SLEEP ISSUES IN ADOPTED CHILDREN: PARENT’S “LIVED EXPERIENCE”

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OBJECTIVES
1. Examine the demographics of adopted children and parents
2. Analyze the neurobiology of sleep after child abuse, neglect, maltreatment.
3. Discuss parental reports of how post-adoptive sleep issues manifest
4. Learn the parent reported sleep management techniques
5. Reflect on parent reported healthcare experiences related to their child’s sleep issues
6. Understand the implications of practice as related to sleep issues after adoption

NOT GOING TO COVER...
- Biology of Sleep
- Child development
- Sleep as a developmental status
  - Self soothing
  - Learn to relax
  - Attachment and security for sleep

ONCE UPON A TIME....

ADOPTION STATISTICS
  - 1.8 million adopted children in the US
    - 37% from Foster Care
    - 38% from Domestic Adoption
    - 25% from International Adoption
  - Most children are in good/excellent health (85%)
    - Twice as likely to have special health needs
    - Private adoption has higher moderate or severe health concerns than int’l adoption (21% compared to 14%)
  - Most children fare well in social and emotional well-being
    - 29% have/had ADD/ADHD
    - 15% have been dx with conduct or behavior problems (twice the national averages); most adopted from foster care
    (US Dept of Health & Human Services: NSAP, 2009)

THE CHILDREN
(US Dept of Health & Human Services: NSAP, 2009)
THE CHILDREN

- Most adopted children are noted to have experienced trauma
- Most adopted children are older than the general population
  - Adopted at an older age
  - 24% of internationally adopted children are under age 5
  - 9% of foster care are adopted under 5
- 13% of domestic adoptions under 5
- Academics
  - More than half of adopted children rated excellent or very high in reading/language/math ...
  - 7/10 engaged in school
- Foster children fair worse with 40-50% are rated excellent or very high in R/L/M ...

THE PARENTS

<table>
<thead>
<tr>
<th></th>
<th>Domestic/FC Adoptive Parents</th>
<th>Internationally Adoptive Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>&gt; HS 79% (70% foster care)</td>
<td>&gt; HS 95%</td>
</tr>
<tr>
<td>Married</td>
<td>59% Domestic</td>
<td>92%</td>
</tr>
<tr>
<td>Race</td>
<td>73% white</td>
<td>92% white</td>
</tr>
<tr>
<td>Economics</td>
<td>400% above the poverty</td>
<td>400% above the poverty threshold=58%</td>
</tr>
<tr>
<td></td>
<td>threshold=33% Combined</td>
<td></td>
</tr>
<tr>
<td>One child</td>
<td>48%</td>
<td>37%</td>
</tr>
<tr>
<td>Extracurricular</td>
<td>81%</td>
<td>93%</td>
</tr>
<tr>
<td>Parental</td>
<td>81% Adoptive parents report</td>
<td>53% Adoptive parents Cope</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>very close relationship</td>
<td>Very Well (general pop</td>
</tr>
<tr>
<td></td>
<td>15% report harder than</td>
<td>60%)</td>
</tr>
<tr>
<td></td>
<td>expected</td>
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</table>

(US Dept of Health & Human Services: NSAP, 2009)

OUR PLAYERS IN THE FAIRY TALE

WHERE'S THE BIG BAD WOLF?

SLEEP

- Children of the general population sleep issues
  - 20-30% prevalence
- Internationally adopted children sleep issues
  - 48-52% prevalence
- Huge impact on the family
  - 2nd most common concern with adoption
    - 1) attachment 2) SLEEP
- Parents not prepared
  - “Told it could happen but we weren’t prepared for how bad it was... prepared for attachment, disabilities, developmental delays... But sleep was the worst part”
  - “We didn’t know what we didn’t know”

SLEEP PREPARATION

Initial changes for the child were expected
- Change of setting
- Change of routine
- Change of caregivers
- Change of race
- Change of culture/rules
- Time change

WHAT DO SLEEP ISSUES LOOK LIKE?

TROUBLE FALLING ASLEEP
- Takes hours every night
- Can’t put them in the crib/bed alone; self injurious behaviors

TROUBLE STAYING ASLEEP
- Pervasive, lasting up to 10 years
- Wake every night
- Wake several times a night
- Nightmares/Night terrors
- Enters parents room at night
WHY??

- Childhood neglect has been linked to sleep issues; both falling asleep and staying asleep
  - The extent of the neglect is a predictor of sleep quality (Tininenko, 2010)
- Domestically adopted children who experienced maltreatment or neglect prior to adoption experienced significantly and clinically greater sleep disturbances that persisted despite being adopted into a stable family (Cuadra, 2013).
- Internationally adopted children may have experienced co-sleeping while in foster care or institutionalized care with many other children around in order to go to sleep (Tan et al., 2007).

THE ISSUE

What's the child thinking or feeling while experiencing the sleep issues?

**F E A R**

- "he is afraid to go to sleep".
- "needs to be with me".
- "she doesn't want me to die, or go away."

THE ISSUE

Check in....

- How many kids were adopted greater than the age of 5....?
  91% from foster care and 75% for international adoption
- Why were kids adopted in the first place?
- Experienced maltreatment or neglect
- What are the children possibly feeling when they have sleep issues?
  Scared to death

BIOLOGY OF NEGLECT

- Amygdala interprets the surroundings and processes emotions
  - Anxiety, PTSD, depression, and others create dysfunction
  - Adopted children, institutionalized children, are noted to have altered amygdala volumes with associated poorer emotional regulation, increased anxiety, greater impulsivity
- Hypothalamic-pituitary-adrenal axis dysregulation
  - Results in higher daytime cortisol levels
  - No diurnal fluctuations of cortisol or growth hormone
  - “Seriously stressed out kids... and they don't know why” (referring to the kids) (Yorke, 2010)

BIOLOGY OF NEGLECT

- Hypothalamic-pituitary-adrenal axis dysregulation

For Fun:

What hormones are the opposite of cortisol?

**OXYTOCIN AND VASOPRESSIN**

- Let’s increase our oxytocin levels now
- Adopted children have lower vasopressin and oxytocin levels for years after adoption
- Lasting effect on child’s ability to be calmed and comforted (DeAngelis, 2008)

WHAT DO SLEEP ISSUES LOOK LIKE??

- Difficulty going to sleep
  - Excessive Crying
    - Not just crying but a grieving cry
  - Restlessness
  - Hypervigilance
- Difficulty Staying Asleep
  - 'She'd just scream, I mean, there was no letting her cry it out because she would scream for hours on end.'
EXCESSIVE CRYING

- When the children come from a neglectful environment, they have been conditioned to do it!
  - Crying for hours is not a problem
  - St. Petersburg Orphanage 3-10 month old room observation for 2 months
    - Child initiated interaction, caregiver responded less than 1% of the time
    - Average 11 minutes to respond (St. Petersburg USA Orphanage research team 2005)
  - In the US, neglect is the most common form of child abuse (63%) with parental substance abuse involved with 70% of cases involving child maltreatment (National Child Abuse and Neglect Data System, 1996)

RESTLESSNESS

Why?

- Biology

WHAT DO SLEEP ISSUES LOOK LIKE??

<table>
<thead>
<tr>
<th>Difficulty going to sleep</th>
<th>Restlessness</th>
<th>Hyper-vigilance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive Crying</td>
<td>&quot;Wriggling a lot&quot;</td>
<td></td>
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<tr>
<td></td>
<td>&quot;He whirled...literally cannot lay still&quot;</td>
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<tr>
<td></td>
<td>Thrashing to the point of being self-injurious</td>
<td></td>
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<tr>
<td>Difficulty Staying Asleep</td>
<td>&quot;We all need protective gear to bed&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can occur in conjunction with excessive crying</td>
<td></td>
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<tr>
<td></td>
<td>Lasts for hours and will start anew if wakes during the night</td>
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</tbody>
</table>

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<th>Restlessness</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Excessive Crying</td>
<td>&quot;Hyper-vigilant, hyper-alert...It seemed like he couldn't calm down...He'd be watching us doing that hyper-vigilant thing&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;I walk into her room at any time of night and her eyes are open...Sometimes she'll talk to me...never fully awake but not fully asleep either&quot;</td>
<td></td>
</tr>
<tr>
<td>Difficulty Staying Asleep</td>
<td>&quot;He'd fall asleep and startle awake...It's not a calm waking up. It's almost like something scary&quot;</td>
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<tr>
<td></td>
<td>Entering the parents room</td>
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ENTERING THE PARENT'S ROOM

- "If he wakes up, he will come and crawl in with me. Sometimes I don't wake up and I don't hear him come in. He just crawls in."
- "We had him sleeping in his room and he wasn't doing too bad and, but what he would do is he wouldn't cry, but he would [get up] in the middle of the night, we would hear our bedroom door open and then it would close. It would open and he would look in and then it would close. And he would do that almost all night...At least 3 times a night...Then he'd come back, open the door, and close it. And that's all we heard...and when he did that it would scare the hell out of me. ... I would see this figure looking in the room and I'd be like ahh [yelling]." ... "He was checking to make sure we were still there"

MANAGEMENT

- "I was thinking there would be a smoking gun. I didn't take into account my own experiences with my (biological) children"
  - "Try everything"
- "Do what works for your kid...You know your kid better than anyone else"
  - "Do anything that helps them feel comfortable"
- "Anticipate 100% of the kids will have sleep troubles"
- "He's not doing it on purpose...He's not trying to manipulate me"
- "What seems sensible might not work"
MANAGEMENT TECHNIQUES

<table>
<thead>
<tr>
<th>Medications and herbs</th>
<th>Environmental changes</th>
<th>Snuggles</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melatonin</td>
<td>Lighting</td>
<td>Mom’s shirt</td>
<td>Movement</td>
</tr>
<tr>
<td>Lavender</td>
<td>Music</td>
<td>“Blanket”</td>
<td>Prayers</td>
</tr>
<tr>
<td>Chamomile</td>
<td>Door open</td>
<td>Stuffed animals</td>
<td>Diet</td>
</tr>
<tr>
<td>Benadryl</td>
<td>Pajamas</td>
<td>Wash cloths/rags</td>
<td>Exercise</td>
</tr>
<tr>
<td>Periactin</td>
<td>Mattresses</td>
<td>Siblings</td>
<td>Sleep location</td>
</tr>
<tr>
<td>Intuniv</td>
<td>Weighted blankets</td>
<td>Family pets</td>
<td>Transitions</td>
</tr>
<tr>
<td>Constipation therapies</td>
<td>Imagination</td>
<td>Other soft items</td>
<td>Cry-it-out</td>
</tr>
</tbody>
</table>

LEAST EFFECTIVE

- CIO
- Diet Changes
- Swings, car rides, motion
- Gates and other blocks to keep kids in/out
- Sleeping on the floor—“don’t try to creep out. It doesn’t work!” (hyper-vigilant)
  - Kids in the parents room
  - Parents in the kids room

CRY-IT-OUT (SLEEP TRAINING)

Effective or Not effective??

- More than half tried it
- What skills do the kids need to be successful at CIO’s
  - Self soothing. If the children are adopted healthy without a significant hx of maltreatment or developmental delays, it can work!
  - It is their form of self soothing
- Majority, not effective

IMPACT ON THE FAMILY

- Parental negative feelings
  - Frustrated
  - Failure
  - Pressures to conform to one size fits all
- Parents don’t agree on management
- Siblings jealous

CHECK IN...

For fun:

- What is the percentage of parents who feel they have a close relationship with their child?
  - 81%
- What is the percentage of parents who report adoption was harder than they expected?
  - 15%
- What is the adoptive parents’ socio-economic status/education level compared to the general population?
  - Higher
IMPLICATIONS FOR PRACTICE...

- Most providers have little educational instruction on cognitive behavioral techniques; exception CIO.
- Health appointment became added pressure about sleep management and prefer not to talk about it.
- Parents felt judged about their management solutions without alternative suggestions provided.
  - "Pediatricians ask me about sleep every time we'd go... Told me 'shouldn't do that'... 'shouldn't do that'... Just told me what I shouldn't do and not what I should.
  - "My pediatrician adopted from Russia so she 'got it'...told me to do whatever it takes"
  - My favorite....

IMPLICATIONS FOR PRACTICE...

- With almost 2 million adopted children in the US, the potential number of adopted children with sleep issues is 1 million.
- Parents are resourceful and will attempt many things to help their children find a solution.
- Recognizing some of the variables in the children may help guide providers recommendations.
  - Where were they adopted from?
  - Circumstances of the adoption?
  - Level of trauma experienced? Age of the child?
  - One size doesn't fit all and how can I support the parent's problem-solving

PRACTICE IMPLICATIONS FOR...

- "I lie... I just lie... He'd ask me about sleep and give me such a hard time about all the things I was doing wrong that I gave up. Now, I just lie. He asks me about it and I tell him, oh, its going great. No problems. ...I mean, he'd just tell me to do CIO and that I didn't stick with it long enough. But, he's not there. He's not dealing with the hours and hours of crying... After all, its not his kid in pain. So, I lie... I just lie"

CONCLUSION

"Without enough sleep, we all become tall two-year-olds."

Dirt Farmer Wisdom

REFERENCES

