

# SLEEP SCHOOL: AN INTERVIEW WITH KATHERINE FINN DAVIS

*Katherine Finn Davis, RN, MSN, CPNP is a doctoral candidate at Emory University.  
Her research focuses upon sleep disturbances in children.  
She spoke with Dr. Neal Anderson from her office in Atlanta.*

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*Katherine, how much sleep does a child need?*

That depends on the age of the child, and on the child. Typically, an infant sleeps between 13 and 16 hours in a 24 hour period, and preschoolers need 12 hours. The amount of sleep a child needs drops slightly as he or she gets older, but by adolescence, they still needs nine and a quarter hours. Teens mostly don't get that much (see Teens and Sleep, page 2). Adults seem to stand by the eight hour rule, but this is a generalization too.

*How can parents know if their child isn't sleeping well enough?*

Parents can ask themselves, Is my child rested? Is it easy for him to fall asleep at night or does he have trouble getting to bed or falling asleep? Is he overtired at bedtime? Does she wake up in the morning bright-eyed and bushy-tailed, or sort of crawl to the table for breakfast? Is she sleepy during the day? Does she want to fall asleep at unreasonable times? Is it hard to wake her up from a nap if she's supposed to be napping, or does she need a second nap a lot of days? Is his mood stable or often unstable through the day?

*Why should parents be concerned if their child doesn't seem to sleep well?*

Oh, for lots of reasons. Getting adequate sleep is essential for good health and development. Poor sleep affects a child's cognitive abilities, and especially the ability to pay attention. Poor sleep also affects behaviour. Sleepy kids are moodier than rested ones, less patient, and have more trouble handling frustration and it can be harder for them socially. If they are irritable or have a lot of tantrums, they might not be as popular with their peers. Also, poor sleep has a negative effect on immune function, so sleep deprived kids aren't as able to fight off viral and other infections. Children differ in their ability to tolerate sleep loss, but every child has a breaking point and the effect is globally negative.

*Have many studies examined the effects of sleep loss on learning and behavioural functioning in children?*

No, there's really not a large body of research





into this yet. There are some good studies into the inter-relationship of sleep loss and ADHD or sleep apnea.

*How many children suffer from sleep problems?*

It looks like about 25% of children experience some kind of sleep disturbance before age five. For young children, behavioural sleep disorders are the main problem. Sleep association or Limit setting disorders, or kids just not getting enough sleep are common.

*What about insomnia from emotional turmoil?*

Children sometimes have trouble falling asleep at night as they struggle with age appropriate fears of the dark or dogs, for example, and it's usually not too hard to figure this out if parents are paying attention. Images from TV shows or video games can keep kids awake at night, and so can peer troubles at school. Anxiety about school performance and other kinds of achievement tend to appear around grade 2. Emotional turmoil isn't typically a preschool issue, but something that affects school-aged kids.

*What effect does a child's sleep disorder have on the other members of his or her family?*

It's clear now that the effects of child sleep disturbances on family members can be serious. When everyone in the family loses a lot of sleep, relationships as a whole suffer, so there are more family arguments and even marital breakdown. Moms end up clinically depressed from their own chronic loss of sleep.



*Are health providers educated enough about normal sleep and sleep difficulties in children?*

Not at all! During pediatric residencies, physicians receive about five hours of training about normal and disturbed sleep, which is ridiculous given that sleep is such a large part of kids' lives and sleep problems are at the root of so many problems for children. We give our doctors more training about colic, and this seems odd, given that colic affects children for a short period of their lives while good sleep is vital to physical and mental health throughout development. We've found that pediatricians commonly assess sleep with a single imprecise question, like, "How is your child's sleep?" That's just not enough. A clinician needs to ask three to five questions at least. Undergraduate nursing programs offer one hour or less of education about normal sleep, and 56 % of programs provide one hour or less in sleep disturbances. Graduate nursing students receive only a few hours.

*What about teachers, resource teachers, and school guidance counsellors?*

I'm pretty current with the research, and I don't think I've ever come across anything about teacher training in sleep and learning.

*All right, then, are parents educated about their kids' sleep?*

Parents generally know a lot about their kids' health and development, but they tend not to know a lot about sleep. There's consensus about when to introduce solid foods, or about how potty training should go, and parents become really worried if their child isn't walking by sixteen months. When it comes to sleep, though, something curious happens. Parents don't seem at all concerned if the same child is still sleeping with them by age four. With sleep, parents have strong opinions but, compared with their opinions about other aspects of child health and development, the opinions seem based more upon superstition or what the last generation did than on the research.

*Can you say more about children sleeping alone or in the "family bed"?*

North America is unique in the world in encouraging independent sleeping for infants and children, and the American College of Pediatricians doesn't recommend co-sleeping. There's an increased risk of SIDS when infants share a bed with parents, and of suffocation if babies get tangled in bedclothes. Some parents teach their children to sleep independently, but some definitely don't. Many parents hold the "family bed" as kind of foundational belief. This is especially true in African American and Hispanic families, but many Caucasian parents insist on having their baby in bed with them too. Although co-sleeping usually starts in infancy, it sometimes starts later when an older child develops a sleep disturbance and parents bring her into bed with them.

*What advice can you give to parents about helping their child if he or she doesn't seem to be sleeping well?*

Try to figure out why your child isn't sleeping well. Does the problem fit into any of the main categories? The behavioural disorders can be addressed if parents are willing to make the changes. Like toilet training or tying shoe-laces, good sleep can be taught. If there's a



medical problem, see a physician because you're not going to handle that. Some parents report that their child has always been a bad sleeper. They seem to think that it's always going to be that way. Yes, parents do often describe their child as a "bad sleeper," and I think that highlights our odd relationship with sleep as a culture. No one's going to say that their child is a bad shoelace tie-er. If you're a bad shoelace tie-er, someone gives you some extra training in tying your shoelaces. You practice, you get better. Sleep also needs to be taught.

*Okay, then what are some things parents can learn to do to help their kids sleep?*

Cut out caffeine in kids' diets after lunch time. Develop and stay with a good bedtime routine, so your child knows what to expect. Have a bit of quiet play time after supper, or time with a soothing activity. Definitely not exciting TV or computer, not running around. A warm bath before bed raises a child's internal temperature. When he gets out of the bath, his body begins to cool and that's a sign to his body that sleep is coming. It's the same idea with hot milk. Read a story, give kisses, and say goodnight.

*What advice do you have for doctors, psychologists, and for grown-ups who work with kids in schools?*

Ask a lot more questions about sleep. If a child is falling asleep at school, or if his grades are dropping, if he's irritable, cranky, fighting, or causing trouble in the classroom, ask his parents about sleep. Professionals may assume that it's ADHD or depression or a parenting problem, when a sleep disturbance is actually to blame. If a child has frequent ear infections or lots of colds, ask about sleep. □

