

# STAR Information Series:

## Helping Your Child to Sleep Better

It isn't unusual for children with autism to have a variety of sleeping problems. Some of these have been evident since infancy and some develop later. Some children have erratic sleep patterns. They sleep for an hour or so and stay awake for several or even throughout the night. Others seem to hardly ever sleep; while others are very difficult to get to sleep. They have trouble relaxing and going to sleep, but once asleep, sleep for a reasonable amount of time. Some children are very particular about where they sleep or need specific patterns followed in order to go to sleep. Some will not go to sleep until adults go to bed. Some require lights or TV to be on or off. Some want a totally dark room and others awakened to the slightest noise.

It is extremely difficult for caregivers to manage with a child who doesn't sleep through the night. Some of these children get up and wander through the house, get into things, get in bed with parents, or even go outside. Therefore, they have to be monitored. Sleeping, like eating and toileting is something no one can be made to do. However, there are some strategies that are likely to help establish better sleep patterns.

### **Establish set patterns and routines for your child:**

Keep information about what your child is currently doing. A week of information about his sleep patterns is extremely useful as a baseline from which to start. Instead of letting your child sleep whenever he or she wants to, try to establish set times to lie down and relax. If your child is taking mini-naps throughout the day, he will not be as tired at night. Sometimes short naps are hard to avoid when children have to be in car seats at various times of the day. Try to alternate action with quiet activities, try to avoid a great deal of TV and video watching, try to have meals at regular times, and make bedtime a similar time each night. Establish a set routine for going to bed that helps your child know what to expect and helps your child begin to unwind. Keep stimulation low at this time. The routine might include a bath, snack (sometimes warm milk helps and avoid caffeine), story, and rocking. It might include being tucked in and having a tape player on for a set number of the same songs. It might include putting favorite toys to bed. For families today who are working varied hours and have many obligations out of the home keeping routines can be a challenge. If all the people who might interact with your child know the routine it is more likely to be followed. Consider what you can do to help you and your child have some structure and routine throughout the day, but especially at this important time of the day.

### **Consider environmental stimuli and variables:**

Try soft light, soft music, a whirring fan, vaporizer, or air filter to mask background noise. Assess night noises like the garage door going up, the furnace fan going on, dogs barking, TV playing, and the washing machine being on. What can be done to reduce or mask these noises? Consider visual stimuli that might distract your child such as lights switching on and off or a street light or moon shining in causing shadows, or the sun shining in early in the morning. Is there too much visual stimuli in your child's room? Try to eliminate the stimuli that you think might be causing problems for your child. Do shades need to be added to darken the room or does a night light need to be added?

Consider your child's tactile needs. Evaluate the bed your child uses. Is it soft and warm from your child's perspective? Does it rock or move? Does it need to? Does your child need something to wrap up in like a comforter, blanket, or sleeping bag. Does your child need something to rub, hug, suck or bite on? If your child needs to rock, how can this be accomplished? All of the sensory needs of your child should be considered.

**Consider past learning and how it may be affecting your child:**

Some children have learned not to wet the bed, but don't initiate getting up to go to the bathroom since they have learned to stay in bed. Having to go to the bathroom keeps them awake. Does your child need to be taken to the bathroom during the night or learn to get up and go back to bed? If your child has been taught to stay in her bedroom, does she have a way to ask for help or something she needs? Sometimes children are hungry, sometimes thirsty, or sometimes get up and turn the light on. Is the bedroom a place to play also. Does your child know when to play and when to sleep? How does your child know this? What activities has your child learned to do in the bedroom and at what time of day has your child learned to do these?

Some children have not learned to put themselves to sleep and rely on being with someone or having certain stimuli around when they go to sleep. They may be used to falling asleep on the couch with the TV on then being put in their bed when asleep. They may be used to having someone next to them singing or rubbing their arm when they fall asleep. When they awaken in the night, they may not know how to get back to sleep.

**Consider exactly what you want your child to learn:**

Do you want your child to learn to sleep in his/her own bed or bedroom? Does the bed need to be off the floor or will a mattress or futon on the floor be ok? Do you want your child to learn to go to bed at a certain time or after a certain activity regardless of when others in the home go to bed? Do you want your child to stay in the bedroom in the morning until a set signal tells him it is time to get up? Do you want your child to nap during the day? How do your child's patterns fit into your family's values and life?

**Assess the situation reasonably:**

Is your child tired in the morning and does she have to be wakened up? Is your child grumpy later in the day? Are there times your child has out-of-control energy and other times is lethargic? Does your child's behavior infringe on the rights of others and are some family members not getting enough sleep? Can a consistent approach be taken? Who can help teach the child better patterns?

**Teaching your child to relax:**

Many children with autism can't relax and unwind easily. They often have been tense or anxious throughout the day and may become excited or over stimulated quickly in the evening. They also may have a greater need for routine and stability. Developing a set bedtime routine that helps your child unwind will become the signal for relaxing. However, it also helps to teach specific relaxation routines that help calm your child. These are useful for bedtimes and other anxious or excitable times. Since children with autism react differently these routines must be individualized. Back, arm, and leg rubs; taking deep breaths and blowing out; listening to calming music and rocking are some general relaxing activities. For the child with autism the place, the number of rubs, the pattern of rubbing, the number of breaths, and the exact routine needs to be established and practiced. Sometimes objects that relax children are substituted for a routine. These may provide comfort and be needed, but they don't usually take the place of a planned, learned relaxation routine. This routine is something that can grow and change with the child and be extremely useful in later life. Occupational Therapists are often quite helpful in planning an individualized relaxation routine to be taught in natural settings.

**Using visuals with your child:**

Make a chart of the bedtime routine with laminated pictures that can be put on a chart with Velcro or put in plastic sleeves that show your child the sequence of the bedtime routine. Each one can be removed, turned over, or just pointed to. Some type of social story can be used to show your child the bedtime or nighttime expectation. This can be made with pictures from the computer, drawn pictures, or stick figures. A cartoon-type story can be used. You are providing your child with visual information that will help her see as well as hear what to do and something everyone can refer to. You might also make a

visual chart or a flip book that shows the progress your child is making. Anything that visually helps your child understand and see progress might help.

### **Rewarding your child:**

It's difficult not to reward being awake and harder to reward being asleep. What you can reward is going to bed, staying in bed, following the routine, and being cooperative. You can also give as little attention and reinforcement as possible to times when your child is supposed to be in bed sleeping. This too can be a challenge, since your child may be reinforced just by being up and moving. Remember that your child is not doing this to be ornery, his body rhythms are doing this. If you think a child is hungry in the night you can leave something by his bed after he is asleep so there is no reason to get up and out of his room. Be creative, but try to establish the message that night time is for relaxing in bed.

### **Getting additional help:**

You may want to seek additional help when setting up and implementing your plan from a behavioral consultant or psychologist. You may also want to talk to your pediatrician if your child's sleep patterns are so erratic that you feel you may need some medication to help initially. People who have taught and worked with children with autism are quite familiar with some of the sleep difficulties and may provide additional ideas for you. Provide accurate data for them over a few days so there is information about the current patterns. Please don't feel hesitant to seek help.

### **Summary:**

Children with autism can learn to go to bed at a reasonable time, can learn to relax, be quiet in their room, and establish a reasonable sleep routine that allows them and their family members to function throughout the day with reasonable amounts of sleep. It takes time to change established patterns. Most of all it takes a planned, consistent approach. You must have a very specific idea about what you want your child to do that is reasonable and within your child's abilities before designing a plan with your family members. Then there has to be strong commitment to carry through with the plan. Initially, it may feel like you are getting less sleep. But persevere. Unfortunately, life's challenges like illnesses, a parent being away, or a family addition might cause setbacks. Remember that you are establishing patterns for the well-being of your child and family.

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STAR is an intervention program developed specifically for children and adolescents with autism spectrum disorders (ASDs) and their families. STAR is a program within the Weisskopf Child Evaluation Center (WCEC), a division of the University of Louisville School of Medicine Department of Pediatrics.

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