

LifeLines



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safer, healthier relationships
for children and families

Putting Sleep Issues to Bed

With the onset of daylight saving time, some struggle to adjust to the shift of light during wake and sleep times. For many, this takes just a day or two to adjust to the sun's rising and setting. For others, sleep issues take on a whole new dimension.

Parents who work with children who have experienced trauma often have challenges around a child's sleep patterns. Difficulty falling asleep, staying asleep, and sleeping too much or too little all fall under the broad category of insomnia. Researchers have begun to consider "insomnia as a problem of your brain being unable to stop being awake." This is an appropriate definition considering the hypervigilance displayed by children from hard places.

Sleep is important for humans to stay healthy. The process of sleep provides us with many benefits. Even when we sleep, our bodies and brains are at work. Sleep allows the body to repair and refuel itself and it is critical for our wellbeing. Let's first get a better understanding of the sleep cycles. REM stands for rapid eye movement and is the part of the sleep cycle when our brains are almost always active at a level equal to when we are awake. It comes after the non-rapid eye movement (NREM) cycles, of which there are three. NREM 1, 2, and 3 get us to the point where we have the most restful and deepest sleep. NREM 3 is when we are in the slow wave cycle. In total, the four cycles of sleep last between 90 and 120 minutes and we generally experience four to five sleep cycles through the night. NREM 3 becomes shorter as the night progresses. When we awake and recall a vivid dream, it is usually because we wake immediately after the REM cycle, the period in which most of our dreaming occurs. It is also during this period that our large muscles will become paralyzed.



Sleeping allows our bodies time to remove the toxins that are natural byproducts of our neurological processes in the brain. Sleep helps to consolidate memories and vanish unnecessary information that we have accumulated through the day. Hormones necessary for growth have increased production during the NREM cycle. Smaller stature has been found in children who often have disrupted NREM sleep. In addition, those who are restless during NREM may wake craving a higher calorie food for breakfast. It is also during the NREM 3 cycle that people will experience sleep walking, talking and in some cases, sleep driving. Obviously, some of these parasomnias can be dangerous. Sleep talking is the least troublesome and should generally be left alone. Hypnic jerks or twitches are generally seen in the earliest stages of the lighter NREM 1 cycle. By the time we enter NREM 3, our bodies are slowing down and relaxing; the body experiences slower breathing, heart rate, blood pressure, digestion, and body temperatures cool.

For children with Post-Traumatic Stress Disorder (PTSD), trauma nightmares will occur during the lighter stages of sleep and can be accompanied by increased motor activity. It is not uncommon for sleep issues to co-exist with mental health issues. Research has found that improving PTSD symptoms will improve sleep and improving sleep will improve PTSD symptoms. The hypervigilance and hyperarousal found in children with trauma histories correlates with their sleep disturbances; you're not going to sleep soundly if you always are on guard for danger. For many children, that danger indeed occurred in the darkness of their bedrooms.



The neurophysiological reasons for insomnia are the tip of the slumber monster. A child may have a larger stock of distressing memories to process producing fitful sleep. Chaotic home environments do not lend themselves to developing good sleep hygiene practices. Medication, asthma, stuffy noses, and eczema can all contribute to sleep problems for children. Check with your child's physician about prescription drugs that may impact sleep. Medical issues such as muscle cramps, sleep apnea, heartburn, and certain mental health issues like depression, anxiety, or bi-polar disorder can also inhibit proper sleep.

Sleep problems in children can manifest as daytime sleepiness, general fatigue, irritability, and trouble concentrating at least three times a week for a month or longer. Prior to seeking the advice of a child's pediatrician, make sure that you have implemented good sleep hygiene for the child. Reduce noise, extremes of heat or cold, excess light, and screen time one hour prior to regular bedtime. Electronics on the restriction list include phones, video games, television, and computers. Brightness settings should be lowered if possible on these electronics, as melatonin production decreases with bright lights. Bedrooms should be kept as organized as possible since clutter can increase stress and stress will impact sleep quality. Consistent sleep schedules should be maintained even on the weekends. If a child usually is up by 6 am for school, the same wake time should be observed on Saturday and Sunday. Exercising daily is recommended for everyone's health, including for the benefit of enhanced sleep. Avoid caffeine and chocolate in the afternoons and don't eat a heavy meal two to three hours before bedtime. Incorporate a quiet time leading up to bedtime. For teens, heavy homework, television, computer games, and phone use should not be part of the quiet routine. As the parent, make sure you are modeling good sleep hygiene.

For children with trauma histories, parents may need to perform a security check of the bedroom, insuring the child that he or she will be safe during the night. Give permission for the child to come and wake you in the night if they have had a bad dream. Sometimes the child can quickly return to sleep if they can slip into a sleeping bag laying alongside your bed. Create rituals of bathing, reading a story, saying prayers, hugging and kissing goodnight, or a snug tuck-in if that is what the child desires. This routine should be deliberate, predictable, brief, yet sufficiently warm and comforting to assure the child that a safe adult is on watch.

Younger children may nap during the day, however, if naps are exceedingly long, they may begin to interrupt the normal circadian rhythm. Speak to your child's physician prior to administering melatonin. This is a naturally occurring hormone that is generally safe, but not necessarily effective. The use of melatonin is generally most effective for teens when taken three to four hours before the onset of sleep. Chronobiotics are agents that regulate the circadian rhythm, check with your physician for additional information. There are chronobiotic diets that call out specific foods and the timing of their consumption to maximize circadian rhythms in humans. Prior to attempting to utilize these cumbersome and restrictive diets with finicky eaters, try the simpler approaches described earlier.

If sleep continues to allude your child, a sleep study may be necessary to determine if there is an underlying physiological issue that needs to be addressed.

FamilyForward Introduces Developmental Trauma Center



Many of the children served by FamilyForward have experienced some type of abuse or neglect resulting in developmental trauma. Such traumas are typically chronic and occur at a very young age or beginning in infancy. FamilyForward recognizes that there is no one-size-fits-all treatment plan for these children, many of whom have not benefited from more traditional therapies. On Friday, February 23, we hosted a community event to launch the FamilyForward Developmental Trauma Center, which will allow the agency to share its knowledge and expertise both within the St. Louis community and outside the metropolitan area.

Bruce D. Perry, MD, PhD, founder of the ChildTrauma Academy, addressed the audience and celebrated FamilyForward's work to advance safer, healthier relationships for children and families, incorporating the Neurosequential Model of Therapeutics (NMT).

FamilyForward utilizes a comprehensive and respectful approach to understanding child development and the impact of significant childhood trauma. Early trauma requires very complex treatment considerations that can be guided by the Neurosequential Model of Therapeutics (NMT). Developed by Dr. Perry, a leading authority on childhood trauma, NMT is a trauma-informed, developmentally sensitive approach to recognizing the impact of a child's history on current functioning. It provides a structure to best understand the behaviors and needs of each child. Using this model, assessments offer individualized recommendations to support children at home, in school, and with therapeutic interventions.

Funding from the Missouri Foundation for Health and other donors support the FamilyForward Developmental Trauma Center's efforts to work with community partners in order to serve more children and families.

FamilyForward was the first agency in the St. Louis region to become site certified in the Neurosequential Model of Therapeutics (NMT) by the ChildTrauma Academy in 2015. Visit familyforwardmo.org/how-we-help/developmental-trauma-center to read more about the FamilyForward Developmental Trauma Center and the depth of assessment, treatment, and parent education services provided.

When baby Kiki first came into Chris' care, she was severely malnourished and had three broken ribs. Her foster-turned-adoptive mother thought unconditional love would be enough to overcome the effects of child abuse and neglect, but unfortunately, it was not. Kiki's behavior in middle school made things difficult socially and academically, and her teachers told Chris that high school might just be out of reach for the teen.

Chris was undaunted, however. She knew that Kiki was capable, smart, and talented, so she turned to FamilyForward for the tools and expertise to help her daughter succeed. A loving and pro-active mother, Chris spent long hours working with FamilyForward's Rachel Neukirch (then a social worker and now Chief Program Officer) to understand the results and implement the recommendations from Kiki's assessment. Together, they met countless times with school officials to make sure Kiki was understood at school and set up for success.

With her mom always beside her, Kiki has blossomed with determination and strength. Now a sophomore in high school, she excels academically and loves going to school each day to be with her friends. To learn more about Chris and Kiki's inspiring journey, watch the video at familyforwardmo.org/how-we-help/developmental-trauma-center.



Sleeping Together or Apart: A Common Conundrum

Sleep is precious. So is the “golden window” that exists right before we drift off. As parents, we are encouraged to take advantage of this time and spend it close to our children, reminiscing about the day, praying, singing, massaging, connecting. Roughly 75% of couples do not go to bed at the same time, and 25% of partners do not share the same bed. So why the disconnect with this little tidbit of wisdom within our adult partnerships? What are the costs to choosing to miss out on connection in the evening hours?

There are many reasons why couples choose to go to bed at different times. Often it is a matter of differing circadian rhythms, with one partner being a night owl and the other a morning person. Other times, it is because one partner is working late, surfing the web, or watching television. Is it really that big of a deal?

Research suggests that it is an area worthy of concern. Studies have shown that couples who have mismatched sleep patterns report less marital adjustment, more marital conflict, less time in serious conversation, less time in shared activities, and less sexual intimacy than those who retire together (Larson, 1991). Additionally, women whose partners go to bed at the same time tend to view the next days’ interactions more positively (Hasler & Troxel, 2010). Interestingly, this study found that men only require a good night’s sleep to be able to wear rose colored glasses the next day.

John Gottman, PhD, of the Gottman Institute, has tried to isolate the qualities that cause marriages and partnerships to fail, and the principles that help them succeed. He has found that many partnerships fail not due to affairs or other major insults, but rather out of a loss of intimacy and connection. This is usually a slow waning over time. One of the principles that he espouses is the building of what he calls “love maps,” which include intimate, ongoing knowledge of one another’s life and daily experiences, as well as larger, overarching dreams and goals. When people cuddle at the end of the day, this is often when they take time to discuss relationships, the future, work, highs and lows, dreams – the stuff of love maps. Discussion following physical intimacy presents unique advantages as resulting spikes of oxytocin cause people to feel and to express positive feelings to one another. These expressions lead to higher levels of trust, marital satisfaction, and closeness.



For this golden window to be most valuable, it is important to ditch the cell phone or tablet and take the time to gaze at one another. The American Academy of Pediatrics specifically states that televisions should not be in the bedrooms of children. Perhaps this is not a bad idea for adults, either, though watching something together could be relaxing and satisfying so long as both partners are engaged.

What about couples who choose to sleep in separate beds? Although this may seem like an odd practice, bed sharing was not common until the late 19th century. Prior to that time, having separate beds was viewed as a sign of affluence and was common among the wealthy. Some would say that it is really the best of both worlds, allowing for each partner to get a good night’s rest, and increasing intentionality in the relationship leading to more satisfying encounters.

There is some wisdom here. Couples who fight after not getting enough sleep were found to have higher levels of stress related inflammation, putting them at higher risk for health problems (Wilson, 2017). A consistent lack of restorative sleep makes for more irritable interactions with others in general. Unfortunately, sleeping in the same bed with a partner whose sleep is fitful will affect the quality of sleep for both. Snoring, restless leg syndrome, sleep apnea, and a partner whose body temperature runs hot are only a few of the situations where this may be the case.

Agreeing to sleep apart temporarily may be beneficial in these types of situations. Ideally, the partner whose sleep is disrupted can get assistance to address his or her sleep issues, and they can come back together.

Other times, couples sleep apart because they need different things to fall asleep well. One may need white noise or music, and the other complete silence. One might prefer a night light and the other complete darkness. Compromise may be possible, but not always. Often couples fall asleep well following intimate encounters, so perhaps sleeping in the same bed is reserved for these occasions. No matter what choice is made, sleep deprivation leads to greater irritability, and that is never good.

Regardless of whether you choose to go to bed at the same time, or sleep in the same bed any or all the time, it appears that intentionally making time for emotional and physical connection as the day is winding down has some unique benefits. Perhaps after your time together, the morning person goes to sleep and the night owl gets back to work for a while. Maybe once you have some time together, you mutually agree to retire to separate beds, or you sleep separately some nights of the week and not others. There is no one-size-fits-all solution aside from making sure to reserve undivided time for one another and to include cuddling and intimacy on a regular basis.

For more tips and discussion on parenting partnerships, consider attending the Prioritizing Your Partnership three-week course that will begin on Thursday, April 12, 2018.



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Children's Home Society
OF AMERICA



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United Way
of Greater St. Louis

Our Vision

FamilyForward leads the community in providing innovative solutions for advancing safer, healthier relationships for children and families.

Our Mission

FamilyForward moves vulnerable children in the direction of hope by delivering comprehensive therapeutic and educational services to support biological, foster, and adoptive families.

Visit familyforwardmo.org/publications to read LifeLines and other publications online.
At FamilyForward, we aim to be helpful, relevant, and transparent.

Educational Opportunities for Adoptive and Foster Parents

Each session counts as training toward your licensure requirement. Sessions are provided at low or no cost to all foster and adoptive parents. Registration is required. Download schedule at familyforwardmo.org/publications.

NEW Parenting Children Who Identify as LGBT

Tuesdays: April 3, 10, 17, 2018 | 6:00 pm – 9:00 pm

Individuals who identify as LGBT are overrepresented in the foster care system. The children and teens who identify with the LGBT community add another dimension to the typical challenges of parenting. Explore the evolving landscape of gender identity, sexual orientation, culturally sensitive vocabulary, diversity, discrimination, and advocacy that is part of this community.

Impact of Sexual Abuse

Mondays: April 9 and 16, 2018 | 6:00 pm – 9:00 pm

This **six-hour course** will delve into the impact of sexual abuse on a child's ability to trust, development of sexual identity, future intimacy, respect for one's body, and potential behavioral issues including sexual acting out and perpetration that can occur. The addictive nature of sexual material through media and internet pornography will also be explained and the issue of human trafficking explored.

Prioritizing Your Partnership

Thursdays: April 12, 26, May 3, 2018 | 6:00 pm – 9:00 pm

Parenting children with a trauma history requires time, patience, and lots of energy. If you are fortunate enough to have a parenting partner, it is no surprise that this hard work takes a toll on your relationship. However, a strong bond between parents or caregivers is vital to the health and wellbeing of the entire family. This **three-week course** is designed for couples to complete together, with each week building on the next. It covers evidence-based concepts and practices that result in greater harmony, satisfaction, and intimacy within the parenting partnership. Schedule some time to prioritize your partnership today!

Trauma 101

Monday, April 23, 2018 | 6:00 pm – 9:00 pm

When a child is abused or neglected, it can affect every aspect of the child's development: physical, emotional, social, psychological and behavioral. Material covered is from the National Child Traumatic Stress Network and is required for all foster parents for licensure. This introduction to trauma focuses on the neurobiology of trauma and the reasons for delays and challenges.

Psychopharmacology

Monday, May 7, 2018 | 6:00 pm – 9:30 pm (note longer class time)

This training goes beyond the basics and takes an in-depth look into the drugs that are routinely prescribed for children in the foster care system. In order to be a solid advocate for children in your care, a parent needs to have a good understanding of prescribed drugs and how they work on the nervous system. Small and large group activities will make this complex topic memorable.

NEW Improving Communication

Thursday, May 10, 2018 | 6:00 pm – 9:00 pm

Communication is at the heart of living. We need to be good communicators to make sure that our needs and the needs of our children are met. This training will explore the ins and outs of verbal and non-verbal communication and ways that we can improve understanding among all family members.

Impact of Strangers Under Your Roof

Tuesday, May 15, 2018 | 6:00 pm – 9:00 pm

Bringing foster children into your home can create challenges for both you and your biological children. Having realistic expectations prior to the placement of children in your home, coupled with the acknowledgement of feelings, current family functioning, and coping with increased stress will all contribute to the outcomes for the children in care.

Is This Behavior Normal?

Thursday, May 17, 2018 | 6:00 pm – 9:00 pm

Children do not come with manuals! This class will provide an overview of typical childhood development. Adoptive and foster parents are sometimes stumped about a child's behavior and what, if anything, they should do about it. Training material will cover childhood developmental tasks and explore ways that parents can nurture their children at each stage.

NEW Social Skills

Mondays: May 21, June 4, 18, 2018 | 6:00 pm – 9:00 pm

This **three-session series** focuses on improvement of social skills through a coaching model. Topics covered include conversation skills, choosing, making and keeping friends, reading body language, and dealing with bullying, rumors, and other negative social situations.

FamilyForward Parenting KIDS (Kids In Difficult Situations)

Wednesdays: May 23, 30, June 6, 13, 20, 27, 2018 | 6:00 pm – 9:00 pm

Six-week class looks at the reasons behind the behaviors exhibited by children who are in foster care or have been adopted. Looking through the “trauma lens,” parents learn ways of being proactive in their discipline while building the parent/child relationship. Understanding that there is not one “right” technique, the series looks at the work of a number of professionals in the world of child development, with an emphasis on the basics of relationship building and regulation. This **six-week class** is an excellent introduction to trauma-informed parenting and beneficial for all parents who are struggling with children who have trauma histories.

NEW Managing Anger, Stress, and Relaxation

Thursday, June 7, 2018 | 6:00 pm – 9:00 pm

Feelings of stress and anger are often associated with parenting, relationships, and family life. Despite their negativity, stress and anger are common and play an important role in understanding parental behavior as well as children’s behavior. After discussing these high-energy topics, parents will explore methods of relaxation and stress reduction.

Sensory Processing and Integration

Thursdays: June 21 and 28, 2018 | 6:00 pm – 9:00 pm

Difficulties with sensory processing are often confused with behavioral problems and children who have been adopted or in foster care are at a heightened risk to experience these challenges. Learn about Sensory Processing Disorder – what it is, signs and symptoms, suggested ways that parents and teachers can help, and resources in the area. This **two-part training** provides parents with a hands-on experience.

Please note that all classes are for adults only. Children are not permitted in the classroom as training content is often not appropriate for them. Please arrange for childcare in your home as children cannot be left unattended in the lobby or hallways of the building. Thank you for helping keep your children safe.

To register for training, contact Gail at

314.968.2350 ext. 234 or gail.knipshild@familyforwardmo.org.

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