

Sleep Solutions

Date:

Presented by:

Learning Objectives

1. To identify your child's sleep challenge
2. To identify helpful sleep practices
3. To identify potential strategies to resolve sleep problems

Medical Concerns that Impact Sleep

This workshop is geared to assist children and families who are experiencing environmental or behaviour based sleep challenges

If your child has a medical condition e.g. loud snoring, night seizures, muscle spasms, or pain that interferes with sleep, please discuss your concerns directly with your family Doctor.

“Good” Sleep

“Good” sleep involves:

- Falling asleep quickly
- Staying asleep through the night
- Waking up without difficulty in the morning
- Not feeling tired during the day

(Hanley, 2014)

Why is “Good” Sleep Important?

“Good” sleep is restorative. Without it, children are:

- More irritable
- More easily fatigued
- Less likely to follow instructions
- Less likely to learn
- More likely to engage in problem behaviour

(Hanley, 2014)

How Prevalent are Sleep Problems?

- 35-50% of typically developing young children experience sleep problems
- 63-80% of children with developmental disabilities experience sleep problems
- Sleep problems are persistent. They do not typically resolve on their own.

(Jin, Hanley & Beaulieu, 2013)

(Hanley, 2013)

Common Sleep Problems

- Difficulty with nighttime routine
- Challenging behaviours that impact sleep
- Delayed sleep onset
- Night awakenings
- Early awakenings

(Hanley, 2014)

Helpful Sleep Practices

Step 1: Develop an ideal sleep schedule

Step 2: Develop a nighttime routine

Step 3: Create an optimal sleep environment

Step 4: Optimize sleep dependencies

Step 5: Address challenging behaviours that interfere with sleep

(Hanley, 2014)

Step 1: Develop an Ideal Sleep Schedule

Determining an ideal sleep schedule for your child can be challenging.

- A child may have difficulty following nighttime routines, falling asleep, or staying asleep if they are expected to be in bed too long
- A child may have difficulty waking or may experience daytime tiredness if they are in bed for too short of a time

(Hanley, 2013)

Develop an Ideal Sleep Schedule

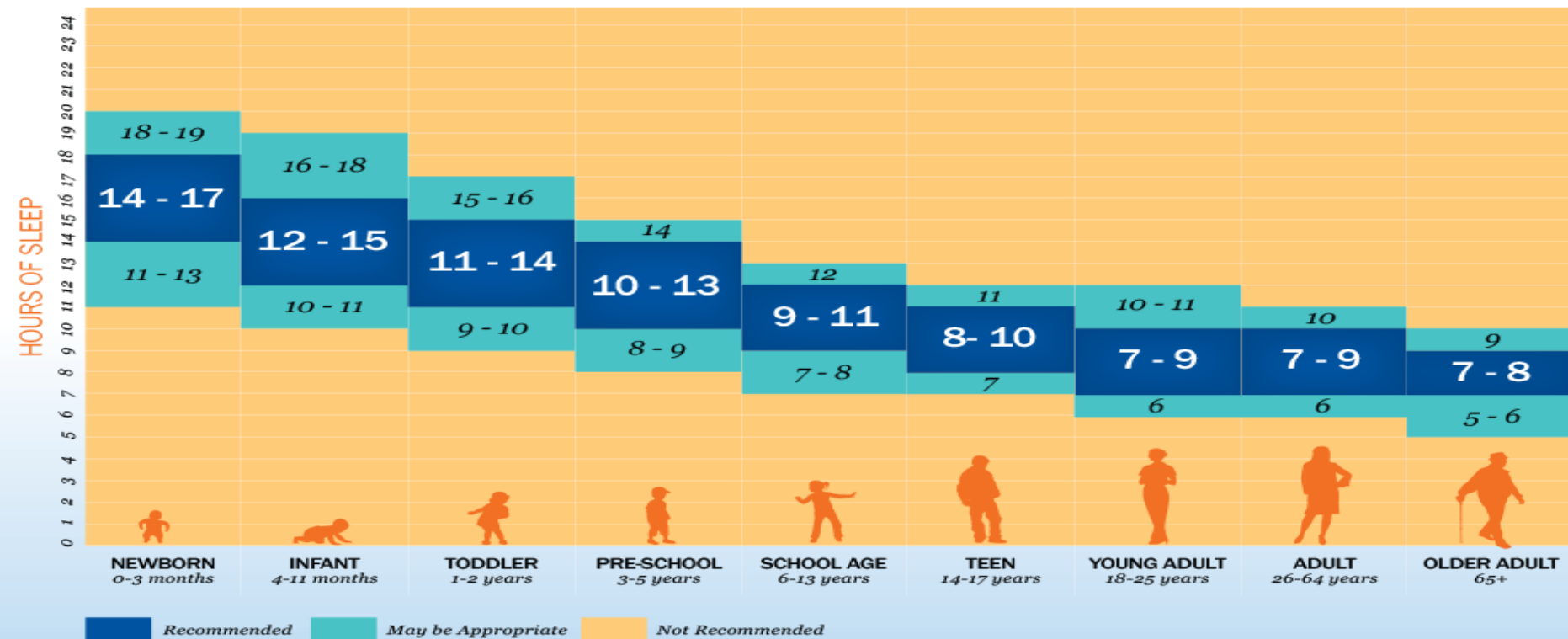
Determining how much sleep your child needs plays an important part in developing an ideal sleep schedule:

- Remember that suggested times are usually meant as guides, and it is important to remain flexible when outlining a sleep plan

Age-Based Sleep Averages:



SLEEP DURATION RECOMMENDATIONS



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Develop and Ideal Sleep Schedule

Another key factor in determining an ideal sleep schedule is selecting an optimal bedtime for your child.

- If your child consistently lies awake in bed before falling asleep (> 30 mins.) then a later bedtime should be tried.
- A later bedtime should be selected based on your child's sleep pattern.
- If you are unsure about your child's sleep preferences then add 1 hour to your child's current bedtime.
- A late bedtime can be faded to an earlier time once your child is falling asleep consistently at the new bed time.

Step 2: Develop a Nighttime Routine

- Develop a consistent nighttime routine, with a focus on increasingly ‘quiet behaviour’
- Provide exercise earlier in the day, with more passive activities prior to bed
- Reduce the ‘fun factor’ as you approach bedtime
- Provide baths earlier in the routine
- Dim lights closer to bedtime and reduce screen time
- Provide light snacks without caffeine

(Hanley, 2014)

Step 3: Create an Optimal Sleep Environment

- Reduce temperature
- Reduce lighting
- Limit noises or provide white noise
- Ensure that preferred toys and activities are not visible
- Provide preferred bedding (if your child has sensory preferences)

(Hanley, 2014)

(Hanley, 2013)

Step 4: Optimize Sleep Dependencies

- Transitioning from 'quiet behaviour' to sleep often depends on the presence of stimuli associated with sleep e.g. quiet, dark room.
- Other types of stimuli can include objects or people.
- Being aware of your child's sleep dependencies plays a key part in choosing the right sleep strategy for your child

(Hanley, 2014)

Step 4: Optimize Dependencies on People/Objects that Support Sleep

Problems:

- A child may have difficulty falling asleep or may demonstrate sleep disruption, if the things they associate with sleep are removed or inconsistently available
- A child may experience night awakenings if the things they associate with sleep are not present when they wake through the night

Step 4: Optimize Dependencies on People/Objects that Support Sleep

Support sleep with:

- Things that don't require your presence
- Things that can be there through the night
- Things that are portable (for excursions)

Examples: *Pillow, blanket, stuffed animal, pacifier*

(Hanley, 2014)

Step 5: Address Challenging Behaviours that Interfere with Sleep

Identify behaviours that interfere with sleep and negatively impact 'quiet behaviour' prior to sleep, such as:

- Leaving bed
- Crying/calling out
- Playing in bed or in bedroom
- Talking aloud to self

(Hanley, 2014)

Step 5: Address Challenging Behaviours that Interfere with Sleep

- Consider what might be reinforcing sleep-interfering behaviours, such as:
 - Attention / interaction
 - Food / drink
 - Access to TV or toys
 - Escape / avoidance of dark or bedroom

(Hanley, 2014)

Track Sleep Challenges

- Maintain a sleep log over a two week period to gather information re: sleep schedule, routines, behaviours and reinforcers

Sleep Interventions

1. Graduated extinction - “Controlled comforting”
2. Bedtime fading
3. Parent fading- “camping out”

CAUTION

Do not use bedtime fading or graduated extinction techniques if serious behaviours are present that require parent supervision

Graduated Extinction/Controlled Comforting

- Variation of the Ferber Method in which caregivers ignore bedtime disruptions or night wakings
- Controlled comforting teaches the child to self-soothe by allowing them to cry for a predetermined amount of time before receiving parent comfort
- Goal is to fade out time parents attend to child at night

Graduated Extinction/Controlled Comforting

- Following nighttime routine, put child to bed and leave room
- When crying or tantruming occurs, parent waits set amount of time before re-entering the room to check in (minimal interaction)
- Gradually increase the amount of time parent waits before briefly re-entering the room

(Durand, 1998)

Graduated Extinction/Controlled Comforting

Example

Wait for one min.	Go into room, redirect child back to bed, tuck in and leave
Wait for three min.	Go into room, redirect child back to bed, tuck in and leave
Wait for five min.	Go into room, redirect child back to bed, tuck in and leave
Wait for ten min.	Go into room, redirect child back to bed, tuck in and leave

Graduated Extinction/Controlled Comforting Summary

Pros

- Can be used at regular bedtime rather than needing to wait until late at night
- Can check on child for reassurance
- Usually work within first week

Cons

- Requires listening to child crying
- Can result in an increase in challenging behavior
- Self injurious behavior cannot be ignore

(Durand, 1998)

Bed Time Fading

- This strategy limits conflicts with the child over bedtime and supports a more rapid onset of sleep because of the late hour at which the child is put to bed.
- Bedtime fading is an effective strategy for a child who has difficulty following (or resists) the bedtime routine.

Bedtime Fading

- Keep child up later than usual so they will fall asleep on their own because they are very tired
- Select a bedtime when your child is likely to fall asleep within 15 minutes
- If child falls asleep within 15 minutes without difficulty for two nights, then move back bedtime by 15 minutes
- Keep child awake to new bedtime even if they want to sleep

Bedtime Fading

- If child does not fall asleep within 15 minutes, take child out of room and try again in 30 mins to 1 hour
- Continue to move back bedtime until desired bedtime is reached.

(Durand, 1998)

Bedtime Fading Summary

Pros

- Often can be “errorless” with no increase in behavior problems
- Often prevents long bouts of crying
- Less disruptive than graduated extinction when co-sharing

Cons

- Requires adult to stay up late at night or wake early in morning
- Can take several weeks before desired bedtime is reached

(Durand, 1998)

Parent Fading – “Camping out”

Involves gradually moving the parent further away from child’s bed.

Option 1:

- Sit on side or beside bed (if child can tolerate)
- Sit next to bed on chair
- Slowly move chair away

Fading – “Camping out”

Option 2:

- Parent Move mattress to child’s room
- Parent sleeps beside child’s bed for first night
- Each night the mattress is moved further away until can return to own bed

If child is able to fall asleep under each condition over 3 consecutive nights (without crying or protesting) then distance from child can be increased.

Parent Fading – “Camping out” Example

Night 1 to 3	Parent lies on bed with child – start by creating gap between parent and child
Night 4 to 6	Parent lies on edge of bed
Night 7 to 10	Parent sits up on edge of bed with feet on floor
Night 11 to 14	Parent sits on chair beside door
Night 14 to 21	Parent gradually moves chair away from bed and closer to bedroom door, until parent is able to leave the bedroom completely

Pros and Cons of Parent Fading – “Camping out”

Pros

- Allows parent to stay in room with child
- More gradual approach, supports gradual change
- Good strategy when quiet required due to siblings or in shared space accommodation

Cons

- Prolongs parent in bedroom with child.
- Potential for parent to fall asleep in child’s bed
- May be harder for parent to respond to child’s request for contact e.g. request for hugs, as parent already in room/bed with child

Determining Effectiveness of the Strategy

- Set realistic goals
- Collect data
- Strategies require consistency, time and patience – don't give up if you don't see a change right away

Summary

Select from the following interventions:

1. Graduated extinction/controlled comforting
2. Sleep restriction/bedtime fading
3. Parent fading/camping out

Additional Sleep Support

Please advise your Erinoakkid's clinician directly if your child continues to experience ongoing sleep concerns that are not resolved using the sleep strategies provided in today's workshop.

Summary

Please try these strategies at home on your own. If your child continues to experience difficulty with these approaches, and is not making progress despite consistent use of targeted strategies, please:

- Speak to your Lead Professional or
- For more support you can purchase focused consultation by called 905-855-2690 ext. 4

Questions?

We appreciate your participation and feedback.

Please fill out and hand in your Feedback Form

References

- Durand, V.M. (1998). *Sleep better!: A guide to improving sleep for children with special needs*. Baltimore, MD: Paul H. Brookes.
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- <http://ndd.betternightsbetterdays.ca/site/about-the-sleep-study>