

# Society of Pediatric Psychology Sleep SIG

Summer 2019

## From the SIG Leadership

Thank you to all who joined us for our SIG meeting in New Orleans. We had some wonderful feedback about directions for this group. We also had a good turnout for the Pre-Conference Sleep workshop and the two different sleep focused symposium sessions, clearly sleep is an area of great interest across SPP! Members contributed to a list of Pediatric Behavioral Sleep Medicine Training sites which is now live on our website. If you would like to have your program included in this list, please email [lauren.daniel@rutgers.edu](mailto:lauren.daniel@rutgers.edu)

If you would like to receive emails from our listserv, please email [kkharfo@emory.edu](mailto:kkharfo@emory.edu) to be added to the Google group. Don't forget to bookmark our website for training sites, meetings, clinical resources and updates: <https://sleepsig.weebly.com/>

Kelli-Lee Harford, Ph.D., Co-Chair  
Emory University  
[kkharfo@emory.edu](mailto:kkharfo@emory.edu)

Dawn Dore-Stites, Ph.D., Co-Chair  
Michigan Medicine  
[dawndore@med.umich.edu](mailto:dawndore@med.umich.edu)

Lauren Daniel, Ph.D., Secretary  
Rutgers University, Camden  
[lauren.daniel@rutgers.edu](mailto:lauren.daniel@rutgers.edu)

Kimberly Klages, M.S., Trainee Representative  
University of Memphis  
[klklages@gmail.com](mailto:klklages@gmail.com)

## Elections for 2020-2021 SIG Board

The SIG will be holding elections this winter for the new SIG Board, to assume their duties for SPPAC 2020-2022. There will be 3 Board positions (2 Co-Chairs, 1 Secretary) and a Trainee Representative. Trainees must remain in the trainee role (including post-doc) throughout this term. If you are interested in running, please contact [kkharfo@emory.edu](mailto:kkharfo@emory.edu) or [dawndore@med.umich.edu](mailto:dawndore@med.umich.edu) with your name and the position you are interested in for the 2020-2022 election.

## SPPAC 2020 Programming

It's that time of year again—calling for those interested in presenting as part of a symposium and/or putting together a sleep focused workshop for SPPAC 2020. The conference theme is "Pushing the Boundaries: Trailblazing the Next 50 Years of Pediatric Psychology." If you are interested in contributing to a sleep-focused symposium or a clinically based workshop email [lauren.daniel@rutgers.edu](mailto:lauren.daniel@rutgers.edu) by September 3 and we will work to connect interested parties to facilitate more sleep based programming. Submissions are due October 1.

## Upcoming Conferences

Society of Behavioral Sleep Medicine  
Sept 12-15, 2019 Birmingham AL  
Abstracts accepted until March 29, 2019  
<https://www.behavioralsleep.org/>

Pediatric Sleep Conference  
Nov 14-17, 2019 Naples, FL  
<http://www.pedsleepmedconference.com>

## Clinicians Corner

### 10 things I've learned about starting a CPAP/BPAP clinic

By: Kelli-Lee Harford

Having been involved in the start-up of a few interdisciplinary CPAP/BPAP clinics, I thought it would be helpful to share some things I've learned that have been important for a successful clinic. This list is by no means exhaustive and if you've started your own clinic, you'll likely have other things that you've found to be important.

1. Enlist the support of important personnel, particularly those who will be referral sources and in administration.
2. Find clinic space – not always an easy task in a hospital/clinic.
3. Familiarize yourself with the CPAP/BPAP equipment and useful psychological interventions.
4. Form the team – who will the team members be and who will lead the clinic? Potential team members can include physicians, nurses, nurse practitioners, physician's assistants, psychologists, and respiratory therapists. Decide who will participate in the actual clinic - will all members participate in clinic and if not, how will team members communicate about patients? I find that a knowledgeable respiratory therapist in clinic is a really important part of a successful program.
5. Decide how often clinic will meet and what the format of the clinic will be. Will it be a set day/time of the week? Will CPAP patients be seen in regular clinic spots and if so, will all important personnel be available during these times?
6. Patients need to bring their equipment to clinic! This is important to problem solve equipment issues that can be a barrier to success. Examples of things to check each time are the patient's mask fit (this changes over time, so having their equipment each time is important) and that the mask is in good working order, i.e. the silicone isn't missing or worn down or the mask isn't cracked. Check the filters on the machine. Having patients

bring their equipment to clinic also helps to facilitate having the team help with easy equipment adjustments to increase comfort level, for example changing the humidification settings depending on the season, changing the ramp time, etc.

7. Decide how to keep track of patients and who will do so, as well as how patients will be reminded of their appointments and to bring their equipment to clinic. I've found that having a good nurse who does these things is really helpful. No-show rates can be high in CPAP clinics and timely reminders and/or following up with patients between clinic visits can sometimes help with this. It is also easy to lose track of CPAP patients that chronically no-show and having a master list of patients can help team members understand who needs extra follow up. This gets to be more difficult in larger hospital systems.
8. Decide if you will keep track of patient's CPAP/BPAP adherence over time and how to do so.
9. Forge relationships with local home health companies. Home health companies vary in their responsiveness as well as their interest and ability to work with pediatric patients on CPAP/BPAP. It is helpful to have contact information for key personnel at the main companies that service your patients so that you have someone to call, if needed.
10. It is helpful to have various masks available in clinic to try on or at least to see – these take up a lot of room – you'll need storage space!

## School Start Time Advocacy

School start times continues to be an area of interest across the field of pediatrics. For those interested in getting involved in your community, start by joining <https://www.startschoollater.net/get-involved.html>

There are also some excellent TED Talks that may be helpful to share with your community:

[https://www.ted.com/talks/wendy\\_troxel\\_why\\_school\\_should\\_start\\_later\\_for\\_teens?language=en](https://www.ted.com/talks/wendy_troxel_why_school_should_start_later_for_teens?language=en)

<https://www.youtube.com/watch?v=Ng1i8KuOqVc>

## Student Spotlight

*Congratulations to our inaugural SPPAC student poster winners Kassie Flewelling (5<sup>th</sup> year doctoral candidate, University of Colorado Denver) & Alexandra Monzon (4<sup>th</sup> year doctoral candidate, University of Kansas)! Read on to hear about their posters and their paths as trainees.*

### Tell us about your winning poster.

*Kassie:* My poster was part of a larger, ongoing study examining the impact of delayed school start times. To fully capture the impact of changing times on high school students' lives, my poster examined qualitative outcomes gathered from focus groups with students, parents, and teachers. Overall, the study demonstrated largely positive outcomes for students, including the ability to sleep later or sleep extra, improved morning routines, school attendance, mood, and the ability to spend more time with family. Although teachers also reported benefits, such as improved morning alertness and better overall energy, they did raise concerns about the increased frequency of students leaving class for sports, as well as students spending less time before and after school seeking teacher help, thus providing evidence for primarily positive changes and highlighting some logistical challenges to be addressed by districts.

*Alex:* There is little research examining associations between objective sleep behaviors and glycemic outcomes in young children (<7 years) with Type 1 diabetes (T1D). I estimated multilevel models in SAS to evaluate the bidirectional relationship between blood glucose variability (i.e. the standard deviation of blood glucose values from device downloads) and three objective sleep behaviors (i.e., sleep onset latency, number of nighttime awakenings, and total sleep time). The results of my poster demonstrated that only 12.8% of the sample met current sleep recommendations and they experienced more nighttime awakenings, higher blood glucose, and more glycemic variability on weekends. Further, sleep onset latency and nighttime awakenings predicted greater glycemic variability on weekends, and weekend glycemic variability predicted increased nighttime awakenings.

### What are some take-aways for clinicians working with patients struggling with sleep?

*Kassie:* My biggest piece of advice is to conduct a very thorough assessment of the sleep problems, including the symptoms, daytime behaviors, and all of the activities leading up to bedtime. Having parents or adolescents document these behaviors can be even more helpful! A

detailed assessment is crucial as it allows clinicians to consider the cause of sleep problems and determine the appropriate treatment, such as polysomnography or behavioral interventions. It is also important to use the assessment process to truly understand the environment in which the child lives and determine the patient's level of motivation to engage in treatment. Having an understanding of these things allows me to take a patient-centered approach and maximize my effectiveness.

*Alex:* As noted above, most of the young children with T1D in the study did not meet sleep recommendations. We know how important sleep is for young children and previous studies have shown that disrupted or shorter periods of sleep are related to negative glycemic outcomes in older youth with T1D. Therefore, my poster results suggest that clinicians working with children and adolescents with T1D should consider assessing child sleep and nighttime behaviors, and when needed, to offer sleep recommendations in addition to T1D treatment recommendations. Moreover, because my study suggests that weekend days are more problematic for sleep disturbances and maintaining glycemic control in the study, clinicians may consider assessing family routines on the weekend and provide behavioral support to those who struggle with sleep and in conjunction with T1D management.

### How did you become interested in pediatric sleep?

*Kassie:* I, like many people, have a personal interest in sleep. My passion began when I was instructed to change a health behavior as part of an undergraduate health psychology course. What started as a semester-long goal to achieve 8 hours of sleep each night turned into a lifestyle change once I discovered what a profound impact it had on my life. With this discovery in mind, I began to seek research opportunities that examined the impact of sleep on health, mood, and behavior. My interests in pediatric sleep soared when I started working with Dr. Lisa Meltzer who has a contagious passion for pediatric sleep psychology. Through working with her, I learned about the bidirectional relationships between sleep and physical health conditions, became fascinated with actigraphy, and grew to love the clinical interventions available for complex sleep problems. The more pediatric sleep experiences I get, the more interested I become!

*Alex:* I first became interested in sleep during the 2013 Society of Pediatric Psychology Annual Conference in New Orleans, LA. That year Drs. Meltzer, Crabtree, Holley and Hart presented a fascinating symposium on sleep disturbances in various pediatric groups (i.e., oncology, chronic pain). Even though a parade marched

through the street next to the hotel, I remember each speaker holding my attention with each new slide. After the symposium, I began researching pediatric sleep more in depth and I was taken aback by not only how important sleep is for pediatric patients and their outcomes, but also by how sleep can impact every area of functioning. In short, based on that symposium and my own research, I knew I wanted to explore pediatric sleep both clinically and in research.

What are your career goals?

*Kassie:* In the next several years I hope to continue to gain invaluable training experiences in the area of pediatric psychology. Ultimately, my goal is to become a skilled clinician and accomplished researcher at an academic medical center. Given the importance of sleep in every population, I am sure that this will continue to be an area of focus as I begin my career.

*Alex:* My goal is to be a pediatric sleep researcher in an academic medical setting. I am interested in exploring how sleep behaviors impact disease processes in youth with chronic illnesses. For example, I am particularly interested in understanding how fluctuations in sleep patterns overnight relate to fluctuations in blood glucose levels in youth with T1D.

What has been the best sleep-related training experience you have had so far?

*Kassie:* One of my favorite experiences came from working on a study that examined the impact of treatment for moderate to severe atopic dermatitis on sleep in affected children and their parents. I liked this project because it was one of my first clinical research experiences where I worked directly with patients and was able to see first-hand how research informs clinical practice and vice versa. It was amazing to see the progress that families made in their atopic dermatitis and their sleep throughout the course of treatment. Even more, when I interpreted the actigraphy results to families they were always amazed and I felt that I was able to share my passion of sleep with others.

*Alex:* The best sleep-related training experience that I have had so far has been the opportunity to shadow pediatric psychologists in a behavioral sleep clinic. Through this experience, I have learned a lot about how clinicians discuss sleep-related issues with families and how they tailor recommendations for each family. I am excited to take this knowledge and experience and apply it to future clinical training opportunities, including internship and fellowship.