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Getting Your Child to Fall Asleep and Stay Asleep

Deepti Sheno, M.D.

WHILE THERE ARE MANY CAUSES for sleep disturbances in children ranging from depression, anxiety, sleep apnea, and restless-legs syndrome to night terrors or nighttime seizures, the most common reason is “behavioral insomnia of childhood,” or BIC. BIC, defined by problems either falling or staying asleep, affects about 25% of children.

There are 3 types of BIC: *BIC sleep-onset association type*, *BIC limit-setting type*, and *BIC combined type*.

BIC, sleep-onset association type, results from problematic associations that children

make with sleep, such as infants needing a parent to nurse or rock them to sleep, or older children watching TV or needing a parent’s presence to fall asleep. Once these associations are established, it is difficult for the child to fall sleep without having the parent, TV, etc., present, and it is difficult for the child to fall asleep again if they have nighttime awakenings without having the same associations (nursing, rocking, parent, TV, etc.). In *BIC, limit setting type*, the child refuses to go to bed and/or makes repeated requests (e.g., one more story, more food) in an effort to delay bedtime. This difficulty often

results from a lack of limit setting by parents. And *BIC, combined type*, results from both associations with sleep and inconsistent limit setting.

After identifying the type of sleep difficulty, treatment can be tailored to the problem. Often this includes education and training to change the parent’s behavior, which can then positively affect the child’s behavior. Parents can learn to help their child create positive associations with sleep, establish routines, and learn relaxation or self-soothing skills.

Parents can learn to help their child create positive associations with sleep

For children younger than 2 years, treatment often entails some form of extinction, or “cry it out,”

so infants learn to self-soothe. For children 2-6 years old, treatment may include basics such as establishing sleep hygiene (a 30-45 minute bedtime routine, avoiding stimulating activities prior to sleep, consistent bedtime) and providing the best sleep environment (calm, quiet, cool, no electronics). We can also use age-appropriate strategies to target specific problems such as nightmares, fears of monsters, etc. Strategies may include having the child draw a picture of the monster and then writing it a letter, or assigning a stuffed animal the task of protecting and caring for the child at night.

For children 6-11 years of age, sleep problems are increasingly associated with anxieties and or the use of electronics to contact friends. For children who have trouble falling asleep, a strategy such as “faded bedtime” can be helpful. “Faded bedtime” means initially allowing the child to stay up later, until he or she can fall asleep within 15 minutes, and then gradually moving the bedtime up to an appropriate earlier time. A strategy for dealing with nighttime awakenings is the “Bedtime Pass.” In this strategy, the child is given one or more “passes” before bedtime, with instructions that each pass can be exchanged for a request or parent visit. When the passes are gone, additional requests are ignored, and any passes left in the morning are exchanged for a small reward.

Parents are keenly aware of sleep problems because they clearly affect the child’s daytime functioning, especially with attention and emotional regulation, as well as the overall functioning of parents and families. The earlier these sleep problems are addressed, the more easily they can be resolved. ■

Deepti Sheno, M.D., is a board-certified child, adolescent, and adult psychiatrist. She specializes in diagnosing and conceptualizing behavioral and emotional difficulties, and developing a comprehensive treatment plan using behavioral interventions and medications.



Q&A

Q I am often sleepy during the day and have had problems concentrating at work. My wife says that I snore "like a freight train" and sometimes stop breathing for a few seconds. Is this serious?

A Your symptoms are suggestive of obstructive sleep apnea (OSA). This is a common, but serious, disorder characterized by recurring collapse of the upper airway. When the airway closes and breathing ceases (apnea), impaired oxygen/carbon dioxide exchange stimulates the brain's respiratory center, briefly awakening the sleeper. This cycle recurs at least 5 times per hour. Although affected individuals can be unaware of sleep disruption, they may experience daytime fatigue, impaired concentration, nocturnal urination, and morning headaches. Predisposing factors include one's anatomy (narrow or "crowded" airway), obesity, male gender, and advancing age. Alcohol may exacerbate this condition. Severe, untreated OSA is associated with increased risks of heart disease, strokes, high blood pressure, diabetes, fatty liver, and depression.

OSA is diagnosed with a sleep study. The most effective treatment consists of a continuous positive airway pressure (CPAP) device. Dental appliances can sometimes be effective in milder cases. Weight loss is necessary in any successful treatment regimen. ■

Rita Tranquilli, M.D., is a psychiatrist who provides pharmacologic treatment of mood and anxiety disorders. Management of accompanying sleep problems is an integral component of effective therapy.

Alcohol and Sleep are Strange Bedfellows

CONTRARY TO POPULAR BELIEF, a nightcap does not help you sleep better. In fact, numerous studies show that although alcohol may allow you to fall asleep faster and sleep more deeply at the beginning of the night, it suppresses the psychologically restorative REM (dream) sleep. Without enough REM sleep, you can wake the next day experiencing moodiness, exhaustion, poor concentration, and daytime sleepiness. The more you drink, the more pronounced these effects are.

Without alcohol, a healthy person usually enters REM sleep within the first 90 minutes after falling asleep, and then cycles in and out of REM sleep 6 or 7 more times through the evening. Under the influence of alcohol, the lighter stages of sleep are increased while REM sleep is diminished during the first portion of the night. Later

in the evening, the alcohol may be metabolized, however, it can still cause withdrawal symptoms, including shallow sleep, multiple awakenings, and REM rebound associated with sweating, nightmares, and restless sleep. In addition, alcohol suppresses breathing and can exacerbate sleep apnea, as well as increasing the chances of sleepwalking and sleep talking.

Most research shows that one drink (a 12-ounce beer, a 4-ounce glass of wine, or 1 ounce of hard spirits) seems to have a minimal effect on sleep. If you drink in the evening, try to avoid it too close to bedtime in order to give the liver time to metabolize the alcohol.

Alcohol should never be used as a sleep aid, and regular use can lead to alcohol dependence. Alcohol's impact on sleep is cumulative.

Alcoholics often complain of a permanent, negative effect on their sleep, including difficulties falling asleep, multiple awakenings, and a decrease in the delta (physically restorative) and REM stages of sleep.

Sleep problems and the excessive use of alcohol should be addressed with the help of a qualified professional. Without help, it is easy to get caught in a vicious cycle of using alcohol to "help" fall asleep, making it even more difficult to get the right amount and kind of sleep in the long run. ■

Jeffrey L. Santee, Ph.D., is a clinical psychologist with advanced training in cognitive and health psychology. In addition to his work in men's and marital issues, he specializes in the treatment of depression, anxiety disorders, and stress-related health problems.

The Myth of Catching Up on Sleep

CAN I JUST CATCH UP ON LOST sleep over the weekend? What's the big deal anyway?

With increasingly busy work schedules, studying, caring for sick kids, or staying up to watch a favorite show, it's tempting to think that you can catch up on lost sleep over the weekend. The good news is that we can make up for a portion of the hours we've lost, but not all of it. And the longer you deprive yourself of needed sleep, the harder it is to make it up.

Although the amount of sleep needed varies among individuals, experts recommend that adults sleep 7 to 8 hours a night. Anything under 6 hours is definitely not enough and with time will catch up with you. Driving performance and reaction times are affected by just one sleepless night. Pulling an all-nighter to study for a test or prepare for work may result

in decreased concentration and difficulty with recall or learning. Chronic lack of sleep leads to fatigue and may also be associated with increased chance for serious medical complications, including depression, heart disease, memory loss, diabetes, and high blood pressure. It also triggers overeating and decreased ability to fight off infections. You may possibly feel more physically rested after a weekend, but the sleep deprivation continues to affect you in ways that you may not see.

To help your brain recover from sleep debt, add an extra hour each night for a couple of weeks, and sleep at the same time each day until your body gets used to this new pattern. If you do plan to sleep extra on your day off, go to bed early rather than sleeping in, and get up at your regular time to prevent interference with your circadian clock and your



ability to fall asleep the next night. Supplement your normal sleep cycle with brief catnaps if needed. These naps should be no longer than 20 minutes, as naps typically do not provide much REM sleep, which is the regenerative sleep stage.

For the chronic bad sleeper, the best advice is to get enough sleep. Begin with identifying why you are not sleeping, and correct your routines, schedules, or any underlying medical conditions that may be responsible for your difficulty sleeping. ■

Anna Mackender, M.D., is a board-certified psychiatrist who is lately sleep deprived due to motherhood.