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Webinar

An interdisciplinary panel discussion

Working Together to Support a Child with Autism Spectrum Disorder Experiencing Sleep Disturbance

Monday, 5th May 2014

“Working together. Working better.”

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society,
the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by



Tonight's panel

- Dr Alex Bartle (General Practitioner)
- A/Prof Margot Davey (Paediatric Sleep Physician)
- A/Prof Amanda Richdale (Psychologist)
- Ms Sue McCabe (Occupational Therapist)

Facilitator

- Prof Shantha Rajaratnam (Psychologist)

Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Objectives



Through an inter-disciplinary panel discussion about Georgie, the webinar will provide participants with the opportunity to:

- Identify the key principles of the featured disciplines' approach in screening, diagnosing and treating children with autism spectrum disorder (ASD) experiencing sleep disturbance
- Recognise the mental health risks for both the children with ASD and their families in the context of sleep disturbance
- Explore tips and strategies for interdisciplinary collaboration with relation to supporting families of children with ASD experiencing sleep disturbance

NB: The case study is designed to be open ended in order to raise questions, provoke thought and generate discussion.

General Practitioner Perspective



ASD in the family affects the whole family

- The key figure in this case is Mum
- Without Mum, the family, and especially Georgie will not function
- Mum is exhausted



Dr Alex Bartle

General Practitioner Perspective



Support for Georgie is excellent during the day, but this constitutes just 1/3 of the time. The rest is dealt with at home.

Mum is coping with a number of demands:

- Dad away $\frac{3}{4}$ of the time
- She has two children who need support and transport for their various activities
- She is the key carer for Georgie overnight leading to significant sleep deprivation
- She works when Georgie and the siblings are at school



Dr Alex Bartle

General Practitioner Perspective



Support for Mum:

- Listen to Mum. Lend a sympathetic ear
- Put in touch with many of the support groups in the area
- Offer advice on behavioural strategies for sleep if confident to do so
- Refer to a Paediatrician, preferably with a special interest in ASD's/Sleep
- Specifically ask about snoring and restless legs (growing pains).
- Respite care for Mum
- Exclude depression with HAM-D or HADS



Dr Alex Bartle

General Practitioner Perspective



All supports and advice offered to Georgie in the day need to be communicated to mum. These should include:

- Strategies to help with sleep issues
- Assistance with resolution of the constipation
- Advice concerning the snoring



Dr Alex Bartle

General Practitioner Perspective



Take home:

- Support the principle carer, e.g. Mum
- Always - Ask about sleep
 - Ask about snoring



Dr Alex Bartle

Paediatric Sleep Physician Perspective



Clinical Approach to Sleep Problems

- Parent's concerns and expectations
- 24 hour sleep / wake pattern
- Current bedtime routine / sleep pattern
- Sleep environment
- Different care givers, different settings
- Family and psychosocial history
- Medical history and physical examination
- Role of investigation



A/Prof Margot
Davey

Paediatric Sleep Physician Perspective



BEARS – Sleep History Owens Sleep Med 2005;6(1) 45-6

- B = Bedtime problems
 - Does your child have any problems falling asleep at bedtime?
- E = Excessive daytime sleepiness
 - Does s/he feel sleepy a lot during the day? In school?
- A = Awakenings during the night
 - Does s/he wake up a lot at night?
- R = Regularity and duration of sleep
 - Bedtime on school nights? Weekends? How much sleep is usual?
- S = Sleep-disordered breathing
 - Does your child snore loudly or nightly?



A/Prof Margot Davey

Paediatric Sleep Physician Perspective



Approach to Managing Georgie

1. Medical
 - Epilepsy / medication / contributing
 - Enuresis and constipation
 - Snoring / Obstructive sleep apnoea
 - Restless legs / diet / iron stores
 - Autism (melatonin production/ receptors)
 - Anxiety



A/Prof Margot Davey

Paediatric Sleep Physician Perspective



Approach to Managing Georgie

2. Sleep

- Sleep Associations
- Sleep History
 - More detail regards bedtime routine / sleep onset
 - Sleep schedule (late naps) / delayed sleep pattern
 - Bedroom and sleep environment / siblings
 - Patterns when Dad home vs away
 - Past sleep history and approaches

3. Psychosocial

- Single parent / marital relationship / mental health
- Reactive co-sleeping
- What do the parents want – do they agree



A/Prof Margot
Davey

Paediatric Sleep Physician Perspective



Treatment Strategies

- Intervention tailored to child & family
- Behavioural
 - Myth: Behavioural strategies don't work or don't apply to these children
 - Bedtime routine / bedtime fading / sleep restriction
 - Supportive programs acceptable /consistent / co morbid anxiety / investigating medical problems
- Regulate sleep patterns
 - Meals / light therapy / naps / screens
- Medical Issues
- Medication
 - Myth: Medications don't work/ too many side-effects



A/Prof Margot
Davey

Psychologist Perspective



Complex Case

- Georgie has multiple problems that are likely inter-related.
- Mother:
 - Tired
 - Lacks husband's support most of time
 - Has two other children to support
- Family conflict



A/Prof Amanda Richdale

Psychologist Perspective



Georgie: Background

- How does Georgie communicate?
- What is her level of functioning?
- How frequently does she get ear infections?
- Who makes up her support team?



A/Prof Amanda Richdale

Psychologist Perspective



Georgie: Sleep

- History of sleeping problems?
- Sleep school advice? Did it work? Why/why not?
- What we know:
 - Enuresis / constipation
 - Snores
 - Hot and sweaty
 - Screams when wakes
 - Co-sleeps
 - Poor bedtime routine
 - Sleepy at school
 - Sleeps in, naps late in day
 - Daytime behaviour problems



A/Prof Amanda Richdale

Psychologist Perspective



Where to start?

- Multiple problems to be addressed – family, behavioural, medical?
- What can a psychologist do initially?
- Full history re Georgie and presenting issues.
- Sleep diary
- Deal with medical issues first; referral to check:
 - Constipation and enuresis
 - Snoring
 - Sweating
 - Waking screaming



A/Prof Amanda Richdale

Psychologist Perspective



What could the psychologist do?

- Prioritise family's needs
- Develop daytime & bedtime routines with family
- Bedroom environment
- Toilet training
- In consultation with family, behavioural strategy to:
 - Facilitate a good bedtime routine
 - Deal with night waking / co-sleeping
 - Eliminate daytime nap and sleeping in.
- Assist parents to deal with difficult daytime behaviour.
- Supports for family, especially mother.



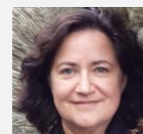
A/Prof Amanda Richdale

Occupational Therapist Perspective



OT assessment interview

- In family home if possible
- With both parents if possible
- With a person from Georgie's therapy/intervention support team
- With background info from team about family strengths and challenges: culture, health, supports, household, housing



Ms Sue McCabe

Occupational Therapist Perspective



Assessment guides our intervention

- Semi-structured interview to guide conversation (usually 90 minutes +)
- Informed by knowledge about typical sleep, childhood sleep disorders, sleep issues common to children with ASD and ADHD
- Opportunity for parents to describe their concerns, goals, expectations
- Probe – we often need to ask the same question in different ways
- Maybe offer additional assessment tools – sleep diaries, activity logs, actigraphy, evening and overnight video



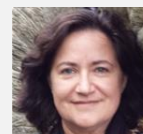
Ms Sue McCabe

Occupational Therapist Perspective



We will ask about and discuss:

- Georgie's general health, medications, interventions, other specialists involved
- Specifics that could affect Georgie's settling and sleep: possible restless legs, periodic limb movement disorder, other parasomnias, sleep disordered breathing
- Georgie's daily, evening and settling routines, night waking, morning waking, daytime sleeps and sleepiness
- Georgie's household and bedroom environment, daily activities, morning sunlight
- Team strategies already in place for her behaviour, communication, sensory regulation, and support for participation in everyday activities – what makes her calm, what revs her up?



Ms Sue McCabe

Occupational Therapist Perspective



Intervention starts with information

- Explain typical sleep – circadian rhythms, sleep architecture, importance of independent sleep onset, normal light sleep/wakenings during the night
- Emphasise importance of rhythms, routines, sleep onset associations
- Explore ways to teach Georgie to fall asleep in her own bed, with sustainable self-settling techniques
- Explore ways that Georgie’s team can provide support for sensory regulation, behaviour, communication, and possibly additional support for burnt out mum



Ms Sue McCabe

Occupational Therapist Perspective



Some specifics – practical strategies, we lend equipment for trial, work with whole team:

- Household environment – TV off? Try calming CDs, calming activities
- Bedroom environment - try black out blinds, dimming night lights, fans, heaters
- Bed comfort – try comfortable moisture proof bedding, thermoregulation bedding, airflow underlays
- Sensory regulation – trial body comfort pillow, cushions to make a sleep ‘nest’, weighted blanket, fleece overlay or textured sheets or ‘snuggly’



Ms Sue McCabe

Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 4-5 weeks
- Each participant will be sent a link to online resources associated with this webinar within 1-2 days
- Our next webinar *Collaborative Care, Anxiety and Worry in Adolescence* will be held on Monday, 12th May 2014. Visit www.mhpn.org.au/upcomingwebinars to register.



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MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpn.org.au



Thank you for your contribution and participation