

Good sleep hygiene and the impact of trauma on sleep

Sleep for children who are fostered or adopted is the focus of this book, because it is one of the key pillars for healthy child development. Sleep is the way in which we restore ourselves from the exertions and experiences of the day – not just our brain but our whole body requires it. We need to sleep in order to facilitate our neuro-physiological development, and sleep deprivation has a profound impact on the whole of our well-being, our ability to manage day-to-day life stresses, relationships and problem solving.

Sleep is not just a time of rest when we are unconscious, but an active process that helps us not only rest and recover, but also make sense of our world. During the course of the day, all of us accumulate a vast amount of information and experiences that need to be processed and sorted or discarded. This processing happens when we are asleep. Processing and storing information is how we, and in particular children, learn and acquire language, social and motor skills. As children's rate of growth is far faster

than that of adults, they naturally require more sleep. Whilst adults require 7–9 hours of sleep a night, a one-year-old child needs 11–14 hours of sleep, and a school-aged child 9–11 hours of sleep. Children whose sleep patterns have been disrupted, or never established, will inevitably struggle to have the quality and length of sleep that they require.

What is a good sleep pattern?

There are three stages of sleep:

- **Stage 1** is the changeover from wakefulness to sleep.
- **Stage 2** is a period of light sleep before you enter deeper sleep.
- **Stage 3** is the period of deep sleep that you need to feel refreshed in the morning.

Within these stages, there are different kinds of sleep:

- **Rapid eye movement (REM) sleep** is a unique phase distinguishable by rapid movement of the eyes, accompanied by low muscle tone throughout the body, and the propensity to dream vividly.
- **Deep sleep**, unlike REM sleep, is when your body and brain waves slow down. It is hard to wake from deep sleep, and if you do, you may feel quite groggy.
- **Light or shallow sleep** is easier to wake from. External stimuli such as noise, temperature, touch, and movement can wake you. You will wake up more readily, with less effort, from light sleep than from deep sleep.

It is important for children (and adults) to have a long enough period of unbroken sleep in order to enjoy the benefits of each stage and variation of the sleep cycle.

Early infant sleep patterns are quite different from those of adults. Infants younger than six months spend 50 per cent of their sleep time in active rapid eye movement (REM) sleep compared with 20 per cent in adults. Infants enter sleep through an initial active REM stage, in contrast to adults, who do not enter REM sleep until about 90 minutes into their sleep cycle. Active REM sleep occurs more often in infant sleep cycles, which results in shorter cycles.

However, after the age of six months, the infant should begin to develop a more mature sleep pattern. After an initial “settling” period of 10–20 minutes, the infant should drift into REM sleep, and typically enter into deep sleep during the first third of the night, with higher levels of REM returning during the last period of sleep.

The impact of a poor sleep pattern

A Harvard Medical School survey (2006) on *The Importance of Sleep* highlights that we need sleep for a number of health areas, which will suffer if we have a poor sleep pattern:

- **Learning and memory:** sleep helps the brain take in new information and commit it to memory.
- **Metabolism and weight:** when our body rests, levels of hormones get rebalanced, helping our body to stay healthy.
- **Safety:** sufficient sleep at night means that we are less likely to fall asleep during the day – and possibly have accidents.

- **Mood:** our mood is negatively impacted by lack of sleep.
- **Cardiovascular health:** it has been shown that stress hormones and heart rate are negatively impacted by lack of sleep.
- **Disease:** the body, when sleep deprived, alters the functioning of the immune system.

The impact of trauma on sleep

There is now a consensus that the term “developmental trauma” (DeRosa *et al*, 2005) best describes the impact on a child’s development caused by abuse and neglect in infancy. A full account of the impact of developmental trauma (which is called in legal terms “significant harm”) is comprehensively described in one of the companion books in this series: *Parenting a Child with Emotional and Behavioural Difficulties* (Hughes, 2013). A key issue is the impact of developmental trauma on sleep.

In a review of sleep research (Kajeepeta *et al*, 2015), the authors found that there was a very clear link between adverse childhood experiences (ACEs) and child and adult sleep disorders. They produced compelling evidence that trauma in childhood not only impacts on sleep patterns in childhood, but that the effect can persist throughout adulthood, if not addressed. The corollary of this is that not only are sleep patterns affected, but they in turn have a marked impact on physical and mental well-being in childhood and into adulthood.

An earlier piece of research (Armstrong *et al*, 2003), which is of particular relevance for children who come into the care system and who are fostered or subsequently adopted, showed that there is evidence that the origins of problematic childhood

sleep behaviour may lie in maternal difficulties and stress during pregnancy and/or levels of maternal stress and depression post birth.

Infants and children with neuro-typical development can, and do, have their sleep patterns managed, largely by behavioural approaches that you see commonly propagated in “Super Nanny” type books and TV programmes. However, for children who are looked after, fostered, in special guardianship families or adopted, sleep is not an attribute of child development that just needs to be managed into a neuro-typical pattern. It is one aspect, along with many other aspects of child development, that requires genuine developmental re-parenting, or therapeutic parenting, on the part of the new family. In a summary of research into adoptive parenting (Ottaway and Selwyn, 2016), the authors offer the following definition of therapeutic re-parenting:

Therapeutic parenting is a deeply nurturing parenting style, with a foundation of self-awareness and a central core of mentalisation, developed from consistent, empathic, insight responses to a child’s distress and behaviours: allowing the child to begin to self-regulate, develop an understanding of their own behaviours and ultimately to form secure attachments.

The role of foster carers and adopters is to see sleeping difficulties in this context as something that requires a developmental re-parenting approach to help their child. Kajeepeta *et al* (2015) concluded that it was important for children from traumatic backgrounds, that carers, parents and professionals **treat the trauma and not just the sleep disorder**. The rest of this section will suggest how foster carers and adoptive parents can do this, as part of a holistic approach based

on the most up-to-date research into the impact of trauma on child development (McCullough *et al*, 2016; Vaughan *et al*, 2016; McCullough *et al*, 2019). This treatment model is called “Neuro-Physiological Psychotherapy” (NPP). But before thinking further about the impact of trauma on sleep, we first of all need to think about usual sleep practices and good sleep hygiene.

Cultural issues

There are different cultural approaches to how, when and where children should sleep, which may have impacted on children’s sleep patterns prior to placement. However, all cultures would see children not sleeping or waking distressed as concerning. New families will need to be aware of any cultural differences between how the child may have been expected to sleep in their previous family and how the adopters or carers would expect the child to sleep, and introduce any changes slowly and sensitively.

Age-related considerations

Infants from four–six months old can potentially sleep through the night, but this can be variable, and depending on the infant, the age at which they achieve this can range from four months to well over a year. This ability to sleep through the night is linked to the infant’s ability to eat sufficient solid food to sustain them. However, with a population of children who have had poor parenting prior to placement, parents and carers may have to take a step back developmentally, and first of all help the child make the transition from liquid to solid food with nutritional value, which may delay the timeframe for the child sleeping through the night.

Good sleep hygiene

The overarching advice in relation to sleep for all children is that **routine and consistency are key**. Though we fully appreciate that achieving this is, or can be, difficult for children

who have come into the care system and have been traumatised, it is useful to bear this basic advice in mind.

- Stick to the same bedtime for the child, even at weekends.
- Give the child the message that beds are for sleeping and not for games, and importantly when thinking about traumatised children, that the bedroom is a safe place.
- Beds and bedrooms should be cosy, comforting and safe environments.
- Alarm clocks, if used, are for waking up and not for watching, and should be unobtrusive in the room.
- The child's bedtime routines should be predictable.
- Pre-bedtime activities should be quiet, calm and relaxing.
- Children should be helped to relax through touch and body-based interventions as part of a bedtime routine – we provide more information and ideas for this later.
- Starting the day with exercise helps children to use pent-up energy.
- If older children can't sleep, they can read a book or do something calming, but should not use digital screens, e.g. tablets and mobile phones.
- Children should be put to bed when they are drowsy but still awake.
- Children should be encouraged to cuddle up with a soft toy or blanket or other transitional object – we provide more information and ideas about this later.

- Bedtime check-ups should be short and sweet – just long enough to convey to the child that parents/carers are ensuring they are safe and OK.
- If the child has sleep issues, it is helpful for parents/carers to maintain a sleep diary for their child so that patterns can be detected.

Of course, all this is not straightforward if children in their birth family or in previous foster families have not been used to a predictable routine, or if early experiences have taught them that night-times are not safe. When it comes to bedtime, these children may be unable to settle and become increasingly anxious. The challenge is to work out how good sleep hygiene can be achieved, but it may need to be adjusted or rethought in the light of our understanding of developmental trauma and how the brain has evolved.