Cari Ebert
SEMINARS

Cari's Professional Book Club Notes

Book Title: Sleep-Wrecked Kids

Author: Sharon Moore

Week 3: January 26, 2020 Chapter 2: Understanding Sleep Problems

Important Take-Aways:

1. Here are some statistics about bedtime problems in children:
   a. 25-50% of children over the age of 6 months continue to wake up during the night
   b. 10-15% of toddlers present with bedtime resistance
   c. 15-30% of preschoolers have difficulty falling or staying asleep
   d. 25-40% of school-aged children have sleep problems

2. Sleep disorders are different from disordered sleep: sleep disorders require a medical diagnosis; disordered sleep, in contrast, refers to situations where the child's sleep is disrupted for non-medical reasons (such as poor routine, poor sleep environment, or emotional disturbances).

3. There are many myths about sleep. Common beliefs many parents hold include:
   a. He'll grow out of it
   b. He snores all the time, but it's a quiet snore
   c. If he's snoring, then I know he's in a deep sleep
   d. She's just like her dad; she wakes up all the time
   e. Oh yes, I can hear her breathe; at least I know she's alive
   f. He wakes up with his head at the wrong end of the bed
   g. The bed always looks like a cyclone hit it
   h. He sounds like a freight train when he grinds his teeth
   i. Being sleepless is just part of being a parent
   j. It's just a phase

4. It's a myth that some children just don't need much sleep. ALL children need the right amount of sleep or they simply don't thrive, don't grow well, and don't learn well.

5. How do we define *good sleep*? *Good sleep* is silent, uninterrupted sleep, for the right amount of time.

6. Here are the guidelines for amount of sleep needed by age:

0-3 months:	14-17 hours
4-12 months:	12-16 hours
1-2 years:	11-14 hours
3-5 years:	10-13 hours
6-12 years:	9-12 hours
13-18 years:	8-10 hours
18+:	7-9 hours

7. There is a rare genetic condition that 1-3% of adults have who can get by on just six hours of sleep every night. But this explanation lies in gene expression and sleep is not something we can train ourselves to need less of.

8. There are two types of sleep: rapid eye movement (REM) and non-rapid eye movement (non-REM) sleep.

9. There are 4 stages of non-REM sleep:
   - Stage 1 occurs between wakefulness and sleep. This is a very light sleep and is easily disrupted. This stage of sleep takes 5% of your total sleep time.
   - Stage 2 is the longest sleep phase, and this is when all your muscles start to relax, including your throat muscles, which is why snoring may occur. This stage helps the brain consolidate information and learnings from the day, including mastery of motor or physical skills.
   - Stage 3 is the deepest phase of sleep. Your heart rate, temperature, and breathing rate are at their lowest. Your brain and body are less responsive to the outside world. This is the stage when bed-wetting can occur. This is also when declarative memory consolidates, and newly learned memories are activated.
   - Stage 4 is when the deepest sleep occurs. It is during stages 3 and 4 when hormones are released related to growing and tissue repair...and necessary for waking feeling refreshed.
   - The full non-REM cycle takes about 90 minutes in adults.

10. REM sleep occurs in stages starting with a 10-minute period of REM sleep that increases throughout the night, with the final REM stage lasting up to 60 minutes. During REM sleep, dreaming occurs, which is vital for enhancing memory, dealing with traumatic events, and managing and solving problems. The body is paralyzed during this stage, except for the breathing muscles. There is a lot of electrical and chemical activity taking place in the brain during REM sleep, including the removal of toxins, the release of hormones, and other chemical changes. **Lack of REM sleep impairs our ability to learn complex tasks, especially during early childhood.**

11. You need to pass through the stages of non-REM and REM sleep multiple times every night, for the recommended hours of sleep based on your age, in order to wake feeling fully refreshed and ready for the day.

12. The good sleep formula: right quality + right quantity = good sleep

13. Sleep disorders and disordered sleep disrupt the quality and quantity of sleep. The most important thing is to establish is a consistent pattern of good sleep. We need to be sure both the parent and the child experience good sleep every night. We cannot train ourselves to do more on less sleep in this world where we are over-scheduled, over-committed, over-tired, and over-extended.

14. The author described *good sleep*. So, what is *bad sleep*? Anything that interrupts the quantity, quality and consistency of your sleep is somewhere on the bad scale. We just need to understand that sleep debt comes with a hidden cost.

15. The author includes a summary of common sleep disorders (requiring a medical diagnosis) from insomnia, to sleep apnea, to restless leg syndrome. She also discusses causes of disordered sleep (non-medical issues) related to the sleep environment, behavior, habits, and routines. Lifestyle is often the main culprit in people with disordered sleeping (e.g., irregular hours, technology overload, dietary habits, being too hot, being too stressed, etc.).

So...that's the summary of Chapter 2. As an early interventionist, the main point I took from this chapter is that I need to help families of sleep-wrecked kids figure out if their child has a **sleep disorder** or **disordered sleep**. In other words, it is important to determine if this is a medical issue or a behavioral issue. It is also critical that we dispel any myths about poor sleep and recognize that development cannot be maximized until the child is **consistently experiencing good sleep**.