

Strategies to Improve Your Child's Sleep

Kelly Majestic, M.A., BCBA

Senior Regional Director, Gateway Learning Group

Agenda

- Overview of Common Sleep Problems
- Strategies for Better Sleep
- Resolving Common Sleep Problems
- Sleep Strategy Plans
- Wrap Up and Questions

*** This presentation is best suitable for children 2 years and older.*

Introductions

Kelly Majestic, MA, BCBA

- Early Childhood Special Education Teaching Credential
- Multiple Subjects Teaching Credential
- Mother of two

What do you feel is your child's primary sleep issue?

- Bedtime – falling asleep independently in their own bed at a “reasonable” hour...?
- Waking up in middle of night..?
- Other

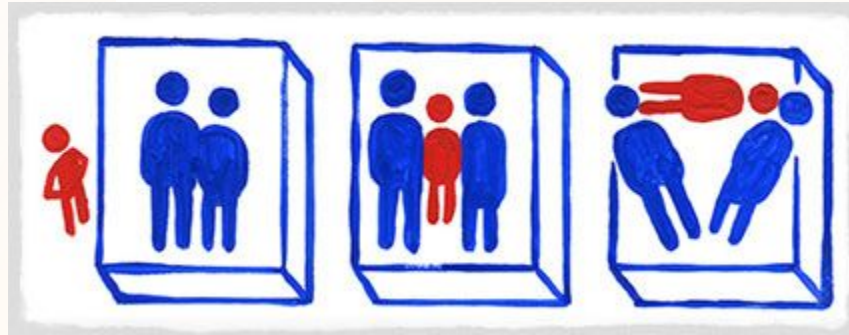
You are not Alone!

Occurrence of Sleep Disturbances

- 69% of children ages 10 and under experience sleep issues
- 80% of parents of children with developmental disabilities report some problem with their child's sleep; 25% describe the problem as being *severe*
- Individuals with autism seem to be the most seriously affected; almost all individuals with autism experience difficulty with sleep at some point in their lives

Getting a Good Night's Sleep

- Can be challenging for parents!



- Artist Christoph Niemann counts and draws the ways (NYT blog, 3/10/10)

Importance of Sleep

- Refreshes body and mind
- Important for learning and memory (brain processes info during sleep)
- Helps to prevent illness
- Promotes adaptability and positive mood
- Not enough sleep is associated with behavior problems, attention problems, and poor school performance

How Much Sleep Does My Child Need?

- Sleep needs vary among people, but our own needs remain fairly constant
- Age is one determining factor: total sleep time declines as we age
- Average 2 year old needs a total of 12 hours/day; average 13 year old needs a total of 8 hours.

How Much Sleep Does my Child Need?

- Age is a good predictor; however, individuals differ in amount needed
- Your child is likely getting enough sleep if they:
 - Can fall asleep within 15-30 minutes
 - Can wake up easily in the morning
 - Are awake and alert all day, and don't need a nap during the day (by 3-6 years of age)

How Much Sleep Does my Child Need?

- Likewise, your child may not be getting enough sleep if:
 - They regularly fall asleep in the car
 - You need to wake them up almost every morning
 - They seem overtired, cranky, irritable, aggressive, overly-emotional, or hyperactive
 - They “crash” much earlier than usual some nights

Developmental Changes and Sleep

- We need less sleep as we grow older
- Certain individuals are “light-sleepers”
- Child’s personality may also influence sleep patterns
- Caregiver reactions may worsen sleep issues

We know that we can change at least one of these factors: adults’ reactions.

Common Sleep Problems Amongst Children with Special Needs

- ❖ Insomnia
- ❖ Hypersomnia and Narcolepsy
- ❖ Breathing-Related Sleep Problems
- ❖ Sleep Schedule Problems
- ❖ Nightmares or Sleep Terrors
- ❖ Sleepwalking and Sleepwalking
- ❖ Periodic Limb Movements
- ❖ Bedwetting
- ❖ Tooth Grinding
- ❖ Rhythmic Movement Problems

Multiple Sleep Difficulties

- Some children experience both bedtime AND night-waking problems
- How to decide which issue to address first?
 - Research study by Dr. Jodi Mindell:
 - Treat bedtime issues first: 78% of children did not need separate interventions for night-waking
 - Treatment of night-waking first seems to have no effect on bedtime related issues.
 - Conclusion: Focus on BEDTIME problems before night-waking problems

Identifying Sleep Problems

- If individuals have different sleep needs, how do I know if my child's sleep patterns are a problem or a normal difference?
 - Look at functioning during the day (mood, irritability)
 - How disturbing/consistent is the sleep issue at night?
 - *If your child's sleep pattern adversely affects him or her or your family in any significant way, then assume that the issue warrants attention.*

Sleep Diary

- Provides yourself and sleep professional with important information related to child's length of sleep, patterns of sleep, what happens at problem times, etc.
- Keep a sleep diary for at least one week
- Info must be recorded daily to ensure accuracy

Components of Sleep Diary

- Day
- Time child was put to bed
- Time child fell asleep
- Night-time waking (time/how long)
- Description of night-time waking
- Time awoke in morning
- Describe naps

Behavior Log

- Provides important info to supplement sleep diary
- Components:
 - Date
 - Time (bedtime or middle of night)
 - Description of behavior
 - How you responded to the behavior

Strategies for Better Sleep

- Reduce naps
- Create a bedtime routine- CAUTION!
- Maintain regular sleep and awakening times
- Take an environmental inventory
- Get exercise
- Maintain bed for JUST sleeping
- Consider diet

Reducing Naps

- During preschool years, it is recommended that naps be reduced in duration.
- At age 2, afternoon nap only
- Between the ages of 3-6, most children no longer need an afternoon nap.

Bedtime Routines



- Children with Autism can often turn a routine into a *ritual*
 - Slightest change = tantrum
 - Difficult for travel or new places
 - Think Variation within the routine

Bedtime Routines

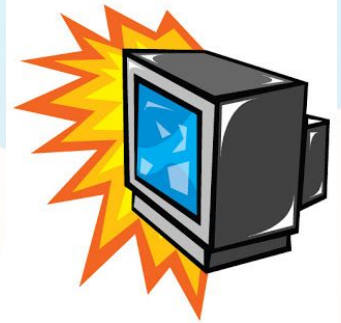
- Set up a relaxing series of activities for the last 30 minutes before bed (e.g., taking a bath, brushing teeth, changing into pajamas, reading a book, etc.).
- The order and timing should be about the same every night.
 - ***Remember to vary within routine!***
- Do not include non preferred activities or those that may lead to any conflict (e.g., packing up for school, cleaning up toys).
- Avoid screen time
- Avoid extending bed time (e.g., “Just 5 more minutes!”)
- Set up a routine that works for you!

Maintain Regular Sleep & Awakening Times

- Reference Sleep Diary for appropriate times for your child by looking at average length of sleep. Compare to what is typical for your child's age.
- Determine a good waking time based on child's schedule.
- Move backward from desired wake time
- Stick with this schedule!

Environmental Inventory

- Consider qualities of child's bedroom
 - Can you hear noise?
 - TV? Dishwasher? Conversations?
 - Is there light from the hallway? Window?
 - Temperature: too cold or too warm?



Exercise

- Provide regular opportunities
- Ideally 4-6 hours prior to bedtime

Bed = Sleeping

- Restrict activities on the bed to only sleeping
 - Avoid Distractions such as toys, etc. in

Diet

- Avoid big meals close to bedtime
- Avoid foods in evening that might cause an upset stomach or heartburn
- Avoid caffeine within 6 hours before bedtime (e.g., certain soft drinks, chocolate, certain medications)
- ***Note: It is important to consult with a physician before making any diet changes, especially if you are considering supplements.***

RESOLVING COMMON SLEEP PROBLEMS

Bedtime Difficulties

- Problem: Separation Anxiety
 - Common reason for children under 3 to cry at night
- How to improve:
 - Provide child with a transitional object so that when they wake up they will feel comforted and will fall back asleep
 - Transitional object should be a preferred item such as a doll, stuffed animal, book, special pillow or blanket
 - Social Stories

Bedtime Difficulties

- Problem: Child continually gets up and leaves bedroom
- How to improve:
 - Be strict about the rule of not leaving the bedroom
 - Quickly return child to room & remind them that they need to sleep in their own bed
 - Open/Closed door rule
 - Ignore protests and keep interactions to a minimum
 - “Bedtime Pass”

Bedtime Difficulties

- Problem: Co-Sleeping (Parents' Bed)
 - May be difficult to transition child to own bed
 - Creates a sleep-onset association
 - May cause conflict between parents
- How to Improve:
 - Set clear limits (at once, or gradual)
 - Incorporate reward system
 - Change location of parent sleeping for a few nights (e.g., on couch)

Bedtime Difficulties

- Problem: Child cries/screams in bed
- How to improve:
 - 2 Strategies: Graduated Extinction and Bedtime Fading
 - ❖ Both can be successful in reducing and eliminating bedtime difficulties.
 - ❖ Pros and Cons to each

Bedtime Difficulties

- Graduated Extinction (“Ferber method”)

Involves spending increasingly longer amounts of time ignoring the cries and protests of a child at bedtime. This is a variation of “Extinction” where parents simply ignore the crying, and many families find this approach more acceptable.

Plan for Graduated Extinction

1. Establish a bedtime routine.
2. Agree on a bedtime and stick to it!
3. Determine how long you feel comfortable waiting before checking on your child.
4. Pick a night to begin the plan, assuming that no one will get a good night's sleep that night (e.g., Friday)

Plan for Graduated Extinction

5. On the first night, put child to bed, leave the room, then wait until the agreed upon amount of time (e.g., 4 min). After 4 min if your child is still crying, go into the room, tell him or her to go back to bed, and leave.

Do not pick up child, give food or drink, or engage in conversation.

6. Wait another 4 minutes. Go back into the room if your child is still crying. Tell child to go back to sleep and leave the room.

Plan for Graduated Extinction

7. Continue this pattern until your child has fallen asleep.
8. On each subsequent night, extend the time between visits by 2 or 3 minutes. Continue to use the same procedure when entering the bedroom.

NOTE: Graduated extinction can be very challenging for parents. Be sure you set yourself up for success before beginning.

An Alternative to Graduated Extinction: Bedtime Fading

- Child so disruptive that parent cannot allow the child to tantrum for too long
- Bedtime Fading involves keeping a child up LATER than usual (so late that they fall asleep on their own).
 - If bedtime is 8pm, but your child resists at this time, temporarily make bedtime 10:30 pm. At this point, child may be so tired that he/she will go to bed without resistance.
- If the new bedtime is successful, you can begin to FADE back bedtime in small increments until the bedtime at which you want your child to fall asleep is achieved.

34

Plan for Bedtime Fading

1. Select a bedtime when your child is likely to fall asleep with little difficulty and within about 15 minutes.
 - Consult the sleep diary to find a time when your child falls asleep when left alone, then add 30 min to this time
2. If child falls asleep within 15 min of being put to bed at this new bedtime and without resistance for 2 consecutive nights, then move back bedtime by 15 minutes. (e.g., from 10:30 to 10:15)

Plan for Bedtime Fading

3. Keep child awake until new bedtime *even if they seems sleepy.*
4. If child does not fall asleep within 15 minutes, have them leave the bedroom and extend the bedtime for an additional hour.
5. Continue to move back the bedtime until the desired bedtime is reached.

Night-Wakings

- 2 Categories
 - Non-disruptive
 - lie in bed and play with toys, wander around house
 - Disruptive
 - crying, tantrums, etc.
- Causes
 - “Light-sleeper”
 - Consequences maintaining crying upon waking (e.g., picking up child to comfort)

Treating Non-Disruptive Night Wakings

- First, consider:
 - Is bedtime consistent or variable?
 - Is child getting enough total sleep?
 - Is child napping during day?

Treating Non-Disruptive Night Wakings

- Maintain consistent bedtime/awakening times
- Do not allow child to sleep in parents' bed – be firm
- When you hear your child wake up, lead child back to his/her room and say “It’s still time to sleep. Go back to bed.”
 - *Keep physical contact and conversation to minimum.*

Treating Non-Disruptive Night Wakings

- And if the problem persists?
 - Consider Sleep “Restriction” plan to make the time in bed really count

Sleep Restriction Plan

- Use the sleep diary to estimate the average # hours your child sleeps per night
- Multiply average # by .9 to get 90% of the time. This represents # hours your child should be sleeping with new schedule. Do not allow for fewer than 4 hours of sleep when selecting a new sleep schedule.
- Adjust child's bedtime or awakening time to approximate the new schedule
- Once night-time wakings are significantly reduced for 1 week, re-adjust bedtime schedule by 15 min once each week (back towards former schedule) until child no longer awakens at night.

Treating Non-Disruptive Night Wakings

- Sleep Restriction Example:
 - Child sleeps an average of 8 hours each night.
 - $8 \times .9 =$ approximately 7 hours (# of hours your child should be sleeping with new schedule)
 - If child regularly awakens at 7:30am, child should be woken up at 6:30am.
 - Week 1: Awaken child at 6:30am
 - Week 2: Awaken child at 6:45am
 - Week 3: Awaken child at 7:00am
 - Week 4: Awaken child at 7:15am
 - Week 5: Awaken child at 7:30am

Dangerous Night Wakings

- Some children may not tantrum, but may quietly get out of bed and get into trouble unless closely monitored (e.g., break things, injure themselves)
- Possible solutions:
 - “Dutch” (half) doors, peep holes, bells on doors, alarm system
 - If parent knows time when child leaves room, “graduated extinction” or “scheduled awakenings” can be used to treat.

Disruptive Night Waking

- For children who cry, scream, tantrum or otherwise disrupt others' sleep
 - Graduated Extinction
 - Involves waiting for progressively longer periods of time before checking on child in the middle of the night after a awakening.
- For more severe night wakings (self-injurious behavior, property destruction, etc.)
 - Sleep Restriction
 - Scheduled Awakening

Scheduled Awakening

- Useful with children who awaken at fairly predictable times. (If your child wakes at very different times each night – e.g., 3am, 12am, 4am try a sleep restriction intervention first.)
- Involves waking your child in the period before he/she typically awakens.

Scheduled Awakening

- Touch or shake child lightly until he/she seems awake, then you let him/her fall back asleep.
- Simple and can be very effective at quickly eliminating night wakings.
- Works by interrupting a disrupted sleep-wake cycle and by giving the child practice in learning to fall back asleep.

Implementing Scheduled Awakening

- How to implement:
 - Use sleep diary to find patterns of waking
 - Once the waking time is determined, awaken child ~30 min prior to this time
 - If child typically wakes at 1:30, wake at 1:00.
 - If there is a range of times, awaken 30 min prior to the earliest time.

Implementing Scheduled Awakening

- Do not fully awaken child. Gently touch/talk to child until he/she opens eyes, then let fall back asleep.
- Alter this time if needed based on child's reaction.
 - This plan works best if child does not fully awaken but just opens eyes briefly and then goes back to sleep.
 - If your child wakes up fully move “back” your scheduled awakening time by 15 min (e.g., if 1:00, then 12:45)

Parasomnias

- Disruptive sleep-related events, usually not too serious
 - * Nightmares
 - * Sleep/Night Terrors
 - * Sleepwalking / Sleep Talking
 - Restless Legs Syndrome
 - Periodic Limb Movements
 - Bedwetting
 - Tooth Grinding

Nightmares, Sleep Terrors, and Other Issues

- Nightmares: If a child has a bad dream, he or she may wake up in a sweat, crying. *Ends with child waking up.*
- Sleep Terror: Resembles nightmare but child screams in a terrified way and is inconsolable. *Child is still asleep.*

Nightmares

- How should we respond to nightmares?
 - Night-light
 - Avoid TV at least 1 hour before bedtime
 - Avoid scary bedtime stories
 - Before bedtime, give child something that he believes will protect them- gives a sense of control to help cope with stressful dreams
 - If child awakens, gently lay child back down and say, “Go back to sleep now, everything’s OK.” May stroke hair or back but avoid talking too much about it.

Sleep Terrors (“Night Terrors”)

- How should we respond to sleep terrors?
 - You will not be able to comfort child in the moment as child is still asleep.
 - Try not to disturb your child but stay near them and make sure that they don’t hurt themselves.
 - More sleep terrors occur during REM and stage 3/4 sleep. When we are sleep deprived, we have more REM sleep.
 - Extend night sleep or nap during day

Sleep Terrors (“Night Terrors”)

- **Scheduled awakenings:** may be useful with children who have a history of sleep terrors
 - Wake up child 30 min prior to typical terror onset and follow instructions previously noted
 - Remember, these are faded out over several weeks, so they do not need to be a long-term burden

Sleepwalking and Sleepwalking

- May be brief or may continue 30+ min
- It's okay to wake up a person who is sleepwalking
- Causes may include anxiety, lack of sleep, and fatigue; also linked to seizure disorders
- Ensure child is fully rested
- Ensure sources of anxiety are addressed
- Consider implementing “scheduled awakenings”
(effective 80% of the time)

Medication

- If sleep strategies prove ineffective, consider speaking with your pediatrician.
- Talk to your doctor about Melatonin prior to use.
- **Do not change more than 1 factor at a time.**
 - Wait to see if sleep strategy (such as Graduated Extinction) is effective alone before adding another component.

Re-Emergence of Sleep Disturbances

- Often return in future (months or years later)
- Not surprising, since individuals with sleep disturbances seem to be biologically predisposed to be “light-sleepers”.
- Issues sometimes re-emerge after a vacation, illness, or other change that disrupts sleep pattern (e.g., trip to Grandma’s or “Sunday Night Syndrome” if child stayed up later during weekend)

Book Recommendation

Sleep Better! A Guide to Improving Sleep for Children with Special Needs.

By: Dr. Mark Durand

Resources

- Accredited Sleep Disorders Centers in California
 - California Center for Sleep Disorders, Oakland
510-834-8333
 - Sleep Disorders Center, Los Gatos
408-341-2080
 - Sleep Disorders Center, Sequoia Hospital, Redwood City
415-367-5137
 - Sleep Disorders Center at CA Pacific Medical Center, San Francisco
415-923-3336
 - Sleep Disorders Clinic, Stanford University
415-723-6601

References

- Books

- *Sleep Better! A Guide to Improving Sleep for Children with Special Needs*, V. Mark Durand, 1998.

- Websites

- <http://www.med.umich.edu/1libr/yourchild/sleep.htm>
- <http://aacap.org>
- <http://aafp.org>
- www.talkaboutsleee.com/sleep-disorders/archives
- www.sleepfoundation.org

Contact Info

Kelly Majestic, M.A. BCBA
Senior Regional Director
Gateway Learning Group, LLC
kellym@gatewaylg.com