



THE GROWING BRAIN

EPISODE 13: A Healthy Night's Sleep

Guest: Dr. Laura Vogel

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We all know sleep is important. But why? What happens when children sleep? How much do they need? How can we ensure they get quality sleep? Learn all about sleep in this episode with guest Dr. Laura Vogel.

Welcome to The Growing Brain, a social emotional health podcast. I am Maureen Fernandez with Momentous Institute, a nonprofit in Dallas, Texas, dedicated to all things, social emotional health. Welcome to Season Two, where we're diving deeper into some of the most challenging aspects of parenting - dating, sleep, ADHD, anxiety, and so much more on this season of The Growing Brain. Thank you for joining us.

Maureen *Welcome back to The Growing Brain podcast. I'm so excited for our guest today, Dr. Laura Vogel, you may remember her from episode one of this podcast. If you haven't listened to that one, I definitely recommend you go back and listen to it. It's the one about how kids' brains work. And Laura is back with us today to talk about sleep.*

Laura is a licensed psychologist, the director of our therapeutic services program at Momentous. She's been working with kids and families in a therapeutic setting for over 20 years. She's also a parent of two teenagers and she is here today to talk with us about the very important topic of sleep, which frankly we could all use, probably all use a little bit more. Thank you so much for being here today.

Laura Thank you for having me.

Maureen *I think we all know that sleep is important. I don't think anyone listening would be like, what I had no idea sleep was important! Um, and I think we all know what it feels like for us when we don't have enough sleep, but I'm hoping you can tell us a little bit more about why, why is sleep so important, especially for kids and with your background in, um, the neuroscience and in psychology, what do you know about sleep and its importance for kids?*

Laura Sure. Um, and I do, I think you're right that most people... sorry, I had to take my glasses off. Um, that most people do know that sleep is really important and it is still one of those things that can be kind of an afterthought for a lot of us. It's the first thing to go, you know, that whole I'll sleep when I die kind of mentality. Um, and I still think that that definitely persists. And so, yeah, so I'm very excited to be talking a little bit more about how critically important it is.

Um, when, you know, when we think about the function of sleep, and it's really one of those things, like, researchers and scientists know it's important and there's still some

mystery to exactly what it does neurologically and how it does it, but they do know more obviously than we have in the past. And so some of the key functions of sleep neurologically for both adults and children are, you know, to think about, you know, a baby, especially growing brain cognitive development sleep, is that opportunity where the brain, um, really connects some of those neural pathways. So there's experiences that have occurred during the day are strengthened at night. And then there is sort of a, what we call a pruning that occurs as well. So sleep strengthens and things sort of gets rid of what we don't need. Um, and that's happening even in young children. So the, you know, that's where, um, learning becomes really deeply connected to sleep. So if we're not sleeping, then those pathways are not being strengthened.

Um, you know, we see sleep connected to the regulation of, um, mood and attention – executive, what we think of as executive functioning kinds of tasks. So my ability to focus and plan and, um, make good decisions. All of those things are connected to the quality, quantity of sleep we're getting, so neurologically most of those things that we need to do to learn and be productive humans is being reinforced and strengthened during sleep.

Maureen *Yeah. You mentioned the quality and quantity. So let's start with quantity and talk a little bit about how much sleep do kids need. And then, and then let's talk about the quality of sleep.*

Laura Sure. And, and so of course, you know, children vary quite a bit and how much sleep we're gonna need. So when we think about, um, newborns, and so in that, especially in that first six weeks, six weeks to, you know, six months, you know, children are going to need up to like 18 hours a day asleep. I mean, most of us who have had newborns can remember like, yeah, they spent most of their day asleep. Um, and they're, but they're going to sleep in shorter cycles. So sleep, wake, sleep, wake. And that's why most of us as parents just feel like so dysregulated and discombobulated because they're sleeping in really short patterns. And then we can talk a little bit more about why that is for newborns. Um, you know, by about six weeks of age, um, you know, babies' sleep cycles tend to settle. So that first six weeks, you know, we think about our circadian rhythms and like what helps us start to feel tired at the end of the day, go to sleep, wake up, you know, our circadian rhythms and most people have heard, you know, that phrase, are really starting to develop during that first six weeks. So that's why these cycles are so short. By around six to eight weeks babies, the circadian rhythm start to kind of get, um, more developed. You're starting to get a more pattern to those circadian rhythms. So then we start to see babies are around six weeks, actually have a more predictable sleep routine. Um, but we're still needing, you know, quite a bit of sleep at that point. So that's still like 15 to 18 hours total. Um, you know, from around four to six months, we're looking at like 12 to 16 hours a day and that's including naps. Um, you know, around one to two years. Yeah, still lot of sleep - 12 to 14 hours a day. Three to five years, we're thinking, you know, anywhere from 10 to 13 hours. Um, and then as we, um, start to get older or like six to 12, we're looking at, uh, nine to 12 hours a day. And think about that like 12-year-olds, um, who are maybe getting nine and 10 hours of sleep. That's ideal. And I know there's challenges to that. And I'm sure we'll talk about that. Um, and then, you know, later adolescence, you know, we're shooting for that eight to 10 hours, just like we would be for adults where we're shooting for that

eight to nine. Shooting for - cause I bet both of us did not get that. Um, so yeah, you can, and so, there's a range too. You notice, like I'm saying like 12 to 14 or 10 to 12, two hours is a pretty good chunk of time, especially as we get into later, um, childhood adolescence. And so that's where some of those individual differences just come into play where some kids can function better with a couple of hours less and some need that full 12 hours of that full 14 hours.

Maureen *But there's, there's probably no version where we can get away with saying, I only need five hours of sleep.*

Laura No, no, nobody can. And there's, there's consequences to that, you know? Um, and, and we're starting to see that, you know, for our cognitive development, especially for kids, um, their physical development, mental health, all of that is, you know, impacted by chronic sleep deprivation.

Maureen *So let's talk a little about the quality of sleep, which you mentioned earlier, so you get 10 hours of sleep, but it's in fits and spurts. You're waking up, there's noises outside your bedroom, lights on, you know, then you're not getting 10 hours of quality sleep. Yeah. And what are some things we should be thinking about in order to help our kids get deep quality sleep?*

Laura And so I think number one, making sure if there's things that could be going on for your child, like physically, um, or medically that could be disrupting sleep is important to think about. So, um, you know, if you've got a child who is sleeping 10 hours a night, but say, um, they're snoring all night long and that's happening all the time and they wake up and they're cranky and they're tired, etc., that could be an indication that there's something called obstructive sleep apnea where, you know, so we think of sleep apnea is that episode or that, um, condition that occurs where we sort of stop breathing, you know, and you can, you know, witness that too in your child, even if they're not snoring. You know that it may sound like they just, they stop breathing for a few seconds and then there's that... you know? Um, and that could be an indicator of sleep apnea, but, but snoring is also a big one. If there's not a cold or allergies or something that makes you go, yeah, that's why they're snoring. But if it's all the time and they're young children, that could be an indicator, um, of, you know, something that could be disrupting sleep.

So you get, you need to first think through like, are there any medical things that could be happening. But then outside of that, if we start to think about what can I do to create the environment that is most conducive to sleep, um, you know, consistent sounds in the room. So, um, you know, white noise can be helpful to some kids. Silence can be helpful to some kids. What typically is not helpful, and I know a lot of us and I say, us have done this is, um, because I include myself, you know, having the TV on, in the bedroom when kids are going to sleep or letting that play all night, that can disrupt the quality of sleep because, you know, we've got lights flickering from the TV and that's sending signals to our brain. That's sensing light. And that's where the, our rhythms and patterns and chemicals can kind of get messed up. Cause the brain thinks, oh yeah, sun's coming up. And certain chemicals get released so that we start to be in a

more alert state and things like melatonin are not being released. So to avoid TV and I, um, we can talk about how we change patterns and habits.

Um, you know, if you have the capacity to change the temperature in the room, the cooler the room, the better, um, if your child needs a nightlight, you know, let them have a nightlight. Um, as long as it's a soft light, that's not alerting the brain. Um, you know, but, but trying to keep the space as they're going to sleep cool, calm, quiet, and in an... and it's going to look similar to how it would if they were to wake up in the middle of the night, too, you know?

So if the TV's on, you know, while the child's going to sleep, and then they wake up in the middle of the night and the TV's not on, then they can't go back to sleep. So that's what they want. And that's what they think they need to go to sleep. So it's, it's, um, helping sort of condition, train what we think of as sleep hygiene and sleep habits. So that we have an environment where they can go back to sleep in the same environment they initially went to sleep in.

Maureen *Hmm. That makes a lot of sense. That makes sense. Um, so, you know, I have three kids and I, uh, kind of joked that I, I had three tries to sort of get it right in terms of getting my kids to fall asleep or at least do better than I did the last time with the other kids. Then I just did not, I was not successful. I had a really hard time getting my kids to go to sleep on their own. And now we're in a place where they all share a room and we can just say goodnight and close the door and they can talk or do whatever until they all eventually fall asleep. The idea that I would ever be in a place where I could close the door while they were awake and walk out of the room was impossible to imagine. We were in that place for so long where we had to be in there until they fell asleep and then slowly tiptoe out of the room or, you know, lay with them, rub their back, all the things that, um, just made nighttime drag on forever. It was so hard. It was exhausting on us. It was probably not that productive for them, um, in terms of like saying their ability to fall back asleep when they woke up, um, So, first of all, I just am bringing that up in case anyone listening is in that place that we've been in, know that it doesn't last forever though it might feel like it. Um, but also I could have probably used your advice back then. Um, what are some of your thoughts about that nighttime routine and helping your kids fall asleep for the first time at the start at night?*

Laura Sure. Um, and I do think it's important to say, you know, like, so I'm going to talk about this more in that, um, after year/toddler kind of age first, cause I, there are, you know, different thoughts about how we help young, young infants get to sleep versus, um, uh, you know, a slightly older baby or toddler.

Um, but you know, and you'll probably anticipate that I'm going to say these sorts of things, but of course the more consistent the routine initially getting a child to sleep is going to be the best. So, um, we need to start thinking about, okay, I, I want my child to be asleep by 8:00. So then we got a back into that, number one. Um, so we don't start the routine at 7:45 if, if the goal is the child's going to be asleep by 8. You know, routines that involve soothing, calming activities prior to bed, so we're not going to be running around playing hide and go seek with our, you know, our kids right before that, too. Um, and, and I say that, and I want to be really thoughtful and careful because I'm

sympathetic to the fact that some parents may only get that hour before they go to sleep with their child, especially when they're young, if I've worked all day and I've just now got, um, this opportunity to interact with you. And if your goal is that you're trying to get your child to go to sleep by a certain time to really think about what are, are calmer activities you can be doing with your child.

And so of course, bath time, you know, from a lot of kids is very soothing and relaxing, but then if it's right before bed, that we're not doing a lot of big splashing and exciting kind of bath time routine. Um, so, but you know, warm water and, you know, water, all of those things are soothing. Um, you know, if you can read a book with your child or even just, if you don't have, um, lots of books or access to that easily, you know, even just telling stories with your child, but it's, you know, you um, spending some quiet time with them. And I'm intentional about saying books or telling stories. I, you know, sort of what we were talking about with TV, avoiding reading books on an electronic device, because again, the lights and all of that will stimulate the brain in a much different way. And it makes it harder for kids' brains to start to settle and want to go to sleep. Um, And then, you know, depending upon the age, we want kids to be in the bed or the crib as they're starting to feel drowsy rather than they're already asleep and then I'm putting them in the bed. And, you know, I've I did it too, you know, like of course, and you know, you, you rock them to sleep and they're in your arms and then you put them down in the minute you put them down, they like wake up and they start crying and then you start it all over again and you get them back out and you put them in the rocker.

So the ideal, as they're getting older as to like, yes, let's get in the bed while you're drowsy. Um, so that you're actually falling asleep in the bed or in the crib or wherever it is, you're going to be sleeping. Um, now I get, you can't go from, I'm rocking you to sleep suddenly one day, no, we're going to change our routine. That's cold turkey. I'm going to put you in this bed. Goodnight. I'm gonna shut the door and leave because the child, if they can get out of their crib, they're following right after you. And, and so yeah, there is sort of this sort of slow, progressive space you can go to. I mean, you could go to, we're going to go cold turkey, but it's going to be really pretty traumatic for you, for your child. And it's likely, and most parents, myself included, just give up and kind of go back to right what we were doing before, because that's what's worked. But if it's like, okay, we're going to put you in bed while you're drowsy in the crib. And I'm going to stay in here with you. And I may still pat your back, but I'm not going to rock you anymore. So I'm not ripping, you know, my presence away from you. Um, and yeah. So I might spend until you actually go to sleep patting your back for the first, you know, four or five nights. And then, uh, the next transition would be, I'm going to pat her back, but I'm going to sit down in the chair next to the crib before you actually go to sleep, but I'm still here, you know?

And then the next progression may be, I'm going to pat her back and I'm going to go outside the room, but I'll leave the door open, you know? So there's this transition that is slow, but it gives you, it helps the child build up some capacity and skills to suit themselves before you just put them in bed, close the door.

Yeah, go. Um, and of course, you know, comfort items after they're older and it's safe, you know, I'm not talking about babies here, but if it's safe for them to have, you know, their snugly items and there's things that make them feel comfortable. Those should definitely be included in that routine. And there could be things that you reserve like this is just for sleeping, and this is your special doll or your special stuffed animal that you snuggle with and you sleep with. And that's part of the routine.

Maureen *That's good. It requires a lot of patience what you're talking about, and I know there have been times when my kids were babies and I wanted to just pull my hair out, I was so tired. You're so tired yourself. It's the end of the day. And you've had your whole day, and then you just need your time alone, and they're not going to sleep and you want to pull your hair out. But I think what you're talking about makes so much sense. You do have to have that patience and kind of play the long game, knowing if you, if you don't play the long game, like you said, you're just going to go back to the old way. And I've done that where I'm like, oh, it's just easier for me to just rock you to sleep, so I don't have to do this again.*

Laura And I, and I'm glad you said that because, you know, I would encourage people if you're trying to change any sort of sleep patterns with your children to really be thoughtful about when you decide to do that. Like, if you're going through a lot of stress at work, that's probably not the time to try to change this. Um, if you're, you know, whatever else is going on, so you want it to, I would encourage it to be started on a weekend where you got a little bit more time. If you don't work weekends, I'm kind of speaking from a, you know, Monday through Friday work schedule, but whatever for your schedule works. Um, or if there are other people that can help support you, you know, if you've got friends or grandparents around that can help you maintain some consistency so that you don't just kind of fall back into, okay, this isn't working, come here, let me rock you, let's go to sleep. Um, because you know, once you start that it's better to be in a, to wait to start it and be in a place to follow through with it. Rather than you start it and then you kind of (quote), give in and then...

Maureen *Right, and then the kid is just like, I'm just going to wait it out.*

Laura I could just cry long enough, she'll come in here... and I'm not, I'm not advocating for allowing your child to just, you know, cry for hours and hours and hours. And that's why I really try to take that more stair-step approach with trying to make that change, but definitely be gracious with yourself and do it at a time where it can make sense because you're going to have to have a lot of patience because it's not going to go as smoothly as I described. There will be like, yeah, try to sit down in the chair and the child cries.

So let's think about that. Like, okay, I've pat your back and now I'm trying to sit down in the chair and child pops up and cries, you know, um, the less, you know, you can kind of give (quote) attention to all that. So it might be, I get back up, but I'm not making a whole lot of eye contact and I'm not saying very much, and I might just, you know, begin to pat you again and help you lay down, but I'm not engaging a whole lot. Um, and then yeah, sitting back down and a child pops back up again, might be waiting a little bit longer before you get up, but really being thoughtful of how much you engage, um, when you're trying to make that next step.

Maureen *Yeah, that makes sense. So let's talk about the little babies. I know you said you were talking about older babies and through toddlers, and, um, let's talk about those little babies, the four month old babies who are sort of at that age, where they're maybe starting to be able to almost sleep through the night or at least sleep in longer stretches.*

I know every parent is desperate for sleep after a couple months of those little couple-hour spurts. So every parent is trying to figure out how can I capitalize on my child's ability to sleep longer stretches. And so, you know, parents try all kinds of things and a big one is cry it out, which a lot of us are familiar with that, that method where you just kind of let your kid cry. Um, and they eventually learn to soothe themselves. Um, so what are your thoughts on that or other certain methods that you've seen parents use for those little babies?

Laura Um, so first I would say like really young babies, I would caution to not do that. You know, in that first six to eight weeks, children were really, like, we had talked about the circadian rhythms are developing. Their brains are learning from you soothing them, how to soothe themselves. And so if you just let them cry it out, it's likely to backfire. Um, and so I would not recommend the crying out method when they're really young. Um, they need to be held. They need to be soothed. They need to be rocked and usually young babies that, um, you know, those newborns are waking up because there's a need that needs to be met. They need to be changed. They need to be fed. Something needs to occur. Um, you know, when we start to get into this, you know, four to six month age, I would say kind of go back to some of what I was talking about before is that, you know, in the ideal world, you kind of start training them with that. Okay. They're looking drowsy. I know these are their signs that they're tired and every baby has different signs. You know, some, some of them, they get their little glassy-eyed, rub their eyes. Some of them just have a look and, you know, the parent that, oh, that's that look, if you can begin to lay them down in the crib when they're drowsy versus asleep, that's part of that process of helping them train themselves to go back to sleep. Um, and again, what is in that room, the environment, the noises, the sights, the sounds that are there as the baby's going to sleep need to be the same as they are when they wake up. Um, because if you know, everything's different than they're going to need to go back. I mean, the hard part is parents is you're not there.

Um, and, and some of that is, you know, if, if you can help them fall asleep in the crib, even if you're in the room, they're learning some skills, you know, they're learning how to kind of be in this space, physical space all by myself and go to sleep. But the reality is, is you're still going to be up in the middle of the night with, you know, for six months. Some people get lucky. I didn't, you know, I, I had tiny babies that just woke up more often and were hungry more often and needed to be fed. Um, and I think that's the other thing, you know, thinking about like feeding. Um, how, how often, or when they're being fed before they go to sleep. And of course, as they get older, um, you know, and most of most young babies aren't getting access to caffeine, but if they are just an accidental things you hadn't thought about, obviously we want to make sure caffeine is not part of a diet. Um, and for children, like six hours before they go to sleep, we don't want caffeine. Um, cause that for some kids' systems that can really affect them, but yeah, for the young babies, I think it's always just keeping in mind. um, what

is that environment like? How do I make sure it stays the same when they wake up in the middle of the night and for some babies that they're still gonna need, I mean, a lot of babies can't sleep through the night until that nine to 12 month. They're just....

Maureen *Well, I think that's so important because I think we get a lured into this false sense that my baby might be able to sleep through the night at four months, you know, so-and-so's friend's baby did, or, you know, people, I think in retrospect too people talk about that, like, oh my baby slept through the night at four months.*

Laura Yeah. You feel like they're better somehow than you.

Maureen *Well and that was fifteen years ago, I don't think you're even remembering it right. And also, and yeah, I mean... so I think I think it's important to know it's not actually normal for kids to be sleeping through the night at four months. That's really not the expectation.*

Laura Yeah. And they might, you know, be able to go four or five hours, but that's still not quality good night's sleep for the parent, but that's yeah. But four or five hours for a lot of babies that young is a good, it's one of the babies up every hour, still at that age that, you know, certainly you want to be making sure again, kind of coming back to the medical stuff. Um, you know, reflux can also be an issue that can keep babies up and awake and, and not every baby that has reflux is going to do projectile vomiting. There can be other more subtle signs. And so again, making sure if like, this feels really unusual, nobody else's baby's only sleeping in hour increments at this age and checking with, um, doctor about making sure there's that stuff's being ruled out.

Maureen *Yeah. Let's talk a little bit about naps. Um, So I know when I was trying to get my kids take naps and they would resist. I was like, you don't even know what you're missing out on man, you gotta take naps. Naps are amazing. And every adult I know wishes they could still take naps. Um, but for some reason, the kids are just not, they're not having it at a certain point. Um, you know, with little babies, of course, you talked about how they just kind of sleep all day and then eventually they sort of hit a rhythm. And then there's a period where they're kind of sleeping two pretty consistent naps, and then eventually they, of course I'm generalizing, but in general then they kind of go down to one and then somewhere around three or so, I think they start to lose that. Now is it three or four..?*

Laura Yeah it's more like four or five... I mean, really ideally, and again, I can talk an ideal world and then I can talk in like reality world. Um, you know, at three, neurologically naps are still serving pretty important purpose. And especially, you know, as children are starting to be exposed to different kinds of, you know, um, new materials, academic, and I use that word loosely at three, but you know, like we're learning about the world and we're learning about these new experiences. Naps actually have that way of solidifying that information. There's, there's a research that looks at, you know, young children's capacity, if they're introduced to a new task, they take a nap and then they're asked to do that task again, they do better than kids who were given that task and were awake for the next two hours and then try to do it. So, um, again, that nap is

sort of serving a similar purpose we had talked about for, um, sleep overnight. It's that it's consolidating, it's jelling. It's making that, oh, this experience, I just had exposure to, it's integrating it in a different way in the brain, and then also helping with our capacity to recall it and retrieve it. Um, so really, you know, kids will start to outgrow that nap around, you know, four to five, depending on, and then you've probably got some six-year-olds who would still love to take a nap, you know? And that's the tricky part. Um, at these young ages is there is such a wide range of (quote) normal development that for some kids neurologically, they really are okay at four, they don't... to not have that nap and then other kids where they won't function well, if they don't have that nap and you can see that as a caregiver, um, that if my child's not having this nap yeah, we're not doing well by five o'clock and they're wanting to go to sleep. And, but then they go to sleep at five o'clock then we're not, yeah, we're going to be up at five, you know?

Maureen *So how do you kind of, um, know when the child is... is sort of phasing out of those naps? How do you know whether to kind of keep forcing them to take the nap versus kind of trust that their body is telling them, I think I'm kind of outgrowing naps.*

Laura How do you sort of mean, so I think some of it is, you know, so like, okay, I'm going to continue to have this structure, whether it's at home or in a preschool, preschool, or daycare setting, you have, nope, we're going to take this nap. And the kid eventually does fall asleep, even though they're really like resisting it or telling you they don't want to or crying about it, but eventually they fall asleep and they sleep for 45 minutes or an hour. That's telling me this child still does need this. Um, versus the child who stays in, you know, in their room for 45 minutes or an hour, never goes to sleep, and, you know, there's just no amount of what you're doing is helping facilitate that, you know, that child's probably started to outgrow it. Um, and then of course, you know, how cranky am I later when, if I just like, try this for 15 minutes, I'm like, okay, this is not working. Or our scheduling wise, we just start to, you know, not... I'm in a big girl class now or a big boy class now. And, you know, we don't take naps and, but I'm just exhausted at the end of the day and I'm cranky and I'm, um, you know, falling apart, I'm having tantrums, etc. That's probably child who still needs some sort of nap. Even if it can't occur during the school day, it may need to be a quick one right after school. Um, So it's a lot about their behavior.

Maureen *So... I assume there's some, in my experience, there's been some sort of leveling out period after they phase out of the nap where there, they were telling me that they were kind of done napping, put them in their room and say, just have quiet time. And we would, they would not fall asleep. And so I'm thinking, okay, they're kind of aging out of their nap. And then still at the end of the day, they were so tired because they're just, their bodies are adjusting to a new sort of routine. Um, so I think that if you're at that place where they're aging out of the nap, there's gonna be some bumpy...*

Laura Some rough roads, yeah. And it could be in that phase, you look up, look at moving up bedtime a little bit, you know, so yeah. Maybe if we're really cranky at 5:00 and we go to sleep at 8:00, like, um, I'm going to move it up to 7:30 so we can push through, um, maybe gets moved up to 7:00. Um, so it's like thinking through, you know, maybe moving some of that stuff up.

Maureen *So I know, uh, with my first kid, we were pretty good about putting him down for a nap at the same time every day. And, um, and this is his nap time and we don't interrupt nap time. Um, and by the third kid, she was just napping in the car, you know, we didn't have, she didn't have a nap time. We didn't, nobody had time for all of us to be stuck at home for an hour and a half while she napped during the day, you know, nobody had that flexibility. So, um, can you talk a little bit about sort of that consistency and the flexibility and sort of, how do, how do you manage naps when, when life gets in the way?*

Laura Yeah. Um, so again, I'll start with... here's what the research says, and here's what the ideal world is. Um, and with any sort of sleep schedule or routine, the more consistent, and the more it stays similar, the better off we are physically, neurologically, etc. Um, and so with that being said, though, the rigidity, you know, for lack of a better word, if it's like, nope, my child goes to sleep every day at 10 and, you know, um, gets up at 11:30 and then goes back to sleep at 3... um, we can't always function that way. And so I do think having enough flexibility that sometimes we're going to shift this around or I'm going to put them down a little bit later. The concern comes when that's the norm, but every day it's a, it's a completely different time every day. We're trying to figure out when they're going to sleep, what time they're going to get up. Um, and some days they sleep for 45 minutes and some days they sleep for three hours, that's where, um, it's going to have a pretty big impact on just the child's mood and child's, um, cognitive development, that sort of thing. But if it's like, you know, for the most part, you know, four out of the seven days, we have a pretty consistent routine. And there's a couple of days out of the week where we have to adjust a little bit or every Wednesday, you know, my child's going to sleep in the car because we have this other thing we've got going on with my other child, that's okay. Um, I think it's that when the inconsistency is the norm, that's where problems can start to really creep up.

Maureen *Yeah. That makes a lot of sense. So the fact that my child slept for two hours in the Target shopping cart...*

Laura If she did it every day, we're going to have to have a side conversation.

Maureen *Um, okay. Let's move on a little bit and talk about co-sleeping. Which is of course, um, you know, when kids sleep in the same bed with their parents, um, I've done it. I haven't done it consistently. I've been inconsistent about that, like other things, um, you know, when they're having a bad night, they can come sleep in my bed, but there are some families who the kids sleep in their bed every night, starting from, you know, infancy, and then there are some families who, you know, all the way up older kids are sleeping in their bed, or some families who have a no kids in the bed rule, you know, there's people are all over the place on this one. And I'm just curious, what are your thoughts about co-sleeping?*

Laura Sure. So with co-sleeping and I want to be very thoughtful and respectful that there are different values that every family holds about, you know, my child co-sleeping or not co-sleeping. And so, um, there are safety issues we can talk about with very young children and co-sleeping, and then, you know, we can think about for older kids and what the goals might be for a parent, and then for the child, um, you know, I think most

people know, um, you know, the American Academy of Pediatricians recommends that children, very young infants, not co-sleep. And mostly that is because of safety issues. Um, you know, because when kids are in our bed and even when they use products that say they're designed for co-sleeping, the safest place for a baby is in, you know, some other crib, bassinet that has no other padding that's designed for a baby to be in and that's to protect against SIDS, sudden infant death syndrome so that, um, babies don't accidentally end up with their face in, you know, big fluffy pillows or blankets, and then we have a tragic outcome to that. Um, and so, but the, um, American Academy of Pediatricians actually is now recommending that babies sleep in their child's room until a year...

Maureen *In their parent's room...*

Laura Yeah. So not maybe in their bed, but in their room for the first year of life. And that's different than one of my kids were, um, growing up, cause I didn't do that. Um, but, and it's, and it's back to precautions against SIDS and, um, for safety. So there's this notion that if the child is in the room with you, not in the bed with you, that you will be more aware if something has shifted or if something is occurring, um, that could be a danger to the child. And so that's where that recommendation is coming from, from a safety issue.

Um, So, you know, so aside from that, so for thinking about older kids, like you were talking about, you know, I'd let them come in my room sometimes, or I'd let them in my bed sometimes. Um, you know, I think, again, that's about the values of the family and if that's what's, you know, for them that feels like, uh, an appropriate and, um, a custom or, uh, um, way in which we have always functioned or my family functioned, you know, as long as we're thinking through those safety issues, um, you know, I don't have strong opinions like about, no, you shouldn't be doing that.

Most parents that I work with will tell me I don't want them in my bed because you know, I'm not sleeping well, they're not sleeping well, um, and, but I can't get them out. Um, and so that tends to often be what I'm working with parents around and often children end up in our beds and then end up in a habit of sleeping with us because you know, they're sick, and so I let them sleep with me for a few nights or, you know, there's a bad storm and I let them, you know, in my bed or somebody's out of town. And so there's this, this event that occurs that it makes perfect sense in that moment, like, yes, let's, this is what will be helpful to you. And then a habit starts and then suddenly, you know, six months later, they're still there and you're not sleeping well, they're not sleeping well, um, and then that goes back to then having to shift those, um, sleep routines and, you know, the things we've talked about before, or, um, you know.

As I think if we start to get on that older end of the scale. Um, and we've got much older children co-sleeping we need to think about the bigger picture socially for them. So if I can only sleep because I'm so accustomed to being with a parent. um, in their bed, then it starts to make it hard for me to do anything that might involve me not being at home, um, like sleepovers or camps or anything like that. That, um, if, if that, if I've not learned to go to sleep without my parent right next to me, um, that can start to impact as they get older. And, you know, and then sometimes, you know, listening to

your child's cues and signals about, do they really, still want to be co-sleeping and I get that there are circumstances where, you know, children can't always have their own bedroom, but then how do we think through, even if we're all sleeping in the same room or ways in which there can be some level of independence, especially as the child gets much older.

Maureen *And especially as kids, like you mentioned earlier, kids need more sleep than adults. So they're going to need to go to bed, I mean, I guess it would be helpful for all of us if we went to bed as early as I make my kids go to bed, but they go to bed a couple...*

Laura Three or four hours sometimes. Yeah. Um, and then you're in this space of having to be very quiet in your own room and at the end, as you go to bed and then it may wake them up. Um, but the other issue is typically, and it depends on how many people are in the bed together, you know? Cause if you have like two adults and one or two more children there, you're not sleeping well.

Maureen *I think that is such a good point because I know when I do let the kids crawl into bed with me for they're sick or the storm or whatever you talked about, it's not a good night's sleep. It's just not, we're all, it's just, everyone's tired.*

Laura Yeah. And it may be that people will say, well, they, you know, that's how they get to sleep and that's, you know, and that's that habit space, but then once everyone's asleep, the quality of the sleep is just not happening.

Maureen *All right, let's take a quick break.*

Commercial

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Maureen *And we're back. I want to talk a little bit about older kids. I know, uh, I'm talking much older kids. So teenagers. Um, I know when I was a teenager is really when I started to experiment with lack of sleep for the first time. It's really when I just started pushing all the limits, I would start my homework at like 10 or 11 at night, you know? As soon as everyone in the house was asleep was really when I came out to play. And of course, college, I tested all the limits of pulling all-nighters and all the things that are so bad for your brain, but that's what teenagers do. Right. We, we play with, we test all the limits. Yeah. Um, so if you have a teenager in the home who, you know, is starting their homework at 10 or 11 at night, and sort of, how do you have these conversations with teenagers, and what are some things parents of teenagers should be thinking about?*

Laura Um, sure. And you know, those conversations always go really well. When you sit your teenagers down and go, you're not getting enough sleep and I'm worried about this. Um, you know, and so we'll start on the preventative end. So the more, as their late elementary, middle school, beginning to help really put some structure in place so that they are naturally developing those good quality sleep habits. And I, as hard as this sounds, you know, trying to take away the electronic devices in the room. So if there can be some way that phones, iPads, computers, etc., are docked somewhere in a central location outside of the bedroom. That's one huge, huge factor that is really deeply impacting most adolescents is they're on their phones. Um, and even if they're like, you know, my daughter will say, yeah, but it's my alarm clock. Buy an alarm clock. Um, they actually still sell those and they're actually not very expensive anymore. Um, Because, you know, if the phone's going off, if people are texting or Snapchat or whatever's coming through and the phones, you know, the light comes on the phone, um, that's waking them up and then they're going to grab it and they're going to respond to it.

Um, so if you can start habits early and trying to get those devices out of the room, ideally, but if the compromise is like, okay, we're going to put it across the room, we're going to dock it. But getting rid of the devices close to the bed is, is hugely important. Um, and you know, and then in adolescence, it is this time for them to begin to have a better understanding of their own self and their own body. And, and so rather than coming at it from this lecture-y space of, you know, um, you're not getting enough sleep and, you know, science says, blah, blah, blah. Um, asking them, like, are, do you feel okay during the day? Like how does, is it hard for you to pay attention during the day? Like I have some ideas about what could be helpful to you around this, but really engaging them in that conversation. Cause if they're saying I'm fine, I'm fine. I'm fine. Um, they're, they're less likely to be motivated to want to change that, but you know, if, if they're having, you know, um, I can't focus at school or I'm falling asleep in class or, you know, they're super emotional, which of course adolescents are super emotional, um, naturally, developmentally and that's normal, but that if it seems atypical to you, like, could it be connected to sleep?

Um, and then, you know, encouraging them. And again, I know this is hard, but on the weekends too, if they can have as similar a sleep routine as possible, that is ideal. Most adolescents won't, they'll sleep till noon or 1 on the weekends. But if, um, that can be gently discouraged or where I maybe I'm sleeping til 10 rather than 1, because it's that inconsistency that starts to affect our brain. So if during the week I'm getting, you know, this amount of sleep and then during, on the weekends, I'm getting, I'm just sleeping...

Maureen *So there's no... you're not sort of catching up on lost sleep...?*

Laura Well, you are... I mean, so I I'm saying, I'm not saying don't catch up on your sleep, but if it's that dramatic difference that can definitely have an impact. Like if I'm sleeping so little during the week that I need this amount on the weekends, that's another sign to begin to engage your adolescent with. It's like, you know, when you need 15 hours of

sleep on Saturday, you know, your body's, your body's telling you something. And so you say you want X, Y, and Z for academics or for sports, or, you know, these are the things that could be helpful to you if you want to try that. Um, but ultimately, they're kind of moving into that independence and having to understand what their body needs, because when they go off to college, that will be their decision, you know? And so if they start to learn, I know I'm at my best self when I get eight hours of sleep or nine hours of sleep. And so I know I have a big exam, or I know I have this coming up and this is my best self when I get this amount of sleep, they're going to do it versus us just lecturing them about it.

Um, but if in late elementary, middle school, we can structure things so that there is a habit to not have the electronics, that would be my biggest advice is that that is not a part of their, um, routine.

Maureen *Yeah. And you know, I'm working on that myself, you know, keeping my phone away from the bed and all those things, same things, we all...*

Laura And turning, or, you know, at the very least turn off notifications, you know, um, is that the compromise, like, okay, you know, you might have your phone by your bed, but the routine needs to be, we're going to turn off all notifications.

Maureen *Yeah. So, um, I know we've... we're kinda hitting our time here. I just want to think a little bit about what happens when we have a lack of sleep. I know how I feel when I don't get enough sleep and I know how my kids act and when they don't get enough sleep, you know, I can say, like, I can tell they did not get a good night's sleep cause they're, you know, kind of all over the place. Um, but, besides sort of the obvious things, you know, kind of cranky or irritable or whatever, what are some of the other things that we start to see when, when kids aren't getting enough sleep?*

Laura Sure. Um, and you know, when we get, one of the things we haven't talked about, um, as a function of sleep is that, um, sleep also serves as sort of this process where we're removing toxins in our brain or the body naturally removes toxins in our brains. And so, you know, long-term, um, sleep deprivations, we'll see buildup of proteins that are connected to things like Alzheimer's, um, start to build up in the brain. So that's one important, you know, neurological medical consequence of poor sleep. Um, for both, I mean, obviously that can have a greater impact as we get into adulthood.

But thinking about, you know, that kind of cleanup of the toxins in our brain is a part of sleep. One of the things when we start to think about kids and what this can look like outside of the obvious is, um, you know, and as a psychologist, what I really can, you know, want to focus on when I'm working with kids and families is, you know, poor sleep quality can be a consequence of things like depression or anxiety. It can also be a cause of, and we can get into that chicken or the egg kind of thing. Um, but if, if I'm seeing that poor sleep quality, we can definitely start to see things that look more like mental health diagnoses that maybe are just a function of I'm not sleeping enough. And now it's led to, you know, me, um, feeling sad all during the day or having trouble focusing or feeling anxious and overwhelmed. And all we need to do is really address the sleep. Sometimes because I'm depressed or anxious, my sleep is impacted and we

need to address the depression in order to help the sleep. Um, ADHD, attention deficit, hyperactivity disorders, a huge diagnoses that, um, we really want to be looking at sleep before we jumped to that diagnosis. Um, because when kids are chronically not sleeping, they, you know, will do things during the day to try to keep themselves awake at school. And so, you know, I'm, I may be naturally kind of moving around and, but that I can't focus or I can't focus on what I'm supposed to be focusing on because something else looks like it's just more entertaining, but some of that's just our brain naturally trying to stay engaged and awake because I've got all these demands coming at me.

Um, you know, I think about my son when he was in kindergarten, we were getting weekly, if not daily phone calls from his teacher, Um, you know, just acting out at school, not doing what he was supposed to. Um, and we were in that space of like, well, maybe we need to have him evaluated for ADHD. And at the same time, he was getting strep a lot and getting air infections a lot. And we finally saw an ENT who, um, said he needed to have his adenoids and tonsils removed. Well, when that happened, after we had his adenoids and tonsils removed, we realized that he was now sleeping through the night better so he likely had obstructive sleep apnea. Um, and was awake and was coming down to our room often and waking us up. We even got to the point where he had a pallet on the floor of our bedroom, because we were just so exhausted from taking him upstairs. So he would come, we wake up every morning, he'd be laying on this pallet in our bedroom. Um, once the medical needs around his sleep were addressed, so I've got enlarged tonsils and adenoids that are causing me to snore causing me to wake up. Once he started sleeping through the night, behavior problems went away at school. It was like a, a different kid showed up. Um, after the holiday breaks, we did it over that break and teacher was amazed. And that's just my personal example, but I see that frequently with kids of, um, not getting enough sleep or quality sleep for in his sake, cause we were putting him to bed. He just wasn't getting quality sleep was leading us to potentially, you know, go through this process, maybe make a diagnosis, maybe medicate something that actually was connected to sleep. And so that's where, you know, making sure we're really attending to those things, um, asking those questions.

Um, and it's not just, oh yeah, they sleep fine. Or they get this many hours of sleep, but how what's the quality that sleep look like? So, um, those are some of the, the more mental health diagnoses that we think about. Then we can start to see, you know, in adulthood, obviously, um, things like cardiovascular disease, high blood pressure, as a consequence of not sleeping one study, I think it was out of Michigan where they looked at daylight savings time and when we spring forward in the spring, so we lose an hour sleep. Just that one hour difference. This one emergency room noted a 25% increase in those coming into the emergency room with heart, um, heart attack symptoms, cardiac symptoms, and it, the opposite occurs during the fall where we gain an extra hour of sleep that visits to the ER in this one study went down. And so even in an hour of sleep, can, you know, especially as we get older, um, make that impact, but it's definitely, you know, for children as well. Um, it's, it's cognitive, it's emotional. It's... it's physical.

Maureen *Yeah. Wow. That is so powerful. Well, I know I'm going to try and get an extra hour after this. This conversation's been really helpful. Do you have any closing thoughts about sleep that you want to impart on us?*

Laura I think we've covered most of it. It's just that the consistency, quantity, quality, you know, of those things, if you're thinking about those three things and how you feel like really examine, like how do you feel? And some of us can function was sleep deprivation for such a long time, we don't even realize how bad we feel until we get the opportunity to actually sleep the amount of time, the amount of hours we need. So really being honest with yourself about, do I feel well...?

Maureen *Or as good as I could if I got enough sleep.*

Laura Yeah, and then helping our children begin to ask themselves those same questions.

Maureen *Yeah. Thank you so much. This has been a great conversation and thanks for coming in.*

Laura Thank you.

Thank you for listening to The Growing Brain, a social emotional health podcast. We hope you have enjoyed this conversation. Don't miss an episode, be sure to subscribe so that you're notified when new episodes are released. And for more content, including articles, videos, and much more, please visit us online at momentousinstitute.org.