

1

Sleep in context

(of mental health/ developmental services)

Dr Sally Hobson, Specialty Community Paediatrician
Dr Jenna Vyas-Lee, Clinical Psychologist



1

- Sleep in developmental/ CAMHs assessment- (why) is it even important?
- Our sleep clinic- why and how?
- A holistic model of assessment
 - Multidisciplinary working- psychology in the sleep clinic
 - ADHD, (ASD, behaviour, mental health, substance misuse)
- Cases and discussion

2

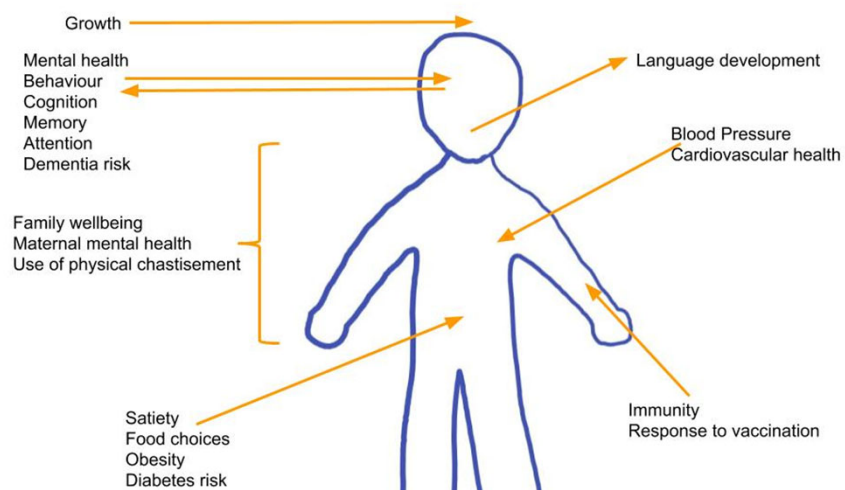
Slide 1

- 1 i think Ive done my bits now!
-Sally Hobson
, 26/09/2019

Sleep in children with developmental difficulties...



3



Effects of Inadequate Sleep

4

Incorporating sleep into every assessment

- Effect on developmental abilities
- Effect on behavioural responses
- Effect on relationships (and marker of their nature)
- Indicator of potential diagnosis
- Reflects social situation
- Is a learnt skill- affected by development
- Minimum questions:
 - How is bedtime? When? Where?
 - How long does it take to initiate sleep?
 - Do they stay asleep?
 - “When they are fully asleep is there anything unusual?”
 - Do they snore/ have breathing difficulty? G-A-S-P
 - How hard is it to get them up? When?
 - Do they sleep during the day?
 - What about the weekends?

5

But then what do we do about it?

6

- Sleep in developmental/ CAMHs assessment- (why) is it even important?
- Our sleep clinic- why and how?
- A holistic model of assessment
 - Multidisciplinary working- psychology in the sleep clinic
- ADHD

7

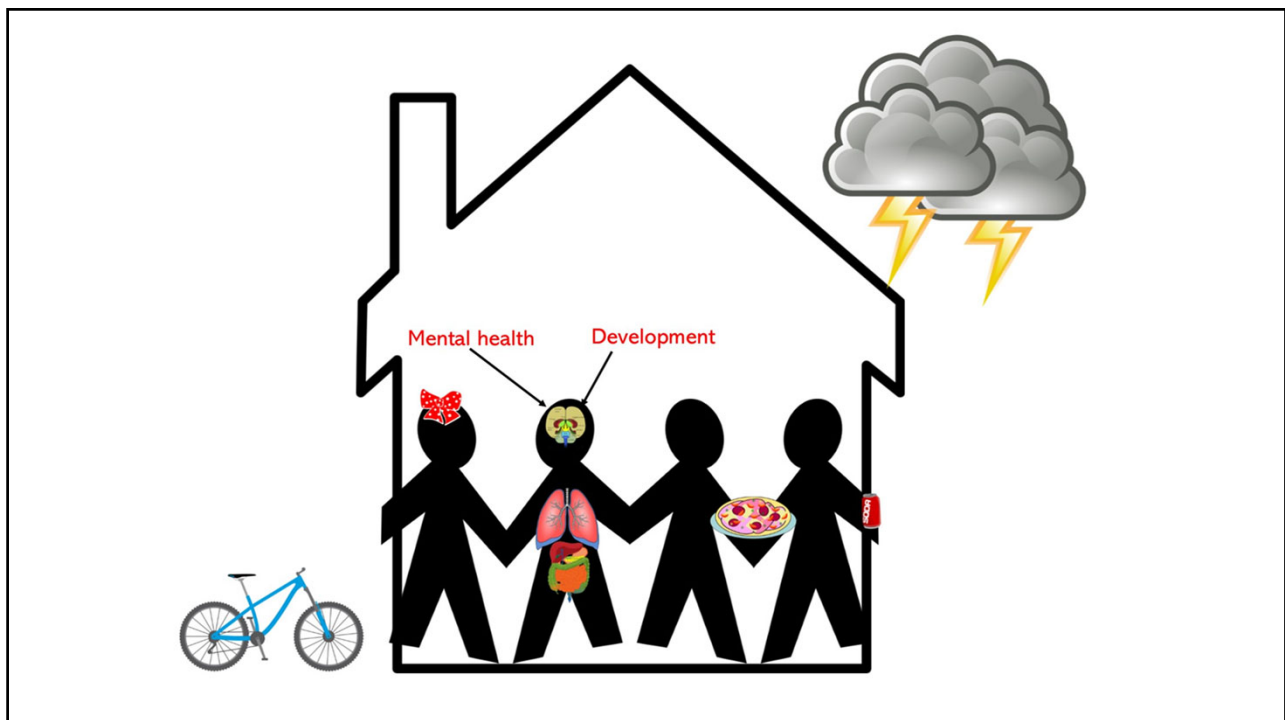
- Sleep in developmental/ CAMHs assessment- (why) is it even important?
- Our sleep clinic- why and how?
- A holistic model of assessment
 - Multidisciplinary working- psychology in the sleep clinic
- ADHD

8


What happens at the initial assessment?

- **Medical background** allergies, asthma, constipation, medications and timings
- **Developmental background** current profile, communication and behaviour
- **Psychosocial background** including family history, housing (incl. sleep environment), psychosocial stressors
- **Other factors** diet, caffeine, exercise etc.
- **Parental factors** previous interventions, beliefs, motivation, goals

9




10



“Sleep problems in ASD might occur as a result of complex interactions between biological, psychological, social/environmental and family factors, including parenting. Any one or combination might contribute”

Richdale and Schrek
Sleep Med Rev 2009

11



What is actually going on?

SLEEP HISTORY

What happens in the house from 5pm

- And what exactly does that look like?
- Who is there/ Who says what...and then what...and then what?
- How long for/ how does that resolve/how do you manage that?
- What is the atmosphere like? That sounds a bit stressful? Who helps you?
- And then what happens?
- And what time is it when....
- And how exactly do they wake up?
- And what about in the morning?
- Do they sleep during the day?
- How are things at the weekend?

When they are fully asleep is there anything unusual

Do they ever;

- Gasp or choke
- Apnoea (stop breathing)
- Snore loudly
- Perspire (sweat at night)

Do your/their legs ever bother you/them

12

The sleep environment (preconditions for sleep)

- Tired (day time activities, avoid caffeine)
- Right time of day (body clock)
- Bedtime routine
- Dark
- Quiet
- No distractions
- Familiar safe space
- Right temperature
- Not hungry or too full
- Comfortable (without pain or anxiety)



13

“6 year old boy. ASD. takes hours to fall asleep.”

- ASD. communication impairment. Cognitively able. Mainstream school.
- Single mother. Shares a room with his brother.
- Has regular visit to park after school then dinner
- Bath, book, prayers. Bedtime 8pm.
- Darkened, quiet room
- Lies awake in bed for 3 hours
- Wakes again overnight and lies there for 2 hours
- Wakes 5 am

14

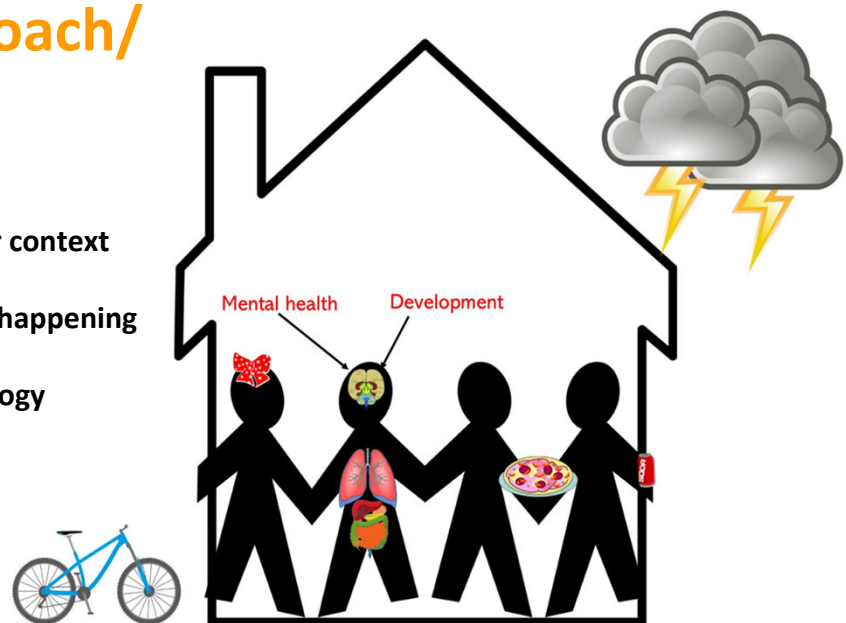
“6 year old boy. ASD. takes hours to fall asleep.”

- ASD. communication impairment. Cognitively able. Mainstream school.
- Single mother. Has his own room but sleeps with mother or brother
- Comes home from school and plays on computers
- Eats when hungry- very picky
- When tired has a bottle in front of TV- “soothing him”
- May “get up again” if not tired enough
- Eventually falls asleep and carried to Mum’s room
- She lies next to him all night checking his breathing (previous OSA)
- Snores and wakes overnight- given bottle and soothed back to sleep
- Hard to wake in the morning

15

Holistic Approach/ Formulation

- consider the child in their context
- be curious about what is happening
- think about sleep physiology



16

Outcomes of Assessment- management plan

- What is the sleep “diagnosis”? And in what context is it occurring?
- Could there be a medical disorder that needs investigating?
- Are there behavioural interventions that might help?
- Is prescription necessary?
- What are the barriers to improvement going to be?
- Can we provide that support or do we need to get other people involved (medical/behavioural/social care)?

17

- Sleep in developmental/ CAMHs assessment- (why) is it even important?
- Our sleep clinic- why and how?
- A holistic model of assessment
- Multidisciplinary working- psychology in the sleep clinic
- ADHD
- Cases and discussion
- Medically complex cases- what if I miss something?

18

Clinical psychology in the sleep clinic

Expand on psycho-education through a workshop

- Sleep theory
- Goal setting
- Peer support

Post workshop offer 6x30min telephone follow up

1. Review of workshop, SMART goals, monitoring
2. Formulation leads to intervention, strategy choice
3. Troubleshooting
4. Confidence building – motivational interviewing
5. Fine-tuning
6. Summarising and outcomes

19

Working with Parents vs Children

	Pros	Cons
Working with parents	<ul style="list-style-type: none"> • Less pathologising, • Teaching parental confidence 	<ul style="list-style-type: none"> • Very difficult for parents to motivate older children
Working with children	<ul style="list-style-type: none"> • Promotes independence • Self regulation skills 	<ul style="list-style-type: none"> • Children need to fit into the family structure

20

The Workshop

Maximising engagement

- Every eight weeks (ideally)
- 11am- 2pm (acceptability)

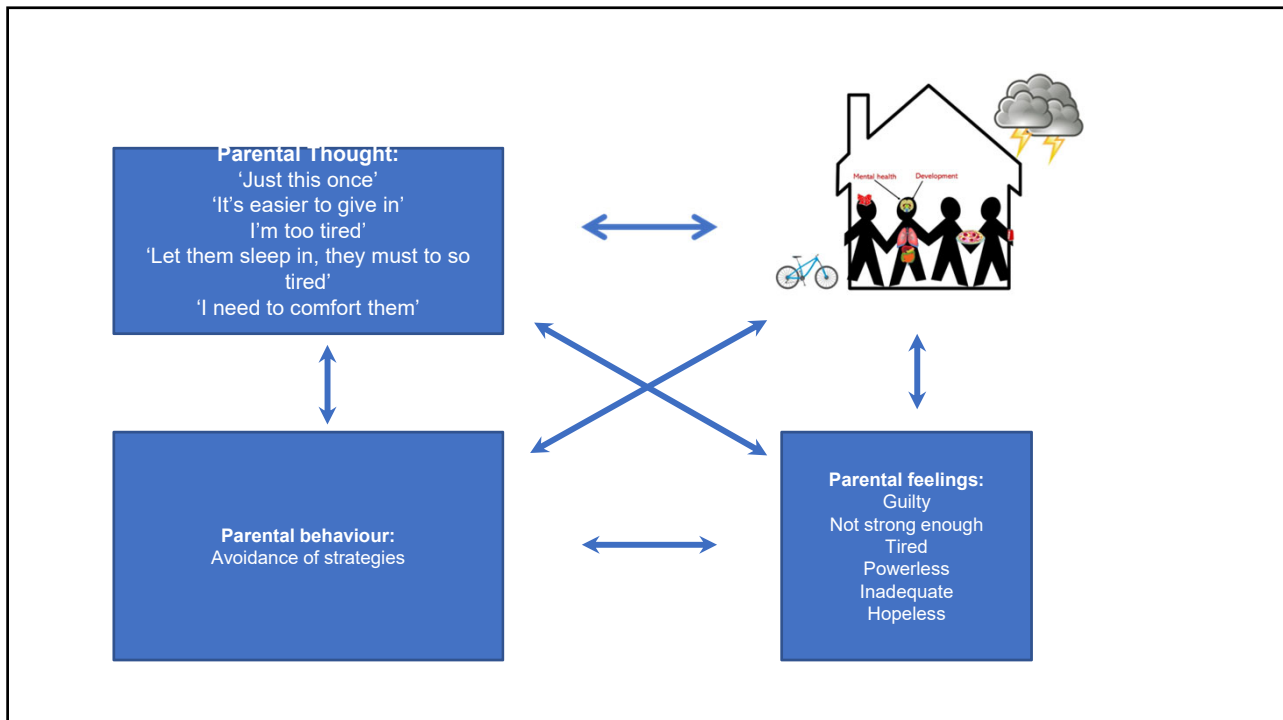
1. Validation
2. Psychoeducation
3. Action plan

21

SMART goals

- Specific
- Measureable
- Achievable
- Realistic
- Time limited

22



23

Barriers to successful intervention

- Housing
- Exhaustion
- 'Tried everything'
- Need a quick fix
- Parental mental health
- Physical health
- Shift work

..... Motivational Interviewing

24

Motivational Interviewing

- Rollnick & Miller
- Substance misuse services + humanist psychotherapeutic approach
- MI and parenting....
- Ambivalence
- Collaboration vs directive approach
- Change cycle



25

Motivational Interviewing

- Step one
 - Pros and cons of changing the status QUO
- Step two
 - Rate level where we are with respect to **achieving goal**

0 _____ **4** _____ 10

 - Why is it not a 3 or a 5? What would a 5 look like?
- Step three
 - Rate **confidence** in moving it to a 5

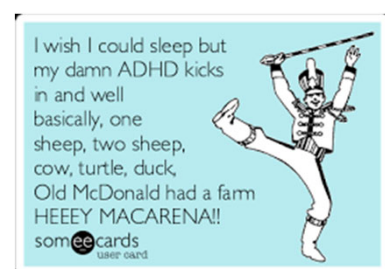
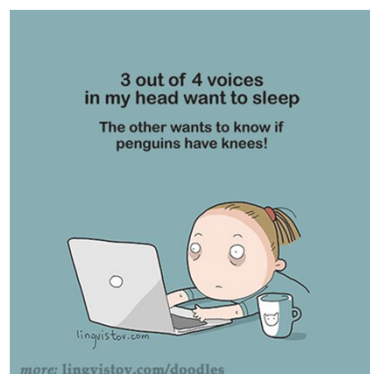
0 _____ **3** _____ 10

 - Why is it not a 2 or a 4?
 - What would it take to feel a 4?

26

- Sleep in developmental/ CAMHs assessment- (why) is it even important?
- Our sleep clinic- why and how?
- A holistic model of assessment
 - Multidisciplinary working- psychology in the sleep clinic
- ADHD
- Cases and discussion
 - Medically complex cases- what if I miss something?

27



Sleep and ADHD

28

What are the behavioural effects of sleep deprivation?

- Hyperactivity
- Externalising behaviours- irritability and aggression
- Daytime somnolence (??? “inattention”)
- Poor cognitive performance
- Poor memory
- Inattention
- Poor visuospatial skills
- Restlessness, anxiety

Turnbull J, Farquhar M Fifteen-minute consultation on problems in the healthy child: sleep *Arch Dis Child Educ Pract Ed* 2016 ;0:1-6
Walker M. “Why we Sleep” published: Penguin

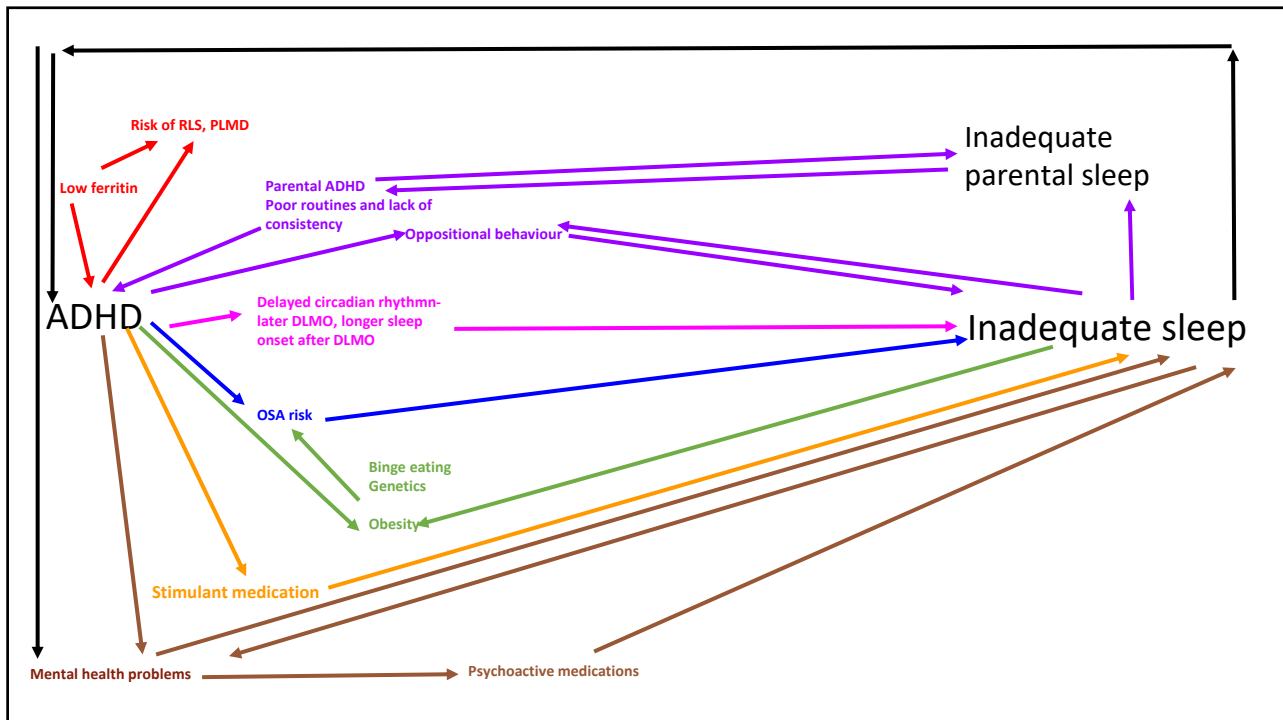
29

What are the
behavioural effects of
sleep deprivation?

What is ADHD..?



30



31

What's the bottom line?

- ADHD is a common condition
- Sleep difficulties are a common complication
- Multifactorial (must consider medications)
- Known poor outcomes
- Persistent

“There are likely to be complex and interacting contributory factors at play for each individual child and family. It is reported as typical that a child with ADHD and sleep problems will have characteristics of several different sleep disorders, though “behavioural” difficulties are a common feature. A thorough, holistic assessment of child in their psychosocial context is invaluable for unpicking the conundrum and supporting improvements.”

32

Matthew Walker *Why We Sleep: Unlocking the Power of Sleep and Dreams*

Dr Jess Turnbull, Vickie Turner, Nik Pye, Dr Bidisha Lahoti, Evelina Sleep clinic team
Further questions? sally.hobson@gstt.nhs.uk