



Sleep Strategies

Introduction:

Sleep problems-- either trouble falling asleep, staying asleep, or early morning waking, are common problems in typically developing children and in children with Autism Spectrum Disorders (ASD). There are some causes of sleep problems which need further evaluation and treatment from a sleep specialist. Many parents can help their children develop better sleep patterns by sticking to the suggestions described below. This handout includes information for you about sleep. To help your child sleep better, you may need to improve your child's 'sleep hygiene' (sleep habits). This can mean changes to your child's sleep setting and how you talk with your child at bedtime and during night waking. The steps are for children of all ages, but some of the suggestions (such as avoiding naps) are only fitting to older children who no longer need naps.

The following suggestions are based on both research and clinical experience of sleep experts. The suggestions may help your child to get a better night sleep. The areas to consider include the following:

1. Providing a comfortable sleep setting
2. Establishing regular bedtime habits
3. Keeping a regular schedule
4. Teaching your child to fall asleep alone
5. Avoiding naps (in children who have outgrown the need for a daytime nap)
6. Encourage daytime activities that promote a better sleep/wake schedule

1. Providing a comfortable sleep setting

It is important to create a safe, quiet sleeping setting for your child. Wherever your child sleeps, there should be a space at night to sleep that is his/her own. This may be part of a shared bed or the child's own bed, but it should be the same each night.

The bedroom should be comfortable (not too hot and not too cold), quiet, and dark. If the room is too dark, add a dim night light to your child's bedroom and leave it on all night. If there is light coming into the room from street lights or sunlight in the morning, consider adding heavier curtains to cover the windows.

The room should be quiet at night. Some children may like a 'white noise' or background low quiet sound like a ceiling fan or air filter. It is best to avoid things like the radio, television or music when he/she is falling asleep at night. The reason for this is when noises like these stop during the night, it may wake up your child. Also, think about other noise in your house at night when your child is going to bed. There should not be noise

from other siblings, or from television, computers, video games or music in nearby rooms.

Children with ASD may be more aware of noises at night that do not bother other children. Things such as water running or other household noises can affect sleep. Children with ASD may have sensory problems to things like textures of bedding and pajamas. Try to find out if these things are affecting your child; (for example, does he prefer tight or loose pajamas, or light or heavy covers?)

2. Establishing regular bedtime habits

Establish bedtime habits that are short, predictable, and expected. A good routine will help teach your child how to relax and get ready for sleep. The routine should include activities which are calming to your child. The stability of the routine will be calming to your child each night. Stay away from things before bedtime such as exciting television programs, movies/videos/electronic games, computers, loud music, or bright lights. It is best to avoid activities like running, jumping or rough housing.

The routine should be started 15 to 60 minutes before the set bedtime. A younger child would have a shorter routine (e.g. 15 minutes at one year of age) and this will increase as your child grows. However, the routine should not be more than 60 minutes. It is important that you, your partner and other caregivers to each follow the set routine. It may be helpful to take turns. The more regular the routine from one night to the next, the easier it will be for your child to settle at night to sleep.

The following are some simple tips about the bedtime routine:

- a. It should be in the child's bedroom where it is quiet (other than bathing/teeth brushing activities).
- b. When the routine is done in the same order each night, your child will be calmed with the same routine each night.
- c. The routine can include: taking a bath, getting into pajamas, brushing teeth, reading a book, singing a song, listening to soft and calming music.
- d. Young children or children with ASD may benefit from a visual schedule or "to-do list" (for example, pictures, words, or both of the routine in order) to help remind them of each step. This will help your child see that each night his/her bedtime routine will be in the same events in the same order each night. A visual schedule will also assist other family members and caregivers of the order of the routine.
- e. Determine which events are calming and which events are stimulating for your child. Those events that are calming for your child should be part of the bedtime routine habit. Events that are stimulating should be moved to an earlier time in the evening. For example, if your child finds bathing stimulating rather than relaxing, move this event to an earlier time in the evening.

3. Keeping a regular schedule As much as possible (given the changes that go along with daily life), your child should have a bedtime and wake time that is the same 7 days per week. Pick a bedtime that works for your child's age. The bedtime should be one that

works well with your own evening schedule to help with a constant routine each night. In many children (and adults), we tend to get a “second wind” in the hour before bedtime, and may have trouble falling asleep if we go to bed too early. If your child takes more than an hour to fall asleep, think about putting off bedtime by 30 minutes to 1 hour to try to help with sleep.

Bedtime will become later as your child grows, but it should always be set to allow enough sleep each day. Older children will also begin to stay up later and sleep later on weekends. Try to keep their schedule no more than one hour later for bedtime and one hour later for waking on weekends. Even if your child goes to sleep late at times, keep the same wake time and not more than one hour later than the normal wake time. Although it may seem better to let your child ‘sleep in’ and catch up on sleep, the more regular the wake time, the better sleep will be.

If your child is younger and has a daytime nap, keep the nap times on a regular schedule. When possible, the nap should be in the child’s bedroom. Wake your child by 4 pm from afternoon naps or it will be hard for him to fall asleep at bedtime.

Additional key points for setting a routine for your child are the time meals are served and exposure to sunlight. Your child should eat breakfast each morning at around the same time, both on weekdays and weekend days. At the end of the day, you should not give your child heavy meals or large snacks late at night. However, a light snack with carbohydrates (for example, cheese and crackers, or fruit) may help your child fall asleep more easily.

Exposure to sunlight in the morning, and keeping the room dark at night also helps keep a regular schedule. When your child wakes up in the morning, open the curtains and let natural sunlight come into the home. At night, if your child goes to sleep while it is daylight, make sure the areas for bedtime routine and bedroom are dark.

4. Teaching your child to fall asleep alone

Your child should learn to fall asleep alone in his own bed without you being present. This is because both children and adults naturally wake up several times each night. Each time we wake up, we briefly check out our sleep environment and then quickly go back to sleep. These waking are so brief, that we are not aware in the morning that we woke at all. However, if your child can’t fall asleep alone, then each time he/she wakes up, it is hard to fall back asleep without your help. If your child learns to fall asleep alone, then he/she will also be able to learn to fall back asleep at times of natural night waking, and wake more rested in the morning.

If your child is not able to fall asleep alone, you need to slowly teach him/her to do this. You will find many techniques in parenting books about sleep. The idea of these techniques is that over time (usually 1-3 weeks) you give your child the message that you are still present but reducing your contact at bedtime. An example of how you might do this is the following. If you usually lie down with your child at night at bedtime, you

could change your pattern by sitting on the bed for a few nights and then in a chair beside the bed. Continue sitting in the chair but moving it farther from the bed each night until you are out of the room and out of visual contact with your child and out of the bedroom. While you are making these changes, reduce the amount of attention you pay to your child such as talking, facial expressions, or eye contact.

Once you are out of your child's bedroom, if he/she is upset and not sleeping, you can wait a few minutes, and then go back into the room to check. When you go into the room, make it a brief visit (less than a minute) and only give limited physical or verbal contact (for example, a quick hug). Gently but firmly say something like "It is time for bed. You are OK. Good night." and then leave the room. If you need to go back into the room, wait longer each time and make each visit with your child brief. .

Once your child is able to fall asleep alone, then you can use the same techniques you used to teach him to fall asleep, if he/she wakes in the night, or before wake time in the morning.

With older children who wake up many times, you can use a bedtime pass. This can be a card that your child can present to you if he/she wakes at night. It can be traded for something brief, such as a quick hug or a drink of water. Your child should be taught that they may only use the pass one time during the night, and that once the pass is used, it will be given to you. You will return the pass to the child the following night to use again for one time during the night. Your child should also be taught that if the pass isn't used all night, it can be used for a morning present. You can also give the child a sticker that can be used for a present once a certain number of stickers (e.g. five) have been earned. The presents can be dollar-store items or a special outing with you.

5. Avoiding naps

Avoid naps during the day. There will be special times (for example, if your child is ill) that he/she needs a nap. However, in general, if your child is older and has outgrown the need for a daytime nap, sleeping during the day will make it harder to keep the bedtime sleep routine at night.

6. Encourage daytime activities that promote a better sleep/wake schedule

Remember that your child's sleep at night will be also affected by daytime activities and caffeinated foods and beverages.

Activities: Exercise during the day helps your child sleep better at night. Children and adults who exercise find it easier to fall asleep at night and have deeper sleep. If your child does not get regular exercise at school, try to schedule this at home. Make sure the time for exercise is early in the day, as stimulating exercise, close to bedtime may make it harder to fall asleep. Be sure all hard or tiring activity ends two to three hours prior to bedtime.

Caffeinated foods and beverages: Caffeine is a stimulant which can cause an ‘alerting effect’ and keep your child awake at night. If your child has caffeinated foods or beverages (e.g. chocolate, coffee, tea, and coca-cola products) in the afternoon or evening, the effect of caffeine stays in the body for 3 to 5 hours and up to 12 hours. Some children sleep best by taking these products completely out of their diet. Your child may be able to sleep as long as he avoids caffeinated foods or beverages several hours before bedtime.

Conclusion

Sleep problems are common in children with ASD. Many children with ASD, similar to typically developing children, will respond to changes in sleep 'hygiene' as described above. In fact, children with ASD may respond to some of these suggestions easier than typically developing children, because of their need for routines and rituals. If you cannot stick to these steps or his/her sleep remains disturbed, you should talk to your child's doctor to find out if a meeting with a sleep specialist is needed.

Acknowledgement:

This document was developed by Shelly K. Weiss, MD, FRCPC, Child Neurologist at the Hospital for Sick Children (SickKids), University of Toronto, Toronto, Ontario, Canada and Beth Ann Malow, MD, MS, Neurologist and Director of the Sleep Disorders Program of Vanderbilt University, Nashville Tennessee, as a product of the Autism Treatment Network (ATN), a program of Autism Speaks. The valuable assistance of the members of the ATN Sleep Disorders Subcommittee in reviewing This document is gratefully acknowledged. (July 2008) The bedtime pass concept was developed by Dr. Patrick Friman.