

Sound Sleeping!



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Pre-5 Support for Learning

Introduction

It is very important that children develop a good sleep routine from birth. Sleep problems can easily develop and very quickly have a significant impact on family life in general. Sleep deprivation can lead to tiredness, loss of concentration, irritability and a breakdown of family dynamics. Parents can feel isolated and helpless and it can affect their health and how well they look after their children.

Children with additional needs can often experience more serious problems than other children however, the basic problems still remain the same ie

- Refusal to go to bed.
- Difficulty settling.
- Frequent awakenings during the night.
- Coming down the stairs or going into parents' bed.
- Toileting difficulties.
- Coping with incessant crying.
- Attention seeking behaviour.
- Nightmares/sleep terrors.

Diet can also affect a child's sleep pattern, their behaviour in general and how they perform throughout day and night.

Despite the seriousness of these problems, sleep is behaviour and like any other it can be changed. Research shows that sleep problems can be treated using specially adapted behaviour and cognitive techniques.

Children like routine and consistency, therefore it is important that parents develop a practical, individual, consistent routine

with which their child grows familiar. What suits one parent may not necessarily be the answer for another.

Common Problems Addressed

Refusal to go to bed

- Have a set bedtime and DO NOT change it. Be consistent.
- Go through the suggested bedtime routine ie supper, bath, story and finally bed.
- If the child cries then allow this for approx 5 mins before going in to comfort them. Do this from a distance ie reassure them you are still there but do not initiate any conversation, physical contact or eye-contact. Continue with this extending the periods of time before reassurance.
- Limit language used on these occasions eg "Bedtime, go to sleep". Keep voice calm and quiet.
- If the child gets out of bed, immediately return them with no eye-contact or conversation, reinforcing the words "Bedtime, go to sleep". Do this repeatedly until the child remains in bed and falls asleep. (This can be an exhausting, frustrating and time consuming process but it will be effective in time).
- If a child awakens and comes into the parents' bed through the night repeat this process.
- Use a reward system as this can be very effective eg sticker charts, a treat ie toy, favourite leisure activity etc

Difficulty in settling

- Generally tackle this as above but in younger children or more anxious children then more specific and individual tactics can be used.
- One method used is the "Disappearing Chair" where the parent initially sits on the bed with the child (being very boring). Gradually moving on to a chair beside the bed and then moving the chair closer to the door. This would be done over several nights. Again it is important to have no eye-contact, physical contact and limit language to that of "Bedtime, go to sleep".

Toileting Difficulties

- This can be a very individual problem as consideration has to be given to the child's age and stage of development. There can be many underlying reasons for this problem therefore if it persists, then discuss it in more detail with the relevant professionals.

Nightmares/Sleep Terrors

- These are often thought of as being similar, but in fact are quite different eg

Nightmare

Fairly common

Occur later in sleep

Child frightened when wakened

But aware of surroundings.

Usually stays in bed.

Remembers dream.

Night Terrors

Family History

Occurs in first 3 hours of sleep.

Child is frightened but not awake and will be disorientated if woken.

Screams and is terrified

No memory of dreams.

Long time in settling to sleep again.

Returns to sleep quickly.

This is best dealt with by talking the problem through with a professional eg Health Visitor, GP or Sleep Counsellor.

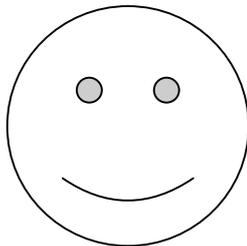
Sound Tips for a Good Night's Sleep!

- Do **not** allow children to nap late afternoon. If it is a young child requiring sleep throughout the day, then schedule nap for early afternoon.
- Set an appropriate, regular bedtime.
- Ensure that activities after teatime are quiet and relaxing.
- Allow 30 minutes previous to the set bedtime for supper, bath time and story.
- The bedroom should be quiet, relaxing and environmental noise kept to a minimum eg televisions/loud music are **not** advisable.
- Avoid drinks throughout the night and only milk or water should be given for supper. (Fizzy drinks such as Coke are not advisable as they contain caffeine and will act as a stimulant).

- When sleep behaviours do occur, act in a calm, quiet, controlled manner.

Drinking

Drinks before bed
(at least 2 hrs)

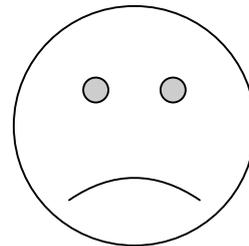


Water
(coke)

Milk

Fresh juice

Drinks not to be taken



Fizzy juice

Coffee

Tea

Hot chocolate

All drinks in the sad column contain caffeine. This acts as a stimulant therefore it is not advisable to give these drinks to children particularly at bedtime.

References

Living with Autism - Learning to Sleep by Peter Gabony
Fiona Gassor COSPPA 1999

Sleep Scotland Training Pack 2004

Solihull Approach Resource Pack Solihull NHS Primary
Care Trust

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