

Other common issues during childhood and adolescence



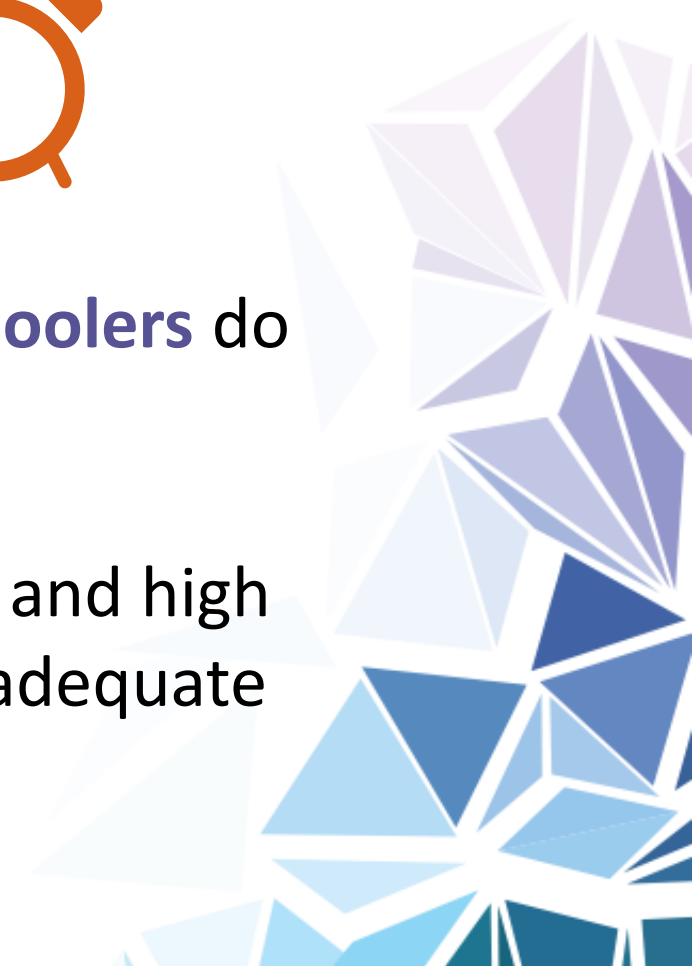
Learning objectives

- Describe common issues that occur during childhood and adolescence including sleep, school refusal, and trauma, and their basic treatment options.



Sleep needs for kids and teens

- Kids 6-12 years need **9-12 hours of sleep**
- Teens 13-18 years need **8-10 hours of sleep**
- **6 out of 10 middle schoolers** and **7 out of 10 high schoolers** do not get enough sleep per night¹
- American Academy of Pediatrics recommends middle and high schools **start no earlier than 8:30 am** so kids can get adequate sleep²



Consequences of inadequate sleep³

- Inattentiveness
- Reduction in executive functioning and poor academic performance
- Obesity
- Mood disturbances including increased suicidal ideation
- Higher risk of engaging in health risk behaviors
 - Alcohol and substance use
- Increased rates of car crashes
- Occupational and sports-related injuries



Tools for assessing sleep problems

- BEARS questionnaire
- Sleep log
- Look at sleep habits and alertness



BEARS sleep screening questionnaire⁴

- **B**edtime problems
- **E**xcessive daytime sleepiness
- **A**wakenings during the night
- **R**egularity and duration of sleep
- **S**nororing or difficulty breathing



Sleep log (1 of 2)

Complete in morning

Start Date:	Day 1
Day of the week:	_____
I got into bed last night at:	_____ PM/AM
Last night I fell asleep:	Easily <input type="checkbox"/> After some time <input type="checkbox"/> With difficulty <input type="checkbox"/>
I woke up during the night:	# of times _____ # of minutes _____
I got out of bed today at:	_____ AM/PM

Last night I slept a total of:	_____ hours
My sleep was disturbed by: (<i>noise, lights, temperature, allergies, nightmares, discomfort, stress, pain</i>)	
When I woke up for the day, I felt:	Rested <input type="checkbox"/> Somewhat rested <input type="checkbox"/> Tired <input type="checkbox"/>
Notes:	

Sleep log (2 of 2)

Complete in evening			
Day of the week:	Day 1 _____	During the day, how likely were you to nod off or even fall asleep while performing daily tasks:	No chance Slight chance Moderate chance High chance
I consumed caffeinated items in the:	Morning/Afternoon/Evening/N/A	Throughout the day, my mood was...	Very pleasant Pleasant Unpleasant Very unpleasant
	How much? _____		
I exercised at least 20 minutes in the:	Morning/Afternoon/Evening/N/A	In the hour before going to sleep, my bedtime routine included: <i>(List activities, as well as any electronic use)</i>	
I took these medications today:			
Took a nap?	Yes/No		
	If yes, how long? _____		

Sleep hygiene (1 of 2)



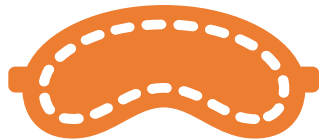
Establish a
regular
sleep/wake time



Use your bed
for sleeping
only



Create a relaxing
bedtime ritual



No long naps



Avoid alcohol
and drugs



Sleep hygiene (2 of 2)



Stay away from
caffeine, especially
later in the day



Exercise regularly,
but not within 4
hours of bedtime



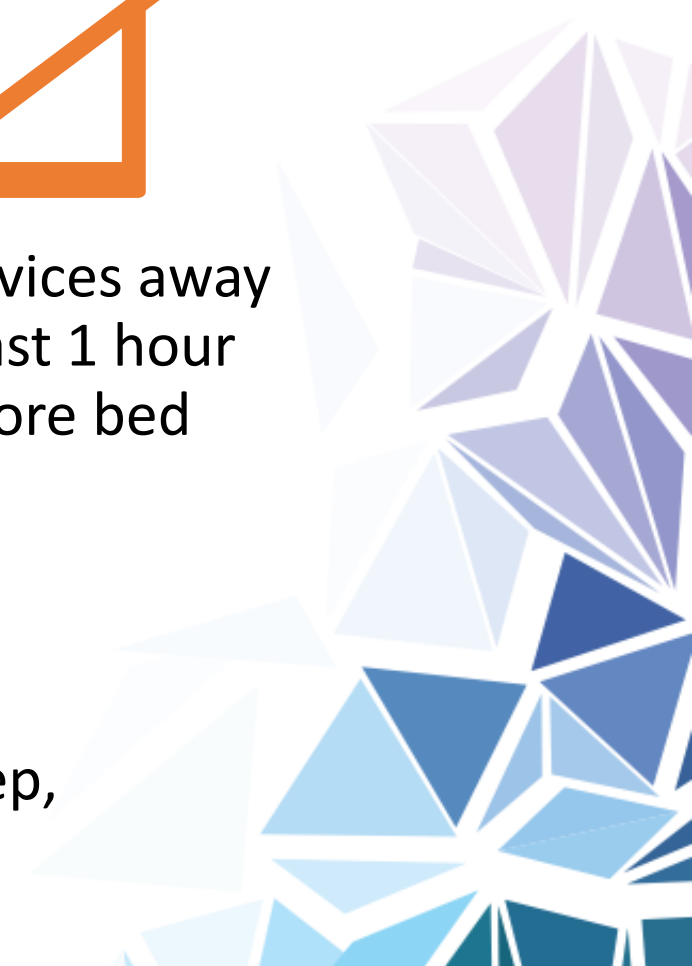
Put devices away
at least 1 hour
before bed



Make your room comfy,
cool, quiet, and dark



If you can't fall asleep,
don't force it



General principles for using medications to manage sleep

- Systematically assess for **etiology of sleep disturbance**
- Always combine with behavior plan
 - Results in sustained improvement
 - Minimizes side effects
 - Avoids giving “wrong message”
- Address **unhealthy sleep practices**
- Establish treatment goals
- Have an **exit strategy**
 - In some cases, may want to start planning discontinuation at initiation



Medications for insomnia

- Antihistamines
- Melatonin
- Benzodiazepines
- Non-benzodiazepine receptor agonists
- Melatonin receptor agonist
- Histamine receptor agonist
- Orexin receptor agonist
- Alpha agonist
- Antidepressants
- Antipsychotics
- Anticonvulsants

None approved in
children and
adolescents

Melatonin

- 1-5mg at bedtime
 - May want to try to give it earlier in the evening
- Max 9-10mg
- Limited data about supplements
- No randomized controlled trials (RCTs)
 - Hard to give good guidance
- More data coming out about ASD population and ADHD population



Trazodone (Desyrel)

- Serotonin type 21 receptor blocker and weak serotonin reuptake inhibitor
- Mainly used adjunctive and helps with transition
- Use with caution in males - priapism



Mirtazapine (Remeron)

- Serotonin and adrenergic receptor blocker
- Side effects:
 - Weight gain
 - Increased appetite
 - Somnolence



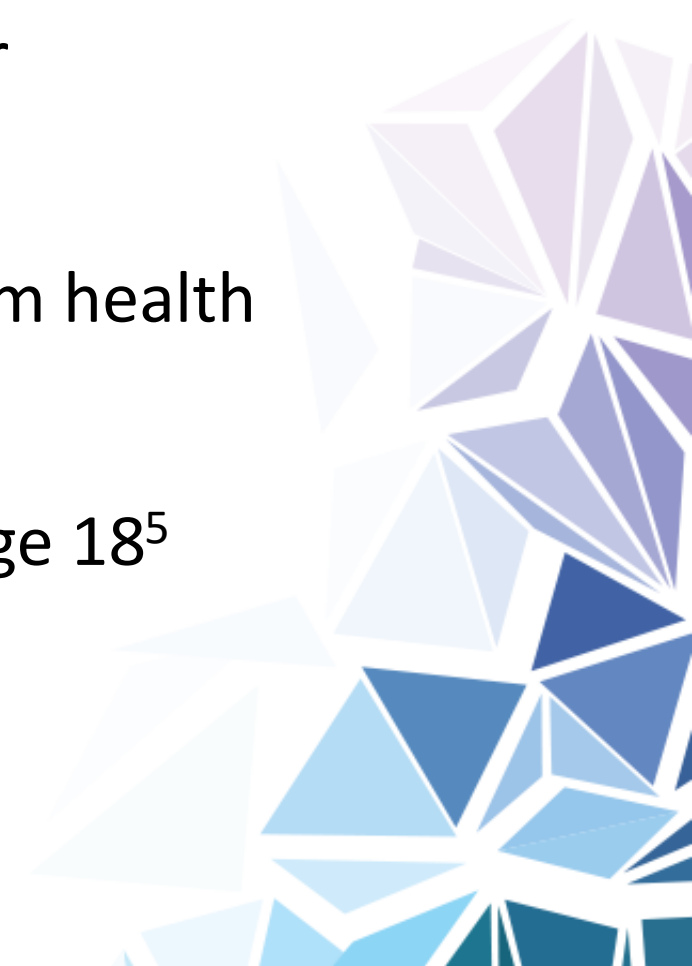
Trauma

- **Trauma**: an intense event that is perceived as or actually threatens safety or security of an individual
- **Toxic Stress**: severe, prolonged, or repetitive adversity with a lack of the necessary nurturance or support to prevent an abnormal stress response

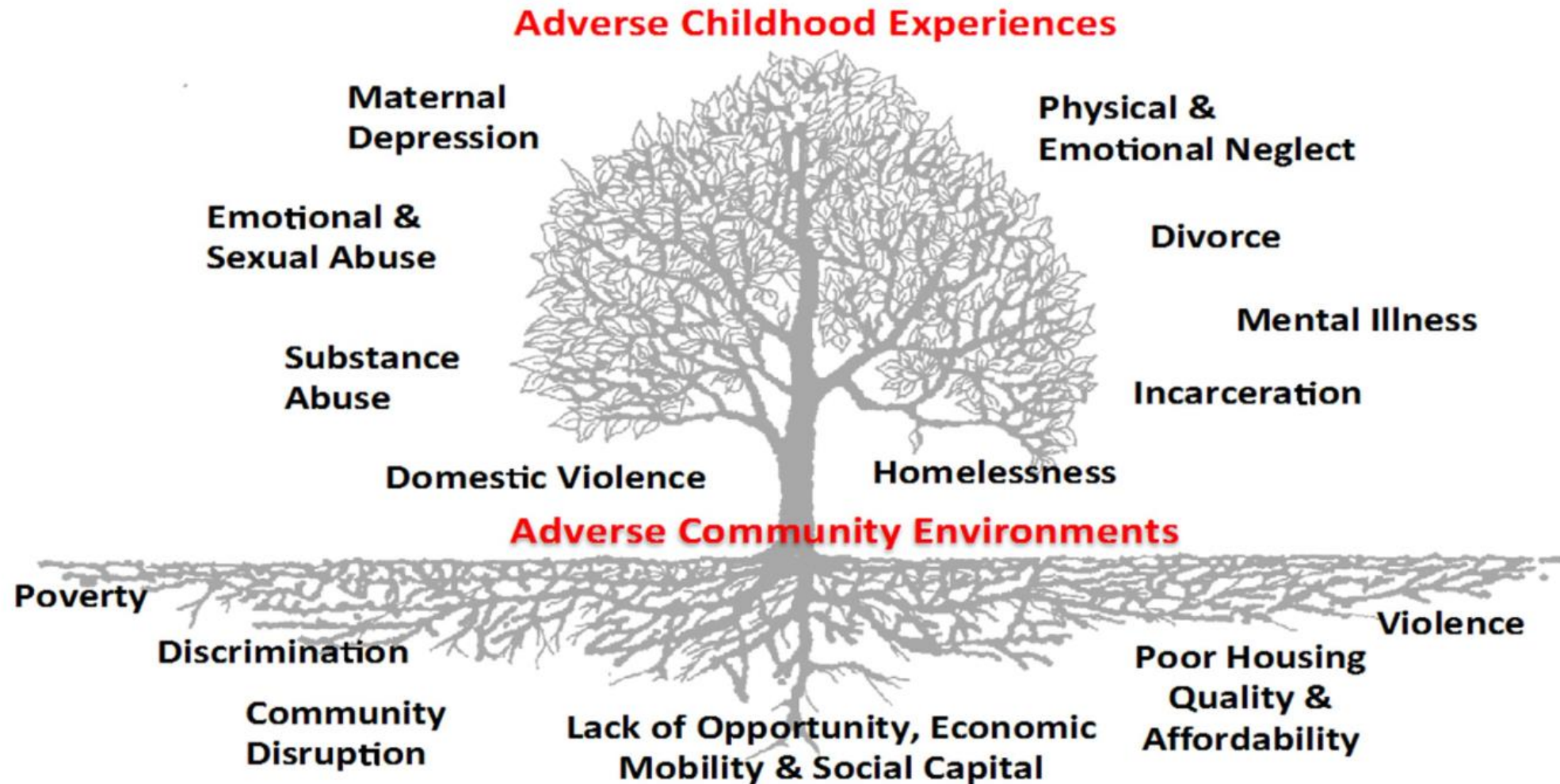


Adverse Childhood Experiences (ACEs) study

- An ongoing collaborative research project between the Centers for Disease Control and Prevention and Kaiser Permanente with 17,000 subjects
- Explores impact of childhood experiences on long-term health outcomes
- 64% of U.S. adults had at least 1 type of ACE before age 18⁵
 - 17% experienced 4 or more types of ACEs



The pair of ACEs⁷



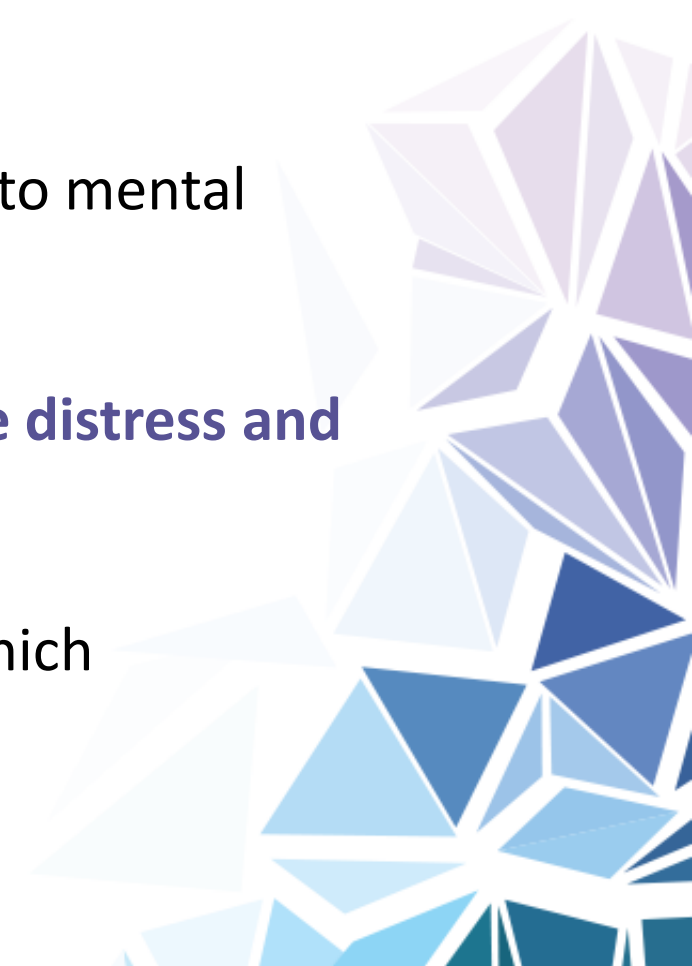
How childhood trauma affects health across a lifetime



<https://www.youtube.com/watch?v=95ovIJ3dsNk>

The impact of racism on child and adolescent health^{8,9,10}

- Racism contributes to health disparities such as infant mortality rates and **increased risk of mental health problems** and chronic illness
- Racial and ethnic minorities also experience **decreased access** to mental health care and tend to receive **lower quality care**
- Children who experience racial discrimination also report **more distress and have lower self-esteem**
- Children facing systemic racism may experience toxic stress, which **negatively impacts child development and health outcomes**



The impact of the COVID-19 pandemic

- Fear of infection
- Overburdened health care system
- Uncertainty
- Work and school related stress
- Financial hardship
- Social isolation
- Excessive news and social media exposure
- Multiple losses

Could compromise a child's sense of safety and make them more vulnerable to mental health disorders

Addressing trauma in Collaborative Care

- **Supportive relationships** build resiliency and help protect young people from the impact of trauma and toxic stress
- Routinely **ask** about traumatic and toxic experiences
- If identified, **assess impact**
- Think about providing **trauma-informed interventions** when needed
- **Refer** to a therapist trained in trauma informed interventions



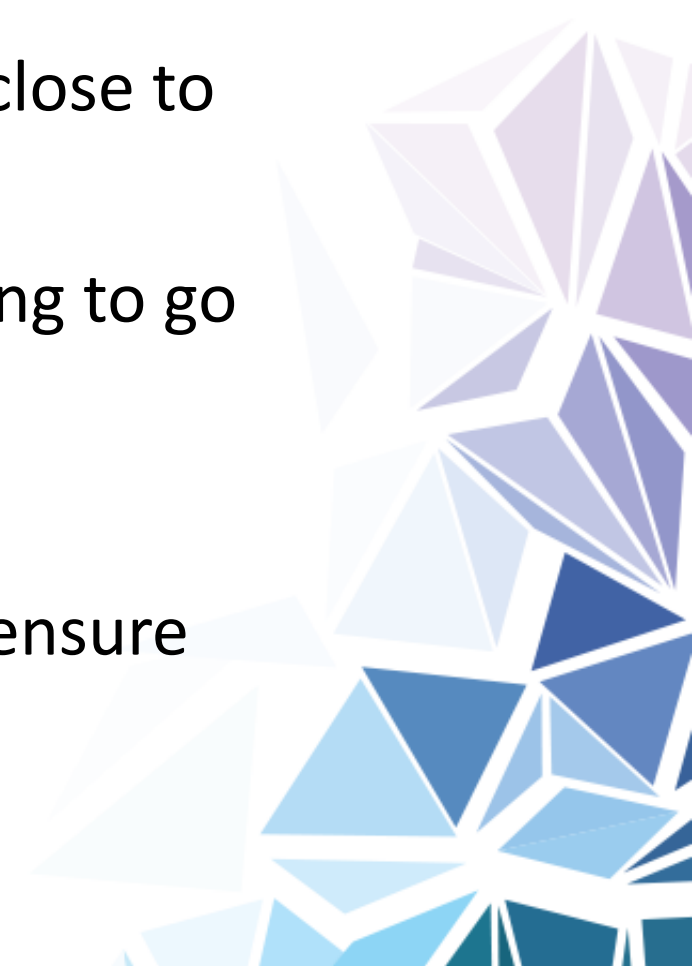
School refusal

- Relatively **rare** (1-5%)
- **Not a DSM diagnosis**
 - Symptoms associated with several diagnoses
- Does not include youth who are not attending school because of truancy or conduct disorder
- Behavior may be:
 - Negatively reinforced (may be avoiding bullying or reading out loud, etc.)
 - Positively reinforced (allowed to engage in pleasurable activities when refusing to go to school)
- Treatment may vary based on presentation and should include involvement from family and school



Defining school refusal^{11,12}

1. Reluctance, difficulty attending or refusing to attend
2. Seeking the security of home, preferring to remain close to caregivers
3. Emotional or physical distress when faced with having to go to school
4. Absence of serious antisocial tendencies
5. Caregivers are aware of the issue and have tried to ensure attendance since onset



Assessing for school refusal

Approach

- Multiple informants
- Approach with curiosity

Tools

- School Refusal Assessment Scale-Revised (SRAS) parent and child versions
- SChool REfusal EvaluationN (SCREEN)



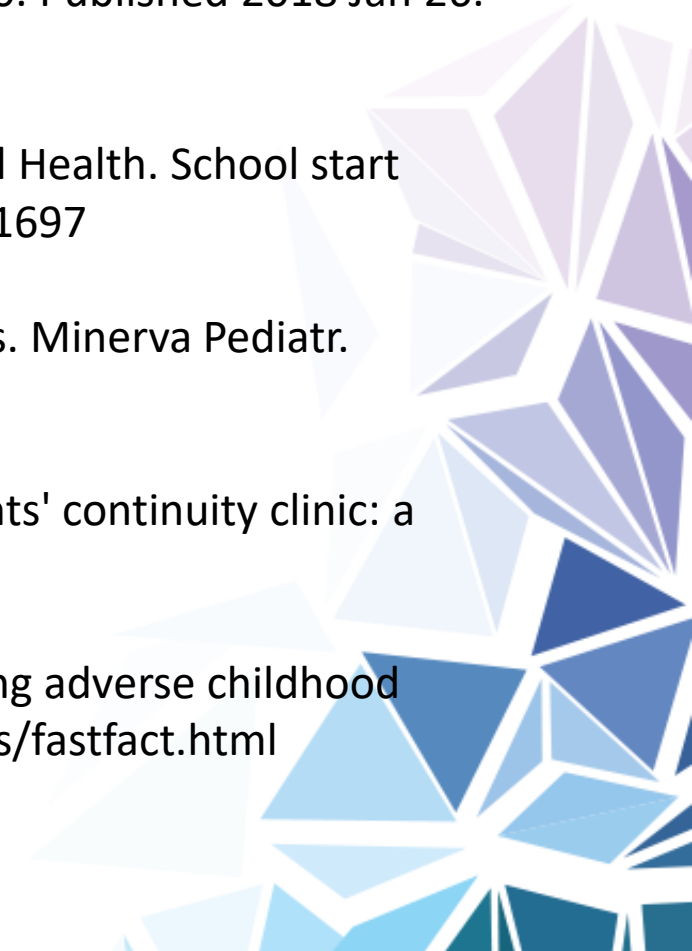
Resources

- [BEARS sleep screening tool](#)
- [American Academy of Child and Adolescent Psychiatry Antiracism Resource Library](#)
- [ACEs screening tools](#)
- [Understanding Social Media, Bullying, and School Refusal in Adolescence webinar](#)
- [School Refusal Assessment Tool Child Version \(SRAS-C\)](#)
- [School Refusal Assessment Tool Parent Version \(SRAS-P\)](#)
- [School REfusal EvaluationN \(SCREEN\)](#)



References (1 of 3)

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Additional support from PRISM

Advanced training

- <https://micmt-cares.org/upcoming-trainings>
 - Implementing Collaborative Care with Perinatal Patients
 - Implementing Collaborative Care with Adolescent and Pediatric Patients
 - Treating Substance Use in Collaborative Care Settings

Upcoming webinars

- <https://micmt-cares.org/events?type%5B4639%5D=4639>

BHCM monthly discussion group

- 3rd Thursday of the month from 12:00pm–1:00pm ET

Ongoing implementation support

- Discuss scheduling with your Implementation Specialist



CEU and CME reminders

CEU

- Allow up to 24 hours to receive the evaluation e-mail from MICMT
- Follow the link in the email to complete the evaluation within 5 business days

CME

- Login to your account at MiCME at <https://micme.medicine.umich.edu/>
- Attendance must be registered within 6 months to be awarded credit



Contact us

PRISM-Inquiries@umich.edu



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