

Sleep support for children and parents

Guest: Vicki Beevers

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[00:00:10] Meagen Gibson

Welcome to this interview. I'm Meagen Gibson, cohost of the Sleep Super Conference.

Today I'm speaking with Vicki Beevers, the CEO and founder of The Sleep Charity, a UK national award winning organization. The charity provides evidence-based sleep support to empower the nation to sleep well.

A former teacher specializing in behavior management and a TEDx speaker, Vicki Beevers, thank you so much for being with us today.

Vicki Beevers

It's my pleasure. Thanks for inviting me.

Meagen Gibson

So I would love to start by talking about the fact that you're a former teacher specializing in behavior therapy. How did those two things come together to get you interested in sleep?

Vicki Beevers

That's a really interesting question. So I've always been fascinated by behavior, and I guess that I looked at behavior from a daytime perspective, but never considered sleep to be anything that was particularly behavioral.

And it was actually when I had my own children that my interest in sleep, or lack of sleep, suddenly peaked. So I had my first child, and sleep disappeared from my world, which you expect to a certain extent when you become a new parent. But what I didn't expect was for this to continue over many years, actually.

And I was obviously teaching at the time in a challenging role, and I was surviving on very little sleep. And my child was also not functioning to his full potential. And I'm rather ashamed to say that as a teacher, I'd not made the link between the sleep deprivation and his attainment, his cognitive development, because teachers don't get any kind of sleep training.

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So I'd gone very much down the medical route in terms of, there must be something wrong with him or he must be a child that just doesn't need a lot of sleep. And it only came about through lots of research on my behalf. I call it research. It was more like an obsession about sleep.

And then I started to have the light bulb moment that actually in my daytime job, when we're dealing with behaviors, we look at triggers. So actually, what causes a child to behave in such a manner?

And thinking about sleep, what we tend to do, and what I did, is I threw strategies at it. So I was like, right, bedtime routine. Oh, that's not worked. Totally darkened environment. Oh, that's not worked. But I'd not actually looked at it as a behavior and unpicked, what could the triggers be? Therefore, what are the strategies?

And once I realized that, it made perfect sense that actually you can't just throw strategies at a sleep issue without understanding what the actual cause is. And once I'd taken that different approach, I was able to identify things that I could do that would make a difference.

And also, because of my behavior background, I was very aware that when you change your behavior, you can get resistance around that. So actually, put a new strategy in place with the child and you may find the sleep problem gets worse before it gets better. And quite often you can, as a parent, go, oh, woah, I've made it much worse. Let's go back to how it was.

But actually having that background information, I knew, let's stick it out, let's give it a couple of weeks, let's see if it does make a difference. And thankfully for me it did. He started sleeping through at the age of six and he developed in all sorts of ways.

He was able to concentrate, he was calmer. He always had a runny nose and was a little bit unwell. His immune system was stronger and I felt so much better as well as a parent. And then you ask the questions, how many children in my class are actually chronically sleep deprived? And what support is there in order for them to reach their full potential?

And the answer to that was there was nothing really over here. And that felt very wrong. That felt very wrong and I wanted to do something about it.

Meagen Gibson

And as you've already mentioned, and I think most people know but they don't really know it until there's a difference between either their life or the life of somebody that they care about, is that how integral sleep is to your ability to engage and perform in everyday life.

And especially in challenging tasks like being in school, we forget how much work it is as a little person to be in school and sit still and learn and develop in all the ways that the adults in our lives are telling us that we have to.

It's a ton of work and if you're sleep deprived or you're not resting well and all of those things aren't happening, it's going to be such a deficit that obviously you've seen as a teacher and also as a parent.

[00:05:34] Vicki Beevers

Yeah, I mean absolutely. And I'd not considered what the impact of sleep deprivation could be, but when you do consider it and you start to explore that, things like hyperactivity for example, symptom of sleep deprivation. So you've got children who are in school appearing very hyperactive, can't sit still, actually it could be that they're chronically sleep deprived.

It's also looking at the science of sleep and what actually happens while we're asleep and how that helps us to consolidate learning. And about our concentration levels, so we know as adults how difficult it is to concentrate if you've had a bad night's sleep. So the children who are sleep deprived are already at a huge disadvantage.

And when I think about teenagers, for example, school starting time is getting earlier and actually that goes completely against their circadian rhythm. So we are sending teenagers to school at equivalent times of us getting up for work at 03:00 A.M. as adults. And they are just not in the right state to be able to achieve that full potential.

And there are things we can do behaviorally to help to support them to work with society's norms around this. But that support needs to be accessible to them because otherwise they're failing. And they're failing because of sleep issues. And that's their actual biology.

Society is failing them by working against their circadian rhythms rather than with them. So it's a huge, huge issue and it even affects things like attendance at school with children, like missing buses, or lateness. And certainly in the UK, there's a big push around attainment.

And what really frustrates me is that the whole sleep thing is missing from it. And actually, if we can get youngsters to sleep better, we know that daytime behavior improves, concentration improves, the whole immune system improves, less lost days at school. It makes sense that their attainment is going to increase as well. So it needs some investment in it.

Meagen Gibson

Yeah, absolutely. So I want to go back to something that you said earlier about strategies and behavior, right. Because as adults, we have a hard enough time. And we're adults that can make mature decisions about our choices and can also be much more self aware and self reflective than often kids have the capacity to be.

And I find it challenging in and of itself for me to analyze what strategies would improve my sleep, right. It takes some time and effort to reflect and say what's going to work?

And as you were noting, just applying strategies, that might be great strategies, to children without looking at underlying issues and underlying behavioral information isn't going to smoothly result in success and improved sleep.

So I want you to kind of piece that apart a little bit more for me. How do you go about looking at those underlying behaviors and analyzing that and then figuring out what the appropriate strategy would be?

[00:09:00] Vicki Beevers

Yeah, so we offer one to one support for the more complex cases. And during those sorts of sessions, a young person or a family would receive an appointment with one of our sleep practitioners.

And we ask a lot of questions, lots of open questions about all sorts of things like diets, like the bedroom environment, like pre bedtime activity, what is happening during the night, how do they sleep when they are asleep, timings.

So there's lots of information gathered at that point and we are looking at the triggers within that. And sometimes it might be just one thing, but more often than not, it might be five, six, seven things that you go, actually, maybe we need to look at changing the diet a little. Maybe we need to look at the pre bedtime activity.

And what we do through that assessment as well is we then empower with sleep education. So, we explain about the different sleep cycles. We explain about sleep drive and the need to build a sleep drive during the day. And we do it all in very accessible language. And then you can see either the child or the parents having that light bulb moment.

Oh, so actually it's because we turn the landing light off when we go to bed. That could be causing a sleep issue because when they come to a point of partial waking, the light is off, things have changed and it's like, exactly. So it's very much about empowerment.

And then once they can see for themselves why it's happening, they're much more likely to make the changes. And also part of this assessment is around what their goals are as a family because we've got to fit in with parenting styles. Sometimes for the families we work with, too much change can be overwhelming.

We might have to start with the smallest changes. For example, basically clearing the bedroom. Lots of these bedrooms are all singing, all dancing, which are wonderful, but they're not conducive to a good night's sleep. And parents do these things with the very best intentions in their hearts.

But we've seen some wonderful bedrooms that have just been so stimulating. So that's the sort of level that we go into. We look at children's sensory needs around sleep. Do they need some light coming in? So everything I read when I was doing my research for my son said completely darkened environment.

Actually, my son has some visual issues and what we know is children who've got visual or hearing impairment can find a completely darkened environment very disorientating. Once I recognized that, I put some consistent lighting in, and he was able to sleep much better.

So it's just those little bits of information that can make a huge difference. But if you don't know that, you don't know it. And then parents feel quite often guilty that they've done these things like plummeting a child into complete darkness. But we do the best that we can do with the information that we've got.

So a big part of what we do is information sharing. So, for example, we've developed a number of resources so that youngsters can almost assess their own sleep, but with some support. So like an ebook we've got for teenagers so they can download that.

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And then it encourages them to consider their own sleep and to start to think for themselves what might be contributing to the sleep issues and what practical strategies they can take.

Meagen Gibson

Yeah, especially since those teenagers are so tricky. And I have a preteen right now and it feels like every time I talk to him or try to guide him in any way now, this shift has happened where all he hears is like the Charlie Brown teacher voice. He does not hear the words that are coming out of my mouth anymore.

So shifting it into self accountability and self responsibility. If it's his idea, like, I'm going to read this pamphlet about sleep and if I decide to do it, if it's my idea to implement some changes before I go to bed, then it's a worthwhile exploration.

But if my mom just tells me I can't play video games before I go to bed, or I need to put my phone away, or I need to take some blankets off my bed to lower the temperature of my body so I sleep better. Like, he's not going to want to do any of the things that I suggest, but if they're his idea. It's a tricky age.

Vicki Beevers

It absolutely is. One of the things that we found when working with youngsters is they're actually fascinated by sleep once we start talking about it. And it's something that often they're not educated about, but they can relate to it.

And it's quite reassuring for them to hear that it's normal to sometimes struggle with sleep and it's normal to wake in the night. It reduces some of those feelings of anxiety that they may have to actually have these conversations.

And certainly with my youngest son, we've had some fascinating conversations about sleep. One of them was about partial awakenings. And he was much younger then, and he'd started to shout me and I was like, what do you want?

And he was kind of like, well, I've woken up. And I was like, well, everybody does that. And I showed him a hypnogram and I explained to him that we all wake up, but each time I wake up, I don't shout his name. And he knows how to go to sleep and he needs to do that in the night. And then he was fascinated by it.

And then the next night he didn't wake, well he didn't shout, and then the next morning I went, oh, wow, you slept through the night. That's amazing. And he just looked at me and he went, have you forgotten about the partial awakenings? Of course I didn't, but I just didn't shout to tell you.

And I was like, that's exactly what I'm talking about. He understood what was happening to him and it just empowered him. And he's got tools now in his sleep toolbox, as I like to call it, so that if he does have sleep issues, he knows what to do and he's not being stressy about it, which obviously has a knock on effect. And then you can't sleep.

[00:15:34] Meagen Gibson

Yeah, you make such good points and just the normalization of most people, I mean, I find most adults don't know that waking up in the middle of sleep cycles is totally normal.

And as you get older and your sleep gets a little bit worse or a little bit less, that waking in the middle of the night, I call it the two to four worry shift, is often because people just don't understand that waking up between a couple of sleep cycles is normal and that you don't have to wake up and have thoughts about waking up.

This is not like, oh, engage the worry. It's just oh, I woke up. I'll fall back asleep. Right? Like the education part of it can release so much of the anxiety and the thoughts about the sleep.

I also love the part that you said you interview the family because you want to integrate any strategies that you do suggest into the family's lifestyle. I'm thinking about, I have a family member who had to be at work very, very early and so she would have to drop her children off at a care place before they would even go to school.

And so those kids were up very, very early every day, but she's not going to be able to necessarily change her job in order to accommodate her children's sleep. So, how can we get the kids the sleep that they need that also folds into the bits about their lifestyle that they can't change?

Or if you've got a youngest sibling who has a bunch of older siblings and they're very active and they've got baseball practice and they've got band practice and they've got this activity and that activity, and so the poor little dude is just being carted around from place to place and naps are disrupted.

And how do we figure out regularity, how do we incorporate some good sleep practices into the lifestyle of a family in the ways that can benefit?

Vicki Beevers

Yeah, this is why it's so important that the information is bespoke because for a start, we've all got different sleep needs, but also families have got different pressures on them.

And the worst thing that could happen is a family has an appointment and actually screws up the sleep plan on the way out and throws it into the rubbish because it's just not doable. And it makes them feel inadequate and they then believe that there's never going to be a good night's sleep.

So it is about individualizing sleep programs. And sometimes we do have to say to families, look, we know that you do all this busy stuff and that's fine, but let's just go for two weeks where you don't do it just to get something established and see how far we get.

And then we can start to reintroduce things once we've given the child some of the skills to be able to get back into a good routine. So there are ways around these things.

And we work with families who might have got multiple children sharing bedrooms and they've got different sleep needs and that's another pressure. But we've become very creative about how to establish sleep zones in the different rooms so that it meets each child's needs appropriately by partitioning things off, et cetera.

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So it's that creative thinking and it's that partnership working with families. So actually throwing ideas out there and going, how would that fit in? Would that work? Is that okay? Does that fit in with your parenting style, like your family values? If not, tell me, because we'll come up with other ideas.

Meagen Gibson

Yeah, absolutely. And needs change. A bunch of smaller children sleeping together in the same room might be okay for a long time until you've got that teenager who needs to get up at 06:00 and get to the bus, wakes up the other two that don't need to be up.

And I love the bespoke attitude and really assessing each family's needs. So if there's a family or a parent or even a child watching right now and you have to tell them to start in one place, what's your top sleep tip to improve sleep?

Vicki Beevers

I think the top one is to work out what the cause is. So before you start any kind of strategy or changing anything, have a sit back and think, what could be causing it? Could it be something that is being consumed before bed?

So I was giving my son things like hot chocolate and a biscuit. Well, it's got caffeine in it, it's got sugar in it. It's not the best thing, now that I've educated myself about sleep. Could it be something around diet? Could it be something around a change that's occurring?

So, how do they go to bed at the start of the night? Is that consistent throughout the night? So if they're falling asleep with a parent next to them, that becomes their sleep association. The parent does the whole crawl out of the bedroom when they're asleep, but then when they come up through the sleep cycles, they wake up because the parent is missing.

And often what we don't think about is the consistency there throughout the night. Whether that be a parent. Whether it's a cuddly toy that's dropping out of the bed. Whether it's something in the environment like a light being turned off.

Or there's loads of products that claim they're going to give you a great night's sleep, but actually they create an environment, then they switch off. And then parents go in, switch them back on and go, amazing product. It gets them to sleep every time. No. It's actually causing them to wake.

So thinking about what, really drilling down into what, could be causing it and then thinking about, okay, it could be that. So, what can we try around that in order to address that issue? We've got loads of downloadable resources on our website if people don't know where to start with this.

Meagen Gibson

It's such a good point because my kids are old enough now that there's new things out, new things for people with babies and young kids that weren't out when I had kids. And I've been into some nurseries lately that looked like raves. There's lights. There's music, right?

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It's like all this stuff is happening and I get overwhelmed, like, whoa, I couldn't fall asleep here. Or if I woke up and the rave had died out, I would be very disappointed. And so, no judgment, they're all beautiful and pretty and fun toys, but at the same time, I totally relate. It's like, let's strip some things back and try that, maybe.

Are there any situations in which your assessment and your help with sleep is out of the parameters so, for instance, I'm asking an open ended question. You have no idea where I'm going, so let me help you out.

So, like, for instance, I had a child that for several years was a sleepwalker and he had no idea that he was. He looked awake, sounded awake, behaved as if he was awake, but was completely disoriented, right.

So, is that something that you can help with? Is that something that you would send them to a sleep physician for? What are the situations in which it's out of the parameters of how you can help?

Vicki Beevers

Yeah, so to a degree, we may be able to help with sleepwalking because we know that if we can improve sleep quality, sleep duration, it could be linked to sleep deprivation. Also it may be linked to temperature increases, so if we can get them in a cooler environment.

But it will very much depend on the individual case and making a thorough assessment to work out, actually, is this something more than behavioral? Do we need a specialist sleep center that we refer into?

Certainly if we see features of sleep apnea, we would be referring in as well. And that's one thing that we find does get missed. So we've had youngsters, one in particular that I can think of, who was actually 18 years old and had all the classic signs of obstructive sleep apnea.

They had a diagnosis, down syndrome, and it hadn't been picked up. But instantly when I started the assessment, it was like, this sounds very much like obstructive sleep apnea. It was. And that young person had had that for 18 years.

And thank goodness that mom did come to the charity because that could have been potentially extremely serious. So it's at points like that where we'll be referring on.

Sometimes if there's things like extreme night terrors. Again, it depends what it is. So sometimes we can improve night terrors with the behavioral approach. But we've had families where it's been real extreme stuff and they've lasted a long time.

The families have been distressed about it. It's been a cause for concern and we've referred in for those families as well. And then things like narcolepsy, we've had a few children who have come in with symptoms of narcolepsy and those are when we'd be referring into.

[00:24:43] Meagen Gibson

Great. I love establishing that as a baseline because I feel like all the work that you do is incredibly helpful. And yet there's also a place in which obviously you can't treat somebody with obstructive sleep apnea.

And one of the things that people don't know, my spouse has sleep apnea, is that it can cause cardiac issues and could cause a lot of stress on your body and your heart because sleep is supposed to be a time period when you're resting and restoring not only your brain, but your body.

And so obstructive sleep is really something that you have to address and remedy so that you can get that restful sleep that you need and your body can recover properly.

Vicki Beevers

Yeah, absolutely. And one of the things that we do when we train our sleep practitioners is we have input from various different professionals. We've also got our Sleep Council, which is our independent advisory board, because what we need to ensure is that referrals are made on, where appropriate, that we're not missing anything because of safeguarding issues and those can be medical sleep disorders, but sometimes there may be more around mental health issues as well.

So, they're very much chicken and egg. Which comes first? Because we know there's that real strong correlation between sleep deprivation and mental health.

But at points we do have to refer to mental health agencies because actually it's more than we are able to support. And we can certainly give advice, tips, but actually if there's more of an assessment that needs to be done by a clinical psychologist, then it's important that our team are trained up to be able to recognize that and know the limitations.

Meagen Gibson

And improved sleep will certainly improve any mental health status. It won't necessarily fix something that is out of the purview of what you can help people with, but it will definitely improve, sleep will not hurt a mental health situation is what I guess I'm getting at. Right?

They're very, very correlated. It's not causation, it's not like if you lose sleep you're going to get a mental health disorder, but if you are suffering from one, improved sleep is definitely going to help quite a bit.

So I love that you named that as well. And also, I'm sure cases of trauma, things like that, family separation and things like that, you would obviously need some assistance and just improving somebody's sleep is not going to fix...

Vicki Beevers

Absolutely, yeah, it's very much about a multi agency approach quite often. So we work with looked after children, so maybe children who are in foster care and obviously they've been moving to different homes, different environments. There can be the trauma there.

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There are strategies that we can suggest to put in, but we are also very respectful of the fact that there are professionals who are better placed than us to do this. So part of our work is training professionals to deliver the intervention within their roles.

So, for example, we'll train social workers to deliver the sleep intervention because they've got the professional background. We train clinical psychologists to deliver our intervention so that we are filtering it out, not just across the UK actually, it's internationally now, because we deliver online.

And I think that's the real strength of what we do because we're marrying it up with the other professional backgrounds, like occupational therapists, physiotherapists who train with us, and they're looking at it from a very specific area and point of view.

Meagen Gibson

Yeah, and I'm sure nutrition as well, right? I mean, nutrition is a huge part of sleep and rest, but yet you're not nutritionists, you're not going to give somebody an eating plan, but you might be able to say, like, nutrition education is something that might really benefit your ability to sleep, and here's where you can find out more.

Vicki Beevers

Yeah, exactly. And it's such a complex thing when we start to think about it, because it covers so many different areas. You start to think about things like posture and sleep, the sensory issues of sleep, nutrition and sleep. It links across many different areas.

And even, you've got to think about the awake times, too, and actually, what do you do in that hour before bed? And activities. So, yeah, it's complex, but I think that's what's so interesting about it as well.

I always feel a little bit like a detective trying to work out what bit it is that might need tweaking and how we do that. And there's so much to learn still about sleep, which is fascinating.

Meagen Gibson

Absolutely, I agree. And I love what you said earlier, too, about one strategy at a time, maybe every two weeks. We're assessing what the biggest need is, where we can make the most impactful change, where the best recommendation could be, and then take two weeks and try that one thing out.

I know parents can sometimes be so desperate that we're like, all right, I threw out all the junk food. We're only eating vegetables. No electronics. We're going to change everything. No one's going anywhere. We're only listening to whale sounds after 07:00 P.M.

We can be extremists because we're trying to control the situation and we're trying to get more rest, as you named earlier. Every parent has been there, right? But one strategy at a time and seeing how that works out once you've got the education that folks like you provide.

[00:30:11] Vicki Beevers

Yeah, and I think the control word is really important there. So we do try to control it. And part of our work is to actually get people to recognize you can't control sleep.

I always use the analogy that if I said to you, if you'll go to sleep at 10:00 P.M. tonight, I will give you a million pounds or a great holiday or whatever, you can't control it.

And we try to control it and we tell our children, just go to sleep, but you can't just go to sleep. And we need to have this narrative about sleep, this real public conversation, to challenge the ideas that we have.

So we need to be challenging the fact that we shouldn't be telling children, just go to sleep, because they can't, just like we can't. And we shouldn't be using sleep as a sanction. So quite often parents will send children to bed if they misbehave. So then sleep becomes a negative.

And they will quite often also keep them up at night as a reward. So what we are teaching is sleep deprivation is a reward. Well, no, it's not. It's a form of torture. So let's stop having conversations like that. And let's stop advertising sleep is for the weak and let's start to talk about how important sleep is.

And the positives about sleep, because you do hear a lot of, if you don't get enough sleep, this will happen to you, this will happen. It's all a real negative.

Let's flip it. If you get enough sleep, you'll be the best version of you. You'll function better, it supports your growth, it can support appetite, your weight. So many benefits of it. Sleep is your superpower, and we need to use it.

Meagen Gibson

I love that you flip that like that, because we're just guilty of that. As anybody marketing a sleep conference, you've got to present people with problems in order to get them in. And so to flip it and just say, hey, if you do get enough sleep, here's what your life will look like also. I love that. That's a great place for us to wrap up.

Vicki Beevers, the founder of The Sleep Charity, thank you very much for being with us. How can people find out more about you and your organization?

Vicki Beevers

Yeah, we've got a website so they can log on to that. And it is www.thesleepcharity.org.uk

Meagen Gibson

Fantastic. Thanks so much for being with us again.

Vicki Beevers

Thank you.