CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

Project ECHO®

ADVANCING INTEGRATED HEALTHCARE

Pediatric Sleep ECHO®

Session 4:
Focus on Preschool aged children (ages 3-5)

Date: August 22, 2024

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

Welcome

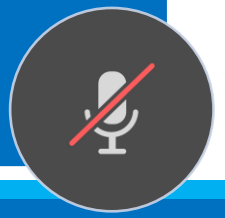
- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

Introduce Yourself

- Please turn on your video
- Please enter your name and organization in the chat box

Microphones

- Please mute your microphone when not speaking



Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Welcome	Liz Cantor, PhD
7:35 – 8:00 AM	Didactic Session: Focus on Preschool aged children (ages 3-5)	Julie Boergers, PhD
8:00– 8:25 AM	Group Discussion	All
8:25-8:30 AM	Wrap Up	All

Announcement 

Thursday **December 19th** Session 8 **extended** to 90mins 7:30-**9:00 AM**

Agenda:

Middle School (ages 11-13)
Case presentation: Waterman Pediatrics
PDSA Review from Practices

ECHO Series: Optimizing a Behavioral Health Approach to Children's Sleep in Pediatrics

Sleep in Preschoolers: Managing Bedtime Battles

Julie Boergers, PhD

August 22, 2024

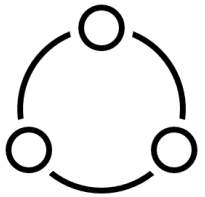
BROWN
Alpert Medical School

Hasbro Children's Hospital
The Pediatric Division of Rhode Island Hospital
A Lifespan Partner

Objectives

- Discuss strategies to collaborate with families to improve readiness for sleep
- Identify behavior management strategies for children with bedtime resistance
- Review potential indications for, and concerns about, melatonin

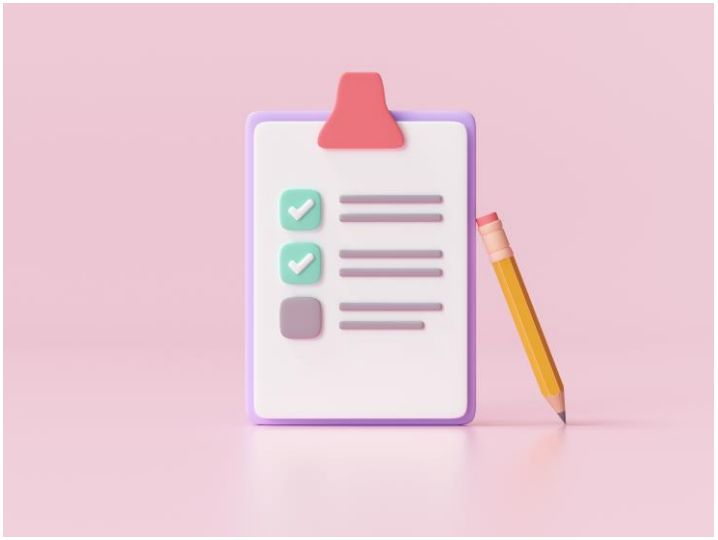
Bedtime Resistance



- Child stalls or refuses to go to bed at an appropriate time or refuses to return to bed following a nighttime awakening – prolonged struggles and protests, “curtain calls”
- Caregiver sets insufficient or inconsistent limits
- Vicious cycle –
  - Parental exhaustion negatively impacts ability to use appropriate behavior management strategies
  - Tired child “ramps up” misbehavior
  - Child is even more tired the next day

Things to Check

- Is bedtime appropriate? (Is there enough “sleep pressure”?)
- Is bedtime consistent? (Don’t work against circadian clock)
- Is routine too loose? Too long?
- What’s the status of giving up nap?
- Any possibility of restless legs?
- Secondary gain – is the child getting enough individual attention earlier in the day?



Basics of Bedtime Behavior Management

- Discuss bedtime rules during the day. Keep it simple, clear, positive.
- Effective commands: e.g. “please put your pajamas on” rather than “stop running around”
- Leave room while child is awake. If out of bed, return them e*ach and every time.*
- Differential attention: “Use your attention wisely”.
  - *Ignore* protests. Be firm/neutral/calm; don’t yell or try to reason. (“Friendly robot”) Avoid conversation other than repeating a mantra like “time for bed”.
  - If child follows bedtime rules, give lots of praise and positive attention.

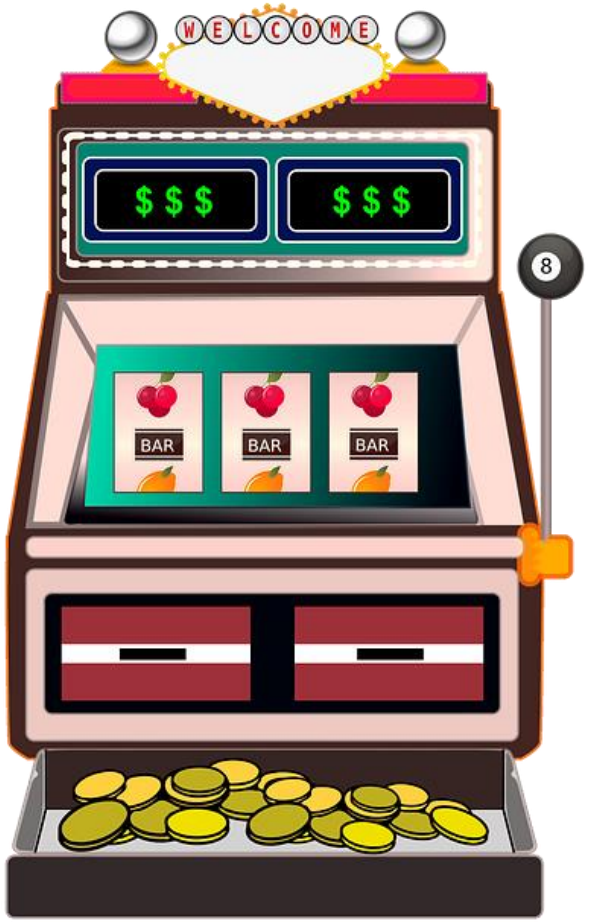
An Effective Reward System

- Is appropriate to the child's cognitive and developmenta
- Reward is pre-determined and contingent (e.g. ice cream is not a good reward if they already eat it frequently)
- Reward is based on an observable behavior that's within the child's control (e.g. staying in bed, rather than falling asleep quickly)
- Reward (or sticker on chart) provided as soon as possible after the behavior (ideally first thing in morning)
- Rewards are motivating to the child, but small enough for parents to be able to maintain (best rewards involve 1:1 time)

Consistency is hard…

Especially for tired parents

But intermittent reinforcement is strong!



Tips for Managing Bedtime Resistance

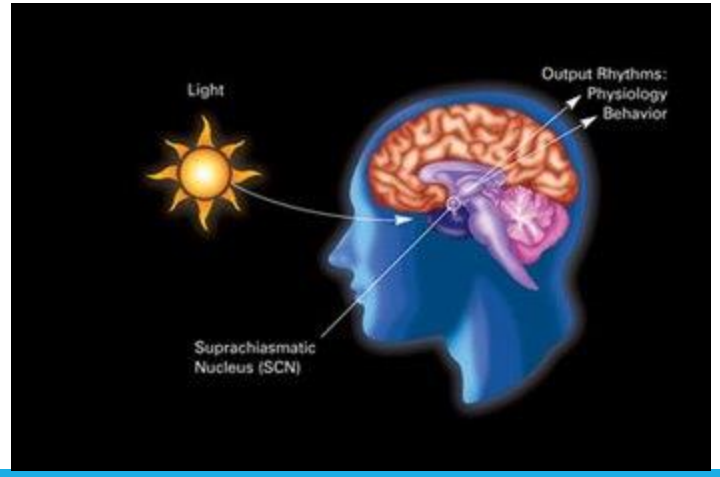
- Bedtime Fading: Temporary later bedtime to match with natural sleep onset time, then faded earlier as sleep onset latency decreases
- Set up environment to minimize requests (e.g. water bottle next to bed)
- Visual schedule – check off steps (including common stalling techniques)
- Visual timers can be helpful for difficulty with transitions
- Hatch light/ok to wake light
- Don’t inadvertently reward “helplessness” (e.g. I need you to cover me – respond but gradually shape – hand over hand)
- Natural consequences sometimes helpful (e.g. if you don’t get in the bath now, we only have time for 1 book, not 2) for parents who can be neutral

Bedtime Pass

- Extinction based program designed to combat the “extinction burst”
- Put child to bed, provide exchangeable card.
- Child can seek parent one time, surrender the pass. Ignore all subsequent bids for attention
- Small RCT showed decreases in leaving the room, crying/calling out, and time to quiet; maintained at 3 mo f/u (Moore et al., 2007)

Melatonin

- Melatonin secretion is stimulated by darkness and inhibited by light
- The suprachiasmatic nucleus in the hypothalamus regulates secretion of melatonin from the pineal gland
- Maintains circadian rhythm and regulates sleep



Indications

- Most often used as a hypnotic
- Rarely helps with sleep maintenance unless using XR (e.g. REM Fresh)
- Indications for children with ASD, ADHD
- Can be considered as a *short-term* tool during sleep training in typically developing kids if necessary and if sleep problems have been present for >3 months, with daytime sequelae
- Families are using it whether or not we recommend it (sales more than doubled from 2017-2020
- We found that families are using it longer than we may have expected

Dosing

Age 0-2:	not recommended
Age 2-5:	0.5 to 2 mg
Age 5-12:	1-3 mg
Age 13-18:	3-6 mg

- Typically peaks in 30-60 min
- Lower doses often more effective (though h**igher doses may be necessary in ASD)**
- Side effects rare but may include vivid dreams, morning grogginess
- *Note: when using for Delayed Sleep Phase Syndrome or jet lag, dose is 0.5 mg 5-7 hours before desired bedtime*

Cautions

- Caution re: habitual use, higher doses - goal is to be on the least amount of melatonin for the shortest amount of time
  - Need an exit strategy (placebos are easy with gummies)
  - Helps to present it as a temporary way to “re-set” body clock
  - Try to go without it for 1-2 weeks every 4-6 months to see if really need it. (and start back up on lowest dose)
- Studies show variation in amount of melatonin (and other additives) present in supplement – look for 3rd party verified by USP, NSF, or CL (e.g. Nature Made, Natrol, Olly etc)

Questions

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Open Discussion

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Common sleep scenarios – open discussion

- Babies/toddlers
  - Standing up in the crib
  - Crying until they vomit
- Cultural differences, esp around co-sleeping
- Family structure challenges
  - Parents work shift schedules
  - Parents are divorced/2 homes
  - Children sharing a bedroom
- Helping parents who are “stuck” or who make misattributions
  - Feeling like a broken record (parents ask for guidance but don’t implement)
  - Inappropriate attributions (e.g., my baby doesn’t like the bassinet)
- Monitoring medically complex children

CME Credits

(Pending credit for MDs, PAs, Rx, RNs, NPs, PsyD, PhD)

- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.

- Evaluation/Credit Request Form:
  https://www.surveymonkey.com/r/echosleep

The AAFP has reviewed 'Advancing Community-Oriented Comprehensive Primary Care Through Improved Care Delivery Design and Community Health,' and AAFP credit is pending. Term of approval is from 04/19/2024 – 04/19/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Thank you!

Next Meeting:

Thursday September 26th, 2024 - 7:30 – 8:30 AM

Focus on Preschool aged children (ages 3-5)

Evaluation/Credit Request Form: https://www.surveymonkey.com/r/echosleep