce the sleep quality of children
  - Different schedules, snoring, or movement

# Sleep/Wake Schedule

- What time is bedtime?
- Establish a bedtime and stick to it
  - Try to maintain schedule on weekends, too
- Get biology on your side
  - A sleepy child is easier to put to bed
- Sleep Debt
  - Making up for lost sleep later on

# SLEEP DURATION RECOMMENDATIONS



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# Sleep Debt

- Most children and adults are operating on too little sleep
- We have to pay back what we borrow
- Paying in full can be difficult
- Slow and steady is the way to go

# 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
- Consistently return the child to their bed if they wake up or leave the room

# Sample Schedule

- Weeknights
  - 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
- Weekends
  - Later bedtime is okay, within reason
  - Lights out by 10-10:30 PM

# Daytime Skills

- Bedtime is the **hardest** time to deal with tantrums
- Parents are tired
- Child has entered the “witching hour”
- Higher risk of inappropriate behavior being reinforced
- Improve compliance during the day **first**, then work on bedtime

# 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

# 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:

- Fall to sleep

# Parasomnias

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

# 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 amnesic the next day

# Sleep Terrors

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

# Sleepwalking

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

# Sleepwalking

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

# Arousal Parasomnias

- 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

# Treatment Options

- Education and Reassurance
- Decrease Sleep Pressure
  - Increase sleep time (Re-introduce daytime nap?)
  - Consistent sleep routine
  - Evaluate sleep quality
- Overnight sleep study

# 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

# 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

# Nightmares

- Treatment
  - Reassurance and education
  - Sleep hygiene
  - Exposure and desensitization

# Other Problems During Sleep

- Insomnia - the inability to fall or stay asleep
- 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 paralysis also common



# Adolescent Sleep Disturbances



Do you know when your  
teenager is sleeping?

# REMEMBER:

- Teens **need 8-10 hours** of sleep
- Hardly any adolescents actually get this much sleep
- Most carry around a significant *sleep debt*

# What is “Normal” for Teens?

- Most teenagers acquire 7 to 7 ½ hours of sleep per night
- Stay up late, get up early
- Instead of going to bed on time and waking up early, their **sleep phase** is now delayed

# 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
  - For adults, this would feel much like jet lag

# Delayed Sleep Phase Syndrome (DSPS)

- Teens with DSPS often:
  - Complain of daytime sleepiness
  - Are difficult to wake up in the morning
  - Take daily naps
  - Extend sleep on weekend mornings
  - Cannot “fix it” on their own



# Delayed Sleep Phase Syndrome (DSPS)

- Treatment
  - Avoid naps
  - Light exposure in the morning
  - Melatonin supplements (ask your health care provider)
  - Fix schedule

# Differential Diagnosis

- DSPS.... Or is it...
  - Insomnia (trouble falling asleep no matter what time the teen tries)
  - Poor sleep hygiene
  - Environmental issues

# Cell Phones and Sleep

# Cell Phones, Teens, and Sleep

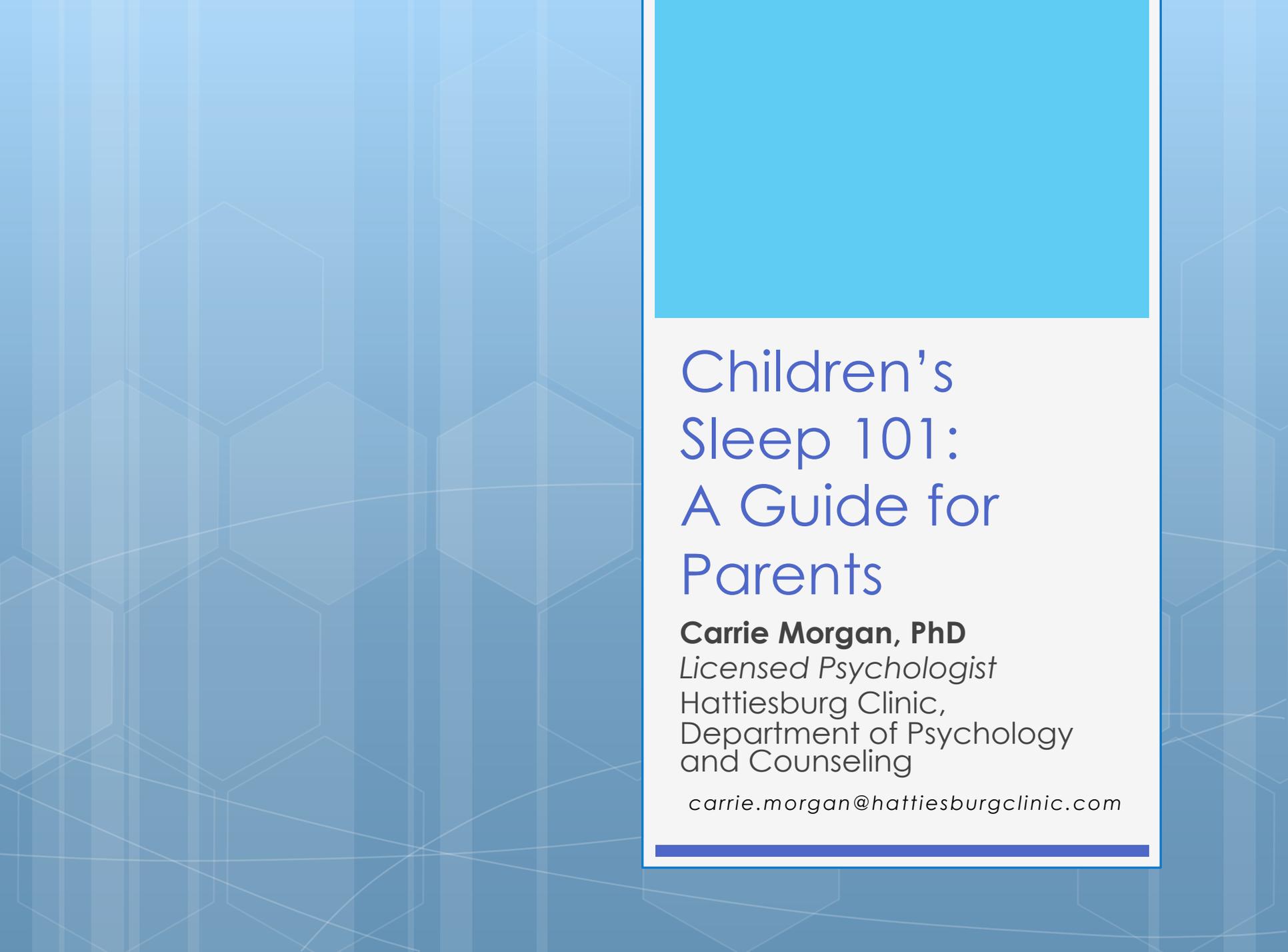
- **Nearly 4 out of 5** adolescents sleep with their cell phone next to their pillow
- **Most** leave it on all night, allowing them to receive calls or messages from their friends
  - **Teenagers are “on call” nearly 24/7**
  - The peer pressure to “be available” is constant and addictive

# Protecting Sleep

- How does being “on call” influence sleep quality?
  - Ask a new parent or on-call employee...
    - Increased sleep disruption and hypervigilance
    - Increased anxiety
    - Increased depression
    - Reduced concentration
    - Reduced creativity

# Planning versus Policing

- Calling plans that offer limited hours or texting result in less use by teens
- Discuss shutting the phone off and **placing it in another room** during the night
- Discuss manners and general respect for those around you.
  - Lead by example



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