

# CLINICAL WEBINARS FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

### Protective Sleep Program for Parents

Linda Berg-Cross, PhD, ABPP, CBSM, DBSM Howard University

#### **Webinar Tips for Attendees**

Please review our webinar guidelines for frequently asked questions: www.nationalregister.org/webinar-tips/

1 CE Credit, Instructional Level: Intermediate
1 Contact Hour (New York Board of Psychology)

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#### Linda Berg-Cross, PhD



Linda Berg-Cross, PhD, ABPP, CBSM, is a Professor of Psychology at Howard University and was the Director of Clinical Training for many years. She has over 45 years of clinical experience as a consultant, researcher, supervisor, educator, and therapist in the US and abroad, including being a Fulbright Senior Specialist at both the University of Warsaw, Poland, and Minho University, Braga, Portugal. She earned both her MS and PhD at Columbia University, New York. She has published more than 50 articles and two seminal textbooks on family and couples therapy.



#### Disclosures/Conflicts of Interest

I have no conflicts of interest to disclose.



#### Learning Objectives



- 1. Describe the psychological importance of parental sleep.
- 2. Describe the relationship between parental sleep, successful nursing, postpartum depression, attachment, and the marital relationship.
- 3. Utilize the Parental Sleep Program in practice.



### Sliding Sleep Schedule for New Parents

		10 pm	11 pm	12am	1 am	2am	3am	4am	5am	6am	7am
SHII	FΤ	DND	DND	DND	DND	DND	S-OC	S-OC	S-OC	A-OC	A-OC
SHIF		A-OC	A-OC	S-OC	S-OC	S-OC	DND	DND	DND	DND	DND

DND	Do Not Disturb
S-OC	Sleep but on Call
A-OC	Awake but On Call



#### 7 prerequisites for improved parental sleep

- Have a goal (6-8 hrs per night) and a plan (Parental Sleep Program)
- Learn it before you need it!! (third trimester)
- Modify it to make it your own person-centered and partner-centered
- Practice it
- Inform the social support circle
- Process ups and downs each week
- It takes a village



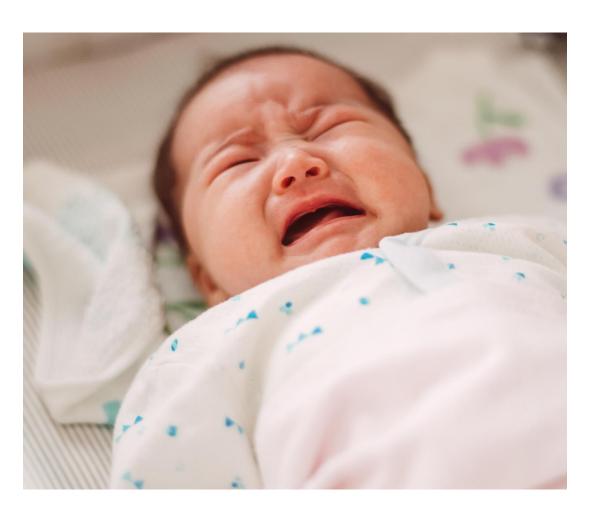
### Psychoeducation for the Parental Sleep Program

Evidence-based benefits of succeeding with the PSP

- 1. Will help parents focus on infant sleep psychology as well as crying
- 2. Increases bonding with infant
- 3.. Protects the partners' relationship with each other
- 4. Increases success in nursing
- 5. Reduces the risk of post-partum depression



#### EXPLAIN Neonatal Crying, Sleep, and Wakefulness 4 Separate Pathways to Parental Sleep Disruption (increase bonding)



- Biological response let down reflex
- Sleep disruptor: meant to draw attention to neonate
- Duration: 3 hours per day of stress
- Lack of efficacy: frustration



# Why Do Babies Cry?

Hunger, Pain (colic), dirty diaper Need to burp

Tired

Under or over stimulated

**Physical contact** 

Too cold or too hot

**Purple crying** 



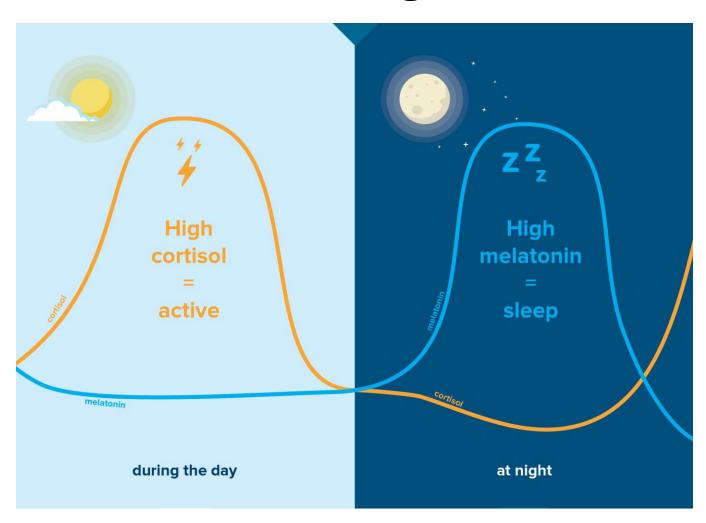
## **EXPLAIN** Period of Purple Crying Peaks at 2 months to 4 months

- Peak of Crying
  - A baby's crying peaks around 2 months of age and gradually lessens by 5 months old.
- Unpredictable
  Crying for long periods can come and go for no reason.
- Resists soothing

  The baby may keep crying for long periods no matter what you try.
- Pained look on face
  The baby looks like he's in pain, even when he is not.
- Long lasting
  Crying can go on for as much as five hours a day— sometimes more.
- Evening crying
  Baby cries more in the afternoon and evening.



# EXPLAIN Relationship of Hypocortical Control and Parenting Stress and Infant Stress



With HPA activation comes Cortisol Rise

Awakening response



### BAD Effects of Cortisol Production Stress-Reactive Profile







HIPPOCAMPUS AND AMYGDALA (MEMORY AND EMOTION),



**BRAIN SHRINKAGE** 



BICK J, ZHU T, STAMOULIS C, FOX NA, ZEANAH C, NELSON CA. (2015)



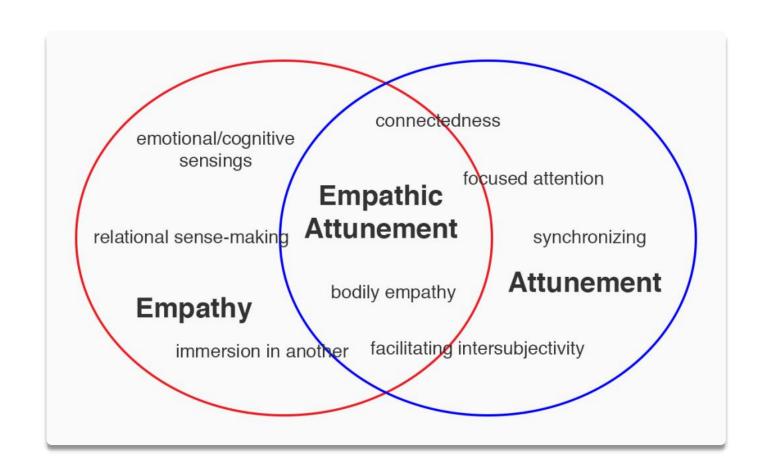
#### **HYPORESPONSIVITY**

#### behavior and physiological mismatch

crying = stress and not crying ≠ stress, it's not nearly so simple.







#### **EXPLAIN**

Evolution's Protective Shield: Social Regulation of Cortisol Levels



### Period of Hyporesponsivity (Innoculations)

Difficult to elicit a cortical response in an otherwise securely-attached child

3 months to 4 years

Behavioral response of crying, but there will be no associated cortisol spike.

Behavioral-physiological mismatch

Gunnar M, Quevedo K. (2007)

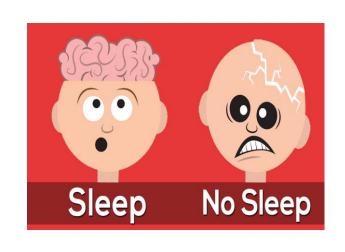


## Attunement Still Face – Tired Parents Affect Attachment and Stress Levels





### Parenting isn't making it all better; it is being there to calm and to help problem solve.







# Circumstances That DO Elicit Cortisol Spikes in Infancy (During Hyporesponsivity)

- Moderate-severe pain,
- abuse,
- neglect, or
- abandonment of a caregiver with no responsive substitute
- Crying more than 20 minutes (some studies)







### But how do I get my baby to get enough sleep?

Attachment science and sleep psychology hold some clues



# EXPLAIN: Culture vs. Science Recommended Sleep Techniques

- Zeitgebers What is day? Activity and light.
- What is night? Quiet and Dark; Routine (circadian rhythms)
- Sleep Drive Interventions (Day Care Syndrome) (Wake with parental get up)
- Dream Feeding
- Crying can equal boredom or overstimulation
- Motoric Interventions (or driving around town) SNOO
- Music
- Co-Sleeping
- Pacifiers



### SNOO (\$1700)





### 11 Tips for Safe Co-Sleeping With Baby























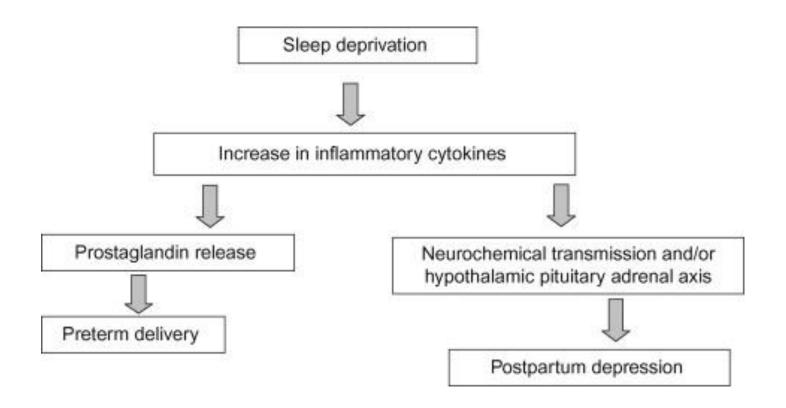


# EXPLAIN: Biological Contributors to Maternal Sleep Deprivation (McKenna, 2014) Parents Lose 44 Nights of Sleep

- Pre-Wiring of Let Down Reflex
- Biological Alert System (extra feedings, increased attention, apneas, facing, etc)
- Plummeting levels of estrogen and progesterone
- Episiotomies, engorged breasts and seemingly endless other annoying physical phenomena

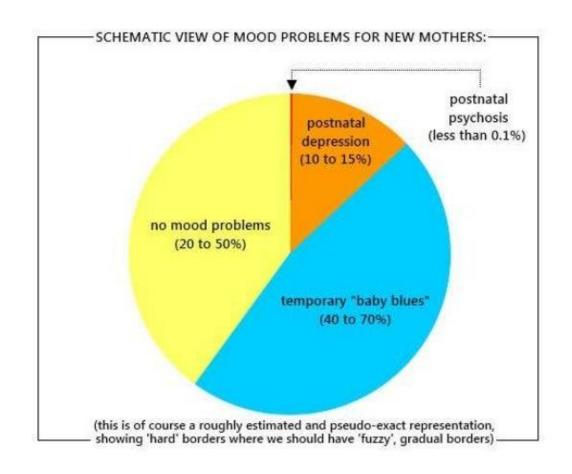


# **EXPLAIN:** Postpartum Depression and Sleep Deprivation



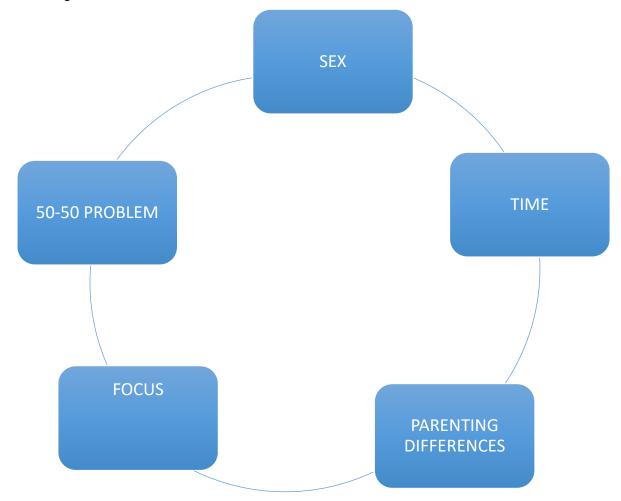


# 13 minutes vs. one hour reduction in usual sleep times after birth (Richter et. al., 2019)





# **EXPLAIN:** Couple Stressors After Newborn From many children to child free to lying flat





# HIGHLIGHTS Protective Sleep Program

- 5 hour stretch of sleep each night
- 5-8 hours of sleep per night; should average more than 6.5
- Naps
- Ability to change schedule day by day
- Ability to respond to baby as you like



#### **How It Works**

Early to bed partner (EB) 2 hrs difference from Late to Bed partner (LB)

LB On Call for first 2 hours of partner's sleep (when awake)

Plus first 3 hours of LB sleep (10 to 3 am)

**Guaranteed sleep for 5 hours (3-8 am)** 

EB On call last three hours of sleep and first 2 hours LB awake.

**Guaranteed sleep 5 hours (10 to 3 guaranteed)** 



### Additional Features

Long Nap at least one day a week for each partner

20-30 minute rest or short nap each day before 3 for each partner

If schedule permits, can sleep when baby sleeps during day before 3



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#### Most Common Resistance Problems

1. Third trimester practice

2. Work demands

3. Illness

4. Conflict with partner



#### **Ethical Issues**

- Interdisciplinary team needed
- Expectations of success
- Time to work it out successfully



#### Prototype of Session I

Each partner's sleep issues and sleep patterns
 Each partner's preferred infant sleep training ideas

Differentiate infant sleep (you want to set up a good routine)
 from infant crying (able to soothe and be present)

 Demonstrate how getting enough parental sleep allows you to be a better parent and partner.



#### Prototype of Session 2

Go over the Parental Sleep Program skeleton Individualize it for culture, lifestyle, and demands

Go through the resistances, ethical issues, and 7 prerequisites of success



#### Consultation opportunities

- Doulas
- Birth preparation classes
- Churches
- Pediatrician liaisons
- Workshops



#### Q&A With Dr. Berg-Cross



- Dr. Berg-Cross will answer select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.



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