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The Brake Shop Clinic Putting the Brakes On Sleep Difficulties



Because we can accidentally 'train' our bodies to have problems falling asleep, it is very important to practice good sleep hygiene to prevent this unintentional 'bad' learning from occurring. Children with 'leaky brakes' may have bodies that are more susceptible to this kind of learning. Good sleep hygiene can also make it easier for children who are biologically predisposed to sleep difficulties to adapt to regular sleep schedules. Below are a number of ways to improve sleep hygiene. At the end of this handout is a checklist with further ideas to assist you.

So let's,



Keep a regular sleep schedule. Don't vary bedtime/wake-up times by more than 1 hour even on weekends, and stick to a set routine. Do the same things in the same order every time – you might even want to create a 'script' together so the words you share when your child is in bed are the same each night. Structure, as a general rule, is always very helpful for children with 'leaky brakes' – it fosters a predictability in their lives (and therefore a feeling of control) that can be otherwise lacking given their poor control over their own bodies, attention, emotions, and thoughts. This schedule should have a child in bed before 11 p.m. and up before 8 a.m.

No naps during the daytime. Instead, wear them out during the day. Regular exercise is a good way to accomplish this. Physical activity at any time in the day is good (even in the evening), as long as it is not right before bedtime as this will raise your temperature and

awaken your body. To fall asleep you need your body temperature to lower instead. One thing we know about the body is that it automatically lowers its temperature (making you feel drowsy) 4-6 hours after you exercise. Therefore, by getting the blood pumping through some sort of activity 4-6 hours before bedtime, we can get our bodies to naturally prepare us for sleep right when we want them to!

Beds are for SLEEPING in! The bed should be used for sleeping **only** – this will actually teach the child's body to prepare for sleep as soon as you are lying in this place and at this time. Lying in bed for hours reading or eating confuses your child's body, because now a variety of activities (some involving powering the body up, some involving powering the body down) are now linked to the bed. If the child frequently plays in his/her bed, this can even train the child's body to link activity with beds, meaning that (s)he will become stimulated rather than relaxed when (s)he lies down!

Stimulation is bad! In order to allow the body to shut down, sources of stimulation need to be avoided in preparation for bedtime. Avoid fights shortly before lights out. Caffeine is a stimulant, and so colas, Mountain Dew, teas, coffee, or chocolate in the late afternoon or evening should not be permitted. As a rule of thumb, eliminate these items from the child's diet 6 hours before bedtime; no big meals should be eaten right before bedtime either. Finally, is the room too loud or too bright for the child to fall asleep? Remember that your child may have 'leaky brakes' over his/her senses, and so sounds and/or light in the room that wouldn't bother you will prevent your child from falling asleep. Finally, dimming the lights an hour before bedtime is a good strategy regardless of whether you have 'leaky brakes' over your senses – doing so has a direct effect on the pineal gland which secretes a pro-sleeping hormone!

'Graduated Extinction'. Decide how long you are going to wait before you check in on your crying child, and stick to it. Don't pick your child up or otherwise reward your child for those behaviours – just go 'in and out' long enough to ensure everything is all right. Increase this amount of time each night over many nights. Because this plan means that NO ONE sleeps well for a few nights, you might choose a weekend/holiday to start using 'graduated extinction'.

Bedtime Fading. Put some reverse psychology to use. "You wanna stay up? Fine – stay up **reeeally** late"! Keep the activities boring ("this is what adults do when they stay up late") and keep the child awake until they've gone through the bedtime routine and been put into bed at a time that is 30 minutes past when they would naturally fall asleep. The child is tired enough that putting him to bed is not a battle – and no fights equal no extra stimulation! Over time, this 're-trains' your child's body that bedtime is a time of relaxation and the bed is a source of relief for their exhaustion. Once this occurs, the bedtime can be inched back slowly (15 minutes at a time) and eventually to the desired time (or at least a time where the child still seems well-rested in the morning). It is worth emphasizing that this is not intended to 'trick' the child, but his/her body instead!

More reverse psychology. Oftentimes it is the stress around WANTING to fall asleep that ironically causes people to have problems falling asleep. They are trying too hard! One way to take the stress out of the equation is to emphasize staying awake instead. Have the child prepare for bed and get settled in, and then tell them how important it is for them to NOT fall asleep. It removes the pressure, and sometimes this is enough!

What if my child has Tourette Syndrome? If your child experiences painful tics, a massage or warm bath/shower may help to relax his/her body. If muscles are chronically tight due to long-standing tics, chiropractic care may be necessary to correct any subluxations and allow the body to be 're-trained' how to relax.

What if my child is Obsessive-Compulsive? Does your child complain that his/her head won't stop long enough for him/her to get to sleep? One technique to experiment with is the use of a TV in the bedroom. Sometimes a television program can serve as a distracter long enough for the child's body to relax and drift off. For this strategy to work, certain components are very important:

- Use a television equipped with a timer that can be set to turn off after a specified time period (e.g. an hour). That way the child is not awakened later in the night by the noise. If this technique works for your child, the amount of time the TV is left on can be reduced.
- Choice of show is crucial: it should be a low-stimulation show (i.e. without lots of explosions and excitement). It should also be very predictable, either because the structure of the show is always the same (like the way Law & Order always follows the same formula), or the content is familiar (a show or episode watched repeatedly). Knowing what's coming next in the show is, in itself, comforting, and contributes to relaxing the child.

What if my child has Attention-Deficit Hyperactivity Disorder? Allow the need for longer-than-usual routines. Given the problems children with ADHD can have around regulating their energy levels, it is more important to ride their 'waves' (when their energy is low and they are nodding off, DON'T re-arouse them by running them through a routine). If your child is on a stimulant medication, be aware that certain dosages at later points in the day can interfere with sleep. Be sure to speak to your physician and/or pharmacist about the appropriate administration of this drug.

Added bonuses – better brakes, fewer headaches! One way to avoid power struggles around the use of these techniques is to let children know "what's in it for them". Arguments around lights out can easily look to children like just another way an adult is telling them what to do. Assure them that this isn't the case – not only will their brakes work better the next day the longer they sleep (like a battery being recharged), but recent research suggests that using good sleep hygiene can reduce the frequency and duration of migraine headache episodes (Bruni, Galli, & Guidetti, 1999).

A final point: for the child who is genetically predisposed to sleep difficulties, these techniques do not "cure" the problem. Rather, they create an environment that allows the child to sleep in a regular schedule despite their natural tendencies. Light bulbs will shine brightly until they burn out, as that is how they are designed to be – only by attaching them to a timer will they follow the schedule we set without need for intervention. For this reason, you should not be surprised if problems re-occur after some sort of disruption in the schedule (due, for example, to an illness or a vacation). Think of that disruption as being like a power outage on the timer – just as the light bulb would revert back to its natural

tendencies, so do these children. We must simply reset the timer before we can expect the light bulb (or the child!) to again follow the schedule we desire.

If you'd like more detail than what is provided here, a good book to read is [Sleep Better! A Guide to Improving Sleep for Children with Special Needs](#), by Dr. V. Mark Durand, Psychologist.

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Healthy Sleep Habits for Children



- ✓ **Your child maintains a regular wakeup and bedtime every day, (including weekends maximum deviation of 1 hour).** Regularity (of both sleep times and meal times) encourages your child's body cycles to be coordinated. Maintaining a regular wake-up time is most important for our sleep-wake cycle.
- ✓ **Your child is exposed to sunshine [bright light] during the day.** Exposing children to sunshine during the day, after their wake time, particularly in the morning, may help them sleep better at night. Bright light helps the body to produce melatonin (a natural sleep hormone) that promotes better sleep and mood.
- ✓ **Your child's day has a balance of activity and rest.** The planning of daily activities is important. Children benefit from routine structures as well as balanced patterns of both activity and rest during the day and night. Recognizing the relationship between daytime activity and sleep promotion is important.
- ✓ **Your child only takes short naps in the early afternoon.** Daytime naps should be geared around the child's age and development. We recommend that a nap should not be taken after 3:00 pm.
- ✓ **As a general rule, your child does only quiet activities in the last hour prior to going to bed.** Calming activities include well-structured routine behaviours, such as quiet baths, listening to stories and/or lullabies. Vigorous activities may stimulate your child and afterwards it may take them several hours to relax. Having a bath before bedtime with a bright light and many toys can make the bath exciting rather than calming. Playing with siblings may also be overly exciting. Story-telling should have a calming influence, but unfamiliar stories or books with loud sounds (e.g. animal noises) may be stimulating.
- ✓ **Your child's TV, DVD, computer game (screen) time is limited.** Screen time creates an excess of stimuli and should be avoided at night. However, a favourite and familiar DVD following dinner may be calming for some, but it could result in over-stimulation for others.
- ✓ **Your child eats / drinks only light healthy foods / beverages before going to bed. Your child does not eat food during the night.** Overeating before bedtime can interfere with your child's sleep. Light healthy snacks such as cheese and crackers (protein and carbohydrates, like a diabetic snack) or oatmeal are recommended. Avoid food and drinks with caffeine (e.g. hot chocolate, chocolate cookies, energy drinks, cola) 4 to 6 hours before falling asleep. Allowing regular night mealtimes quickly teaches the body to wake up during the night because it needs to "be fed". If required your child may drink water.

- ✓ **You have a regular bedtime routine with your child; including story time (see also social stories).** A series of regular activities, carried out in the same sequence (for example, changing into pyjamas, brushing teeth, going to the toilette, and turning off the lights) allows the body to prepare for going to sleep. Your bedtime routines should not be longer than 30 minutes. Encourage your child to complete part of the bedtime routine independently (e.g. let your child turn off the lights), this strengthens his/her sense of control and independence.
- ✓ **You recognize your child's cue for tiredness.** When children become tired they will exhibit some of their bedtime routine activities (e.g. rubbing eyes, taking off socks). When you recognize your child is getting tired help them to get fully ready for sleep. Even slightly dozing off in the late afternoon or at night time can affect quality of sleep.
- ✓ **You put your child to bed while drowsy but still awake in the same place where they sleep all night.** Take your child to bed when he/she is awake and then leave the room before they fall asleep. Otherwise your child will constantly associate falling asleep with your presence.
- ✓ **Your child is in bed by 7:00/8:00/9:00 pm depending on his/her age and needs.** Children need different amounts of sleep, depending on their ages and individual needs. We recommend that children between the ages of 5-10 go to bed no later than 9:00.
- ✓ **Your child's bed is ONLY used for sleeping. You NEVER send your child to bed as punishment.** This causes the bed to become associated with thoughts and activities (e.g. homework and school) that prevent sleep. In turn, your child will come to associate the bed, and the act of going to bed, with punishment.
- ✓ **You let your child turn off the lights** Let your child turn off the lights by him/herself. This strengthens their sense of control and independence.
- ✓ **You do not turn on a bright light if you console your child at night or if your child gets out of bed.** A bright light tends to cause your child's body to wake up and influences his/her inner clock. Additionally, your child may learn to associate light with comfort and consolation, and darkness with solitude and distress. The bedroom should be totally dark; however, some anxious children with fears of the dark might benefit from a dim night light. Try not to turn on any lights in your child's bedroom at night and try to eliminate all noise sources.
Bright light = time to wake up *Dark* = time to sleep
- ✓ **Do not smoke in your home because smoking disrupts your child's sleep.**

Teenagers and sleep issues



Good sleep hygiene is important for everyone, from the youngest infant to senior citizens. Teenagers have unique sleep requirements and sleep hygiene. Because teenagers' bodies are going through changes associated with adolescence, an approach that addresses a variety of factors is required for solving teen sleep problems.

A checklist for teens

- Help your teenager establish a regular, relaxing routine to unwind at night, just before bedtime. This will help signal your teen's body that it is time to sleep.
- Have your teen avoid all products containing caffeine (including soda, chocolate, etc.) after 4 p.m.
- Tell your teen to avoid smoking since, in addition to other bad health effects, nicotine is a stimulating drug.
- Teach your teenager to avoid alcohol.
- Keep your teen away from stimulating activities in the late evening such as heavy studying, computer games, and violent or frightening television shows, videos, or books.
- Promote calm family atmosphere surrounding bedtime.
- Do not let your teenager fall asleep while watching television or videos.
- Help your teenager to establish a regular exercise routine and healthy diet.
- Have your teen avoid late afternoon and evening bright light, and open blinds first thing in the morning.
- Allow your teen to go to bed later on weekends, but make sure he or she wakes up within two hours of his or her usual weekday wake time. If allowed to "sleep-in" on the weekends, your teen's body clock will be disrupted, and he or she will have a very hard time waking up on Monday morning. It is important to establish and maintain a consistent sleep-wake schedule.
- Encourage your teen to avoid napping. If your teenager is very sleepy, a short nap is okay, but limit to 30 or 45 minutes.

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