


Sleep Issues: Guidelines for Parents of Children with Autism



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Sleep needs vary from person to person

- Our total sleep needs decrease with age

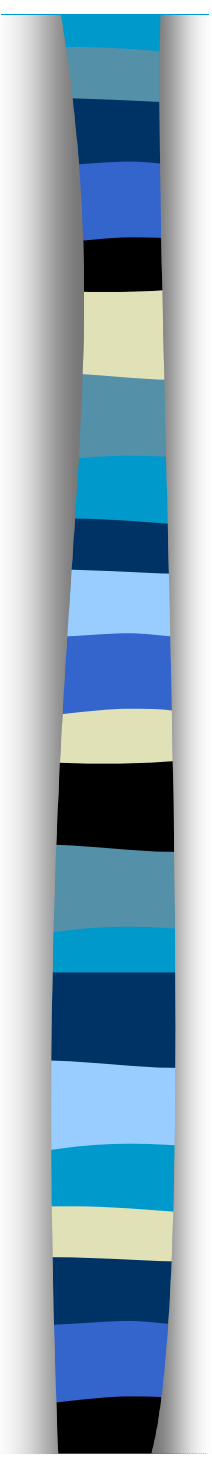
<u>Age in Years</u>	<u>Hours of Sleep Needed</u>
• 2-3	12
• 3-5	11
• 5-9	10.5
• 10-14	10
• 14-18	8.5



Not all individuals compress sleep into traditional sleep times

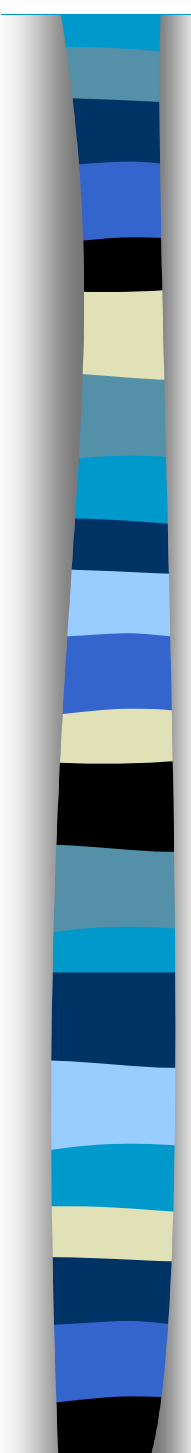
- “night owls”
- “morning larks”

- Night owls struggle to fit into typical family, work, school schedules



Among those children with developmental disabilities, children with Autism are the most seriously affected by sleep problems

- 80% - 100% of parents of children with Autism report that their child(ren) have sleep problems
- 25% of those report severe problems
- These problems tend to be more persistent



Sleep problems are not only difficult to endure for parents and family members, they can also substantially affect a child's readiness to learn

- Impairs performance on physical and mental tasks
- Suppresses motivation to work
- Increases irritability
- Increases feelings of depression



What constitutes a sleep problem?

- Not getting enough sleep
- Difficulty initiating sleep
- Disrupted sleep pattern (nighttime waking)

Not Getting Enough Sleep



- Earlier bed time

- Nap time



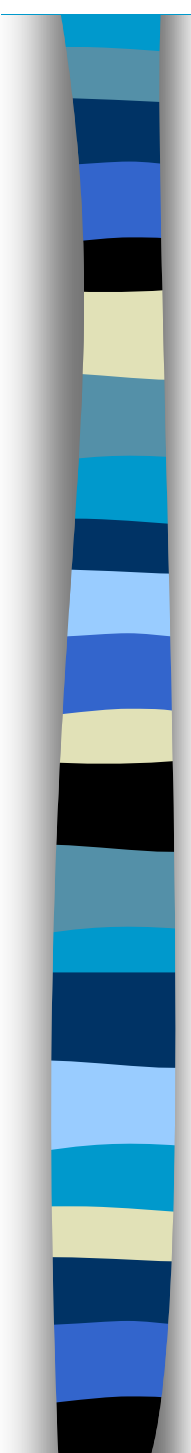
Difficulty Initiating Sleep

- Need to know why
 - Anxiety/fear
 - Energy level “night owl”
 - Attention seeking – less than optimal sleep habits developed



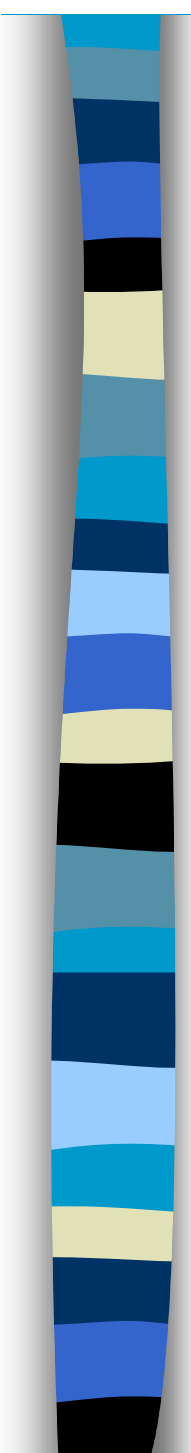
Nighttime Waking

- All individuals go through varying degrees of sleep and wakefulness each night
- Nighttime waking can be shaped by parental response to waking



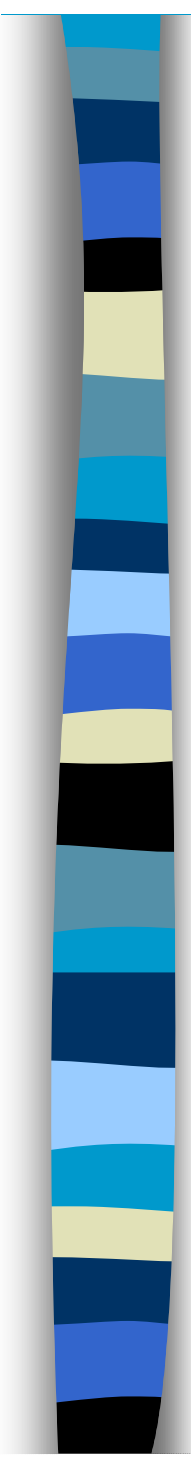
If a parent always responds to partial waking/crying with attention

- it increases the child's need to be in the presence of a parent to fall back asleep
- A child needs to learn to fall back asleep alone



If night time waking is attended to with parental attention several nights followed by a withdraw of attention on a subsequent night the child is likely to substantially intensify his or her plea for attention

- Which often weakens a parent's resolve to withdraw inappropriate attention out of fear of traumatizing the child

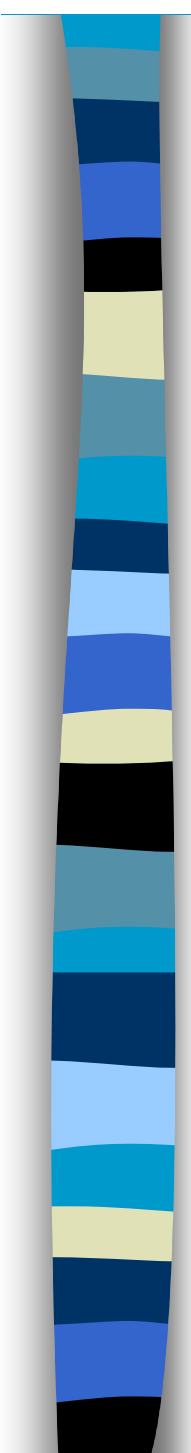


Need to understand the
nature of the sleep
problem in order to
successfully intervene



To get such an understanding

- Keep a ***Sleep Diary*** for one week to document the child's
 - duration of sleep,
 - pattern of sleep,
 - and what happens at problem times.
- Here we learn about the child's idiosyncratic sleep/wake cycle.

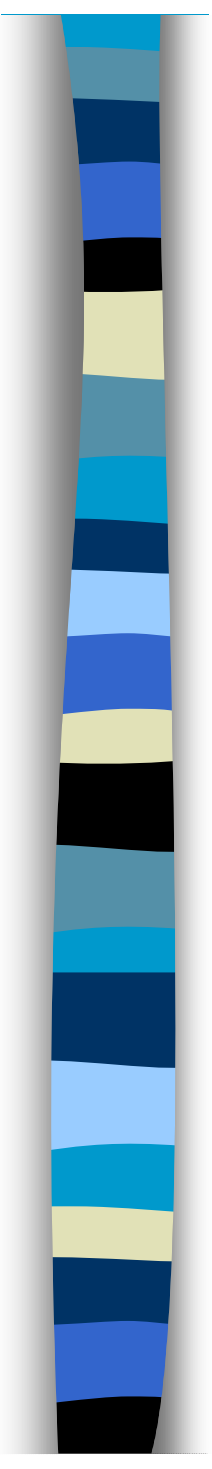


If nighttime waking is also a problem, keep a *Behavior Log* in order to develop an understanding of the function of the sleep disturbance



Good Sleep Habits Checklist

- Establish a set bedtime routine
 - Use advanced warnings
- Develop a regular bedtime and a regular time to awaken
- Eliminate, 6 hours before bedtime, all foods and drinks that contain caffeine
- Try drinking milk before bedtime
- Eat a balanced diet (low in fat)
- Do not exercise (rough house) in the hours immediately preceding bedtime
- Do include a period of rigorous activity during the day
- Restrict activities in the child's bed to those that help induce sleep
- Reduce noise & light in the bedroom – create a soothing – low stimulation environment
- Try rocking/cuddling/singing/rubbing/massage/deep pressure/brushing
- Play soft music
- Read stories/tell stories/discuss the day's highlights
- Use a comfort toy
- Avoid extreme temperatures and temperature changes in the bedroom

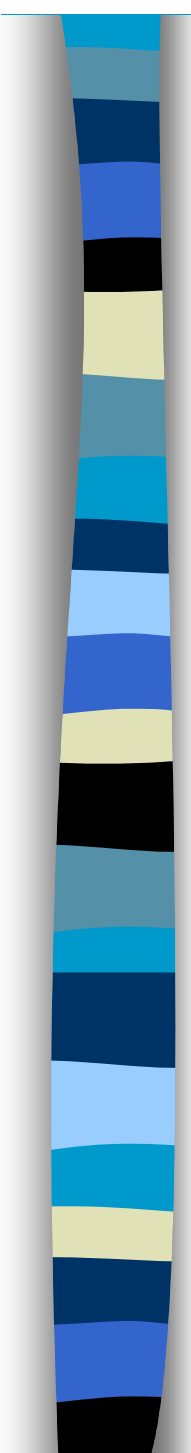


Scrap the nap if your
child is not sleeping
through the night



Do's and Don'ts

- Make the last 30 minutes before bedtime a regular routine
- Include activities such as dressing for sleep, washing, and reading
- Include soothing, relaxing, and quieting activities (things enjoyed by both the parent and child)
- Keep the order and timing of the activities about the same each night (throughout the week and weekend)
- Avoid activities that tend to cause conflict
- Avoid TV in this 30 minute period immediately preceding sleep
- Avoid extending bedtime (“Just one more story Pleeeeeeease!”)
- Don't rush the routine



Remember that **the parent should direct the bedtime routine.** The child can and should have some input into the routine; however, if the routine becomes longer and more elaborate the parent must regroup and take control.



Caution!

- With Autism the routine can become a ritual.
- With even the slightest alteration can come major disruption.



What To Do If Your Child's Sleep Schedule is Problematic

- Check Good Sleep Habits Checklist and adjust as needed
- Develop a sleep routine consistent with the Do's & Don'ts
- Keep a ***Sleep Diary*** for at least 1 week
- Keep a ***Behavior Log***
- Consult:
 - Sleep Better! by V. Mark Durand, (1998), Paul H. Brookes Publishing
 - Teacher, Behavior Specialist



Intervention Ideas

- The specific intervention will depend on the nature of the sleep problem and the child's specific needs.



If waking early or if experiencing nighttime waking

- Eliminate reinforcement/attention
- Adjust sleep schedule to compress sleep period



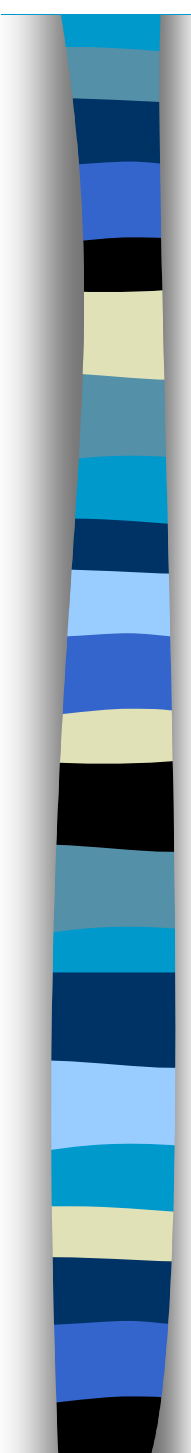
If waking is reinforced by:

- parental attention

- sleeping with the parent

- engaging in a desired activity

You must eliminate the positively reinforcing consequence



Establish a new routine with set rules and gather sufficient resources to facilitate consistency

- Acquire the resolve to stick to the plan
- Understand that it may get worse before it gets better
- Do it during a week or two off from work
- Develop a turn taking plan – rotate “enforcer” roles
- Have sibling(s) stay with relatives or a friend



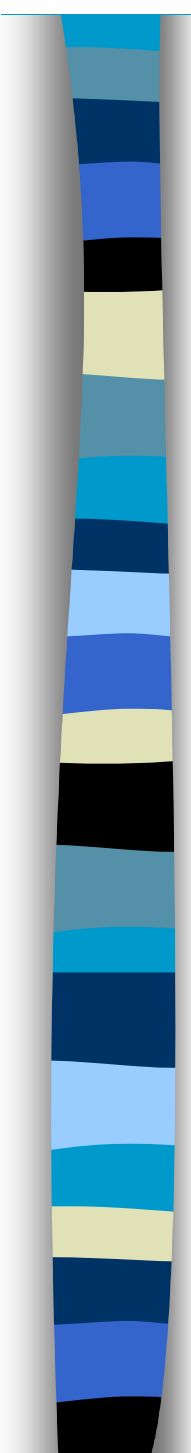
Nighttime waking plan might include:

- If your child wakes and demands attention during the night - ignore the demands
- If a long established pattern exists
 - Parent checks and soothes the child for 5 minutes only
 - No TV/no sleeping with parent
- Leave after 5 minutes – do not reenter – do not allow the child to leave his/her room.
- Remove the opportunity for harm and protracted play from the room



Early Waking or Nighttime Waking Plan

- Collect *Sleep Diary* data – determine the total number of hours the child typically sleeps each day/night
- This number may be quite different from the hours in bed – this discrepancy may be the reason for the sleep problem
- If napping - ***Scrap the nap***



Arrange bedtime/wake time to accommodate the number of hours of sleep needed

- To do so
 - Calculate 90% of average daily sleep time
 - Set bed time & wake time so the child is in bed for this length of time
 - The child will go to bed exhausted



Example:

- Desire bedtime 8:30/wake time 7:00
(total sleep hours desired 12.5)
- Reality bedtime 8:30/wake time 4:30
(average sleep needs - 8 hours)
 - Adjustment bedtime 11:45/wake time 7:00
(hours of sleep 7.2)
- Establish routine
 - Slowly move bedtime up in 15 minute increments, a week at a time, to reach an 8 hour sleep schedule



Resources

- Durand, V. Mark, (1998). *Sleep Better! A Guide to Improving Sleep for Children with Special needs*. Paul H. Brookes Publishing Company, Baltimore, MD.
- Fouse, Beth, & Wheeler, Maria, (1997). *A Treasure Chest of Behavioral Strategies for Individuals with Autism*. Future Horizons, Inc. Arlington, TX.
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