

Pediatric Sleep Difficulties: How Occupational Therapists Address Sleep as an Occupation

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Background

- Sleep is an area of occupation and the foundation for peak occupational performance and participation (AOTA, 2017)
- Lack of sleep can cause behavioral, academic, and learning difficulties (Carter et al., 2014)
- Nearly half of all children will experience some type of sleep difficulty during childhood (Carter et al., 2014)
- Common occupational therapy interventions include cognitive-behavioral therapy, modifications to sleep environment, and modifications to routine and physical activity (Tester & Floss, 2017)
- Sensory processing differences have been linked to sleep difficulties in children (Vasak et al., 2015)
- Occupational therapy literature on sleep interventions tends to be more focused in adults with little research available for the pediatric population

Purpose

The purpose of this study is to examine the perspectives of occupational therapists on how sleep difficulties in children are addressed within their practice and to better define current evaluation and intervention methods used in the treatment of sleep difficulties in pediatric occupational therapy.

Methods

Participants: 135 pediatric occupational therapists recruited via snowball sampling using email, social media, online forums, and word of mouth

Design: Survey design (online); cognitive testing on questions performed prior to distribution of survey

Data Analysis: Descriptive statistics; narrative analysis for text fields

Survey Questions

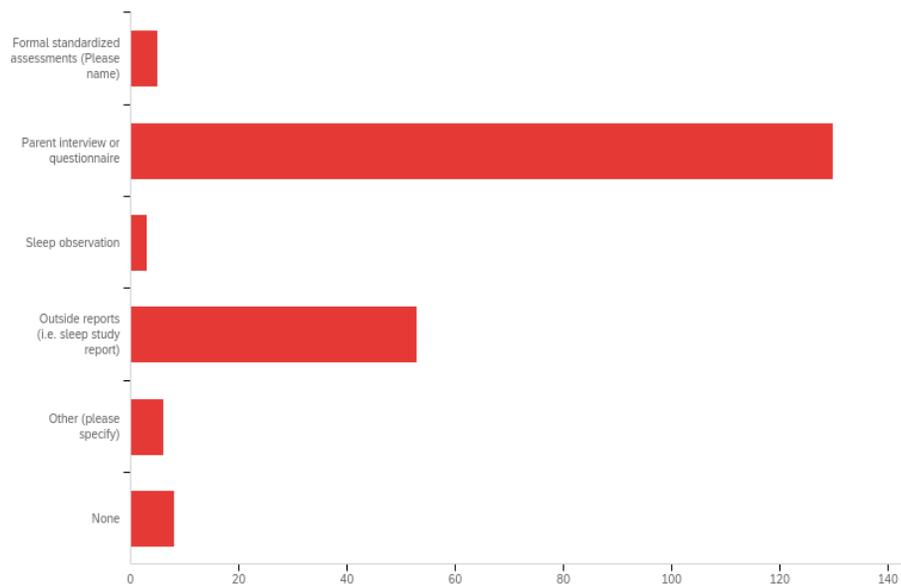
1. Do you address sleep in your therapy practice?
2. Do you feel competent/equipped to address sleep in your current practice?
3. Have you taken continuing education or additional training in sleep interventions?
4. What assessment methods do you use to assess sleep in your clients?
5. What frames of reference/theories do you utilize when addressing sleep difficulties in your clients?
6. What interventions have you used in treating difficulties in sleep?
 - a. Which interventions have you utilized to address difficulties in sleep in occupational therapy treatment sessions?

- b. Which interventions have parents reported using to address difficulties in sleep at home?
7. Approximately what percentage of your current caseload has expressed concerns with sleep?
 8. Sleep is an important occupation for the pediatric occupational therapist to address in treatment.
 9. Have you ever helped parents work on a child's bedtime routine? If so, did it help increase the quality or quantity of sleep per parent report?
 10. Have you used/suggested any sensory strategies as an intervention for sleep difficulties? If so, what strategies have you used?
 11. What techniques have you utilized to address sleep?
 12. Of the above interventions, which one do you suggest most frequently?
 13. When a parent or client reports difficulties in sleep or rest, approximately how much of your intervention time is focused on addressing this area of occupation?
 14. What are the ages of clients in your practice that most frequently report difficulties in rest or sleep?
 15. What are the diagnoses of the clients that typically report difficulties in rest or sleep?

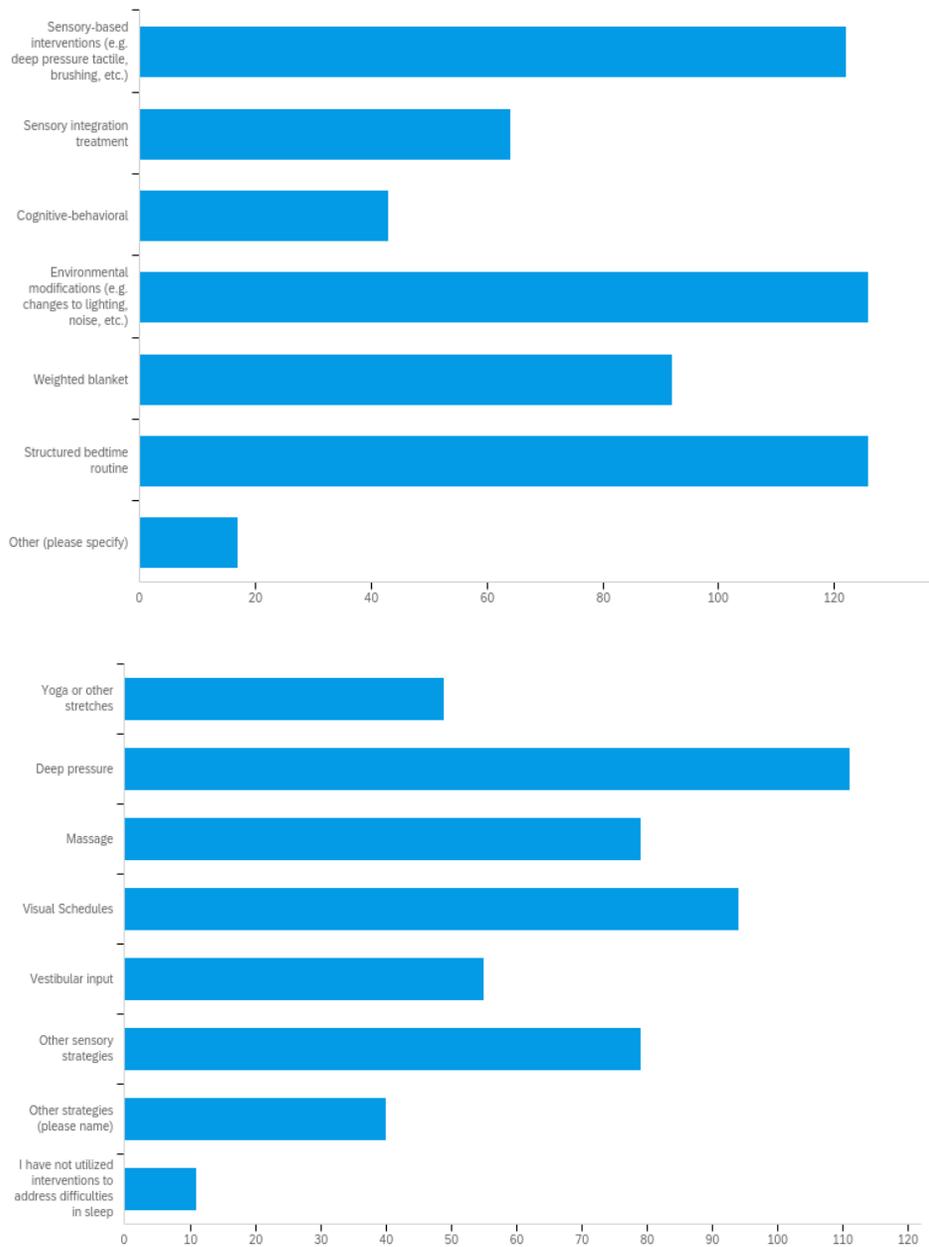
Results

- Over 30% of respondents reported they frequently or always address sleep in their practice; almost 60% reported that they sometimes address sleep
- Almost 60% reported they did not feel competent or equipped to address sleep
- 94% reported that they either agreed or somewhat agreed that sleep is an important occupation to address

- Approx. 50% of respondents reported more than 25% of their caseload had expressed concerns with sleep
- **Assessment of Sleep-** approx. 89% of respondents reported assessing sleep through parent interview or outside reports, such as sleep study report; only slightly over 2% used a formal standardized assessment and less than 2% assessed sleep via observation of the occupation



- **Interventions-** respondents reported using sensory integration/sensory processing, behavioral, cognitive-behavioral, and PEO frames of reference; common interventions techniques included sensory-based interventions, sensory integration treatment, cognitive-behavioral, environmental modifications, weighted blanket, and structured bedtime routine; sensory strategies used included deep pressure, weighted blanket, white noise, and rocking; a structured bedtime routine was the most commonly used intervention and more than 75% indicated that addressing bedtime routine resulted in parents reporting an increase in quality and quantity of sleep



Conclusions

Many pediatric occupational therapists report the need for addressing sleep, but few feel adequately prepared to do so. There is a lack of standardized assessment methods to evaluate sleep as an occupation. Addressing bedtime routine was the most commonly reported intervention.

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