

2023 Resource Provider Training (C170)
The 4 C's of Healthy Sleep
Presented by Dr. Kendra Krietsch

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All righty, well, thank you for the introduction. I'm excited to be talking to you all today. Trying to get my slides to advance. There we go.

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All right so today we're going to be talking about how sleep works and I'm going to be giving you a model for how to use that knowledge to guide your actions to help your foster child. Give them the best chance of a good night's rest. And, we'll be talking about kind of what sleep is, how trauma affects sleep, and signs that you need to talk to a doctor about your child's sleep. And we'll be talking about sleep medications and what we can do to avoid medications when when necessary. And I'll be doing that by presenting a model of behavioral interventions to promote healthy sleep called the 4 C's of Healthy Sleep. I'll be giving you a lot of information and a lot of words on the slides. And I did that on purpose so that you can come back to these slides in the future when you have specific questions about your specific foster children.

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So, with that said, we can go ahead and jump right into things.

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So, we all probably know what sleep looks like, closed eyes, slowed down, breathing. But you might wonder what's going on underneath the surface. Well, sleep as an extremely important time of day for the body and the mind, and during sleep, there's all kinds of important restoration going on. So muscles are rebuilding, the brain's making new connections. The body is resting. There is even some research showing that sleep helps us heal from traumatic experiences. And sleep is really vital to our health and wellbeing. It's just as important as eating or drinking. We would die if we didn't sleep. So, it's an important thing, and it can be very scary because our eyes are closed and we're kind of unaware of the outside world. We can't protect ourselves. It's a time when we're vulnerable to predators. So, when we look at the animal kingdom, most social species have developed strategies to protect themselves during sleep. So, for example, koalas go up into trees to get away from land predators. For those of you who have taken my last sleep course, you might remember that ducks sleep in a row and the ducks on the end keep one eye open to kind of keep an eye on things while the rest of the group is sleeping, to monitor for threats and alert the group if needed. And unfortunately, humans have not found a way to sleep with one eye open. And, in fact, trying to do that, trying to stay vigilant interferes with sleep. So it's not surprising that children who have experienced trauma or neglect, particularly around bedtime, struggle to let themselves fall asleep.

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So let's talk a little bit about how trauma exactly affects sleep. So we all have an alert system, kind of like a fire alarm in our brain that alerts us when we are in danger. And after a trauma that alarm goes into kind of high alert mode. So it's going off for everything, things that are dangerous and things that aren't. And when bedtime feels extra scary, that alarm is sounding loud and clear. And the alarm causes all kinds of changes in the body, like increased heart rate, faster breathing, muscle tension. Kind of this cascade of stress hormones. And when that alarm is going, it's really hard to sleep. So it's not surprising that the handful of studies that are done in children in foster care have found that nearly all of them have some form of sleep disruption. So taking a long time to fall asleep, or the most common thing found was moving beds in the middle of the night. One study found that almost 90% of school aged kids in foster care move beds in the middle of the night. The study found about half of kids have nightmares who are in foster care. I'll also point out that bed

wedding is very common, about a 3rd of kids bed wet after a trauma when they're in foster care and they really have no control over that. They aren't meaning to. It's really a symptom of their trauma. So, knowing that I want you all to know that what these children need to sleep perfectly is a lot and it probably is going to involve psychological counseling with professionals. And you as caregivers aren't necessarily the people to do that specific work. But what I'm hoping you can learn today is how to create a home environment and a relationship with that foster child that facilitates a really strong foundation for sleep to give them the best chance at sleeping while overnight.

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Okay, so just thinking too, let's say that a child does feel really safe and is sleeping well. How do we know healthy sleep when we see it? Most people think first of all, just of how much sleep somebody's getting, but there's actually a lot more to it. So, first and foremost, we hope that kids are falling asleep, feeling confident and comfortable and falling asleep within half an hour of laying down. We hope that they don't need anything that might interfere with their sleep to fall asleep. So TVs, tablets, those things can interfere with sleep. We want to get to a point where kids can fall asleep without them, or without needing a bottle, or somebody rocking them, or patting them. During the middle of the night, we hope that they can fall back asleep quickly. And yes, waking up several times a night is normal. We just want you to be able to get back to sleep quickly. We want them sleeping the right amount for their age and around the same time every night and morning and, waking up feeling well rested. Those are all signs of healthy sleep and what we might be aiming for.

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So you might be asking, okay how much sleep does my child need. And if your brain is telling you that they need 8 hours, it turns out that we don't need 8 hours of sleep until we're teenagers. We actually need much more sleep before that. So, chances are that if you have a younger kid, they're needing anywhere from 11 to 14 hours per day if they're a toddler. To 10 to 13 hours a day if they're in preschool. To 9 to 11 hours if they're school aged. You might notice that, as we get older, our sleep needs just decrease over time.

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And what happens when we don't sleep the amount that we need, can look different person to person. But really, the takeaway is that sleep deprivation affects every single body system. But particularly mood and behavior. So that's where our sleep deprivation affects really shine. And when we can't sleep well, or when we're not sleeping well or enough, we just can't really tolerate the world very well. So, in babies and infants, you're going to see a lot of fuzziness, difficulty calming down, clinginess, not wanting to be put down, yawning, fluttering eyelids, not being very interested in the kind of environment, or playing. At the point that they're overtired, like before they're going down for sleep you'll notice that they get very red, they might arch their back, and just be, you know, very, very difficult to settle. An interesting thing happens in toddler hood and preschool, where, when kids aren't sleeping enough, instead of getting kind of slow and lethargic the way that adults do, you're going to see a lot more hyperactivity. Not being able to sit still, being very impulsive, moving from one thing to the next. Being very easily frustrated. In school-aged kids, that kind of telltale sign is that they're falling asleep. School aged kids should be awake from the time they wake up to the time they go to bed. So, if you're noticing napping or falling asleep at school, that's a pretty good sign that something's wrong or that they're not getting enough sleep. You might see it that they're having a hard time paying attention, or they are forgetful, or they can't follow multiple directions. And teenagers, you might see, you're likely to see all of those things, falling asleep at school, napping, kind of being impulsive, hard time following directions. But you're also more likely to see some of the mood effects. So snapping, being really irritable, moody, or withdrawn. And for those kids who already have mental health struggles, like anxiety, depression, or PTSD, those are going to be kind of, the volume on those are going to be turned up when they're not sleeping well.

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And it's not just the amount of sleep that affects us, but sometimes there are medical sleep disorders that affect the sleep quality. And a recent study suggests that sleep disorders, medical sleep disorders, may actually be more common in foster children and more likely to be missed by doctors. So if you're noticing any of these signs do bring them up with your child's pediatrician. So, at bedtime if the child's complaining that their legs feel funny, or that they tickle or hurt, or if they're asking for leg massages, or if they just kind of can't keep still while they're trying to fall asleep, especially if they're kicking and moving around a lot, that could be a sign of something called restless legs. In the middle of the night, if you're hearing snoring or gasping or pauses in breathing, that would be very important to bring up to your child's pediatrician because those could be signs of sleep disordered breathing, or sleep apnea. If the child is very restless, flip flopping all night long, or even falling off the bed, that sometimes can be a sign of periodic limb movements. And then during the day, if the child wakes up feeling unrefreshed, if they're complaining of headaches, if they're really sleepy through the day, even though they got the right amount of sleep, that can also be a sign that there might be a medical sleep concern going on.

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So, all in all, you might kind of notice that some of the signs of sleep deprivation might sound a lot like ADHD, or a mood disorder, or a behavior disorder. And when kids are showing up with symptoms like this, they may be kind of misdiagnosed as having a psychiatric mood or behavior disorder. And then mistreated with psychotropic medications. Now, there's plenty of times when a child really does need medications to manage their mood or behavior, and they may have sleep problems at the same time. But my hope is that you leave this training today, understanding that if there's kind of mild concerns in mood and behavior that we want to try to improve sleep first, before we jump to medications because this could avoid the need of a medication altogether or reduce the dose needed.

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So that'll lead us to talking about sleep medications. And before I get too far, I do just want to put out a little disclaimer, public service announcement that I am not a physician. I'm a clinical psychologist, I do have a lot of training and evaluating bodies of research and I've evaluated reviewed the research on sleep medications, but I'm not a physician. I'm not giving individual medical advice, so you should always talk to your child's pediatrician or their prescribing provider and their caseworker with any questions that you have about sleep medications. And I'll also point out that the state of Missouri defines a psychotropic medication as any medicine that affects the mind emotions or behavior. And this does include herbal remedies, not just prescribed medicines. We'll talk about why that's important for sleep medications, particularly here in a second, but I also want to point out that before you give any kind of medication to a foster child that your case manager or an authorizing consenter has to give consent before you give that medication, even if it is prescribed by a provider.

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So, any medication that is taken to influence sleep is considered a psychotropic medication. So that includes anything you can buy over the counter, like Melatonin or Benadryl, or, like I was saying, herbal remedies. But this also includes things that a doctor would prescribe like, Clonidine or Guanfacine. So, medication is often the first thing that people think of when it comes to sleep problems. But that's unfortunate because there are actually no medications for sleep that are FDA, approved for kids 16 and younger. So that doesn't necessarily mean that they're unsafe, but it just means that there's not enough research studies showing good benefit and there are no published trials of any sleep medications, including melatonin, among children exposed to trauma. So we really don't know how well they work or how they affect kids with trauma. Furthermore, pediatric sleep experts, including physicians, don't recommend sleep medicines as a good long-term solution for sleep problems. Behavioral intervention should always be tried first, because usually

the sleep medicines aren't targeting the kind of root cause of the sleep problem. The medication isn't going to help a child feel safe at bedtime, or put them into a sleep promoting sleep environment, or help their body clock stay on track. Those things all have to be done through, you know, our habits and behaviors and actions. So, I will say that medications are sometimes needed to treat sleep problems, particularly if the sleep concern is medically based, or for kids with really complex presentations with neuro developmental conditions or complex psychiatric conditions. But in general, we really do want to be trying behavior interventions first. Behavioral interventions also don't have side effects, whereas medications always carry the risk of side effects.

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So, let's say that you've done this training, you've tried all the behavioral strategies first, and you're still having sleep problems and you want to consider a medication. Remember talk to your case manager. First, but here are some questions to talk about with the prescribing provider before you fill a prescription. So going into it, you want to always have your exit plan. So, the things I would be asking would be, is there anything else that we can do before we try a medication? Are we missing anything behaviorally? What are the medications possible side effects and do you think that the benefits outweigh the risks? And how long would we be using this? And when would we know to stop the medication?

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All righty so now that we know a little bit about the science of sleep and sleep medications, how trauma affects sleep, we're going to move on to our behavioral strategies.

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So, the behavioral strategies I'm going to be sharing with, you are developed as part of this model called the 4 C's of Healthy Sleep. And this model was developed by a very smart researcher clinician named Dr. Candice Alfano at the University of Houston. She is a clinical psychologist, and she reviewed decades and decades of research across several bodies of literature to develop this model. And so she was reviewing science of sleep and child development and attachment and trauma, and she took everything she learned from that to create this nifty 4 C's of Healthy Sleep model. And this is not intended to be a cure all. It's not going to address all of the sleep concerns that a child in foster care might have, because those are complex and require a lot of different professionals and supports. But it is going to help set a really strong foundation for a healthy sleep environment and kind of aligning the child's sleep biology. And creating a healthy relationship with you as their foster caregiver so that they feel like they can be safe and trust that they're going to be all right falling asleep overnight.

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All right, so we'll start with our 1st C, which is consistent and adequate schedules. Consistency is going to be a big theme in this model. Consistency creates predictability and predictability means knowing what's coming next. So, that's important for all children, but especially children who are in foster care, who may not feel like they have much control in their lives at all. They don't have control over where they're living or what their life is looking like. So, we want them to feel in control about what's going to happen at bedtime. And one way we can do that is by creating a sense of predictability throughout the day, with your expectations of them at night, and with their sleep timing.

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So, although we're talking about sleep, daytime really is the backbone to a healthy night of sleep. So, during the day we want to have some consistency in what we're doing and when we're doing it. So a daytime routine doesn't have to be too crazy. But in general, we really want kids eating three meals a day around the same time, and with other people. That also helps their sleep get really cemented in. Eating during the day helps the nighttime sleep. We also want kids to really

understand that daytime and nighttime are very different like, where we are, what we're doing. They should be. So we want to do things like, wear different clothes at bedtime versus during the day, and do different things. So, during the day, we want to be keeping our kids really stimulated both physically and mentally. So we want to be moving our bodies at least half an hour a day, getting outside, getting in the sunshine, opening up the blinds. Definitely avoiding naps for kids who are 6 and older. And then you probably heard about avoiding caffeine, caffeine's a stimulant. So it stays in our body for 8 to 10 hours, and can make us feel really alert and awake. So, we don't want to have any caffeine during the day, or at the very least stop drinking it at around lunchtime. And then, because we really want to have that nice division between daytime and nighttime, we want to keep kids out of their bed during the daytime. Except for if they're young and taking naps still.

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For kids who are 5 and younger, we want them also following a consistent nap schedule and taking their naps, you know, when possible, in the same place every day. So, I know there's a lot of words on here. I apologize for that, but I wanted it to be something that you could come back to and get lots of info on for your unique child. So I think the takeaway here is that we want to offer naps around the same time each day and ideally, in the same place that the child sleeps overnight. So, if the child sleeps in a crib, try to do naps in the crib, as opposed to on the couch. And you can follow kind of a little mini nap routine beforehand almost like a bedtime routine and that'll help them settle down for sleep. For little ones under 3 months nap timing is going to be really irregular so don't worry if it seems like it's all over the place. That's natural. The body doesn't have a rhythm yet. We expect that. For 4 to 11 month olds we really do want nap timing to start getting a bit more consistent and for naps to total to about 3 to 4 hours a day. For any baby under 12 months we still want to follow safe sleep practices. So, if they fall asleep, you know, in a stroller or a car seat or something like that, we just want you to move them to a firm sleep surface like a crib or a pack and play, you know, once you get back to the house. As they get older, towards 1 to 3 years, we're aiming for naps to total about 2 to 3 hours a day. And in general, for all kids 4 months and older, we want naps to end no later than 4:00 PM. If we're napping past four, it's going to kind of steal from our nighttime sleep and make bedtime really challenging. In general, for that 1 to 3 year old range, it's nice to do naps right after lunch. And actually, once the child is one naps in general are well suited after lunch. Trying to avoid that late afternoon napping is good. For 3 to 5 year olds, this is the time that they're kind of phasing out naps. So, you might notice that napping gets a little bit harder. And you can just keep offering some quiet time to see if they'll take you up on the nap opportunity. Once they stop napping altogether, you can stop offering that chance.

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Okay, now we'll talk about keeping that consistent bed and wake time. Many, many sleep problems can be avoided by being really strategic about when you put your kids to bed and for how long. Because when we put kids in bed longer than they need they tend to have problems falling asleep, or they wake up overnight, or they fight you at bedtime. And when they're in bed too little, they're going to be overtired and they're going to fight you. So, if we can try to kind of find that sweet spot of the exact amount of time that they should be in bed, that can really help. And then keeping their bed and wake times fairly consistent, night-to-night and on weekends will also really help things go smoothly over time. So an hour later, going to bed and waking up is not a big deal on the weekends, but if you can keep things fairly consistent, it's going to really pay off in the long run. And then the big thing too is that even if your child didn't sleep well overnight, really trying to avoid sleeping in or taking extra naps. Although it's hard on that day, and they're probably going to be more sleepy and irritable, it's going to avoid longer-term problems with their clock getting out of whack.

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Okay, so moving on to our second C. Calm evening environments. So, we all kind of need a calm outside to feel calm inside, but especially for kids who have experienced a lot of instability in their

life. Their environment is really going to affect them. And so you can create a peaceful home environment, peaceful wind down to help them, kind of start to feel relaxed and ready for sleep. So, we're going to be talking about how you can do that with your own body, with your environment at home, and with the bedroom.

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So, we can't expect children to feel calm and act calm if we are not feeling and acting calm ourselves. And that's because children really absorb the energy around them. They are little sponges. They're going to feel what you're feeling. So, if you can take a few moments before bedtime, and throughout the bedtime routine to get calm and share your calm with them. That's really going to help rather than joining their chaos. So, a few minutes before bedtime routine starts, I would try to kind of step aside for a second and just check in with my body and say, how am I feeling, what am I communicating with my body language, my tone of voice, and what do I need to be the calmest most patient and most consistent parent right now. Now, obviously, what you need, probably is a 3-week vacation, and you can't take that right there. But there are probably small things that you can do to calm down and be that good anchor for the child. So, if you're not already really trying to prioritize your own sleep and health, so that you're going into bedtime healthy and strong. Asking for help as you need it from friends and family or respite care. And then it's always all right and actually, I encourage it before bedtime, have just a quick separation from the children. If they're old enough that they can be unsupervised for a minute, you know, step away, take a bathroom break. If they're not and they need you supervising them stay in the room with them, but it's okay to put in ear plugs for a second, or take kind of a little mental vacation where you're not as invested in exactly, what's going on in that moment. But where you can step away for a second, take some deep calm breaths, imagine a calm place that you'd like to be. Just take a break for a second, so that you can get yourself calm and relaxed so that you can go into bedtime ready to give them what they need. And then, during bedtime, it's going to probably be a challenge, but remember that this child is probably overtired. And that challenging behaviors are often because of trauma or fear, and that your job is to be an anchor. They might be a storm, storming around, and you need to be that calm anchor rather than kind of flying around with them. And during the routine, just try to really focus on using kind of a calm tone of voice, low volume, moving slowly, using neutral to positive facial expressions. And I'm a big fan of deep breathing during the bedtime routine. It helps you stay calm and helps model for the children that taking deep breaths is good and calming.

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Okay, so how can we create a home environment that is going to also help them calm down? So, I like the motto dim lights, quiet voices, slow bodies, calm hearts. We can accomplish that first, by making the environment a little bit dimmer. So, outside, when the sun goes down, that's when all the animals get ready to go to sleep. So we want to create a similar environment at the house. So we want to turn off TVs and tablets and phones, which I imagine might be a bit triggering for some kids and families. But if you can push through the initial discomfort of getting through that I think it'll really pay off for you. Because when we dim the lights that allows our bodies to naturally get sleepy and ready for bed. So we want to turn off overhead lights, put on lamps, just make things kind of dim and and relaxing. Now if you have a child who's really afraid of the dark it's okay to use night-lights and dim lamps and things like that. But we want to go from having bright overhead lights to kind of these dimmer lights. We also want to lower noise levels. So, noise inadvertently makes our bodies a bit more stressed. So that's another reason we want to turn off TVs and tablets and phones and things like that. And the adults in the room, we want them to be using kind of a soft, quiet voices. That's going to help the children calm down. Put away noisy toys. And kind of go into quiet mode. For some kids, playing soft, slow music is also really calming to them. We want to reduce movement. So if there's a lot of kind of movement going to and from the house, you know, if we can avoid that, that would be good. Avoiding moving between rooms a lot. So, trying to kind of do calm downtime in one specific spot. Setting kids up with an activity in one place can be helpful

for that. And then avoiding stress. So this can be a hard one. Bedtime can be a little bit of a chaotic time. Siblings can be quarrelling or, you know, there can be stresses of the day that we want to talk about. And I encourage you to put those in the parking lot, save them for later, save discipline for later. At bedtime, you know, the hour before bedtime is not the time for discipline or arguments. If you need to separate siblings or foster kids, I find that staggering bedtime can be a helpful way to do that. So, setting up the oldest ones with an activity, while you put the youngest one's to bed. And then moving to the next oldest so that everybody has a little time for 1 on 1 with you as their caregiver and you're keeping the kids separated from getting into, you know, little fights and stuff. And then here's a really big one. It sounds simple, but it's hard to do, but effective and that's just ignore minor misbehavior. So, if your foster child is talking back to you, or saying, I don't want to go to bed or why do you make me turn my TV off your so mean to me, I hate living here. It can be really tempting to want to get pulled into that conversation or argument, but just go ahead and ignore it. You're not being mean by ignoring it. You're just helping things, move along and stay calm and peaceful.

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So this is a picture from a really sweet book called *The Bedtime Bonnet*. And it just really perfectly captures an ideal pre bedtime environment. So everyone's in one location, everybody's wearing pajamas. So it's clear that everyone's getting ready for bed. You can tell that things are pretty relaxed and calm and the family is you know, spending some time bonding. We've got positive facial expressions. So this is just, I thought this was a really nice example of what this can actually look like in practice.

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Okay, so we've got a really nice calm home environment. Let's talk about what we want the bedroom to be like to facilitate sleep. So, first of all, we really want the child to fall asleep in the same place that they sleep the whole night. So you really want to aim for having kids fall asleep, if they're sleeping in a bedroom, then having them fall asleep in their bed in their bedroom, where they're going to stay all night. If you have a baby that's in a pack and play or something in your room, really try to aim for them to fall asleep in the pack and play where they'll be all night. And the reason for that is that the way that we fall asleep is what we want when we wake up overnight. And so if a baby falls asleep with you holding them on a couch, and then they wake up in a dark room in a pack and play they're going to feel quite scared and it's going to be difficult to calm them down. Whereas, if you can get them into the habit of learning to fall asleep in their pack and play in your cool, dark, quiet, calm room, everything will feel in its place if they wake up overnight. Okay, so we want the bedroom to be cool. If you can kind of aiming for 65 to 70 degrees. You can cool things down obviously, with AC, if you have that, and fans, but also just keeping kids in really lightweight PJs and blankets. We don't have to have the really heavy, fuzzy things. And if it's if it's possible, you know, having beds, bedrooms, be on lower floors during the summer time, if it's really hard to keep bedrooms cool that are on the upper floors. That's okay if your kid doesn't want to sleep with a blanket, many children don't. And you know that the rooms too warm if the child is sweating, saying they're hot, looking flushed, et cetera. We want to keep things dark because darkness is what tells the body to go to sleep. So, that means that we want all screens off while they're going to sleep and that means TVs, tablets and phones. Ideally, we've got all lights off with a nightlight, but some children just aren't comfortable with that. So, if a child isn't comfortable just having a nightlight then a dim lamp in a corner, the furthest away from the bed is going to be okay, or going to be the next best thing. And we really want to phase out ambient light. So that means if we can keep light out from outside, that's helpful because light from outside tends to change throughout the night, and that can be stimulating to the brain. So let's try to do lamps, night-lights, and especially warm colors. So warm colors is good. That means warm yellows and oranges and reds. We want to avoid cool colors. So, avoid blues, greens, purples. And I know that that's a bit counterintuitive because blue is so calming, but it turns out that blue light actually suppresses our own internal melatonin, which is what makes us feel sleepy. We also want to, if we can, avoid LED lights,

because LED lights are super, super bright and they trick our brains into thinking it's daytime. Star projectors, they're fine to use during the bedtime routine, but we want to keep them off overnight, because they're just kind of stimulating and they tend to have a lot of blue light in them. To keep the room quiet again, you'll hear a theme here, turn off all screens and electronics. Those tend to be very stimulating to the brain and they have a lot of sound. Go ahead and try to kind of close up windows and doors, if the child's comfortable sleeping with the door closed, so that there's less noise from the house coming into the room. If you've got multiple family members in the home, really trying to encourage everyone in the house to be quiet. It can be very difficult to fall asleep when you know that other people are up. Especially if you don't know exactly who they are or what they're doing. So trying to keep things really relaxed and quiet. And for kids who might need a little background noise, I quite like white noise machines. If you do do a white noise machine, you want it to be on as they fall asleep and just stay on all night long. Because again, we want to fall asleep in the same way that we're going to sleep all night. And if you've got a really light sleeper, you could offer them some child-sized earplugs. Now, keeping the bedroom calm is also really important, because it helps the body relax and to sleep. So, electronic stuff off and out of sight. Put away toys that might be really engaging or exciting, put away homework, put away clocks. This is a big one. So, oftentimes, we'll our brains will want to watch the clock if we're having a hard time sleeping, but watching the clock, never actually helps and usually it hurts things. So, just trying to have clocks out of the way. If you have an alarm clock in the room, so that the child can get up without a phone, which I do recommend, just try to turn the clock around so that the child can't see the time. And then allow comfort items. We'll be talking more about comfort items in a moment, but things that you know, either remind them of home or somewhere that they enjoy, people that they love, stuffed animals, those kinds of things.

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Okay, now we can talk a little bit about safe sleep practices. So safe sleep applies to babies 12 months and younger and safe sleep practices reduce the risk of sudden infant death syndrome. So, the American Academy of Pediatrics recommends the ABC's of sleep. So, that means that the baby 12 months and older, or younger excuse me. Babies 12 months and younger should always sleep alone on their own firm sleep surface. So never, sleep in a bed with another adult or on a couch or a chair. They should sleep on their backs every time. Not on their tummies. And they should sleep in that bare crib or pack in play with a firm flat surface. So, that means no extra blankets, pillows, bumpers, or toys.

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So, let's take a look at what that actually looks like for, like, a real person. So in this adorable picture on the left, we've got a baby in a pack in play and you'll notice that there's no bumpers. There's no blankets, there is no pillows. There's no toys. Just a sweet little baby in a onesie in her safe pack and play. On the right side, we've got a baby in a pack and play who is just a little bit more warmly. So, if you're worried that the baby is going to be cold then go ahead and dress them in warm pajamas and put them in a sleep sack. They don't need a blanket. Pacifier is okay.

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Okay, so now we've kind of nailed down a calm evening environment. Let's talk a little bit about how to over time help kind of train your child to feel sleepy around bedtime. So again, we talked about the importance of consistency and predictability. So, building a bedtime routine helps with that sense of consistency and helps kids know exactly what to expect at bedtime. And what happens is when we do the same thing, the same way every night the body starts to learn that when I start my bedtime routine sleep is coming. And so by starting the routine, it can actually help the body wind down for sleep. And I'll also just put in a plug that bedtime routines are a great time to connect with your foster child. So it's a good time to really prioritize being really warm and comforting with them. And build some closeness to help them feel safe and secure for sleep. So,

we'll talk in this section about how to find some comfort objects for the child and really how to create a superstar bedtime routine.

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So, as soon as the child is placed with you, I would encourage you, if able to reach out to the child's caseworker, or a prior home, or if you're able their parents, and just ask them a little bit about the child and what's comforting to them. So, if it's a baby, does the baby take a pacifier? Do they have a lovey? Do they like to be swaddled? If it's older children, you can ask a little bit about if they have toys that really they enjoy a lot or a special cup or objects or if they like pets. And just a little bit about what their sleep was like at their last home, if they had a bedtime routine. And what kinds of rituals they did before bed. And then if there's anything they particularly struggle with, like, acid reflux when they lay down or washing their hair is really difficult. So, we don't do hair washes before bed. Learning a little bit about what works for them and what doesn't work can really help put you on track with them with your own bedtime routine. And then we want to think about ways to provide them with comforts. And in general, if possible, offering options is really helpful here. So again, foster children often don't have a lot of options. They don't have a lot of control. And so, if you can offer them a couple of different options to choose between, when it comes to things that are comforting, that can really help them feel comfortable and secure. So for little ones we want to have yeah, for little ones, you want to have a variety of different, like, pacifiers or sleep sacks or swaddles that you could try out with them. For children who are 1 or older, kind of through school-aged years, you can talk to them about potentially sharing a room with a sibling or a family pet if that's safe and permissible per state rules. If you can offer them to choose from a couple of different stuffed animals and then once they pick you can encourage them to talk to that animal. If they're feeling scared, or lonely and you can tell them, you know, you're your huggy puppy here sometimes feel sad and lonely too. How do you think you can comfort your huggy puppy and you can teach them to kind of lean on that huggy puppy for support and comfort and also to comfort the huggy puppy themselves? For older kids and teens, they still also like comforting things. They may just look a little bit different. So they may have more preferences in terms of like, the blankets that they use or the sheets that they pick out. So, again, if financially possible, if you can have a couple of different options for them to choose between, that can be really nice. And then if it's possible, you can ask them if they want to help arrange the room. So sometimes kids have very specific anxieties about how rooms are set up. They might want to be able to see the door from their bed, or they may not want the bed by the window, or they may want the closet door closed or something like that. So, if you're able to and you're okay with it, letting them kind of dictate where things are can give them a sense of control and safety.

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Okay, so, let's go through how to establish, create a really nice, bedtime routine. And this really is such a strong basis for sleep. How the routine goes off and dictates how the child settles down for sleep. And it helps them kind of calm down and get their bodies in a place where they can rest. So, we want in time, routines to be predictable as I keep saying, consistency and predictability. So the child themselves over time should be able to tell you exactly what happens in their routine. So in the routine, we want you to be involved and positive. So you want to be a really warm, encouraging, positive presence and you can pick some things in the routine that might be fun for the both of you. As we talked about before we want to avoid conflicts, stress is, you know, discipline, that kind of thing. And this is a time to use those ignoring skills if they're talking back to you. For older kids, so kind of maybe, I don't know, going preschool, school aged and older, really making sure that we're respecting privacy for bath time or changing. So, children might need some support getting through the steps, but it doesn't mean you have to be right there as they take off their clothes and put on their new PJ's. You can always ask your case manager, or the last home how independent the child is with things with bathing, getting dressed and that kind of thing. But we want to give kids as much privacy as they want and need to do things like bathing and putting on PJ's. So we want the bedtime routine to start about 15 to 30 minutes before bed. For some kids

they need a little bit longer. If you're a family that struggles to keep things on time, you can try to use timers on your phone or music that turns on the Alexa at the same time every night to kind of keep everybody on track. As we talked about with the calm evening environment, making it feel like night time, having things dim and dark and quiet, those quiet voices, slow bodies, calm hearts. And then we'll pick, we'll go through some activities to put into the routine here in a second. And then stick with it. So, routines are something that only benefit us if we do them every night around the same time, in the same way.

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So, a nice bedtime routine is going to be one where we start by turning off stimulation, turning off all the screens, getting things calm and relaxed and dim. Doing some connection time. We're going to be talking in a second about including a little ritual in the bedtime routine helps you connect with your foster child and helps them kind of feel safe and secure for sleep. Do some body hygiene, PJ's, like I said, we want to wear something different during the nighttime than daytime. Saying, good night, good night to others. So, if they have other foster siblings, or if you guys have pets in the home, or other caregivers, just kind of saying good night to everybody can really help queue the body that it's time for sleep. Get the bed and the bedroom really comfortable. Maybe do some relaxation strategies, which we'll talk about in a little bit also in the connection time section in a second. And then I always recommend ending with a ritual. So, that ritual can be as simple as saying night night, sleep tight, don't let the bed bugs bite, or it could be a special way that you, you know, rub their head, or it could be a special handshake. But something that shows that's the end of the bedtime routine, it's time to fall asleep. And I'll just keep commenting that kids will differ in how comfortable they are with physical affection. So make sure that your ritual is something that they're comfortable with and not more physical touch or more kind of emotional connection than they're ready for.

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So here's an example of a nice bedtime plan for a baby. We're dimming the lights, doing the last bottle of the day while they're awake, doing a bath. The lotion can be a really nice time to have some good sensory inputs. So do a little lotion, a little baby massage, massage their feet and legs as you lotion them up, put them in their sleep sack. Do some nice physical connection by snuggling or rocking, reading a book, and then putting them into their little pack and play drowsy but awake. That would be an ideal bedtime routine for a little baby.

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For a school-aged kid it's going to start the same. We still want to dim the lights, we want screens off. we might want to offer them a healthy snack so that their tummies are full before bed. Do some hygiene, brush their teeth. Do a connection time activity. For this particular child, they really enjoy puzzles. Making a big deal out of nightlight. So, if this particular child is afraid of the dark, then we make sure to do a little ritual around turning night-lights on in the bedroom. And then goodnight. So, you can craft, you can work with the child to craft a bedtime routine that's really going to work for them. You might need to try a few different things and figure out which activities are uniquely calming to that child. Everyone's a little bit different. Some kids, for example, they really hate bath time. So if bath time is very, very stressful and difficult, then we don't need to do bath time right before bed. We can do it after dinner and then have some playtime and then bedtime routine. So, you can ask the child what kinds of things help you calm down and get ready for sleep. If they say screen time, you can tell them well, that's something that we can use to calm you down at different times a day but we want to be doing non-screen things before bed.

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Okay, and this leads me to our last section here about close connection. And this really is the most important part of the whole model that I've been presenting today. We've been talking a lot about consistency and predictability and calm environments And now we're going to talk about how you

can use your relationship with the child to create those messages of safety and trust so that they feel like they can let their guard down and go to sleep at bedtime.

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So, as we're thinking about this, kind of, building this close connection, I want you to imagine for a second that you have just had a really horrible day. Nothing went right. Everything went wrong. You're really worried, you know, maybe you're worried that your boss might fire you, or that you're not going to make rent this month, or your mortgage payment. You are stressed and you feel it in your body, you've got a pit in your stomach, everything, you know, your muscles are all tense. And then I want you to imagine that somebody who you really love and trust comes up to you and gives you a warm embrace. Just like these adorable, woodrats, I'm not exactly sure what they are, prairie dogs maybe. But you could imagine that even though a warm embrace, a hug, it does not make your problems go away but it does help your muscles loosen up a little bit. It helps you slow down your breathing, it can help your body calm down. So, as long as affectionate touch, or a physical touch, or whatever, you want to call it, as long as it is welcomed it is an extremely effective way to reduce stress intention and to lower that vigilance that makes it so hard to sleep and to promote feelings of safety and trust. Now, kids are going to really vary in how much physical touch, or how much comforting they are comfortable with. So, I do not want you to push for more physical touch or affection than a child is comfortable with. And we'll talk about how to present activities in a way that they get to choose and they get to direct. But, you know, if a child is giving you signs that they're okay with safe touch, it can be a really helpful way to connect with them and help them feel safe for sleep.

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So, we're going to be talking about how to set up something called connection time, which is a way to connect with your child, your foster child, before sleep. And connection time should last about 5 to 10 minutes and it should be pretty close to bedtime, maybe after we've done PJ's, and brushing teeth and things like that. And the goals of this connection time are to really communicate warmth and love and affection, in a way that the child directs, and in a way that they feel in control. So the way that you're going to do that is present them with a few different options of activities that they get to choose between. And those options are going to range from kind of low, low, physical touch, low emotional closeness to high physical touch or high emotional closeness. So, you're giving them the power to choose what they want to do. And throughout the activity, you're going to be really trying to communicate that love, acceptance, warmth, through your words. So, praising them, giving them lots of compliments, smiling, using a soft tone of voice, laughing, but also non verbally by being really focused on them, directing your body language towards them, having positive facial expressions. And then, as I mentioned using affectionate touch, if the child is comfortable and open to it.

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So, as you go into trying out different activities for connection time some kids are just going to jump right into your arms and they're going to want to cuddle and hug. And if that's the case that's awesome, you can provide them that. Look at how cute and comfortable these little animal baby's look.

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Some kids are not going to be comfortable with that touch, but they will be comfortable doing what I call parallel play. So the two of you doing something together where you're completely attentive to them. Nothing else is taking your attention. You're not touching, but you are connecting through a joint activity.

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And then some kids really connect to the best through being silly. And that's fine too. Now, before bedtime, we want to try to keep energy levels and voices kind of as calm as we can. But if telling jokes or, you know, I don't know, playing a game that makes you laugh, if that helps you feel connected or helps your foster child feel connected to you then that's a great option. You'll just have to kind of base it a little bit off of their personality and the types of things that they like to do.

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Okay, so during connection time, what should you as the adult be doing? First and foremost, you need to be a 100% present with them. So that means that not only should your phone be off, it shouldn't even be somewhere that you can grab it because if somebody calls you your attention is going to get disrupted. We want the child to know that you're fully focused on them. We want you to stay mentally present. So, while you're playing, if you notice your brain thinking about other things, stresses, work, which is totally understandable and natural, just trying to focus on bringing it back to the child. If you've got multiple kids in the home, we really want to try to keep those other kids occupied so that you can give 1 on 1 time to the child that we're talking about. Each child in the home should get this by the way. Even if it's only 5 minutes. So as I mentioned before, if you can do staggered bed times where you've got older kids occupied with an activity or another caregiver for a few minutes, while you put down the younger ones, that can be really helpful. But having that 1 on 1 time is really important to help the child feel seen, valued, safe, all that good stuff. So while you're in connection time, you know, make sure to smile, make eye contact with them and just enjoy yourself. Don't overthink it too much. Just try to have a good time. Second of all, we really want this to be child led. So the child should be fully in charge of picking the activity you bring an activity that they get to pick from, or three activities that they could pick from. But there are the ones picking what to do and they're the ones guiding how close you get both kind of physically and emotionally during the connection time. So, you're going to have to kind of keep a close eye out on their body language, what they're saying, their tone of voice, to make sure that they're comfortable. So, if they are laughing and smiling and approaching you, and touching you, hugging you, then you're probably on a good track. They're comfortable. But if you have just said, okay, we're going to do connection time. Let's watch a movie on the couch and you pull them up next to you and they're pulling away. They're grimacing. Then that's too much. You can then say oh, looks like, we need a little space between us here. Why don't we put a pillow between you and me? So putting something comfortable, soft, something comforting between you and them can still help them feel relaxed, but in control, and not more touch than they want. During this time, we also really want to avoid any criticism. So there are many times that we have to correct our kids, teach our kids, discipline our kids, but connection time is not that time. So, we want to hold that stuff for later, which is probably going to feel kind of odd at first, because you're going to think, but you've been talking about the important of consistency and, you know, doing things the same way. So connection time is that one time of day that's very protected where we're going to, as long as the behavior is not unsafe, we're going to pretty much ignore most things and avoid criticizing. So sometimes criticisms can be kind of sneaky. We don't know that we're doing them. But they can be things like, hey, you're not following the rules of the game, or well, no, that's not how those puzzle pieces go together, or you're being too loud, if you're not quite enough we're not playing. So those are all forms of criticism. Instead of using criticism, we can either ignore some of those things if they're being loud, or we can just gently ask them to hey, remember, it's connection time. We're quiet during that time let's use our quiet voices.

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And then the other two things we want to be doing is praising them lots and lots. So when you see behaviors that you enjoy or that you want to see more of give them lots of praise. And praise comes in lots of forms. So it could be verbal telling them things like, you're so careful with your toys, nice job, or I love how you're giving everyone a turn, or you're such a great big sister. Or for older kids, things like, wow, you listen to such interesting music. So we can give praise through our language and our words. We can give praise through our body language. So using a lot of positive

facial expressions, laughing, clapping, those kinds of things. And then we want to ignore those behaviors we don't want to see so much as I've been alluding to. So, this is called strategic ignoring. So, things like back talk, whining, complaints. I don't want to play this. I want to play on my tablet. You don't have to respond to those things. You can just not say anything at all, keep your mouth closed. Keep your face really neutral, try not to scowl. Sometimes it's hard not to laugh when kids do naughty things but that are funny. Just keep neutral and redirect to something else. So if, for example, you say it's time for connection time, do you want to have me braid your hair, or do you want to pick something from the connection time basket. If they say I don't want to do either, I want to watch a movie. Instead of saying no, you know, we don't watch movies at nighttime, that's not what we do. You could just say oh, well, I've got a couple of really cool activities in the connection box. Come take a look. So, you're ignoring the comment that you don't want to hear and redirecting them to make a choice.

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Okay, so let's talk about what some different activity ideas can be. So for infants and toddlers, infants particularly, you don't have to give them a choice. They're not going to be able to communicate their choice back to you. You're just going to have to try a few different things and see how they respond and what they're most comfortable with. And for little ones, little babies, most of these connection activities are really going to be sensory based. So that's going to be things like, meeting their sensory needs with pacifiers and swaddles, rocking, using heat, you know, if they like a little warm bed buddy as you're connecting, or giving them their comfort object. If they're comfortable with more touch and closeness massages, stroking their head and eyebrows and cheeks. All of those things can be very calming to babies. Or quietly singing a song, like head shoulders knees and toes, where you're gently yeah, you're going to gently kind of stroking their head and their knees, or Patty Cake Patty Cake. All of these things where you're interacting, you're having a back and forth interaction. You're providing them with safe, trusting touch. All of these things can be very soothing and help the body relax for sleep. Now let's say that you're doing those things, and you can tell that the baby doesn't like it. Then you might kind of do more of meeting their sensory needs, but not touching them as much. So instead of massaging their head and eyebrows, you might get them all swaddled up and then have them in the rocker or rock them yourself.

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So, for preschoolers through school age kids, this is when I would be really offering options. So for, on the right hand side here, we've got some activities that are, you know, more physically close, more emotionally close. So snuggling, sitting next to them and tucking them into bed, giving, you know, a little hand massage or foot massage, talking to them about what you love about them, braiding their hair. So all of those things help with that connection. But if they're not comfortable with that, we've got lots of other options too. So playing is a really great way to connect with kids that doesn't require touching. So we want to pick non-stimulating toys. Crafts are great. Paint by numbers something where you're both contributing, so a puzzle, paint by numbers, something like that, making a building a model plane. Playing with Plato, playing with stuffed animals. For kids who are a bit more kind of verbally oriented you could be telling, trying to make up silly jokes for each other, or making up a story that you write down or type out and then read each night. Or potentially writing, love letter, writing letters to loved ones, whether that be their family or their siblings, or something like that. I've worked with a family that made a really adorable journal that each, the caregiver and the child wrote notes back and forth to each other around bedtime. Putting kids in charge. They love this. So having the kid pick out PJ's, or pick out, you know, toothbrush, toothpaste for the foster caregiver, or brushing the caregiver's hair. So, allowing them to really, really lead any kind of physical touch. And then just caring for others. So, if you have a kiddo who has a younger sibling also in the home, you know, letting them help put their sibling to bed or, you know, putting away animals, or tucking in dolls and stuffed animals. Engaging in caring tasks together. So the way that I might offer options to a child, who's, you know, I don't know, 3 through

10 might be something like, you know, hey, good job brushing your teeth. You're just about ready for connection time. For tonight do you want me to braid your hair on the couch, or do you want to pick an activity from our connection time box, or do you want to just listen to music together? And then they could pick from there and pick what they're most comfortable with.

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So for tweens and teens they're naturally going to be a little bit less comfortable with physical affection. Most of them, just because that's what's happening developmentally around that time. So you're connecting with them is probably going to be a lot more about kind of connecting over sharing, talking, or just doing activities together. So, for kids who are really comfortable with kind of that emotional closeness, you know, they may want to do things like, talk about what they were grateful for that day, or talk about the peak and the pit, which is, what was the peak of your day, the best part of your day, or what was the pit of your day, the worst part. You know, creating dream boards, or our vision boards of things that are important to them, or things that they want in their future. Or just talking, you know, lots of teens just want somebody to listen to them so that they can feel heard and appreciate it. For those teens who are a little bit less comfortable with that emotional closeness, just spend quality time in a shared activity can be really great. So playing a board game, doing a puzzle, playing cards, working on a craft. Or if you have a project around the house that you need help with that's a really great one. So, if you're, I don't know, painting your cabinets or something like that you can say, hey, I'd love to have a few minutes to just connect with you tonight. Would you mind helping me out with painting the cabinets? You could listen to something together. As I already mentioned preparing younger siblings for bed. I put on here at the very end sharing favorite videos or memes, or watching TV together. Those should be kind of a last resort, because we really want connection time to be non-technology. But worst-case scenario, if a teenager really doesn't want to do any of these other things; those might be a way of connecting with

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Okay, and we'll wrap up of a nice. So we're going to watch a video of a nice example of some connection time with a toddler and what I want you to notice here is how much attention this caregiver is giving. She's not distracted. I want you to notice that she is allowing the child to direct the physical contact. She's avoiding criticism and just bringing a lot of kind of warm, positive energy to the interaction.

I'm sick. Okay. You're giving me the medicine. Oh, thank you for giving me a hug. Doing a good job of making me feel better. You say cannot get sick. You feel better. You're the best Thank you for patting my back. Taking care of me when I'm sick. You pick it up the milk. Hello. The green pepper, I like, how you write up the food on the list. Miss. That's a good idea with that too. Hello. Thank you for giving me another hug. Okay. Okay. My hand, oh, my gosh. A waffle. Hello. Other hand. Wiping my hands off. Wipe off my hands.

All right, so I just love that video because that so nicely shows again, that total attention directed on the child. The child is completely leading the activity. You could imagine in that situation, the caregiver could have been pulled into saying something like waffles don't go on my head, or don't don't put that on my head or something like that but she kept it silly. And you could see that the child just completely delighted in being able to play in a silly way with her caregiver.

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Okay, so, just to wrap up our 4 C's of healthy sleep model. As a reminder, the 4 C's are consistent, adequate schedules, calm evening environments, cues that signal sleep, and close connection.

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And again, I encourage you to bring concerns that you have about your child's sleep to their pediatrician, but if you're looking for additional behavioral resources, you can check out these books and websites.

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And if you want to review any of the research studies that I commented on in the recording, you can feel free to check them out here. Thank you .