

Establishing Positive Sleep Patterns FOR CHILDREN ON THE AUTISM SPECTRUM

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MOST PARENTS HAVE HAD SOME EXPERIENCE WITH A CHILD WHO HAS DIFFICULTY FALLING ASLEEP, WAKES UP FREQUENTLY DURING THE NIGHT, AND/OR ONLY SLEEPS A FEW HOURS EACH NIGHT.

Temporary sleep difficulties are an “expected” phase of child development. But ongoing and persistent sleep disturbances can have an adverse effect on the child, parents and other household members. Children on the autism spectrum (ASD) appear to experience these sleep disturbances more frequently and intensely than typically developing children. It is extremely common for children with ASD to have difficulty getting to sleep, sleeping for a few hours at a time, and/or staying asleep without frequently waking throughout the night. These poor sleep habits are easily created and can be extremely difficult to change.





A COMMON SLEEP-RELATED ISSUE IS A PARENT SLEEPING WITH THE CHILD WITH ASD.



IF THE CHILD IS UPSET AND OBVIOUSLY NOT SLEEPING, WAIT A FEW MINUTES AND THEN GO BACK INTO THE CHILD'S ROOM TO CHECK ON HIM/HER.

When establishing a plan to reinforce a positive sleep pattern, any underlying medical problems affecting sleep should be assessed. Consider checking for food and/or environmental allergies or intolerances, gastrointestinal disturbances, and seizures. Also sleep disturbances can be a side effect of medications. All of these are more common in people with ASD.

Sleep disorders affecting the general population should also be ruled out for your child with ASD. Sleep apnea is a disorder that can affect anyone at any age; pauses in breathing occur when the airway becomes obstructed during sleep. Common causes are enlarged tonsils or adenoids; upper respiratory illnesses and/or allergies can also contribute to the development of sleep apnea. Other symptoms of sleep apnea in children include: snoring, mouth breathing, restless sleep, sweating, night wakings, and/or frequent coughing or choking while asleep.

Other sleep disorders to assess in a child, if appropriate, include sleep terrors and confusional arousals, disorders of "partial arousal" that lead to unusual behaviors during sleep. Children with sensory processing difficulties have more problems falling asleep and night waking. An assessment and consultation with an occupational therapist trained in sensory integration may be important to assess relaxation and arousal difficulties, and to help design strategies that address these issues.

After possible medical problems have been addressed, other factors contributing to sleep problems to consider are: environmental variables, bedtime routines and sleep training methods.

ENVIRONMENTAL VARIABLES

After examining your child's sleep environment more closely, some adaptations and modifications may be needed to help your child to relax at bedtime.

1. IS YOUR CHILD TOO HOT OR TOO COLD? Experiment with the temperature of the room, bedding and sleep clothes to decide what combination is best for your child. Remember that your child's sense of temperature may be different than yours. Recall what temperature your child seems to prefer and/or seek during the day, and consider when making decisions.

2. ARE TACTILE SENSITIVITIES AFFECTING YOUR CHILD'S

ABILITY TO SLEEP? Certain textures can relax or arouse your child. Examine bedding and pajama textures. Your child may prefer his/her feet covered or uncovered with footed pajamas, socks or even the covers themselves. Tight or loose clothing with or without elastic or seams can be an issue for some children. Also bedding should provide the optimum level of pressure, as this too can affect individuals with ASDs.

3. ARE NOISES AFFECTING YOUR CHILD? At night, when trying to relax and fall asleep, the noises your child hears may be impossible to filter out. Water running or an animal scratching may not affect you or other household members, but can be disrupting for a child with an ASD. Sometimes a fan, air filter, TV or soft music in the child's room can help mask other noises and provide a consistent sound that is comforting and/or soothing.

4. ARE VISUAL STIMULI CAUSING PROBLEMS AT BEDTIME? Is your child afraid of the dark? Some children with ASDs may prefer dark places during the day but could be afraid to sleep in a big room, in a bed, at night in the dark. Streetlights, the moon, or car lights shining in the room at intermittent intervals may also affect your child's sleep. Providing a room that is consistently light or dark may be very important, depending on your child's needs.

SLEEP TRAINING

The hardest piece in establishing positive sleep patterns is teaching your child to sleep through the night. You may have read or heard about various versions of sleep training methods. We recommend placing your child in his bed or crib, and leaving the room without long drawn out words or further attempts at touching the child in any way.

If the child is upset and obviously not sleeping, wait a few minutes and then go back into the child's room to check on him/her. Go back into the child's room (not more than a minute, preferably less) and briefly touch, rub or give a "high five," "thumbs up" or hug. Gently but firmly say, "It's okay, it's bedtime, you are okay" and then leave the room until it is time for the next check or until the child falls asleep.

Using this technique consistently is generally harder on the parent than it is on the child. It may take a couple of hours the first few nights. It is also very likely the child's behavior will get worse for a few days or more before it improves. This is the child testing

the change and trying to bring the old routine back. For some children who are older and not genuinely tired at a reasonable bedtime, a routine of staying in the bed or in the room quietly may be appropriate. Sleep training methods can still be applied in these situations. Also a gate or other barrier may be needed at the bedroom door to remind the child it's bedtime and the expectation is to stay in your room.

Another common sleep-related issue is a parent sleeping with the child with ASD. This habit may understandably get started when poor sleeping patterns affect not only the child but the parents and the rest of the family as well. If the child is in the habit of sleeping with a parent and/or in the parent's bed, the same steps described above should be considered with additional support needed during the examination of the environment and bedtime ritual/routine. For example, a pillow or other item(s) from the parent(s) may help make the environment more comforting to the child as the parent(s) transitions from sleeping with the child. Desensitization to a new bed or room can be added as part of the bedtime routine. Desensitization to a new room or bed can be added as part of a routine done daily for a few days or weeks before also being done as part of the bedtime routine.

If your child is older and never consistently slept through the night, you may be sleep deprived yourself. Ask for help from your doctor, a psychologist, social worker or from a case manager if you have applied for Medicaid Waivers. It may not be easy to find a knowledgeable professional but you might start by asking other parents who might know a professional. Also if your child's sleeping habits regress, you may need to consult with knowledgeable professionals. Sometimes if other medical problems are ruled out, a temporary trial of medication taken under a doctor's care can assist in turning around poor sleep patterns.

Several doctors in the field of autism spectrum disorders have done preliminary research on the short-term use of the over the counter supplement melatonin. Melatonin can help stabilize and promote normal sleep for some children by helping them fall asleep more quickly. The few studies currently available do caution, however, that melatonin sometimes stops working and does not usually help those who frequently wake up during the night. In addition, the long-term effect of taking melatonin has not been established.

The best advice is to avoid creating sleep routines and habits that will have to be broken later. Checking for medical issues and environmental variables, and then planning and consistently following a bedtime routine and a sleep training method can improve the quality of life for the whole family. It can take time to establish positive sleeping patterns, particularly if trying to change a long-standing problem. Families frequently have to make sleeping issues a priority until positive sleeping patterns are established but it is a priority that is well worth the effort.

Bedtime Routines

Bedtime routines are very important for most children in establishing positive sleep patterns, but are extremely critical for children with an ASD.

- 1. YOUR CHILD WILL BENEFIT FROM A SET BEDTIME.**
Pick a time for bed that is reasonable for your child and which you can consistently provide.
- 2. CHILDREN WITH ASD NEED TO KNOW WHAT IS GOING TO HAPPEN NEXT.** Establish a bedtime routine that can provide predictability and a comforting, familiar pattern. For further understanding and structure, a visual bedtime schedule can help. The visual schedule can provide reminders and consistency for the whole family.
- 3. A GOOD BEDTIME ROUTINE WILL HELP TEACH A CHILD TO CALM DOWN, RELAX AND GET READY TO SLEEP.** For example, if bathing is stimulating or stressful for your child, it may be best to bathe at a completely different time of the day. Likewise, there may be sensory integration activities that are relaxing to your child during the day that you can also use as part of the bedtime routine.
- 4. A BEDTIME ROUTINE SHOULD BE THE SAME EVERYDAY AND SHOULD INCLUDE ACTIVITIES THAT ARE PLEASANT AND RELAXING AS WELL AS SPECIAL AND INDIVIDUALIZED TO FIT YOUR CHILD'S NEEDS AND INTERESTS.** A bedtime routine should consist of 4 to 6 steps that do not take more time than is reasonable on a nightly basis.
- 5. SOME ACTIVITIES TO CONSIDER AS PART OF A BEDTIME ROUTINE OR RITUAL** include looking at the same book or story each night, saying good night to favorite objects, toileting, bathing, getting pajamas on, brushing teeth, having a glass of water, singing a favorite song or prayer, listening to calming music that the child enjoys, hugging and kissing family members and/or engaging in a calming sensory integration activity.
- 6. ON DAYS WHEN YOU ARE AWAY FROM HOME AND/OR GET HOME LATE, IT IS STILL IMPORTANT TO FOLLOW BEDTIME ROUTINES AND RITUALS.** You can shorten each step significantly and potentially eliminate nightlong frustrations due to the change. If your child is away from home for a night or two you may see old sleeping patterns emerge. Even in a temporary new environment, routines may help. Upon returning home the bedtime routine will continue to be effective, though the excitement from the change may take a night or more to fade depending on your child and how long you have been away.

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