POSITIVE BEHAVIOUR SUPPORT SERVICES

TRASNA TRAINING SERVICE - start date 26.3.2019

Overview of Workshops

- Workshop 1 - Getting everything in place
- Workshop 2 - Planning implementation
- Workshop 3 - Reviewing and planning next steps

Agenda - Workshop 1

- Welcome and Introductions
- Goal setting
- General information on sleeping
- Break
- Homework

➢Setting Goals!!!

➢What do you want to get out of this workshop??

Sleeping difficulties are common

- 20% of typically developing 1-2 year old and 14% of 3 years olds wake regularly.
- Up to 1 in 4 healthy adults experiences significant sleep problems.
- Most individuals with sleeping problems considered these to have an impact on their daily functioning, with family life most affected.
- Almost half of individuals with sleep problem have never taken any steps to resolving them (DeLuger et al, 2008).

Sleeping difficulties in children with developmental disabilities

- On average two-thirds of children with autism experience sleep difficulties (Richdale 2001).
- Around 70% of children with Down syndrome have sleep problems, which begin at a young age and may persist or recur over time
- One survey has shown over 80% of parents report sleep difficulties in their children who have learning disabilities, with one quarter saying the sleep problems are severe.

Effects of sleep deprivation

- Tiredness for parents and other siblings the following day and ongoing fatigue. Impacts on the ability of a family to function on a daily basis.

- Sleep difficulties can contribute to behaviours in children, including aggression and self-injury (Fadini et al., 2015).

What is sleep?

Sleep is a naturally recurring state of mind and body, characterized by altered consciousness, decreased sensory activity, inhibition of nearly all voluntary muscles, and reduced interactions with surroundings.[1]

It is distinguished from wakefulness by a decreased ability to react to stimuli.

Sleep occurs in repeating periods, in which the body alternates between two distinct modes: REM sleep and non-REM sleep. There are various stages in sleep.

During sleep, the bodies immune, nervous, skeletal, and muscular systems are restored; these are important for mood, memory, and cognitive function, and play a large role in the function of the endocrine and immune systems.

The internal circadian clock promotes sleep daily at night.

The diverse purposes and mechanisms of sleep are the subject of substantial ongoing research.[3]

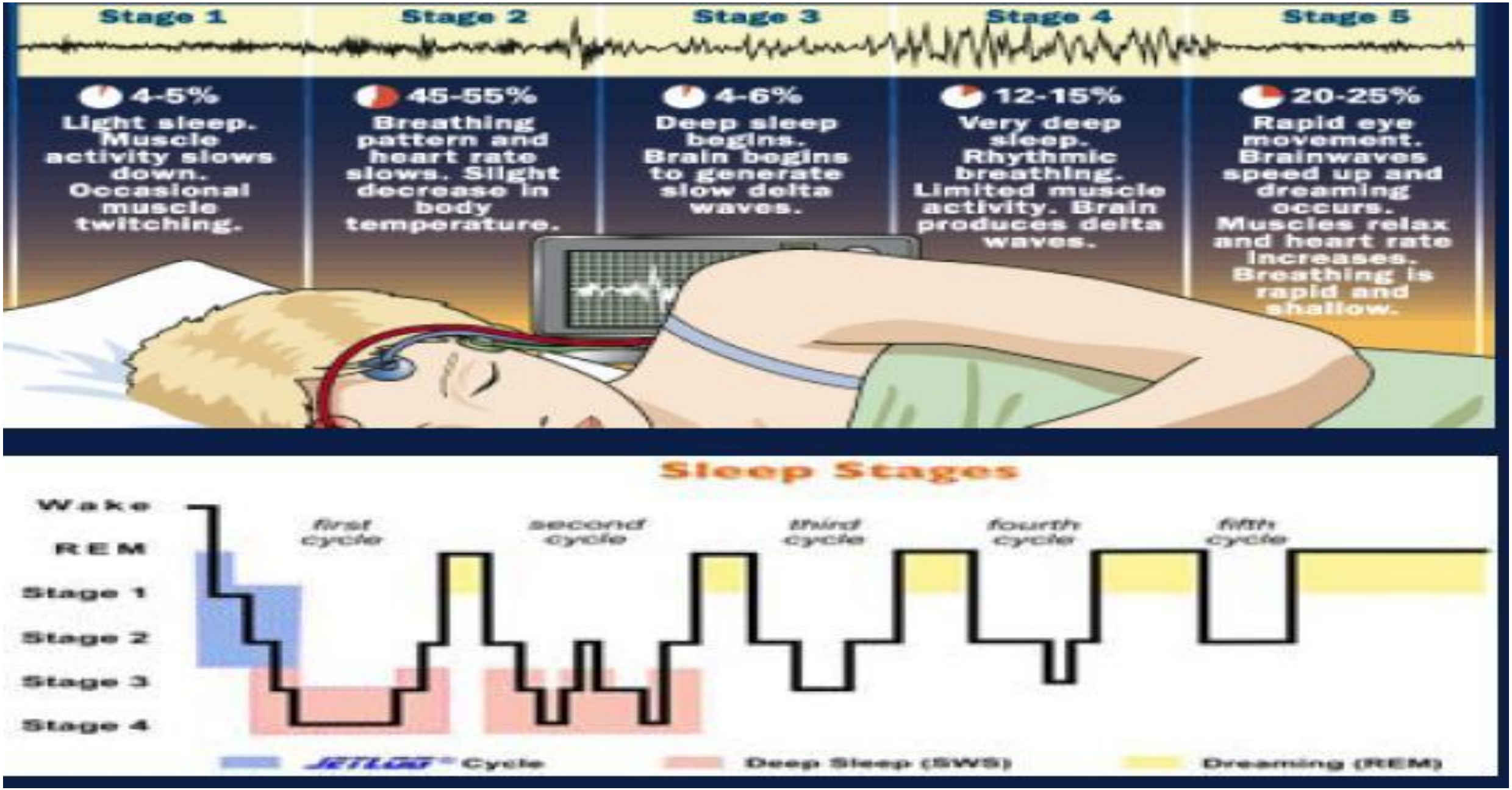
What is circadian rhythm (‘about a day’)

- The body clock cycles between sleepiness and alertness.
- Most adults have a dip in energy between 2:00am and 4:00am, and just after lunchtime, around 1:00pm to 3:00pm.
- The rhythm can be different for night owls or a morning person.
- Dips and rises not so strong if caught up on sleep.
- In darkness, the eyes signal brain which signals the body to release melatonin, which makes your body tired.

More about circadian rhythm

- When things get in the way, like shift work, jet lag, daylight savings time, or netflix!, the circadian rhythm can become disrupted, which makes you feel out of sorts and can make it harder to pay attention.
- Circadian rhythm changes as you get older. Teenagers tend to stay up later and sleep longer. Older people may be more wakeful.
- Regular sleep habits help the circadian rhythm.

We progress through these stages several times throughout the night, going through the four stages of NREM sleep, into REM sleep then back to NREM.


Stage 1
Stage 2
Stage 3
Stage 4
Stage 5
4-5%
Light sleep. Muscle activity slows down. Occasional muscle twitching.
45-55%
Breathing pattern and heart rate slows. Slight decrease in body temperature.
4-6%
Deep sleep begins. Brain begins to generate slow delta waves.
12-15%
Very deep sleep. Rhythmic breathing. Limited muscle activity. Brain produces delta waves.
20-25%
Rapid eye movement. Brainwaves speed up and dreaming occurs. Muscles relax and heart rate increases. Breathing is rapid and shallow.
Sleep Stages
Wake
REM
Stage 1
Stage 2
Stage 3
Stage 4
first cycle
second cycle
third cycle
fourth cycle
fifth cycle
JETLAG™ Cycle
Deep Sleep (SWS)
Dreaming (REM)

Sleep and medication

- Medications prescribed to help sleep may include but are not limited to: melatonin, benzodiazepines, diphenhydramine and clonidine.

- According to most sleep professionals, medication usually is recommended only as short-term answer to a sleep problem- generally only for a couple of weeks.

- Can be helpful as a short-term solution when used in conjunction with a sleep intervention.

Medical concerns to be addressed

- There may be medical conditions that can be impacting your child's sleep that would need to be addressed with a GPc or relevant onsultant prior to beginning behavioural interventions for sleep difficulties.

- Some of these medical conditions are; Obstructive sleep apnoea (OSA), Restless Leg Syndrome, Large tonsils or adenoids (impact on breathing), Epilepsy, that are also found in your pack.
- We recommend getting any medical condition that may be impacting sleep checked prior to sleep interventions.

Sleep Diary

Day	Time put to bed	Time fell asleep	Nighttime waking (time/how long)	Describing nighttime waking	Time awoke	Describe any naps
Monday	***8.30pm***	***10.00pm***	***1.20am Awake for 30mins.***	***Came into our bed, we tried to put him back but he began shouting and would have woken other siblings so we let him sleep with us.***	***7.30am***	***Slept on the way home from school in the car for about 15-20mins.***
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Our recommendations…..

1. Fill out sleep diary
2. Fill out Child Sleep Habit Questionnaire
3. Start thinking about your child's bedtime routine.
4. Be gentle on yourself as you approach getting your child to sleep.
5. Parental self-care = NB!!!
6. Sleep difficulties will test your resolve, patience and core beliefs.

Agenda - Workshop 2

- Check in
- Sleep interventions
- Break
- Development of individualised sleep programmes

Interventions for difficulty getting to sleep

- **Bedtime Fading**

Keeping the child up later than usual. The rational is to keep the child up so late that they fall asleep on their own.

For example, if bedtime is usually 9pm but your child fights going to bed at this time, then temporarily make bedtime 11.30pm, a time when your child may be so tired that bedtime is no longer a battle.

Finding the right intervention for you

- Graduated extinction may not be suitable for:
  - families who cannot listen for even a few minutes to a child's cries
  - children who show certain concerning behaviours
- Faded bedtime may not be suitable for:
  - Families who would find the late night and early morning too much
  - length of intervention
- Often comes down to personal preference: graduated extinction- quick but disruptive/faded bedtime-calmer but slower

BREAK

Problems with anxiety and sleep

- Relaxation training is one of the most recommended treatments for children and adults who are anxious.

- Paradoxical intention- reverse psychology. If a child is becoming anxious about not being able to sleep, then giving him or her permission to stay awake can help to relieve these fears and paradoxically help the child fall asleep.

- “Magic” to help them control their fears- the power of suggestion.

- Self-talk which involves a child saying positive things such as “I am a big girl and I am not afraid”.

Reinforcement can be used in combination with other interventions

- Positive reinforcement can be used in conjunction with other sleep interventions.

- It involves rewarding your child (with praise (telling them they did well, that you are proud they slept through the night, high fives, tickles or tangibles).

- The reward chart can be a nice addition to an intervention. You can let your child pick the stickers to go on it each day. You select an appropriate goal e.g. “This week I will sleep in my own bed for 3 nights” or “I won’t leave my room when it’s time for sleep”.