

Shining with ADHD by The Childhood Collective

Episode #195: Why ADHD Sleep Problems Happen and How You Can Help: Practical Strategies from A Sleep Expert

Dr. Olivardia: And I tell these kids that's like that's a power, you know, when you really know yourself well and you know what you need to do to be successful in whatever it is. So, we have to take in that data. And as parents, you're doing that for your child at the beginning, but as they get older, you can share with them because ultimately, we want them to model that trial and error and not to like, if you as a parent try something and it keeps your kid up all night, don't shame yourself for it. Okay, we're going to cross that off the list that clearly did not work. And that's going to help you as a parent determine what it is going to work.

Katie: Hi there. We are The Childhood Collective, and we have helped thousands of overwhelmed parents find joy and confidence in raising their child with ADHD. I'm Katie, a speech language pathologist.

Lori: And I'm Lori.

Mallory: And I'm Mallory. And we're both child psychologists.

Lori: As busy mamas ourselves, we are on a mission to support ADHD parents on this beautiful and chaotic parenting journey.

Mallory: If you are looking for honest ADHD parenting stories, a dose of empathy with a side of humor and practical tools, you are in the right place.

Katie: Let's help your family shine with ADHD.

Lori: I'm Lori and I'm here today with Katie and we have an exciting episode for you because we're diving into a topic that so many parents ask about, sleep and ADHD. So, if you've ever struggled with getting your child to sleep, keeping them asleep, or waking them up in the morning, you are not alone.

Katie: Yes. So, sleep challenges are one of the biggest struggles for kids with ADHD and honestly for their parents too. So today we have the perfect guest to help us understand why

sleep can be so tough for kids with ADHD and most importantly, to give us some strategies for what we can do to support our kids.

Lori: Dr. Olivardia is a Clinical Psychologist, a Clinical Associate at McLean Hospital, and a Lecturer in the Department of Psychiatry at Harvard Medical School. He specializes in treating ADHD and is also an author and researcher. He serves on the Scientific Advisory Board for ADDitude magazine and the Professional Advisory Boards for CHADD and ADDA. Dr. Olivardia, welcome to the podcast!

Dr. Olivardia: Thank you for having me. I looking forward to the conversation.

Katie: Yeah, we're really excited about it. So, before we dive into sleep challenges and ADHD, can you just tell us a little bit about yourself and what drew you to working in this field with ADHD and sleep disorders?

Dr. Olivardia: Sure. So, you know, coming from, so professionally I'm a clinical psychologist and specialize in ADHD with people of all ages. However, I come at this in a more personal perspective. So, I'm the parent of a 20 and an 18-year-old; 20-year-old son, 18-year-old daughter who both have ADHD and dyslexia and I have ADHD, and so, and a lifetime of sleep problems and challenges. So, I am the poster child basically of every sleep issue or sleep disorder. So, I come at this from a very personal and professional, background. So, in treating people with ADHD, as you had mentioned earlier, is one of the most common concerns, whether the parents of kids with ADHD or adults I work with is sleep. Because we have to sleep every day. We should be sleeping every day. And it's those everyday executive function tasks that people with ADHD struggle with and we can dive into. But there are a lot of reasons why people with ADHD are at higher risk, and we are at higher risk for a bevy of sleep problems and sleep disorders. And so, it was something that really just kind of became part of my clinical attention because it was affecting so many and not only patients' lives, but as you mentioned, they're caregivers because if you have a child with ADHD that's not sleeping, you're not sleeping as the parent. So, I can speak to that as someone as the kid with ADHD that had a trouble with sleep and as the parent of kids with ADHD that had trouble with sleep.

Katie: Yeah, I totally hear that. And I think too, when you're a parent, you know, we obviously, we know that ADHD is very heritable, right. So, we know a lot of parents and

kids, these little pairs are going to have ADHD. So, if you yourself as an adult struggle with sleep and it's hard for you to fall asleep or get back to sleep, and then you're waking up multiple times in the night or your child is waking up really early, it just becomes this perfect storm. So, we're really grateful for your expertise and I think having, you know, the personal experience makes a huge difference because you're speaking from your own experience as well as that, that clinical knowledge. And that's, that's a really, that's the sweet spot. We feel really good about that. So, so that's perfect.

Lori: And I have personally struggled with sleep my entire life, so I will be listening to all of this and taking it all in personally, also.

Katie: Yeah, we're just gonna take lots of notes.

Lori: Yes, exactly. So, we know that again, kids with ADHD struggle with sleep. It's just, almost all of them do, but what is the science behind why sleep is so hard for kids and adults with ADHD?

Dr. Olivardia: Yeah. So first, and it's such an important question because particularly for parents, when you have a child with ADHD, you have to know that the rulebook is going to be a little bit different. So, if you're talking to your friends who are parents of kids who do not have ADHD, that the advice is going to be very different. That, so it's so important for which I'm glad that we're doing this podcast for parents to hear this affirming information and also find community with other parents of kids with ADHD. Because some of the things might even seem paradoxical when we talk about techniques and strategies, but it does start with understanding that there is a neurobiological underpinning to this. That the ADHD brain basically is more prone to circadian rhythm abnormalities, which is basically how sleep gets regulated in the brain. And this is true even from infancy, that they find that the sort of typical patterns that you would see when the sun goes down, people tend to get more tired and drift and eventually go into slumber and sleep. Well, for a lot of folks with ADHD, and this can persist into adulthood, there is that sort of dip, and then there's this, like, second wind that a lot of folks with ADHD. And this includes kids get where, and parents will say, oh, my gosh, it's like they're running around like a wild animal, you know, when they were just falling asleep on the couch watching TV and I'm thinking they're ready to go to bed and they're more awake than they were at 3 in the afternoon. So that's not, there's something sort of biologically around how those circadian rhythms are kind of are basically dysregulated in the

brain. We know that an ADHD brain has a deficiency or dysregulation of dopamine, which is the neurochemical implicated in reward. But basically, when we don't have enough dopamine, we're bored. Like, we're unstimulated. And interestingly, when we think of particularly hyperactive subtypes of ADHD, that part of that hyperactivity is trying to seek and get some stimulation. And with sleep, the thing we're supposed to be doing is just letting go and just surrendering, but you have to be grounded enough to just focus on falling asleep. And that is very, that's very hard. I mean, I'm 52, and that's still very hard for me to do. And, so that idea of, okay, I'm lying, I mean, the best quote I ever heard probably at one of the first ADHD conferences I presented at was, sleep for someone with ADHD is lying in a dark room waiting for nothing to happen.

Lori: I love it.

Dr. Olivardia: It's so boring. It's like, so even kids I work with, they're like, what do I do when I'm just lying there? You know, we, because we're supposed to have some latency period where you're lying in bed and then eventually for some people it's 10 minutes, for some people it's 20 minutes before they fall asleep. Well, to someone with ADHD, in that 10 minute, well, if something isn't happening, then I'm going to be thinking of everything. And so now I'm in this dark room seemingly supposed to be surrendering to sleep and this is even me as a kid, and then if there was enough time that I'm awake, I'm now thinking about the next day. I'm thinking about something I'm anxious about. I'm thinking about something I'm excited about. I'm thinking about how to solve the world problems. I mean, like, it's like it just in my imagination for a lot, as is the case with a lot of kids with ADHD is very expansive. I have a whole other world inside my head. And it was, and then you're now revved up right when your body is supposed to be kind of letting go and so that makes it difficult. And then you also have what activities a lot of kids with ADHD might be doing beforehand. And there's that balance because you want them to be sort of engaged in whatever activities they're doing at night, but with the hope of calming them. But ADHD is a bit paradoxical. Sometimes the things that calm a lot of people could rev us up and vice versa. So that chemistry just makes it like, I think of it honestly my experience, because I'm a very visual thinker, I think of it like a hot air balloon that is just always going up in the air and we have to have effort to just bring it down to the ground all the time. And an ADHD brain, especially with sleep, is that hot air balloons going up and it's almost the given that it's not going to be grounded. And the work, there is work in grounding that. And parents, you know,

I'm sure who are listening to this are like, hallelujah. Yeah, there's a lot of work in getting my kid to sleep. My mom used to say, I gave up naps, and this is again not uncommon for a lot of parents of kids with ADHD. I gave up naps far earlier than, you know, her friend, her friends who were parents of non-ADHD kids. I'm not a napper even today, like, and I saw that in my kids too. You know, my wife would be in sort of those mom groups and they're like, oh, my child is finally sleeping through the night. And my wife is like oh, my gosh. Like, that didn't happen to my kids till they were like 15, 16 months old. Like, much further out than you see with other kids.

Katie: Yeah. I remember posting something online, when my son turned one, and I had gotten this poster where it talks about, like, I have two teeth, and these are the words that I can say. And one of the little facts that I had put on there was, I've never slept through the night. And that was true for him. He was 12 months old. He was, we nursed, and he just loved. I would always joke, like, he just likes to hang out with me at night, you know? But I remember getting a lot of comments where people were like, that's crazy. You know, you need to sleep train. And it was interesting because I think it was said with love. Like, I know that my friends and family really care, but it was definitely, it felt really, like, heavy to be like, wait, my, my son is never slept. He's a year old and he's never slept the entire night through. And it kind of just, it kind of shocked me a little bit. Like, I knew a lot about sleep issues, and ADHD strongly runs in our family, so it was already on my radar, even at one. But I feel like it's just one of those things when you look at the way other parents have managed sleep. And, oh, we did this program and it only took three weeks, and it was so smooth. And I'm sitting there going, like, wait, what? Hang on a second.

Lori: Yeah. And I can speak to, Katie and I, we met because we were nanny sharing. And, you know, I'm a child psychologist and very much understand the value of sleep. And I think sleep training is a wonderful thing. And we, you know, Katie and I were very diligent about, like, helping our kids to sleep. We had, Katie had lots of tools, but it was much harder with the second kiddo, right.

Katie: Yes. With especially with my son, he just could not. He just couldn't do it, and it wasn't me. But there's a lot of feelings for parents, I think, that can come up about that.

Dr. Olivardia: Well, I think that's so important, Katie, because that's so much of the work and the message out there to parents is to let go of any shame or any judgment that they will have.

Because a lot of times parents like, what am I doing wrong? Like, how is this? And what I tell them is, no, you just, this is how your kid is wired. And we just have to have different kind of strategies, you know, tools. My mom would say that I would be up and like I remember her telling me the story that she goes, I was always looking like I was ready for a party. Like I was not colicky, I was not irritable. I was just like, I'm like, let's go. Like, you know. And so, I'm the youngest of three and she couldn't be up all night with me and then have she had a six and a five-year-old, you know, my siblings. And she asked the pediatrician, she said he is not sleeping at all. Like he's like nocturnal, like it's the opposite. And the doctor said, have your too older kids just stimulate him all day so he's not napping, not sleeping and he will fall asleep. Like it's almost like, you know, if a kid is hungry, they're gonna eat at some point. Well, she tasked my older siblings to play with me and they did and they stimulated me and I was up all day and I was up all night. Like I never went to sleep. And she was like, oh my gosh. Now granted, these are my mother's genes. You know, my mom who's no longer with us, but her energy is always around me. She was absolutely, I mean she had ADHD, without a doubt. And she grew up in Brazil and she to say, yeah, we're all electrica, like we're all electric in our family. I'm like, yeah, that's a good code word for you.

Lori: I love it.

Dr. Olivardia: We're all electric. So, I knew and knowing what I know, like I didn't expect my kids to be sleeping through. Like I went into it and you know, educating my wife about this, like, just be aware, like we're going to try these things and then, you know, what are going to be the things that we're just going to have to do that are, that are out of the box because it's gonna be, it's going to be a little bit different.

Lori: Yeah, yeah.

Katie: So, I think today we want to talk about some of the different types of struggles that can come along with sleep, right. Whether that's like early waking, but I think we're really diving in here to the, you know, the sleep onset or being able to fall asleep. So, let's start with that one. You have any strategies that you can offer to parents? Like if, as you mentioned, and I love resetting the expectations is huge and I think if I would have started there, my whole experience would have been different. But beyond that too, what would you tell a parent who has an electric child who's just really struggling?

Dr. Olivardia: Yes, I would say the thing we have to be aware of, and this is true as your child continues to grow, Dr. Russell Barkley, who is the godfather of ADHD research, we owe so much to him and that he has contributed, he says and his research empirically backs us, up that for children with ADHD, you have to think of their executive functioning sometimes as being up to a third less than their chronological age. Now, that's different than their intelligence. Your intelligence is very different than your executive functions. So, when we think about sleep, sleep requires a level of executive function. You have to stop what you're doing to then transition to sleep. You need to focus on basically falling asleep. You need to be grounded. You have to have your emotions regulated. I mean, there's a lot of executive function. So we know that that's not happening naturally internally. So, what we have to do as parents is set up the environment for what externally can tell this child okay, it's now ready, like you're readying yourself to go to sleep. So that could be things like keeping the room as dark as possible. Any amount of light could be enough, like, to be like, ooh, like for the brain to be like shiny nickel. You know that it's just like waking up.

Katie: The party's ready!

Dr. Olivardia: Yea, the party's ready. It could be, and this is where, again, it's not a one size fits all different ADHD kids are different too. I responded to this day respond well to having light music playing. So, I love Enya, like, is like Enya is my goddess. She's like my musical goddess. So, I have her song on repeat and a low volume. So, it's low enough that it's not like stimulating, but it's loud enough that I can hear it, which means I'm not focusing on the million thoughts that are in my head. I'm just focusing on Enya. And it's the same song on repeat, so it's not novelty when there's a new song and a new song. So now I'm focusing on that. So, it could be music or, you know, these sort of white noise machines. It could be sometimes even the bedding. There are some kids that sleep better with, let's say like an incline pillow, rather than like laying flat. The kind of pillow they have. The comforter. I am the kind of kid, like, even in, I mean I have AC in my house, but I have to have heaviness on me. I cannot sleep with just like a sheet on me. Now, I've tried the weighted blanket and I have to say it works really well. The problem is I'm like groggy till like one in the afternoon, so it works too well.

Katie: Almost too well.

Lori: Interesting.

Dr. Olivardia: But I have some patients, kids who that is like a lifesaver, like a 10 pound weighted blanket. To feel again that groundedness, you know, from that hot air balloon.

Lori: Like it holds them down.

Dr. Olivardia: It holds them down. Yep. And I like that feeling. I have a heavy comforter, you know, on me. So that means the room has to be super cool though, like very cold because I don't want to be overheated, you know, in there. Now having said that, there are some kids that actually do better with a nightlight, for example, because if it's too dark then they might get scared and then they're focusing on how scared they are. So, a nightlight, and I have, one child I'm working with now, he's eight and he says it's like the North Star. I just focus on the North Star and then before I know it, my eyes get heavy and I fall asleep. So cute. But the nightlight they bought is this cool, like artistic looking nightlight that he can focus on without him going kind of, you know, in a million other places. You know, sometimes it could be what you do before. So, part of that readying, and these are tips that adults use as well, is changing into your pajamas or sleeping clothes like two hours before your child, you want your child to go to bed. So again, it's the external starting to inform the internal, oh, guess what? I guess I'm ready to go to bed soon. Dimming the lights. Being aware of what activities they're doing that are grounding but not over, not revving them up. Like even as an adult, like the TV shows that I might watch before bed, I have to be very thoughtful of because it can't be like, I love Law and Order. I'm not going to watch Law and Order right before I'm going to bed because I'm thinking about the case and everything. So I have to be very, I'm not going to watch Survivor, which is my favorite show, because then I fantasize what it's going to be like to be on that show because I wanted to be on Survivor.

Lori: Side note, I interviewed for Survivor many years ago.

Katie: Oh wow!

Lori: I did.

Katie: Your career could've gone like a whole different way.

Lori: I know! There's a whole tape out there somewhere that I sent in and I got an interview. Yeah, I was like in a full body Carhartt suit and like, shoveling horse manure in my job, but I was also like a psychology student. Yeah.

Dr. Olivardia: Oh, that's awesome.

Lori: It is so embarrassing.

Dr. Olivardia: Oh, I love it, though.

Lori: Like, I can't believe those haven't burned. Anyway, that was getting really sidetracked.

Dr. Olivardia: But yeah, like what, what you do making sure like teeth are brushed and like all of these kinds of things that happen. Like for some kids, you might do the 20 minutes before they go to bed. For kids with ADHD, it might be the two hours before they go to bed to kind of. So, it's all this external data that is informing the internal brain and circadian rhythms in the body of like, oh, I guess I'm slowing down now. I guess I'm ... For some kids, it could be even writing, you know, like almost like a brain dump journal, you know, where not 15 minutes before they go to bed, but an hour before. Like, oh, how is your day? And you know, you sort of write it all out and what, what is the day going to look like tomorrow? And things like that. And that can help just kind of sort of get all of that out so that when they're in bed. Because sometimes for a lot of kids with ADHD, the first time of the day that they're still is when they're in bed, going to sleep. And now all they're processing their whole day while they're in bed. And that's not what we don't want them to do.

Lori: Yeah and I think a lot of parents think it's stalling, right. And sometimes it is stalling, but I do in my own family, it is like my kids don't want to talk about their day right after school. Like they're just decompressing. They're excited, they're playing, they're doing their things. Nighttime comes and it is the first time where my daughter is like, telling me about what has happened. Like, were things that she's now thinking about the next day. I'm worrying about these situations that I had with my friends that happened today. So, I have actually found the journaling now that she's older has been really helpful for her to kind of do a little bit of a brain dump. And we'll journal back and forth together. So, she might journal to me and then she gives it to me so she knows I can like, have that response. But we're not doing that for like a half an hour before bed.

Dr. Olivardia: Yeah. And that's so, so key because I also, for a lot of kids with ADHD, I mean, my experience, I did not like school, like, prior to college. College and on, loved it. Loved getting a PhD, but, oh, my gosh, high school. Yeah. No. Would never do that again. So, the last thing I wanted to do, the last thing I want to do is talk about school. Like, after my day of school, I'm like, I am done with that. Like, I am. I am out of here. And, like, so I didn't even think about it. I didn't want to even process it. None of that. And this goes back to, I remember even in first, second grade. I mean, unless something really cool, like if we had a field trip that day, oh, I would be great to talk about that. but I'm not going to talk about math class and how I fell asleep. Or art class where I threw clay at someone and got sent to the principal's office. Like, I was a very mischievous, impulsive kid.

Katie: I don't know. You sound fun to me.

Lori: You sound electric.

Dr. Olivardia: That's what I thought. Electric! Exactly. Yeah, I was always, I kind of knew the line. So, it's not like conduct disorder territory, but definitely mischievous. Where yeah, I'm still that person.

Katie: Keep those teachers on their toes. I like it.

Dr. Olivardia: Exactly. Well, my teachers admitted to my parents, but my parents did not tell me this until, like, I think I was in college, that they secretly found me funny like, they thought I was, because I used to tell jokes, but they would be like, you know, he's disruptive. But they were like, he's actually kind of funny. Oh, you're telling me now at 20, you could have told me that when I was younger. They're like, no, we don't want to encourage it anymore.

Katie: That's when my husband and I, like, make eye contact, and we're like, don't laugh. Don't laugh. Don't laugh. But it is so hilarious. Like, whatever they just said.

Dr. Olivardia: So hilarious. Oh, and I saw it with my kids, too. Like but, what you were saying, Lori, about the stalling is so key. Because, yes, your kid may be stalling, but understand it they may be stalling because they cannot regulate themselves to get to sleep. And that's where we shift from a oh, this is a behavioral, like, you're trying to manipulate me.

And I've heard from parents who have heard from family members or other friends saying, oh, they're pulling one over on you. Like, they're manipulating. And that bothers me, that kind of language. Because, sure, I mean, our kids can do that, but let's first start with, to me, the default should be they might have a hard time regulating. And this goes even to infancy, when a lot of times they talk like, the ferberizing your kid and the Ferber method. And again, everybody appeals to different things and it's not a one size fits all. But it would shame parents sometimes who were like, not only is this not working, but my kid is getting more and more activated to the point that they're vomiting and then they feel awful about themselves. And I'm like, no, no, you're not doing. You're doing the best that you can do. But understand this isn't good to work. And we know and of course you can't, you know, we don't diagnose ADHD in infancy, however, as was mentioned earlier, it is highly heritable. So, I can tell you, I could have diagnosed my son in the womb. I'm not kidding.

Katie: You're like, oh, he's kicking a lot there.

Dr. Olivardia: Oh, I'm not kidding. Every time we had an ultrasound, every time the radiologist like, whoa he's, like, very active. And he was like, and I know what the genes are in my family. And so, if you have ADHD as a parent, understand that it is a higher chance than not that you're going to have a child with ADHD. So, from that information, to know that one of the executive functions is emotional regulation. And we know from research that kids and adults with ADHD have a harder time soothing themselves. And this starts from day one. So, something like the Ferber method, again, I'm not saying it will never work for a kid with ADHD, but I would not use that as a frontline sort of approach, because what I've heard from many parents is they just get worse and worse and worse, and they don't stop crying, and then they're like vomit because they're just so, and then they feel terrible. So, we kind of have to do something different. One of my favorite methods, I'm a huge music lover. Big, big music fan and I used to sing to my kids. Now, when I tell you I would sing to them, it would be for like, an hour and a half. Like, concerts, I would call them. Like, I literally can make my own set list of. So, my kids grew up with, my favorite singer of all time is Sinead O'Connor, who, you know, today's St. Patrick's Day I think of Sinead, wherever she is, but her music, like, she has such range in her songs, too. But I'd sing, like, Green Day songs and the Go Gos and Ramones, I just put them in like lullaby form. But it would be an hour and a half now. People would say to me, oh my gosh, that's so long, they're going to get used to that. I'm like, well, I could do it shorter and they're just going to keep waking up and being.

And that could happen for hours or I can just commit a good hour and a half and then they'd be asleep and they'd be like, you know, grounded. And I honestly enjoyed it. Like, it was almost like a bonding, you know, experience. But even in that, this is again, the paradox is what my son, it was not like the sort of like lullaby kind of thing. If the louder I sang, the more grounded he was. Like, sounds that would maybe, you know, perturb another infant or toddler. He was the louder it was as long as it had some sort of melody to it. In the same way that some kids fall asleep better when they're on top of the washing machine. You know, you put them in the baby seat and the washing machine, like moving. They need that stimulation to almost kind of quiet that internal lack of stimulation.

Lori: Yeah, yeah, I love that. And it is just so important to, to talk about the strategies that you think should work or that work for a lot of kids don't necessarily work for an ADHDer. But we also know that sleep deprivation can really affect ADHD symptoms and make them worse. Can you explain a little bit about the lack of sleep and how that can impact focus, emotion regulation, behavior?

Dr. Olivardia: Yeah. So, sleep is again, one of the top three issues I work with, with people of all ages because we know people with ADHD are at high risk of sleep issues. And we were talking about mainly onset, but we also know that includes, more night awakenings, problems waking up in the morning, sleep paralysis episode. I was a sleepwalker, a sleep talker, sleep apnea, night terrors, which I had as a kid. I mean it's just there's so like bed wetting, which is associated with, you know, a lack of sort of those arousal centers in the brain. Kids with ADHD more likely to be bed wetters. Like, so we see it across the whole board. And at the same time, poor sleep exacerbates ADHD symptoms. So, it becomes this really vicious cycle. And this is something that, you know, really is, I wish I really understood because when I work with younger people, you know, it's almost, it's almost this weird experience of imagining myself, you know, back at that age. And even though I knew sleep is important, there was this almost sense and this was through a lot of my adult life, well, sleep is also disposable. Like, you know, for me sleep was what happened when there was no more fun to be had or nothing left to do. That's when sleep happens.

Katie: It's almost like it's a little interruption to the good parts.

Dr. Olivardia: Yeah, yeah. And productivity, it was also an interruption of productivity and creativity. And I didn't, I really did not fully appreciate how important with all the knowledge

that I had about sleep, it I don't know, it was almost like the first thing to go. And as a parent and knowing, you know, I have ADHD kids and knowing my experience, I was very, very strict about like sleep. And you know, my son's in college and he has not pulled in all night. He goes to bed, like midnight is the latest, he's gone to bed. I'm like, yes, I did my job because I pulled more all nighters than I could even count and a lot of that as a result of procrastination and you know, and all of that. But when people are not sleeping well, and this is true for everybody, but even more so for folks with ADHD, it basically just, it loosens all of those executive functions. Your ability to regulate attention is worse. Your concentration, sort of long-term sort of attentional tasks, information processing, your working memory, all of these things get further eroded. And then of course like those, when those issues start happening, that then has an effect of making it more difficult to ground yourself into the next day, which then sets you up for sleep problems that night which, so it becomes this cycle. So I always say to parents, you almost have to think of it as like, you're going to have to think of it as front loading at the beginning and it's going to be a lot of energy and a lot of work and but once that, you know, you kind of have sort of some rhythm you to it, but to know it is so important. And especially as these kids grow up in an age of social media and all these distractions that could keep them up all night, how important it is. Like I'm a pretty, you know, flexible and you know, I'd like to be like the fun-loving dad, but I was pretty strict when it came to sleep and things like social media because I know if I had that, oh my gosh, it would have been a major problem for me.

Katie: I always say that too. Yeah, Lori and I used to joke when our kids were a little, we're like, we're the weird friends that always have to leave someone's party early because we're like, our kids have to go to bed at seven and it is just keeping that as like the priority. But that is really difficult.

Lori: It's not worth it us to suffer the next day.

Katie: Yeah, like, exactly.

Dr. Olivardia: Exactly. Exactly.

Katie: It was worth the sacrifice to be like. But I think so, thinking about just to kind of summarize what you've said so far, because I feel like we've covered a lot of things, but there's still a lot more I want to ask you about so hold on a second. But I think that the big

picture for especially for kids falling asleep is to really, to make sure that you're leaning into your specific child. So, some, kids are going to need more light, less light, a little noise. And that's going to take some experimentation for parents making sure that, you know, we as adults understand the value of sleep. Do you recommend parents talk to their kids about that and do like, some education there around why you need sleep? Or, do you have any books that you recommend or those types of things? Because I think that's another piece of the triangle is like getting them to recognize how much it helps them.

Dr. Olivardia: Oh 100%. So, I say to every person, regardless of their age, when they're diagnosed with ADHD, that we're going to become our own researchers and to really have fun with it. I want kids to sort of look at is, you know what? Because I honestly, I know myself really well and it's not, being a psychologist is part of that, but honestly, it's because my own experience with ADHD, I had to think, okay, this didn't work, so can't do that anymore. This worked, I'm going to keep doing it. Okay, why did that work? I was so strategic and taking in data, because I was not diagnosed as a kid. Like, I grew up at a time where diagnosis is not what it is now. So, I knew, okay, this is going to work. Oh, this environment, these three things have to be in play for this to work. Like, it was like a big research experiment. And that could be hard and frustrating and annoying at times. But the upside is I know pretty much what's going to work for me now and what isn't going to work for me. And I tell these kids that's a power, you know, when you really know yourself well and you know what you need to do to be successful in whatever it is. So, we have to take in that data. And as parents, you're doing that for your child at the beginning, but as they get older, you can share with them, because ultimately, we want them to model that trial and error and not to, like, if you as a parent try something and it keeps your kid up all night, don't shame yourself for it. Say okay, we're going to cross that off the list. That clearly did not work. And that's going to help you as a parent, determine what it is going to work, because it can feel like...And when I was in the third grade, I had a wonderful teacher, one of the teachers that I really connected to, her name was Ms. Wade. And she asked us to write a paragraph on a fictional character we related to. And this is so diagnostic, without I mean, like, I look back and I'm like, wow. Like, and I remember all the boys wrote, like, the Hulk. And I'm like, you can't relate to the Hulk. Like, maybe you want to be the Hulk, but you can't relate to them. So, I wrote Goldilocks from The Three Bears. And this kid Craig, who sat next to me is like, Goldilocks? She's a girl. Like, why are you picking Goldilocks? And I remember writing, and it was so, I was so serious writing this because I, there was something

in me. And I said, with Goldilocks, this porridge was too hot, this was too cold, and this was just right. This bed was too hard, and that bed was too soft, and this was just right. And I drew a line on this yellow line piece of paper, and I said, it was a long line, I said, this is most people's just right. And then I drew a short line, and I said, this is my just right.

Katie: Oh my goodness.

Dr. Olivardia: When I think back to that, like, can I almost get choked up thinking about that little kid because that was my experience, and that is the experience for a lot of us with ADHD. Is that it can feel so specific, you know, in ways that sometimes parents are like, oh, like, you know, my kid has to be more flexible or more adjustable, but they're not as much as you maybe want them to be. Now, we can learn that as we get older, but with bedtime, sometimes it's that just right. It could be this and this and this and this and that condition that then ground your child. And that's what we want to do. And to your point, I don't know if any, I'm sure there are books about just the importance of sleep. I don't know any in particular, but absolutely, I tell parents all these things that we want to talk. I talked to my kids when they were very little of how sleep. I said, when we sleep, the image I used is, know, I remember in, like, Christmas specials that you see the elves making all the toys. I said, when we sleep, there is like and I said, they're not real elves, but think of it as, like, little elves in your brain. And they're shining up all the parts of our brain and they're cleaning it out and they're mopping out all the gook that's like, you know, just like when daddy vacuums and mummy vacuums the rug and all the hair and everything, that's what happens. Because I can tell you, for me, that would have been, and it's no fault my parents were wonderful, but that would have been so helpful because I looked at sleep as this sort of passive activity. Like, it's just like you said, this interruption between one day to the next. Whereas if I really internalized, like, oh, my brain is like, it's actually quite active what's happening when we're sleeping. You know, all of these sort of replenishing, rejuvenating sort of processes. So, you can say something like that. And whatever your kid finds important. So, like, my daughter is an athlete, so be like, when you get a good night's sleep, you become better on the field. You become quicker, you know. My son was super creative, and I remember had a little invention notebook when he was young and I'm like, you're going to have more ideas of inventions because you got a good sleep.

Katie: Oh, I love that.

Dr. Olivardia: So, whatever, whatever is important to them. Because honestly, if you had told me you'll be better at school, I wouldn't have cared.

Lori: Right, exactly.

Dr. Olivardia: I'm like, that means nothing to me. I'm good. But if you said you can write because I used to write songs, I'm a big music lover, like, your songwriting would be better. Oh, okay, now you've hooked me in. You know, you'll be funnier. Your joke telling will be funnier to your friends. You can, I love, I was a fast runner and I valued that. You can run faster. Oh, okay. You got me hooked in. Telling me I'm going to be better at math is not going to you know hook me in. So, you can have those kinds of conversations and I always recommend to parents, I mean, with any parents, but particularly with ADHD, the more education we have of understanding the long haul. In the same way that when I've given talks about, like, people with ADHD were at higher risk of substance abuse and addiction and addictive behaviors. And knowing that, like, I started having conversations with my kids when they were young, but about Oreo cookies, it wouldn't be about drugs and alcohol. I'm like, daddy loves his Oreos, and I have to be careful, because if I like something, I can like it too much. And that's kind of how we're wired. And I was talking about Oreos, and as they got older, it would be other stuff.

Lori: Screens.

Dr. Olivardia: Screens, exactly. And why I was strict about when they would get a phone and all that because I'm like, we could. And then there's, like, you're scaffolding this information. So, with sleep, you could put it and start that conversation. Because when they are teenagers and my kids, like, my daughter's like, dad, I mean, she shuts off her phone and she values her sleep, and she says, I wake up and there's these texts. Like, my friends are up to, like, 2, 3 in the morning in this text chain. And she's like, how do they even, like, function, like, going to school? I'm like, I know, but honestly, I would have been one of those kids, like. And I said, that's why we have to start that conversation as young as possible.

Lori: Yeah. Well, this is I mean, such helpful information. And I think those conversations, starting them earlier, just absolutely important. We know that a lot of families in our community have kids on medication, so we wanted to spend a little bit of time talking about, because we get this question all the time about how stimulant medications can impact sleep.

And then, you know, again, if you feel comfortable talking about medications or supplements to help with sleep or things that you've seen with that, we'd love to talk a little bit about that.

Dr. Olivardia: Yes. So, medications. So, obviously, we know medications could be very, very beneficial and useful. Not all children with ADHD take medication and some don't have to. I mean, if they have behavioral techniques and strategies. However, I've had many conversations with parents around concerns that they have about medication and whether someone is too young. And I think of it as how we have to sort of conceptualize ADHD. One could say, if your child has, like, a fever, is there a value of them having the fever for a long time or do we give them something to try to just bring the fever down, to regulate that? Medication is very, very helpful. And in fact, when it comes to sleep, that studies show that medication improves sleep. Well, one, the ability to go to sleep, but it also improves sleep if efficiency and quality, they sleep deeper. Now part of that is that they're grounded properly, more properly throughout the day so that they don't feel that sort of extra energy and whatnot sort of as much at night. But also, because particularly for developing brain, that stimulant and non-stimulant medication is actually changing those neural pathways. I mean there's a lot of neuroplasticity in the brain. So that is helping them with all of the same arousal centers that might make sleep difficult, it's helping sort of with all of those. Now of course medication is also trial and error that there are many different medications. The average is like I think five to six trials before someone finds one that works and then there's the dosage and then extended release, instant release. So, there is some...

Lori: It's a journey.

Dr. Olivardia: It's a journey, right. And sometimes parents like oh I, he was on this medication and he couldn't sleep at all. And I'm like well then that's not the right medication. But it doesn't mean all of them are going to, you know, work that way. And as far as supplements, it really again is, is it vary. So, melatonin is the most popular one that people hear about. And of course, I don't prescribe medication so I always make sure parents talk to their doctor. Talk to your doctor about it. Even, and I guess I would say is a, sort of the caveat is just because something is a supplement, it's not been evaluated by the FDA. So even if it's over the counter, anything you're going to put in your body, your child's body, talk to your doctor about. And with Melatonin I've seen that be very helpful for some kids and not helpful at all for others. And then there are some studies that show you should have it take it two

hours before you go to bed for some people as opposed to a lot of times it's used more as a sleep aid where people are taking it right when they go to bed and that doesn't help. But that doesn't seem to be as helpful as like almost like a sleep cycle of a 90-to-120-minute period beforehand. Magnesium has been coming up a lot in research, is a very useful supplement. So, it again varies and it's something that some people it helps tremendously, some people it doesn't. Because you know, with ADHD is, you know, you also have ADHD can also be the foundation for a lot of other issues that could come up. You know, anxiety and emotional dysregulation and things like that. So sometimes whether it's medication or supplements are also interacting with other symptoms sometimes of things. So, but those are the two that sort of tend to come up, you know, a lot. I have a parent that their child has chamomile tea in the way that adults and that seems to help now. You know, she's like, I don't is it something in the actual tea or is it just the soothing nature of sipping, the routine of it sipping hot tea? I don't know. In the same way that like I mean I didn't start drinking coffee till my son was born which tells you something. I went through grad school without drinking a cup of coffee.

Katie: Same! That's so funny. Yeah. I was working in the office where Lori and I worked together for a short time that I was 32, 33 before I ever had coffee. And then they had a Keurig and that was enough to just kind of get me hooked right in.

Dr. Olivardia: Yeah. And I, but I have to tell you, and this is true for a lot of us with ADHD, I don't get a caffeine but like I could drink a cup of coffee and be in bed a half hour later. Sometimes because caffeine is a stimulant, I think it helps me sometimes fall asleep because I'm not, I'm just focused on falling asleep now. That's not true for everyone with ADHD.

Lori: Nope, I'm opposite.

Dr. Olivardia: Yeah. Like I know. Yes. Some people were after three if they have any caffeine their sleep cycle, but I drink coffee. I do like the routine of a warm cup of coffee. I love the smell of it. I love the sensory part of it. So, there's something just calming even if the ingredient in it isn't always some, the routine of it. And that's the message also for parents of is the more routine you sort of put into the night, the more again that external starts to just inform the internal and know that these things are generalizable. That if they can be routine about sleep that's strengthening those executive functioning muscles that are going to be helpful when it comes to later on in life doing schoolwork and having a routine of how you

do that and getting stuff ready for the next day and you. All of that is the same kind of muscle.

Katie: Yeah.

Lori: And they're just like cues for our kids to start feeling like if I do this every single night, I start to smell that tea and I start to feel a little bit sleepier than before because I'm associating that with bedtime. So, it is helpful to have those like, cues.

Katie: Yeah, I wanted to ask you too, I know that we've gone longer than we had planned, but I did have one question...

Lori: This is so helpful.

Katie: I know. I feel like we could just stay on for the rest of the day if you're good with it. But I know that you mentioned actually just so eloquently a huge list of challenges around sleep, like the nighttime bed wetting, all these different kinds of things. And honestly, we probably need to do like a part two to get into of that. But I know that a huge challenge for a lot of parents is the nighttime wake ups or the early morning wake ups. And so, I'm curious if you have just a few things you could offer to our listeners, like strategies. I know my kids, again, one struggled to fall asleep and stay asleep. And then my daughter was always awake. We literally joke, we didn't have an alarm clock for like eight years because she would wake us up at 5:30 every day. And I know there's a lot of families for us, we just sort of, again, we rolled with the punches on that, but there's a lot of families that are like, this isn't working for me. We need help!

Lori: Or it's a 4:00 wake up. Or it's a wake up at one am and they're not going back to sleep until 4. So, I think those are like the things that I hear a lot in my practice. Yeah.

Dr. Olivardia: Oh, very difficult. Yeah. So as the child gets older it's then trying to help them sort of regulate that themselves. So, it could be okay if you wake up, I'm working with a child now at 8 who wakes up like 4:30 and just cannot get herself back to sleep and it is very tough for the parents. So literally we created like this toolkit of things that she can do because at that point it's just she's up like she is not going back to sleep. We've tried that. And as a result, she does go to bed earlier, you know, the next day. So, it's almost like there's just like a

little phase delay, and you see that sometimes in the opposite direction. And there's a condition called the delayed sleep phase syndrome, which of course I have, amongst all the other sleep issues. Where basically your brain is telling you like at a phase later it's time to go to sleep. Which made waking up very difficult for me in high school. Now I'm becoming more of a morning person, which is interesting. But for some people it could be just they're going to bed an unusually early time but then waking up unusually early time. So, we have a toolkit of things that she enjoys that are low cut, you know, not going to rev her up like coloring, a connect the dots book, there's light music, she has headphones that she can listen to, but it's a certain playlist so the music isn't like super activating and that she can do because at first she was like, I don't know what to do with myself and so, I'm waking up my parents because it's like, you know, and she wasn't scared. Now sometimes you have kids that are scared so having things that are comforting for them that they could sort of, you know, do. Some, one of the other things she does is she'll like write down what she wants to tell her parents once they do wake up. Like because she has these wonderful ideas. I mean she's an incredibly bright individual and so it's ways of basically. Now interestingly, in the course of her doing this, she'll end up sometimes falling asleep. So, she'll do it for like an hour and then she'll like fall asleep and then wake up, you know, she'll sleep for like two hours, wake up at like 7:30. Because she's almost like grounded enough and because she's not thinking about, you know, what am I going to do? It's like here it all is sometimes, you know, then that happens and other times it doesn't. Other times she, you know, the parents, by the time the parents wake up, she's colored, you know, five pictures and connect the dots, you know.

Katie: Wrote down some ideas. I love it.

Dr. Olivardia: Wrote down sort of all the games she wants to play that day and what she's looking forward to. But it did require them to talk to the teachers about because if she's waking up at like 4:30-5:00 in the morning, midday, she was very tired and very sleepy at school. So, they put that in her 504 plan to just have like a 20 minute go to the nurse's office for 20 minutes just to sort of like almost like nap. Although she wouldn't like fall asleep but it would be helpful. So that's part of it too is as parents we're advocating for our child and how we know them to be and you'll hear from sometimes outside sources saying, oh, you're over accommodating this and over accommodating that. And the truth is like, I mean it sounds almost like a little sarcastic, but it's like, well why don't you can be more than likely to stay the night over and see what you would do. Or the co sleeping is another thing I just want to

say for parents not to feel shame if you were like, I don't, I need to sleep as the parent. So, if I have to bring the kid in bed with me, whatever. And of course, every expert will say, oh, don't do that, they'll get used to that. And you know, as I remember an ADHD expert said, yeah, no 18-year-old is going to be sharing the bed with you. Like they'll eventually, you know, not. As a parent, it's like the good old motto of the oxygen mask on you first. Like you have to do also what's going to be helpful for you and we can work around that, you know, in that way. Because I have so many parents that are like, oh my gosh, I brought them in last night and they just laid, but I needed to sleep because I have to get up for work. I'm like, stop beating yourself up and we're just going to work on that.

Lori: A lot of times they don't even know. Like you're asleep at night and your kid, kid goes into bed. You don't even know what, what's happening. So, it's like you can't even stop it if you want to.

Dr. Olivardia: Oh yeah, no. Even as a young kid, and I shared a room with my brother, but I would wake up some, I mean I would have night terrors as a kid too, and so I would go downstairs and my parents and I would just lie on the floor by the foot of their bed. They never even heard me come in. I was like startle them when they wake up.

Katie: Yeah, like please don't step on me.

Dr. Olivardia: And I was like out like a zombie. You know, and that was the only thing that I felt safe, you know, waking up from that.

Lori: Yeah. And you had talked a little bit about and I just was talking to a parent like last week about their teenager with kind of the wanting to sleep in in the morning. Like they have multiple alarm clocks. And I lived through this with my brother where he would have 10 alarm clocks going off for two hours in the morning and could not wake himself up. What he what strategies would you recommend in those types of situations?

Dr. Olivardia: Yeah, so the waking up, that could be one of them. But to know that alarm clocks, like a typical beep, beep, beep, like, you know, that gets incorporated in my dream when I hear that. So, I wake up with music as my alarm. So, you can and especially now with, like, if people use their phone, it has to be, it can't be a consistent rhythmic sound that most alarm clocks are because that just gets incorporated or I don't know. Now if it's

something that is almost like a little cacophonous and then we're like, more likely to kind of wake up. And it has to be an alarm that forces them to get out of bed, to shut off. It can't be within arm's length.

Lori: Yes.

Dr. Olivardia: Because they don't even remember, and they mean it, like, they don't even remember shutting it off. Like, it just, you know, so if you get up now, it doesn't prevent them from going back into bed sometimes. So, then there are techniques where they have to rip off the sheets as they get off so that it doesn't make it comfortable to get back in the bed, you're like, oh wait.

Katie: No more cozy for you.

Dr. Olivardia: No more cozy. I mean, the creativity, and this is, again, goes back to when you can lean into almost the fun of the creativity of it. I had, I recommended to a parent, I said, you know, why don't you, if you put a bowl of ice the night before, and so by the morning, the ice is melted. So, and I would say, you know, to the kid, you know, if you just wet your hands because, you know, he doesn't want to go back into bed, like, with wet hands, but it's cold, and that would, like, energize. Like, it would, like, wake him up sort of, you know, a little bit. So it could be, you know, something like that. It could be, you know, there were these sun lamps, these lights that gradually get brighter and brighter that simulate the sun. That could work, you know, for some people. I've had people who have programmable fans that literally go on high settings and like, blow like wind. It sounds so funny to probably people, but this is honestly, to me the blueprint of living life with ADHD. Is that I, this could be, you know, I'd love to do a part two that. I mean, I did so many bizarre things for so many things, you know, of getting me to study, of doing this and doing that, and they worked. And it's like, whatever, as long as it doesn't hurt me and hurt anyone else. And that's the mentality parents have to be in is like it's going to be odd. There are alarm clocks where there's one of like a baseball alarm clock that you have to throw it against the wall to shut off.

Katie: My eight-year-old would love that.

Dr. Olivardia: Yeah. And if you have a safe place like they, the parents actually said, like they, you know, put, there's this like wall where it's not gonna like bust the wall or whatever,

but the energy to do that, you're waking up that frontal lobe of the brain. There's an alarm clock that these parents showed me where it makes this annoying sound and it's like this small puzzle that you have to put together to stop the sound of it. And that gets you out of bed and it gets your mind just engaged because that's all it needs. It's like, it's almost like having the mind open up and sort of engage because it's, yeah, that to go from that horizontal position to a vertical position for many people with ADHD, is huge transition as it is going from the vertical to the horizontal at the end of the day is a huge transition.

Katie: It's not fair, right. Like it's hard to fall asleep and then it's hard to wake up. That's just, it really feels like you're, you know, kind of, it's a huge effort on both sides.

Dr. Olivardia: Oh, totally. I mean I honestly would say, I mean and I would have said this up until five years ago in my life that it was, it felt like a part time job for me to get to sleep. Like it really, it takes a lot of energy and I would just kind of go through it and, and even now like I'm much better at it. But there is a part of me that's like, okay, let's hurry this thing up and get to the next day. Like there's a piece around it like that I don't think that will ever go away, but my habits are better than they used to be and that's what counts.

Katie: I love that kind of at the heart of everything you've shared is just the creative ADHD brains and how that outside of the box thinking like as parents and if we can teach our kids to do that or kind of just they're going to do it. So, if we can encourage them as they're doing it to come up with those strategies. I think that if we had like a summary statement of today, it's really like figure out what works specifically for you. And I think that's really, a really beautiful sentiment for parents because I know when there's challenges around sleep, it's just really draining and really exhausting. So, we're just incredibly grateful for your expertise and everything that you've shared. I know that some of our listeners are going to want to learn more from you. Is there a way that they can connect with you or continue to learn about your work and your resources?

Dr. Olivardia: So, I actually don't have any social media presence myself or a website. But if people have any questions, I can email me Roberto_olivardia@hms.harvard.edu. If people want to hear of work, so as was mentioned, I'm on the Scientific Advisory Board for ADDitude. And if you go on their website and type my name in the search, there's lots of podcasts, webinars, articles and free content, for parents. Understood.org is another wonderful organization that I've done a lot of podcasts and content for. Again, free, great

solid information for parents, another great organization. And if you type my name in YouTube, again, different lectures that I've done of, not just sleep, but a lot of, lot of other things ADHD related.

Katie: Yeah, we found you because of your episode with Understood, all about puberty and hygiene.

Lori: And it was so good.

Katie: We loved it so much. And we're like, okay, we're getting him on the podcast. Yeah, well, we'll make sure to link that and put that email address in the show notes. But again, thank you so much for being here.

Dr. Olivardia: Oh, my pleasure.

Katie: It has been amazing.

Dr. Olivardia: My pleasure.

Katie: Thanks for listening to Shining with ADHD by your hosts, Lori, Katie, and Mallory of The Childhood Collective.

Mallory: If you enjoyed this episode, please leave us a review and hit subscribe so you can be the first to know when a new episode airs.

Lori: If you are looking for links and resources mentioned in this episode, you can always find those in the show notes. See you next time!