The Walking Dead

We all know that sleep is important, don't we?

Not really.

Most of us have terrible sleep hygiene, like sleeping a few hours per night during the week and "catching up" on the weekend. We also spend time on screens at night. We are an awful example to our children. We have somehow become confused by messages from the modern twenty-four-hour world and think that those who sleep less get more done and are therefore to be revered. We may think that sleep is for the weak. Is sleep that important?

Nothing serious can happen if we are a little sleep-deprived, right?

Wrong!

Dr. Matthew Walker invites all his audiences to doze off during his lectures. He sees this as the ultimate compliment because he knows that sleep is so vital to every area of our health; he would rather we get a good solid nap than keep our tired selves awake to hear what he has to say. In his international best-selling book, Why We Sleep, The New Science of Sleep and Dreams (Penguin Books, 2017), Walker lets us know that there is no more valuable protective and restorative system in our body than sleep. He then scares us directly into bed on time by letting us know what will happen if we push our bodies and brains too hard without stopping to recharge.

In this chapter we will discuss sleep and its vital link to ADHD symptoms. Not all children with ADHD symptoms suffer from poor sleep, and not all children with sleep disturbances develop ADHD symptoms. As you read this chapter it will become clear if a possible cause of your child's symptoms is his lack of sleep. Continue reading to discover if your child is getting the sleep she needs, and if not, how to assist her in restoring restful and sufficient sleep.

First, we will examine the risk factors that lead to sleep deprivation and ADHD symptoms. We will then analyze what causes children and adults to get too little sleep, and finally, we will discuss what we can do to repair sleep and dramatically reduce or eliminate ADHD symptoms. Walker will be our guide. He is much more generous than I am. I would rather you remain awake throughout the entire chapter and climb into your cozy bed right after we have devised a plan together to guarantee you and your child more restful sleep.

What does sleep guru Matthew Walker have to tell us about the link between sleep and ADHD?

> A . . . reason for making sleep a top priority in the education and lives of our children concerns the link between sleep deficiency and ADHD. Children with this diagnosis are irritable, moodier, more distractible and unfocused in learning during the day, and have significantly increased prevalence of depression and suicidal ideation. If you make a composite of these symptoms and then strip away the

label of ADHD, these symptoms are nearly identical to those caused by lack of sleep. Take an under slept child to a doctor and describe these symptoms without mentioning the lack of sleep, which is not uncommon, and what would you imagine the doctor is diagnosing the child with, and medicating them for? Not deficient sleep, but ADHD. (Walker 2017, 314).

There is more irony here than meets the eye. Most people know the name of the common ADHD medications: Adderall and Ritalin. But few know what these drugs actually are . . . Amphetamine (Adderall) and methylphenidate (Ritalin) are two of the most powerful drugs we know to prevent sleep and keep the brain . . . wide awake. That is the very last thing that such a child needs. (Walker 2017, 315).

I am in no way contesting the disorder ADHD, and not every child with ADHD has poor sleep. But we know that there are children, many children, perhaps, who are sleep-deprived or are suffering from an undiagnosed sleep disorder that masquerades as ADHD. They are being dosed for years of their critical development with amphetamine-based drugs. (Walker 2017, 315)

Based on recent surveys and clinical evaluations, we estimate that more than 50 percent of all children with an ADHD diagnosis actually have a sleep disorder, yet a small fraction know of their sleep condition and its ramifications. (Walker 2017, 316; bold added).

Signs of Sleep Complications in Children, provided by WebMD:

- Snoring
- Breathing pauses during sleep
- Difficulty falling asleep
- Problems with sleeping through the night
- Difficulty staying awake during the day
- Unexplained decrease in daytime performance
- Unusual events during sleep such as sleepwalking or nightmares.

These are not simply irritating behaviors of childhood that children will grow out of as they get older. These signs are also not just “psychological” or “manipulative” issues coming from the child who is suffering from FOMO (fear of missing out) and wants to stay up a little later. Children naturally crave sleep, so if this process is being stolen, we should not blame the child for her struggles. She would sleep if she could. These symptoms are an indication that your child has an undiagnosed medical problem that must be addressed immediately.

What happens when poor sleep persists for a length of time, untreated? Let’s answer this question by first looking at why we need sleep so much. Walker will make it abundantly clear why sleep is too important to skip.

Why do we need sleep?

All the areas of our brain are restored during sleep, and we need every stage of sleep to accomplish this task. We have three stages of sleep: light non-REM (rapid eye movement) sleep, followed by REM sleep,

which is understood as the time we dream, and finally, a deeper non-REM sleep. These three stages repeat themselves throughout the night. As our brain cycles through these stages, old memories clear (the brain takes out the garbage), thoughts are organized, and new memories are solidified. We require each stage of sleep to achieve the restorative needs of different functions in our brain. Our brain needs many hours to accomplish all of these important tasks. In other words, we need a full-length, complete night's sleep to keep our brain functioning optimally.

Our memory is particularly affected by sleep. When we sleep, we solidify and store memories we want to keep and clear out memories we no longer need. There is a mad reorganization and filing of experiences process going on throughout the night. We don't want to disrupt this process by sleeping too few hours. A mess in the brain has dire consequences.

Let's understand the sleep brain-organizing process this way. Imagine if we hired a company that provided a memory storing and clearing service every night. The nightly work requires eight hours, so we are paying for the organizers to stick around and work hard for the full length of time. The organizers have a lot of work to do, filing new experiences, cleaning up and discarding old useless information, and connecting new experiences to the memory web that already exists in our brain. Instead of allowing the brain organizing team to do what they do best, unhindered, for the full eight hours, though, we decide we don't need all the help, and kick them out after five and a half or six hours. Think of the pile-up mess accumulated day after day, the chaos that ensues after even two consecutive short nights of sleep. We get confused, don't remember valuable information, still have the clutter of old telephone numbers and details about people we have not interacted with in years, and hang on to painful memories which our cleanup crew should have taken out with the memory trash last night.

Sleep also strengthens our muscle memory, meaning the learning we do that involves motion. Examples of this are learning to ride a bike or play a piano piece. If a child learns a new physical skill during the day, after a good night's sleep, he will be able to perform that physical/brain activity with more ease than if he is sleep deprived. These memories are solidified in the last two hours of an eight-hour sleep. Waking too early and cutting out the final hours of sleep deprives us of honing our physical skills.

This memory- and brain-organizing mechanism is just the tip of the iceberg when it comes to keeping us healthy and well. Read on. When we understand what happens to the sleep-deprived, we will fully understand how vital quality sleep is to our health, success, and longevity.

What happens when we don't sleep?

1. Our ability to focus is diminished. Lack of sleep slows our reaction time (while driving, studying, or attempting to follow a complex lesson in class). Our focus begins to lag even after one shorter night's sleep. Scientists have found that even sleeping a mere six hours a night for a few consecutive nights brings people to a state of fatigue and lack of focus and concentration on critical tasks, including life or-death ones like driving or operating heavy machinery. Many of us who are used to getting shorter nights of sleep and have already adjusted to the constant low level of fatigue will no longer feel tired and therefore blame our lack of focus on other factors like "our ADHD" or aging. We are, in a certain way, permanently drunk, but always feel fit to drive. In a frightening study, people who were drunk and people who were sleep-deprived performed similarly poorly on driving tests. The sleep-deprived group had been awake for at least nineteen hours but had consumed no alcohol (Tefft 2016).

2. We become emotionally irritable. When a person who is sleep-deprived experiences an emotionally loaded situation, the emotional area of the brain, called the amygdala, which is linked to strong emotion and fight or flight, becomes veryamplified. The emotional region becomes 60 percent more active in people who missed a night of sleep. Those who get a full, satisfying night's sleep have a more measured emotional response to provocation (Beattie et al. 2015).

3. Lack of sleep is linked to aggression, bullying, and behavior problems in childhood (Kubiszewski et al. 2014). Tired people tend to have less patience and judgment and therefore process social interactions more aggressively.

4. Sleep-deprived people are hypersensitive to pleasure experiences, which obviously looks like impulsivity to us. When a person does not sleep, he swings from a highly aggressive angry state to a happy, pleasure-seeking state. This experience can lead to risk-taking, sensation-seeking, and addiction (Walker 2017, 149).

5. Lack of sleep can trigger psychiatric symptoms. Psychiatry has long been aware of the coincidence between sleep disturbance and mental illness. However, the prevailing view in psychiatry has been that mental disorders cause sleep disruption—a one-way street of influence. Instead, we have demonstrated that otherwise healthy people can experience a neurological pattern of brain activity similar to that observed in many of these psychiatric conditions simply by having their sleep disrupted or blocked. Indeed, many of the brain regions commonly impacted by psychiatric mood disorders are in the same regions that are involved in sleep regulation and impacted by sleep loss (Walker 2017, 149).

6. Sleep deprivation shuts down our ability to retain information. Whatever we try to learn when we are tired cannot be retained. Kids often stay up into the night to study for tests, but this is always counterproductive as they can't store the information or recall it the next day. Even if a student can hang on to some facts to spit out during the test that morning, the information will be forgotten soon after.

7. Dr. Robert Stickgold of Harvard Medical School found that if students do not sleep a full night's sleep after learning new information or studying for a test, even if they get a few full nights of sleep following the all-nighter, they still will not recall the information they studied. Memory storage does not heal following catch-up nights of sleep (Wamsley and Stickgold 2011).

8. When we sleep shorter nights, we live shorter lives. A large study indicated that those who slept less than six hours a night were 400–500 percent more likely to suffer a heart attack (Mazzotti et al. 2014).

9. Lack of sleep affects the sympathetic nervous system, putting the sleep-deprived person into a state of fight or flight (like the effect of screen time, especially video gaming). Cortisol is released, constricting already stressed blood vessels, leaving the tired person stressed and anxious.

10. Less sleep, fatter body. We eat more when we are sleep deprived, and our tired body cannot process the extra calories effectively. When we haven't gotten a full night's sleep, we get hungrier due to a shift in the hormones leptin and ghrelin, which control feelings of hunger and satiety. We also pack in an average of three hundred more calories per day when we have slept less than a full night.

11. Men who don't sleep enough suffer from a drop in testosterone and have the level of testosterone of men fifteen years their seniors.

12. Women also pay a price, with more fertility challenges when they sleep less than six hours per night.

13. When we sleep less, we get sick more often. Sleep boosts our immune system. Those who get five hours or less of sleepper night are therefore more prone to getting ill. In addition, while we sleep, we have natural immunity-promoting cells that target and destroy precancerous cells developing in our body. When we don't sleep a full night, we block the power of our cancer-fighting cells, thereby preventing them from protecting us from this devastating disease.

14. Sleep is the ultimate therapist. While we sleep and dream, we absorb and reduce the impact of stressful events that accrued during the day. Those who do not sleep enough and therefore don't experience dream-inducing REM sleep are more anxious. Dreams also help us make sense of the experiences of the previous day and help us connect our new experiences to our memory grid.

Insomnia:

Many people claim they have insomnia. Walker explains that insomnia describes either difficulty in falling asleep, staying asleep in the middle of the night, or remaining asleep for the duration of the night but waking up too early. This lack of sleep must cause significant impairment; a person must have this sleep distress at least three days a week for over three months. The doctor must also check for other medical causes for this lack of sleep before diagnosing insomnia.

About one in nine people suffer with insomnia. Often it is caused by emotional concerns or worries, anxiety, or stress. We have such busy, multitasking days, we have no time to process before we climb into bed at night, and then all the stress, anxiety, and worry collapse upon us like a ton of bricks. We are so overly accomplishment driven; our minds race as we think about what we did not check off our lists or how we have failed to achieve a specific goal today.

Remember the sympathetic nervous system that puts a person in fight or flight and is easily triggered by video games and lack of sleep? This same system is affected by high stress, which then prevents quality sleep. Fight or flight raises our core body temperature, and our body needs a drop in temperature to initiate sound sleep. In addition, excess cortisol production raises our heart rate, while our heart rate must drop to allow us to drift into dreamland.

Those who suffer from chronic lifestyle stress or posttraumatic stress have brains that follow an unnatural pattern when trying to get to sleep. A healthy brain will tone down the amygdala (emotional area) and the hippocampus (memory retention area) so that the body can initiate sleep. These two areas remain active in people who suffer from insomnia. The thalamus, the sensory area of the brain, which normally shuts down completely for healthy sleep, remains fully active in the insomnia patient, ready to defend and protect. People with insomnia are always on alert, worried, and stressed.

Adding to this dismal picture of sleeplessness, an insomniac also does not achieve deep sleep even after finally successfully falling asleep. This leaves the person unrested, irritable, and even more stressed.

• The bedroom is too bright: We need complete darkness in our bedroom to get quality restorative sleep. Often children resist the darkness and want some light in their room when they sleep.

• The bedroom is also too hot: In order to fall asleep effectively, our body must cool two degrees Fahrenheit or one degree Celsius. Melatonin is stimulated by both the setting sun and the drop in our body temperature.

Consumption of alcohol: Here's hoping that your small children are not drinking at all, and certainly not in the evening, but you and your teens probably are. Read this warning carefully, because our children pay attention to what we do and copy our poor habits: "Alcohol sedates you out of wakefulness, but it does not induce natural sleep" (Walker 2015, 271). Alcohol fragments sleep, inducing awake periods throughout the night. Because of the anesthetic nature of alcohol, the drinker is not aware of waking during the night, but restorative sleep will elude him. Also, alcohol suppresses restful REM dream sleep.

It's fun to dream, but it's also essential. When dreams are prevented from taking place, there is a backup of pressure to dream. This can cause delirious daytime dreaming, experienced as hallucinations and other dangerous behaviors. Both daily alcohol consumption in the late afternoon or evening, and extreme sleep deprivation cause catastrophic results. This condition is called delirium tremens. Remember that REM sleep helps us solidify new and complex information into our memory. Even one night of drinking can wreak havoc on our memory storage from that day's learning.

Solutions to external, environmentally caused sleep problems

The NIH has provided exhaustive recommendations for maintaining good sleep hygiene. Here is an edited to-do list for us to help our children with ADHD symptoms get the sleep they need:

• Stick to a sleep schedule: Go to bed and wake up at the same time each day—even on the weekends. This may be difficult for children who like to sleep in on the weekends. We don't have to be rigid, but we should ensure that our children get enough total hours of sleep on the weekend.

• Exercise every day, but not too close to bedtime. Allow your child about two hours to cool down from his sports activity before he climbs into bed.

• Avoid caffeinated drinks, especially after twelve in the afternoon.

• Avoid feeding your child large meals and beverages late at night: A large meal can cause indigestion that interferes with sleep. Drinking too many fluids at night can cause the child to wake frequently to urinate.

Avoid medicines that delay or disrupt sleep, if possible: Some commonly prescribed heart, blood pressure, or asthma medications (and stimulant medication for ADHD), as well as some over-the-counter and herbal remedies for coughs, colds, or allergies, can disrupt sleep patterns.

• Don't let your child doze off after 3 p.m.: Naps can boost brain power, but late-afternoon naps will make it harder to fall asleep at night.

• Relax as a family before bed: Take time to unwind. A relaxing activity, such as reading or listening to music, should be part of your bedtime ritual.

• Give your child a hot bath before bed: The drop in body temperature after the bath may help him feel sleepy, and the bath can help him relax. Adding a few handfuls of Epsom salts to the warm bathwater makes for a truly relaxing experience.

• Create a good sleeping environment: Get rid of anything in your kid's bedroom that might distract her from sleep, such as noises, bright lights, an uncomfortable bed, or a TV or computer in the bedroom.

• Keeping the temperature in the bedroom on the cool side can help your child sleep better: A bedroom temperature of sixty-five degrees Fahrenheit or 18.3 degrees Celsius is an ideal temperature for initiation of sleep. Most people overheat bedrooms, especially for their children. Taking a hot bath or warming hands and feet before bed allows heat to move away from our core, thereby cooling the core for a good solid sleep.

• Have the right sunlight exposure: Daylight is key to regulating daily sleep patterns. Try to ensure your child is outside in natural sunlight for at least thirty minutes each day.

Dr. Walker adds one more "don't" to the list: don't take a sleeping pill, including "natural" melatonin! Why? Sleeping pills, much like alcohol, sedate us but do not put us into a deeply restorative sleep. Most classes of sleeping pills are addictive, thereby causing even worse sleep problems when the person stops taking them, even for one night. When a person skips a night, thinking she can wean herself from the strong sleeping pills, her addicted body needs the medication, and this poor tired person will have a terrible night's sleep, or even no sleep at all. She immediately assumes that she must use pills in order to sleep and runs right back to them for help. In reality, it was her addiction to the pills that disturbed her sleep. Once she begins taking her evening pill again, she will feel drowsy in the morning, drink more coffee to keep going, and the vicious cycle never ends.

What about melatonin?

Doctors often prescribe melatonin to children who are struggling to initiate sleep due to taking Ritalin or other stimulant medications. Is this a good idea? Dr. Walker suggests that studies on melatonin use are not encouraging. At best the child falls asleep a few minutes faster, and most of the effect is placebo. In addition, because supplement manufacturing is not well regulated in the United States, it is unclear that there is a correlation between the dose stated on the label and how much you are really getting. Is melatonin safe for children to take daily for a long period of time?

WebMD weighs in:

> Melatonin is POSSIBLY SAFE when taken by mouth, short-term. Melatonin is usually well tolerated when taken in doses up to 3 mg per day in children and 5 mg per day in adolescents. There is some concern that melatonin might interfere with development during adolescence. While this still needs to be confirmed, melatonin should be reserved for children with a medical need. There isn't enough evidence to know if melatonin is safe in children when taken by mouth, long-term.

The following are two examples of external/environmentally caused sleep problems. We are all vulnerable to developing these sleep problems. But they are simple to repair if we are paying attention and identify the problem.

A few weeks after the birth of my third child, I was getting probably four hours of sleep a night, on a good night. One day, an acquaintance (who I thought liked me) sprang a most challenging question on

me, probably knowing that there was no way for me to answer correctly. She asked what my husband's name was. How was I expected to know this information? I knew I had a husband; wasn't that sufficient? For a moment, I froze, but after a pregnant pause, I came up with a halting yet correct answer. Phew! I had not suddenly developed amnesia or dementia.

My lack of sleep for so many consecutive nights had literally stolen my memory capacity from me. I like to call this "mommy brain," and I assure all young mothers that their brain will eventually return. But this is not a sustainable situation. We must be sharp and alert so we can raise our kids. All you moms and dads, take care of yourselves! Turn the phones off in the evening, take a bath, read a book, and set an example by getting to bed on time.

One young client I met was so tired every day that her parents felt bad sending her to school. When this eighth grader did get on the school bus and enter the school building, she rarely made it to class. She dozed off on a bench outside her classroom. When schoolmates tried to wake her, she snapped at them or became irrationally furious. Her friends began to distance themselves from her because she was not fun to hang out with. Her schoolbag became a total wreck; she was no longer a functioning student. I suggested the parents take their child to the doctor to evaluate if the girl had a sleep disorder.

The doctor was much sharper than me. He sent the parents' home to check if their child had a secret device she was interacting with well into the night. Sure enough, this clever kid had found an old laptop and gotten it up and running again. In the span of a few weeks, from watching movies late into the night and then being unable to fall asleep, this child had managed to alienate her friends and put her grades into freefall. Lack of sleep is just that powerful. Her parents did another sweep for screens and got her back on track with a bedtime routine and good sleep hygiene. The girl's friends were kind enough to forgive her as her well-slept personality came back. But it took some time.

In addition to environmentally caused sleep problems, there are children and their parents who are struggling with an internal sleep problem, either medical or psychological. We must address sleep apnea and insomnia. Treating internal, non-environmentally induced sleep problems

How can an insomnia sufferer get some good sleep without the use of dangerous drugs?

Scientists understand insomnia to be a high-stress condition. This condition can either be imposed on a person who is affected by the high demands and expectations of this multitasking world or triggered by abuse or neglect from the past or present. It can affect a person at any age. Therefore, the best treatment option would be an intense and nurturing psychological intervention. Medication was thought to be the first line of treatment for insomnia until 2016, when cognitive behavior therapy for insomnia (CBT-I) was found by the American College of Physicians to be much more effective and longer-lasting than drugs. While the drugs clock a person over the head and force unrestful sleep on a sufferer with a real medical problem, CBT-I helps the person make real emotional and lifestyle changes and reclaim the restorative sleep she deserves.

How does CBT-I work?

There are two tracks to CBT-I. The first involves adjusting the physical environment and creating positive sleep habits. The second track is a therapeutic treatment for the emotional stress which is causing the lack of sleep to begin with.

The following are the steps taken to adjust the physical environment and create good sleep habits.

1. Choose a specific daily bedtime (even on the weekends).

2. Adjust the temperature in the bedroom.

3. Take a warm bath before bed.

4. Encourage moderate exercise daily, but not too close to bedtime.

5. Eliminate coffee and other caffeinated drinks, alcohol, and heavy pre-bed meals.

6. Make sure there is adequate daily sun exposure.

7. Eliminate naps.

8. Screen exposure is forbidden for at least two hours before bed.

9. All LED lights must be removed from the bedroom.

10. Remove clocks from the bedroom, so there is no clock watching during the night.

11. If a person tosses and turns and simply cannot fall asleep, he is instructed to get out of bed and do something quiet and calming until he feels sleepy, and then return to bed.

12. Hours in bed are reduced at the beginning of the intervention program to only six, to allow for sleep pressure to build up and force the client into a natural sleep. As sleep is initiated more often, hours in bed are expanded to a full healthy eight hours of sound rest.

In parallel, client and therapist begin to unravel the emotional stress and anxiety that are preventing restful sleep. This may be a heart wrenching process, but when the emotional pain is validated and resolved, the person will no longer feel constantly vulnerable and be in a state of high stress at bedtime. Once she feels safe and understood, she can sleep more soundly. It's important to understand that the emotional stress is not simply in the insomniac's head. He has a genuine medical concern, and he can't just "get over it!" With proper care, the systems in our bodies that do not allow us to sleep due to stress and trauma will respond to treatment and allow for healing. We must have deep sympathy for a person who suffers from sleep issues and never blame the victim.

Do kids suffer from insomnia? If so, how can we help them overcome their stress and get the sleep they need to thrive?

Kendra was a feisty, friendly, and super-social sixteen-year-old. She seemed to have life totally figured out, but she was "just holding it together," in her words. What was going on? She climbed into bed every night at a reasonable hour, read a little, spoke to a few friends (actual talking, not texting or WhatsApping), and then she would try to get some shut-eye. Sleep didn't come until about three in the morning on most nights. Life started becoming unbearable. She could not function in school; she was fighting with everyone at home; and she even caused a totally avoidable car accident. After checking in with the doctor to see if she had sleep apnea, which she did not, Kendra and I began talking. She was reluctant at first to discuss the verbal and emotional abuse she was suffering at home. She did not think it had anything to do with her sleep. We decided to stay the course, to unravel the daily trauma she was encountering and make some changes to her sleep routine. As she began to take more emotional control

of her life and develop self-protective mechanisms, sleep came easier. She also learned to take a bath every night, get out of bed if she could not fall asleep right away, and listen to music for a little while. She was then able to get back into bed with better results.

Children most certainly can suffer from insomnia, as Kendra did. Kids may be carrying too much stress on their little shoulders. They may also have sleepless nights if they take stimulant medication, drink caffeine in coffee or soda, or if they drink alcohol, smoke, or spend late-evening hours on screens, especially if they are playing video games.

We can help our child eliminate screens before bed and adjust physical barriers to falling asleep. The emotional stress requires sensitivity and attention. Our children get into bed at night carrying all the stresses of that day. Has she been bullied? Yelled at by a teacher? Humiliated? Had trouble finding a friend to play with at recess? Did he understand all his lessons, or did he fall behind today? Was he self-conscious? Did she not have the right clothing to match the "cool" kids? That's a lot for our little ones to carry alone.

What can we do to help?

Let's begin by creating a calm pre-bedtime environment. We must put our phones down and be available for any thoughts or feelings our child may want to express in the evening. Parenting is not a quality endeavor; it is all about the quantity. You see, our children are not robots; we cannot simply expect them to open their hearts and share in the half-hour timeslot we have allotted to them this evening. Before they agree to open their mouths, they need time and patience, and the feeling that if they do speak, they will be heard and respected.

Emotional "intervention" begins around dinnertime. Just chatting and sharing what happened in your respective days might allow for some sharing and reduction of stress. But sometimes that doesn't happen, and a child remains bottled up. Keep at it! After a warm bath with Epsom salts, your child may be ready to unload. Be ready to listen. Reading a bedtime story to your child and talking a little about the characters in the book may be a fantastic segue into a sharing conversation.

My children often have a long lecture to give right at lights out. We do want to listen for a few minutes, but it really is time for bed! For such situations, get a journal for your child. Take a few minutes to write down with him some of the topics he would like to discuss with you tomorrow. Jot down a few sentences, and then reassure him that all these topics are very important, and you will discuss all of them with him the next morning. Once his memories and experiences are recorded, your sweet child can drift off to sleep.

Are stimulant medications causing the sleep disturbances?

What do recent studies tell us about sleep and stimulant medication? Katherine M. Kidwell and her team analyzed all studies related to this important topic and reported her findings in the journal Pediatrics. They concluded that, Stimulant medication led to longer sleep latency, worse sleep efficiency, and shorter sleep duration. Overall, youth had worse sleep on stimulant medications. It is recommended that pediatricians carefully monitor sleep problems and adjust treatment to promote optimal sleep. (Kidwell et al. 2015) Drugs such as Ritalin and Concerta list sleep problems as one of the potential side effects of taking the medication. Maybe we should start believing what they say about themselves instead of what "professionals" say about them? When we consider that we are

administering these drugs to help children concentrate and behave better, shaving off hours of their precious sleep can be counterproductive. If our healthy children are struggling to fall asleep at night (after having a hearty meal well after dinnertime because their appetite was finally restored), we may want to reconsider our treatment of choice so that we don't inadvertently exacerbate the already challenging symptoms.

Does an instant gratification personality inhibit sound quality sleep?

Let's take a look at our Instant Gratification kid. He's not great at time management. He sets out to get a list of chores done, but one chore is more interesting or compelling than the rest. This chore draws him in, and before he knows it, four hours have passed; he has emptied the entire cabinet and still has to restock it. It's one o'clock in the morning! He just went with instant gratification and got a very short night of sleep. She may be watching a movie and promises herself she will shut the computer down by nine o'clock, and not one minute later. And then . . . uh-oh! She spots another great movie on Netflix and just wants to watch the first few minutes. We all know how this story ends, don't we? Yes, our Instant Gratification, ADHD-symptom child will struggle to keep a schedule until we help her develop time-management habits. She will struggle even more with getting to sleep because the alternative activities are much more interesting.

In addition, often these little guys have been so active all day that they have not yet had time to process the events of the day. They experience everything in a very strong emotional way, so it all piles up. When they get into bed, all the experiences and emotions race to the surface at once, leaving them exhausted yet in a highly alert and stressed state.

We have four important tools to help our Instant Gratification child get quality sleep.

1. Make a sleep chart

2. Rein in evening screen time.

3. Create a calming evening routine

4. Initiate bedside conversations.

We must first tackle the lack of good sleep habits with a behavior chart. This may be the most important habit you help your child develop, as it will keep him healthy and sharp for the rest of his life. Therefore, it should be the first habit you help your child develop. Remember, you may only run one habit-formation chart in your home at a time, so choose wisely. If a child continually gets out of bed to visit or get a drink, add a point to the chart for staying in bed from lights out until the morning, making sure he has gone to the bathroom before bed.

Here is an example of an evening sleep chart:

All screens off 6:30 (including phones)

Warm bath or shower and brushing teeth 7:30–8:00 Reading,

relaxing, and talking in bed 8:00–8:30

Lights out (after getting a drink and using the bathroom) 8:30

Extra credit: Staying in bed all night without coming to visit

Practice:

Have child practice evening schedule and troubleshoot.

For more information on building charts to create healthy habits, refer to HyperHealing.

One young client, who was an only child, was struggling nightly to fall asleep. She insisted every night that if her parents allowed her to sleep in their room, she would fall asleep immediately. And so she did. But she was already eleven years old, and her father couldn't stand it anymore. He felt his daughter was just spoiled while the mother thought she had a serious sleep disorder, ADHD, and anxiety. Dad was right. Once we made a sleep chart, one of the rewards being a sleepover with friends or at her cousin's house, the girl began to calm down. Every night that she did not visit her parents, she got an extra point. After two weeks (and knowing that her parents no longer welcomed her in their room at night and would not change their minds despite her protests), the girl began sleeping alone in her room. When she woke up refreshed in the morning, she was greeted by two very proud parents.

We will gain control of screens in our home, making sure our child never plays video games and that all screens are switched off at least two hours before bed. Programing screens to shut down at the designated hour reduces arguments and negotiations. I highly recommend it.

Next, we will create a calming evening environment, allowing time for conversation, music, reading, and a hot bath. Finally, we will accompany our child to his bed (but not jump in with him) and jot down his concerns from that day that he was not able to express earlier (remember to follow up with a conversation the next day).

The final sleep issue is obstructive sleep apnea, which both children and adults may suffer from. This medical concern is best treated either by an ear, nose, and throat doctor or through change in diet. If a child is eating foods that create inflammation (such as dairy, gluten, or sugar) and thus has a buildup of mucus, she will have trouble breathing at night. Before considering invasive surgery, first weigh the option of taking the Thirty-Day Challenge, another valuable chapter in HyperHealing, to see if the sleep apnea resolves itself. Many children I have had the pleasure to work with have been spared the knife by cleaning up their diet.

George was a mystery to his parents. He was a contented boy on the weekends, but during the school week, he had a terrible temper. He seemed so irrational and angry all week. When I started my hunt with the parents to try to discover the reason for his stress (and ADHD diagnosis), we discovered that George tended to sleep very late into the mornings on the weekend, when even a bomb dropping on the house would not wake him. His mother reported that he went to bed on time and fell asleep nicely, but he moved around a lot in his sleep and was exhausted in the morning. Dad, who got George up each weekday morning, said that it was the most stressful time of his entire day. Was George generally healthy? Sure. And he also suffered from postnasal drip, which caused him to cough and sometimes have a runny nose. We decided to put George on the Thirty-Day Challenge. Two weeks in, we discovered why George was so much more pleasant on the weekends. It was the only time he was actually getting the amount of sleep his body needed. His postnasal drip had been disturbing his sleep, which he was unable to make up during the week as he had to get up for school. As his nose and throat dried up as a result of

dietary changes, his sleep quality went up, and he was finally getting the sound sleep he deserved. This had a positive effect on his behavior and temper all week long.

Are there any natural supplements that can be taken to help people with sleep issues? “Of course, I also believe that the underlying reason for most sleep disorders is magnesium deficiency, and magnesium is my first recommendation to anyone who can’t sleep properly,” says our magnesium guru, Carolyn Dean. She recommends taking a daily dose of magnesium. Her recommendations can be found in the Thirty-Day Challenge. If children have trouble swallowing the large magnesium pill, they can also bathe in an Epsom salts bath, which is essentially a magnesium bath. The magnesium is absorbed through the skin for a soothing, sleep-inducing experience. Epsom salts can be used every evening.

Action Plan

1. Evaluate whether your child is getting enough sleep per night.

2. If you find that she is not getting a full night’s sleep, ask yourself why. Is there an environmental trigger (screens, diet, too-busy schedule, distraction . . .) or a medical problem such as sleep apnea or insomnia?

3. If environmental problems are creating the lack of sleep: ⁒ First, follow the sleep hygiene guidelines. ⁒ Next, make a sleep chart for your child and place a lock on your screens.

4. If you suspect sleep apnea, begin by doing the Thirty-Day Challenge as a family. ⁒ If, after the month, the snoring persists, make an appointment with an ear, nose, and throat doctor.

5. If your child is struggling with insomnia, pay close attention to his sleep hygiene and either initiate a journal right before bed or find a CBT-I therapist to help you along.

6. Be a good example to your child by getting a grip on your sleep habits. ⁒ Teach your child that sleep is too important to skip. ⁒ Adjust the lights and the tone in the home in the evening. ⁒ Do not catch up on work late into the night, and don’t binge-watch shows you missed. Our kids are watching us, expecting us to show them how grown-ups make good decisions.

7. Take a magnesium supplement or an Epsom salts bath daily to boost sleep quality.

Screens, a modern-day epidemic

Not every child exposed to screens will become addicted. Read this chapter to determine if your child is being harmed by screens and whether they could be contributing to her ADHD symptoms.

If screens, movement, and sleep patterns are powerful enough to affect IQ across a whole generation, think of the impact they are having on our brains. The good news, though, is that since all these factors are environmentally induced, they are also reversible. In this book we have tackled diet thus far. Our children are already heading towards better brain and body health, but we still have work to do.

Is your child suffering from electronic screen syndrome (ESS), or as I like to call it, pre/post-screen personality disorder (PSPD)? As a mom, I look back in shock when I think about how unprepared we

were to parent this generation of children. We got caught by surprise, with no idea what was about to hit us when our kids were born. Could we ever have imagined how our children would be bombarded and tested by screens? Our life experience gave us no skills to guide our kids. How could we figure out how much and what kind of screen time was healthy for our kids when science was huffing and puffing, just trying to keep up with the trends? Studies take years to conduct, and technology was being developed in a blink of an eye. Because of this, scientists could not tell us if the emissions from towers or phones could hurt us. The pace of technological development left scientists, parents, teachers, and medical professionals in the dust. Industry is leading the way, never a comforting feeling. So now we find ourselves with a generation of kids raised on Google, gaming, and YouTube. The results are worrying and demand intervention.

The following scene repeats itself in every home across the western world daily:

“Mom, can I watch a movie? Mom, Mom, are you listening? I want to play a game on the computer!”

“No, honey, today we are not watching movies or playing on the computer. It’s a school night. You have homework to do, and I want you in bed on time.”

“But Mom! You proooooomised! Yesterday you said you would give us more time if we behaved well. See, we’re behaving so well. Mom, you promised; you just don’t remember.”

“Not today, sorry. Let’s get started on homework.”

“How about if I do my homework really fast and jump right in the shower. Can we watch just one movie then?”

“No, it’s a school night, and we are not watching a movie!”

“Okay, so I’m not doing my homework, and you can forget about me taking a shower! I’ll shower when you let me watch a movie. I hate this house; there’s nothing fun to do here! It’s the worst house in the world! Everyone gets to have fun, but we NEVER do!”

“Stop throwing your toys; they will break! Did you hear me? I said calm down. Don’t touch your sister; she is not in charge of the screens in this house. You will hurt her. Fine, if you get everything done quickly, you can watch a short movie.”

What was that? It sounded like a hostage negotiation.

Mom just caved to terrorist demands. Can we blame her? The little terrorist was not backing down; he had hijacked the evening. You just witnessed the dangerous first stage of PSPD. It’s a real disorder; I just gave it a name. This child is addicted to screens, desperate to get his fix. The hysteria completely altered his generally sweet personality. He took his mother hostage while in a disordered state, and she gave in to his demand. If we replaced “movie” with “heroin” and added a bit more violence, we would be describing a full-blown drug addiction. The symptoms of both are very similar. Although we would never let our children near hard drugs, we tend to nurture PSPD and then suffer the consequences.

What are the symptoms of Pre-Screen Personality Disorder?

1. Anxiety: A child comes home from school knowing he may have time on a screen at some point in the afternoon. He shows clear signs of anxiety, not knowing exactly when he will get his fix. This may include whining, crying, bothering a sibling, or generally stressed behavior.

2. Addiction: Symptoms set in. She starts crying, begging, and being willing to do anything it takes to get to her screen. Perhaps she will beg for chores, but most often our little addict is willing to steal, lie, or cheat to get the parent to turn on the computer. She may tell her parents she has no homework; she already studied, etc. Alternatively, the house may get suspiciously quiet because she snuck into the den and turned the computer on all by herself. The child is willing to suffer the consequences of being caught. There also may be a silent exit from the house to a neighbor who always has a screen running.

3. Aggression is the natural next step, directed either at siblings or a parent, or both. It often includes foul language or violence, triggering a round of warnings and threats of punishment (including threatening to reduce screen time). All of this is followed by a tense but magnificent calm as the exhausted parent finally gives in and turns on the computer for the very undeserving child. The parent may be lulled into the illusion that all is well in the world again, and her child will be happy and grateful after the allotted screen time . . . only to be crushed by the realization that there's no such thing as enough screen time! The nightmare continues.

What immediately follows after turning off the computer is PSPD (post screen personality disorder). Here are some of the symptoms:

1. Selective hearing: Dad says, "Okay, time's up! Time to turn off the computer." Dead silence. No matter how many times that sentence is repeated, the child will ignore it and continue to squeeze out as much screen time as possible.

2. Hysteria: The child begins begging and pleading for more, promising to be a perfect child after just this one more game, or begins to be rude and angry.

3. Bursts of anger and aggression can carry on for the rest of the evening without fear of consequence. The aggression can include "You don't care about me" or "You never give me what I want" or the dagger, "My friend's parents let them watch whatever they want for as long as they want.

4. Withdrawal symptoms, such as being willing to sneak back to the screen, grab a smartphone when no one is looking, hide a tablet under the bed, or overall sad, depressed, and obnoxious behavior.

5. Trouble falling asleep due to the blue light from the screen disrupting melatonin production.

6. Boredom sets in. Nothing interests your child. He is so overstimulated that anything that does not mimic the fast-paced excitement of the screen is intolerable. This can include time with friends, listening to music, reading, playing a board game, etc.

Our Instant Gratification kid is most susceptible to the quick fix offered by screen time. Her PSPD may begin to affect her ability to focus, cause temper tantrums, and even aggression, which are then often misdiagnosed as symptoms of ADHD, OCD (obsessive-compulsive disorder), or ODD (oppositional defiant disorder).

Does this sound like a full-blown addiction to you? Indeed, PSPD mimics cocaine addiction in the brain. This is serious business. Will the DSM committee accept my contribution of a new disorder to their

bible? I doubt it, because there is no pill for this ill. If our child is struggling with PSPD, we have hard work ahead of us, although not nearly as hard as nurturing and managing our miserable child and her addiction.

How does screen addiction affect healthy, normative people and their ability to function?

Elaine was an elegant, well-dressed mother of two young children. She had been diagnosed with adult ADHD when I first met her. Despite her polished outward appearance, Elaine was a mess. She didn't sleep well, often forgot to eat and had become too thin, was not attending to basic hygiene, and her husband was forced to shoulder all the responsibility of both children while holding down a job. Elaine was a full-time mom and was therefore not contributing financially to the home. She had always been a poor student, preferring spending time with friends, sleeping, or reading a book to studying. There were few consequences to her poor behavior, so she had never learned responsibility at home or school. Now that she was a mother, life had become intolerable. She did not enjoy spending time with her kids or tending to her home. As a matter of fact, she could find very few activities that brought her joy. She felt bored all the time. We worked hard together, Elaine and I. We made charts, created shopping lists and designated shopping days, evenings out with her husband or friends, an exercise routine, all to no avail.

Elaine's functioning slipped so low that her psychiatrist added a second diagnosis, bipolar disorder. She was prescribed new medication, which she forgot to take, of course. She was temperamental and dismissive of her husband and kids, and downright unhappy. Finally, we figured it out! At one meeting, her husband reported that Elaine often played video games through the night. She needed her screen time and would throw a fit if she didn't get it. She was willing to stay up all night and sleep through the day, as long as she got her fix. No price was too high. We changed the diagnosis and devised a new plan. Elaine would begin a screen fast; she would remove every screen in her house for three weeks and promise not to seek out screens in other places. The weaning period was a painful process. Elaine seemed to be suffering from physical drug withdrawal. She was only able to stick with the screen fast because the screens were not accessible. About three weeks into the program, a new woman emerged, calm and ready to engage her family. She still had very few caretaking skills, which she had not developed because of her addiction. But she was now ready to learn.

Addiction in children

A harried mother came to consult with me. She had her hands full with four children, all of whom seemed to whine all day long. Their fighting with one another had become intolerable. She spent her days breaking up fights between the children, shouting at them to stop any variety of bad things they were doing, and sticking them in front of a computer screen just to get some peace and quiet. The kids watched movies while they ate so that they wouldn't fight; the more volatile kids got to earn computer game time for acting in a vaguely civilized way. Mom wanted to know why her life was so crazy and if other families were as miserable as hers. I reassured her that there were many miserable families and then asked her if she was up for a challenge. She told me that she hardly had the strength to shower at night, but she was willing to hear me out. We reviewed how difficult life was right now. I asked her if she believed she could turn it around. She wasn't sure. I asked her if she would be willing to make life much harder for just a few weeks so she could finally get some peace of mind by resetting her children in the right direction. "Why would you do that to me?" she said with tears in her eyes. I promised that I would be right there by her side and that she could blame the new program on me, but I also reiterated that the only way to reverse the difficult behavior would be by completely eliminating all screens for a month.

"Impossible!" she declared.

After much haggling we came to an understanding that she could yell at me as often as required for making her life a living hell, and I would forgive her. She marched into her house with resolve and gathered the laptops, tablets, and phones. The kids had a collective heart attack. There was not a quiet moment in that home. Day after day, the children punished their mother with aggressive behavior. Mom begged me to let her stop. "Just a few more days. You can do this," I said. And she did! When they finally caught on that this was the new law in their home, the kids discovered friends and the outdoors and the books they used to love. And then there was calm.

How did I know to identify PSPD and treat it? All the credit goes to Victoria L. Dunckley, MD, who has probed this difficult new addiction in childhood. Her book, Reset Your Child's Brain (New World Library, 2015), presents definitive research about screens and the brain and guides us through a detox program. I highly recommend this book. You will refer to it often. I will present highlights of her research and program here.

Dr. Dunckley calls this disorder electronic screen syndrome (ESS). She explains that there are different types of screen exposure.

1. Interactive screen time, which includes any screen activity where the person actively engages the screen. This includes playing a game, using a touchscreen, keyboard, sensor, or watching a movie on a handheld device such as a laptop, tablet, or smartphone.

2. Passive screen time, which includes watching a movie or episode on a television or computer without interacting with the technology in any way.

We often think that interactive screen time is less harmful, or even in some cases, beneficial or educational. We assume that if the child is active and his brain is working, he must be gaining some positive brain stimulation during the activity. We have been led to believe that passive TV watching is very harmful, but an active game gets the brain going. Dr. Dunckley disagrees. According to the scientific evaluation, interactive screen time is much more damaging to the brain, behavior, emotions, and health of your child. Let's break this down:

What happens to the brain during interactive screen time?

• Playing a video game mimics the body's fight or flight response to danger. When we interact with a screen, we move into hyperarousal or survival mode. This shuts down our higher-level cognition and ignites our primitive responses. The flight or fight response is healthy and helpful when we are in danger, but a feeling of constant hyperarousal, danger, or chronic stress leads to inflammation and directly reduces brain function. Back in the caveman days, when a person was being chased by a tiger, responding to hyperarousal by running away or fighting would eventually subdue the nervous system (if you didn't become the tiger's lunch) and bring a person back to calm and higher-level thinking. When playing a video game, we are in a similar state of arousal, but with nowhere to run and therefore no ability to work off the stress.

• Dopamine (the feel-good hormone that we have already met) levels spike. Our child feels great about playing his game, earning points, and winning. But the exaggerated high level of dopamine cannot be

mimicked in normal daily activity. This leads a child to seek higher and higher levels of stimulation from gaming of any kind and leaves her bored with normal daily activities.

• The bright light of the screen indicates that it is daytime, not bedtime. The circadian rhythm is disrupted (the natural rhythm of day and night). Since the body does not know if it is day or night, it does not produce adequate melatonin, and the child is set up for a poor and nonrestorative night of sleep.

• As a child's body moves into fight or flight mode, blood flows away from his gut, kidneys, liver, and bladder, and towards his heart and limbs. The thinking brain suffers from lack of blood flow, as does its partner, the gut. The primitive brain is now in charge, which is evident to any parent dealing with a child who just had her screen shut down.

• The child is now so pumped up, he is fully ready for the fight, which will never arrive. When the game is interrupted, only his primitive brain is working, so he becomes an irrational animal, ready for the attack.

• Even after the screen is shut off, stress hormones remain high, making it hard for her to focus. Eye contact becomes overstimulating and unbearable. Sleep gets interrupted with anxiety; he is full of cortisol even the next day. This leaves a child exhausted, sad, and craving carbohydrates and sweet snacks. How similar are the symptoms we are seeing in screen-addicted children with the DSM symptoms for ADHD? Here are the symptoms:

• Chronically stressed

• Sleep-deprived

• Irritable

• Mood swings (often mistaken for bipolar disorder)

• Tantrums

• Low frustration tolerance

• Poor self-regulation

• Disorganization

• Immaturity

• Poor eye contact

• Learning difficulties

• Poor short-term memory

• Parents and teachers describe the child as stressed out or revved up, wired or out of it

• Oversensitive. People feel they must walk on eggshells around the child.

• Sensory issues and poor coordination.

That's a lot of symptoms! Is your kid spending a significant amount of time on screens and exhibiting these crushing behaviors?

How much screen time is too much screen time?

• Just half an hour of interactive screen time was shown in a large study to disrupt natural sleep patterns. The European Journal of Radiology reports that interactive screen time actually causes brain damage (Weng et al. 2013). Any video games, not just violent or inappropriate ones, cause dysregulation, which is an inability to regulate and control emotional and physiological responses.

• Even reading from an e-reader (such as a Kindle) requires more cognitive effort than reading from a conventional book, thereby slowing down reading, reducing comprehension, and requiring harder work to process the information.

• Fast-paced cartoons are also cognitively fatiguing and damaging to the young viewer. How can we know if interactive screen time is causing these symptoms? The only way to know is by trial and error, removing the screens and seeing if the behaviors subside and only reappear when screens are reintroduced. We can also make an educated guess based on how our kids behave before and after they get their daily "dose" as described in the scenario above.

My kids were exhibiting some serious ESS until I was enlightened by Dr. Dunckley and ran her program in my home. We are all grateful, calmer, happier, and much more interesting people today. We have broken free of the interactive screen prison! And yes, when summer vacation arrives, and I get a little lazy and allow the kids to watch more movies together, we have to reset again before the school year begins.

Screens are part of our reality. Once we know that the screens are assaulting our kids and the kids are turning around and inadvertently assaulting us, we will understand that we must rescue our children. We would never leave them vulnerable to predators in the outside world. We should not tolerate those dangers inside the protective walls of our home.

The fight or flight mechanism: How screens are creating anxious kids

We must understand this fight or flight mechanism better because it sits at the crux of the cascade of harm caused to our child. Hyperarousal begins as soon as a person begins playing a video game. The physiologically engaging content or activity ups the arousal. Meaning, the more physically active the child is, the more his brain becomes flooded with cortisol, and he becomes more anxious. The competition, especially if the child is competing with others online, intensifies the stress-induced arousal. The possibility of earning points, progressing to the next level in the game, or improving one's score further intensifies hyperarousal. Violent, sexual, interesting, vivid colors, and challenging and strange images all increase the fight or flight response. Have you met a game that does not include most of these stress-inducing, hyperarousal factors? Probably not, because those games are less addictive and therefore not profitable.

Media multitasking (when a child plays a video game while texting and using Twitter at the same time) adds to the cognitive demand and raises stress levels, sensory overload, mood swings, and lack of satisfaction from a job well done.

Poor sense of time and time management are affected by stress. When we are under high stress, we lose our concept of time. If you ask a child how long he has been watching something or playing a game, he will have no idea because his concept of time has evaporated. He is not just trying to make excuses for being on his screen two hours longer than you permitted; he honestly cannot sense the time passing. Being late, not calculating travel time or how long a task actually takes, missing appointments, etc., are all symptoms of high stress.

Children who grow up in continually stressful circumstances tend to have a distorted concept of time, as do gamers and active screen users. Fight or flight mode is a defensive stance that impedes social interactions. Anyone who approaches when a child is in high-stress mode will be considered a threat. Children in a state of hyperarousal often feel wronged and tend to cheat because they are willing to do anything to survive.

Socializing can be a stressful activity, especially for kids who are less socially graceful. Before the screen-saturation generation, children were forced to interact with others. The engine that propelled kids with social challenges to keep trying was their desire to fit in. Now socially anxious children can hide behind their games, which exacerbate their anxiety and make them retreat even deeper into screens. They also have their "fitting in" needs falsely met with online connections. They are never forced to confront their social anxiety and overcome it.

The violence of video games reduces empathy. If a child lacks empathy, he cannot relate to, or doesn't care about the situations that others are going through. He can't feel the other person's pain or joy. High stress and lack of face-to-face time exacerbate social and intimate bonding challenges. Kids who are in heightened fight or flight mode often develop a fear of the dark, separation anxiety, and panic attacks. The panic attack is an alternative response to the cortisol rush. A person will either fight, flee, or freeze when he perceives danger. A panic attack is a freeze response.

Here's the plan:

The Four Week Reset Program Presenting Dr. Dunckley's four-week Reset Plan.

(You can do it together with the Thirty-Day Challenge for best results 😉). Refer to her book Reset Your Child's Brain for more in-depth details of the Reset program.

Week One: Preparation

1. Make a list of the symptoms you are seeing in your child (and yourself) that you hope to address with the screen fast. List the symptoms and their severity as we did in the Thirty-Day Challenge. Track the severity of the symptoms throughout the Reset program and at its conclusion.

2. Get the whole family on board; this is a family project and cannot succeed in a vacuum. Both Dad and Mom must be involved for this program to work. Educating the family about the dangers of screen time and how the entire family is being affected will strengthen the program. Let the children ask questions; let them get angry. Remain steadfast but open to conversation. As a parent, you may need your phone for work. Before the screen fast begins, decide how much screen time is absolutely necessary, and be honest! Set guidelines for yourself and include a way to reinforce your rules. A friend or spouse can help strengthen your commitment. Set an alarm that reminds you to put the phone on airplane mode for the hours you are interacting with your child in the afternoon. Inform people who need to know that you

will not be responding to messages of any sort until the evening. Get off Facebook, Twitter, Instagram, and other social media outlets. Silence WhatsApp groups so you are not constantly distracted by alerts. This is a family project, and we are the leaders of our family. Our kids see right through us when we tell them we are involved in some serious work-related activity and then they catch a glimpse of the ball-game highlights we are watching. They don't respect our judgment then, and unfortunately, they copy us. We must disengage at least partially to be an example to our kids. As we are more available, we will see miracles right before our eyes. Our child will stop competing with our screen. She will calm down, stop yelling and whining, and depend on us more. She deserves our undivided attention.

3. Make sure there are other modes of entertainment available in your home such as books, games, cooking or baking together, building toys, and ample opportunities to get out into nature with a parent. Make a schedule and plan activities throughout the three-week fast, such as Monday, making cookies with Mom; Thursday, football game with Dad. Plan game nights, reading books together, shopping outings. Schedule playdates with friends and active time outdoors. Volunteering is very emotionally fulfilling and an activity your child will cherish. My kids get revved up when they know they can help someone in need. Just as with the Thirty Day Challenge, where we are not permitted to be hungry, during the screen fast we don't want to have lots of open, boredom-inducing hours.

4. Other adults in your child's life must be informed because your child will be going through a detox transformation and may act out. We don't want teachers or friends' parents to be startled or respond harshly. Also, your child's environment must remain screen-free in all settings. Other adults can help by turning off the TV or computer when your child is around. Most adults are happy to help and may even be inspired to follow suit. Grandparents, counselors, coaches, and school staff can be particularly supportive.

5. Give yourself a break. Screens are very useful for us parents. When our kids are on screens, we know they are physically safe, not getting into trouble, and are very quiet. Screen time is calm time for us parents until . . . PSPD sets in when we try to disconnect them. We will be losing this quiet babysitting time during the fast. Of course, we will benefit very soon when the children stop demanding screens and find healthier ways to entertain themselves. During the transition, though, we must consider ourselves and our sanity. Go out with friends, hire a babysitter, find ways to decompress. You will be working hard, so cut yourself a break frequently.

6. Get friends to join you. If your child's friend is also doing the Reset program, it may be socially easier for both families.

7. Get rid of all screens, even the ones you forgot you own that are stashed under a bed somewhere. Physically remove them from the house. When your kid gets desperate, he will go searching for a screen. Screens must not be accessible at all. What is permitted and what is forbidden during the Reset?

Permitted: A minimal amount of television watching. Television watching is passive and does not have the same addictive impact as interactive or handheld devices. According to Dr. Dunckley, television watching should be limited to under five hours per week. The family can watch one or two movies together on the weekend. If you no longer have a television and rely on your computer for entertainment, be sure the child sits at least two-and-a-half screen lengths' distance from the computer screen. The child should not hold the remote control, and there should be no mindless flipping through channels during TV time. Plan what you will watch and stick with it. Ideally, a child should not watch TV

alone; he should sit with a friend or family members, so the activity is more social. The TV may not be touched before chores or homework are done. If TV time is causing or exacerbating sleep problems, it should be discontinued during the Reset.

Forbidden: No fast-paced modern cartoons, no violent content. Slow down the action. Focus on nature shows, older films, and older animated movies. No devices, gaming, or social media. If your child has school-related computer assignments, be sure they are done early in the day, nowhere near bedtime. Check that your child is not getting extra computer time in school and is not being rewarded with games for good school behavior.

Begin the Reset

Your kids are not going to take this well. The younger kids will panic; the older ones will get angry; and they will all cry. Explain. Be clear, be loving, and don't back down! Your child will make you feel guilty like you are ruining his life and might try to punish you. Stay clear on your mission. You have young addicts on your hands, by no fault of their own. They were handed a test that was too hard for them to overcome. There are teams of brilliant women and men doing their very best to ensure maximum addiction to games, shows, and other screen interactions.

Look around at restaurants, ball games, waiting rooms, and parks. Every parent is fully engrossed in a phone. The child squirms in her seat, hoping to distract the parent for a moment. We are loving parents. Our kids are not natural addicts; they were tricked into this and have no idea that they are even suffering. We must be firm and not allow crying, threats, and bad behavior to deter us from our goal: extracting our sweet children from the claws of the technology monster and giving them back their happy, carefree childhood.

What withdrawal symptoms can we expect to experience?

Agitation, sleeplessness, depression, irritable mood, apathy, and lack of motivation.

How long will these symptoms last?

Young children: just a few days Adolescents: a week or more, but their response may be more extreme, including more rage and crying. Of course, the longer a child has been engaging screens, the more intense the reaction will be. The dopamine pathway has been so desensitized in this child that she needs very intense stimulation to feel okay. Removing all the stimulation at once will cause serious stress to her system. One important note: We began this book by discussing taking back control of our home, becoming the leaders in our family.

We have discussed the importance of rules and follow-through. We simply cannot run a Reset program when a child is still running the home, when we still believe our child is disordered, and we don't really believe he can succeed. Your child will be angry, maybe even violent. If you are not in charge of your home and do not know how to reinforce behavior through compliments and punishment when necessary, the Reset will be very challenging, if not impossible. If you see clear signs of ESS in your child and feel the Reset screen fast is the best way to help your child return to himself, review the earlier chapters of this book and only then begin the Reset. Remind yourself that:

• Your child needs a leader and feels unsafe when he is permitted to make decisions or threats on his own.

• Your child is healthy and can do well when given the opportunity.

• This child is an Instant Gratification kid and therefore was easily sucked in by technology, but can also be extracted.

• You have the ability to help him turn things around, and you have gained the skills you need to help your child get through this. You are a tantrum-reducing pro; you notice every little positive choice your child makes and compliment it, so you're ready for this task.

• There are no quick fixes and you are engaged in a process of helping this wonderful child thrive. The first few days or weeks may be painful, but the long-term process will help your child grow up to be a strong and resilient contributor to society with the skills he needs to build a meaningful life for himself. Be compassionate and be present. If your child is anxious, wants to hurt herself, or is acting depressed, be there to listen, comfort, and engage in an activity. Your child needs you by his side at the beginning. Don't abandon him or give up when he ups the obnoxious meter. He will get past this with you at his side. As you and your family progress through the Reset, you will begin to see some welcome signs. Your child will begin to sleep better, become more creative, more energetic, more organized, and move quicker in the morning. She will be less argumentative and will find new activities to engage in or rediscover books or toys that used to be a lot of fun and which improve higher-order thinking. You will still get some intermittent tantrums, depressed behavior, and anger, but the improvements will far outweigh the stress. Communicate with your kids, share what has been hard for you, and listen to what they are struggling with. Point out how you are benefitting from this program and ask them to share what they have noticed is improving in their lives. The three-week fast is over.

What's next?

• Children who had a stronger addiction and are still showing signs of depression or anxiety need more time. Keep at it for a few more weeks.

• Some parents decide to stay the course and eliminate screens permanently.

• Some parents reintroduce screens but in a limited way. They may allow five hours of television watching per week, but never reintroduce games or handheld devices. Tablets and gaming devices are removed permanently. TV time is permitted after chores and responsibilities are taken care of, and not within two hours of bedtime.

• In my family, we have found that a weekend movie or two is a fun activity, but we do not allow screens during the week.

• Teens pose a challenge as they have their own smartphones and rely on them to travel, be in touch with friends, do homework, and overload on games and YouTube. When a teen is given a smartphone, ensure you establish some ground rules:

A. Every phone must have a program installed to block out inappropriate content. There are many online programs that can be downloaded for free or upgraded to protect your family from invasion. Shop for the best option for your family. Make sure software is installed even if you have small children. The following are a few highly rated screen-filtering solutions:

ϰ Qustodio ϰ FamilyShield ϰ KidLogger Wondershare Famisafe

b. No games may be downloaded onto the phone. If they are, the phone is returned to the parent.

c. YouTube is disabled.

d. The cell phone may not double as an alarm clock. The phone must be turned off at night, and a proper alarm clock should be used to wake your child up.

e. No screen time is allowed two hours before bed.

f. No phone use is permitted during school hours. A simple phone can be purchased for your teen to take to school. It's easy to switch the SIM card in the evening two hours before bed. This limits gaming access but gives your child a chance to catch up with friends in the afternoon. Compliance with these rules will grant your child more weekend phone time (but never game time, or nighttime phone use). If your child doesn't follow the rules, confiscate his phone.

Dr. Dunckley recommends removing fluorescent lights from your home because the bright light causes additional stress. It is also recommended to switch off WiFi in the evening to avoid emissions.

Action Plan

1. Examine your home and see how each member of your family engages with screens. Are they exhibiting symptoms of ESS?

2. Are we as parents dividing our time between screens and kids? Is our distracted attention affecting our children? Be honest! We must set the example in our home by getting our screen addiction under control.

3. Follow the instructions for a screen fast carefully and begin healing your family from the strangling grip of screen addiction.

4. Put filters on all devices in your home. Your child will trip on inappropriate and damaging content at a very young age if she is not protected.

5. Pay close attention to your child and her behavior to see if she is showing signs of pornography addiction. Get professional help.

6. Always keep channels of communication open with your child. No question is illegitimate; no topic is off-limits.