Prevention and Treatment of Children's Insomnia (difficulty falling asleep, staying asleep, or getting enough sleep)

Prepared by: Gregory P. Hanley, Ph.D., BCBA-D, Western New England University *December 19, 2013*

Sleep problems can be considered a skill deficit that is common especially in children and youth with developmental disabilities (63-80%, compared to 35-50% of typically developing young children). Sleep problems (difficulty falling asleep, staying asleep, or getting enough sleep) are associated with higher levels of severe problem behavior (meltdowns, aggression, self-injury), stereotypic self-stimulatory behavior, noncompliance. Sleep problems also interfere with learning. Although there is a notion that children eventually grow out of the developmental phase characterized by sleep disturbance, these problems tend to persist and do not simply subside as children grow older. Persistent sleep problems in childhood are associated with childhood and adult obesity, adolescent behavioral and emotional problems, anxiety in adulthood, and sleep problems through adulthood. Children's sleep problems also negatively affect parents and are associated with marital discord and maternal malaise and depression. The good news is that all children can learn to be great, or at least better, sleepers. When addressing your child's insomnia, start on a Friday or when your child has 2 or 3 days off from early commitments, and consider all of the following to develop a sufficiently comprehensive plan.

<u>During the day:</u>

1. Ensure that you child exercises at least every other day and at least 4 hours before going to bed.
2. Avoid all caffeinated beverages, especially after 4:00 pm or at least 6 hours prior to your scheduled bedtime.
3. If over 4 years of age, try to avoid any napping, especially after 3 pm. If a nap does occur, put the child to bed night later that night (e.g., if the child napped for one hour, put the child to bed an hour later that night).
4. Reserve your child's bed for sleeping to the greatest extent possible (do not let the bed become a play or social zone).

<u>The hour prior to putting your child in bed:</u>

5. Provide the child a snack that is high in complex carbohydrates and protein, and avoid foods with a high glycemic indexes as part of the nighttime snack. Also, avoid giving any chocolate because it contains caffeine.
6. Eliminate all medication prescribed to improve sleep or reschedule medication that has a high sedation profile to the morning. Sedating medications interfere with the learning that is required for your child to learn to fall asleep and often allow only for low quality sleep (e.g., less than optimal REM sleep). If you feel compelled to use a pill to help your child sleep, consider 1.5 to 4 mg of melatonin taken 30 to 45 min prior to going to bed while the ambient lighting is reduced.
7. To minimize the activity that often occurs once a child is put to bed, allow them access to that activity for an extended amount of time before the child is put to bed. If the child engages in call outs for more parental attention or to have a parent cuddle with them, provide the child with a lot of parental attention and cuddle time on a couch outside of the bedroom prior to putting the child in bed. If the child engages in high levels of self-stimulatory behavior in bed (e.g., hand flapping), make sure the child has a place and an opportunity to engage in these behaviors (if they are non-injurious) before they go to bed.
8. Establish a nighttime routine that involves dimming of the ambient lighting, decreased reliance on screen time, cooler ambient temperature, and a consistent pattern of actions during the 15 to 30 min prior to going to bed (e.g., change into pajamas, have a book read to them outside of the bedroom, sound machine is turned on, child is bid goodnight).

<u>When to go to and get out of bed:</u>

9. To enhance the value of sleep at the start of your sleep treatment, put the child to bed one hour later than when the child fell asleep the night before. If the child falls asleep quickly (within 15 min) on the first and subsequent nights, put the child to bed 15 to 30 min earlier the next night until the child is going to bed at a time that allows him or her an age-appropriate amount of sleep (generally about 11 hours for very young children up to age 4; up to 10 hours for children ages 5 to 11; and between 8 and 9 hours for youth ages 12 years and older).

<u>Considerations while in bed:</u>

10. Optimize sleep dependencies (those events without which the child cannot fall asleep) by making sure they are present throughout the entire night, do not require any resetting during the night, and are transportable (e.g., consider a white noise machine on continuously while the child is in bed). Do not allow the child to fall asleep outside of their bed (e.g., on the couch) or with a radio or television on that automatically shuts off during the night.
11. Optimize their sleep context by making it dark (consider room darkening curtains) and relatively cool, by masking ambient noise that may alert or awake the child by using a white noise machine on at conversational volume, and by removing any objects that may encourage behavior that is incompatible with sleeping (e.g., remove all electronic gadgets and preferred toys from sight).

Prevention and Treatment of Parent's Insomnia (difficulty falling asleep, staying asleep, or getting enough sleep)

Prepared by: Gregory P. Hanley, Ph.D., BCBA-D, Western New England University *December 19, 2013*

You too can learn to be a better sleeper. When addressing your own insomnia, start when you have 2 or 3 days off from early commitments, and consider all of the following to develop a sufficiently comprehensive and self-managed treatment.

<u>During the day:</u>

1. Exercise at least every other day and at least 4 hours before you go to bed; exercise helps people sleep well.
2. Avoid all caffeinated beverages after 4:00 pm or at least 6 hours prior to your scheduled bedtime.
3. Try to avoid napping. If you feel compelled to nap, set a watch or phone alarm to go off 20 minutes after you "settled in" for your nap. Put yourself to bed 30 min later at night for each 20 min nap that you took.
4. Avoid completing school or work tasks, watching television, using your laptop or other electronics, and engaging in phone conversations *in bed* during the day. It is best to reserve your bed for sleeping to the greatest extent possible.

<u>The hour prior to putting yourself in bed:</u>

5. Have a snack at night that is high in complex carbohydrates and protein, and avoid foods with a high glycemic indexes as part of your nighttime snack. Also, avoid chocolate because it contains caffeine.
6. Eliminate all medication prescribed to improve sleep. The medications interfere with the learning that is required for you to be an effective sleeper and often allow only for low quality sleep (e.g., less than optimal REM sleep). If you feel compelled to use a pill to help you sleep, consider 1.5 to 4 mg of melatonin taken 30 to 45 min prior to going to bed while the ambient lighting is reduced.
7. To minimize the mental rumination that often occurs when busy adults go to bed, consider writing down your reflections of the day and plans for tomorrow before or during your nighttime routine (i.e., not while you are in bed). Even just spending a few moments thinking about your day and planning for tomorrow (e.g., when you brush your teeth) is a good habit. Do not reflect and plan with your phone or laptop unless it is 30 min removed from when you put yourself in bed.
8. Establish a nighttime routine that involves dimming of the ambient lighting, decreased reliance on screen time, cooler ambient temperature, and a consistent pattern of actions during the 15 to 30 min prior to going to bed (e.g., reflect on your day, plan for tomorrow, change into pajamas, brush teeth, read a book in a chair, turn on your sound machine, lay down in bed).

<u>When to go to and get out of bed:</u>

9. To enhance the value of sleep at the start of your sleep treatment, put yourself to bed one hour later than when you fell asleep the night before. If you fall asleep quickly (within 15 min) on the first and subsequent nights, put yourself to bed 15 to 30 min earlier the next night until you are going to bed at a time that allows you 7.5 to 8 hours of sleep before your alarm goes off. Try not to stay in bed for more than 8.5 hours each 24-hour period.

<u>Considerations while in bed:</u>

10. Optimize sleep dependencies (those events without which you cannot fall asleep) by making sure they are present throughout the entire night, do not require any resetting during the night, and are transportable (e.g., consider a white noise machine on continuously while you are in bed). Avoid falling asleep outside of your bed (e.g., on the couch) or with a radio or television on that automatically shuts off during the night.
11. Optimize your sleep context by making it dark (consider room darkening curtains) and relatively cool, by masking ambient noise that may alert or awake you by using a white noise machine on at conversational volume, and by removing any objects that may encourage behavior that is incompatible with sleeping (e.g., remove cell phones, all other electronic gadgets including an alarm clock, textbooks and homework binders from sight).
12. To address long delays to sleep onset and awakening during the night, consider the following: Get out of bed if you are not asleep within 10-15 min, sit in chair and read a literary classic under low light for 15-30 min or until drowsy, then return to bed. In other words, if you are not sleeping for 15 min at the beginning of the night or in the middle of the night, *get out of bed* (i.e., do not practice not sleeping in bed, because you will then get good at it). When you get out of bed, read a book, but do not do anything that is highly reinforcing, completes a goal, or involves electronic screens (i.e., do not do the laundry, clean the house, check email, make a snack, surf the web, watch TV, complete an assignment, email, tweet, instant message, blog or check emails, tweets, IMs, or blogs).
13. To address difficulty getting out of bed in the morning, consider the *Sleep Cycle* application available on smart phones. Relying on the accelerometer in smart phones, the application allows for your phone-based alarm to go off when you are transitioning out of sleep as opposed to going off when you are in a relatively deep stage of sleep (you set a 30-minute window for your alarm to go off). The phone is placed out of sight under the fitted sheet each night.