

Sleep Difficulties in Children

Many children find it difficult to settle and sleep through the night, but until fairly recently little information was available about sleep problems and ways to resolve them. Lack of sleep can have an enormous impact on both the child and the family. However, there are many things parents can do to develop a regular bedtime routine and settle their child to sleep.

Background

It is estimated that up to 20% of two-year old children and 5% of eight-year olds wake regularly during the night. Approximately 12% of eight year olds have problems settling to sleep. Research has shown that, whilst the vast majority improve over time, disabled children are more likely to have persistent problems in settling to sleep.

Causes of sleep problems

Sleep problems are not necessarily linked to a child's impairment and there are many possible causes to be explored. The child may:

- not be accustomed to going to sleep on his or her own
- be upset by something happening in the family or alarmed by a frightening film or story
- have become used to extra attention caused through being ill or upset and may want this to continue.

Physical causes

Disabled children may find it difficult to get comfortable at night or change position. They may also experience discomfort caused by muscle spasm, incontinence or breathing difficulties. These difficulties should be discussed with the consultant or GP, as medication may be available to lessen the effects.

Damage to the brain (such as in cerebral palsy) can cause specific sleep problems, but most sleeping patterns can be improved with expert help.

Behavioural causes

Often a child has simply not settled into a routine or learnt about appropriate night-time behaviour. For instance, children with learning disabilities may not understand why and when they need to sleep.

Sometimes parents of disabled children may unintentionally add to sleep problems because they need to check their child regularly due to the effects of the impairment. Many disabled children require physical turning or moving in the night. This can make the child slow to learn that night-time is for sleeping.

Some children may use refusal to sleep as attention-seeking behaviour.

The behavioural approaches suggested in this fact sheet have been tested by a number of families with physically disabled children and those with learning disabilities. The research showed an improvement in every child, and 80% of the children's sleep problems were either resolved completely or improved very markedly (see 'Solving Children's Sleep Problems: a step by step guide for parents'. Quine, L. Published by Beckett Karlson Ltd, 1997).

• Possible Solutions

Sleep Diaries

Keeping a sleep diary is a useful way of evaluating the problem. This should contain information such as:

- the number and length of naps taken during the day. A child who regularly takes naps during the day may find it more difficult to sleep at night. In this case, it might be worth trying to cut down on the length or number of naps by thinking of stimulating things to do to keep the child awake for longer periods during the day
- the process of preparing the child for bed
- the number of times and period of time spent awake during the night.

It can also be useful to log the times that certain drugs are given to the child. For example, medication used to control epilepsy might be responsible for causing sleeplessness. Giving medication at a different time of day might help the situation.

Research has shown that using a behavioural programme can help most children to some extent, regardless of the cause of the sleep problem.

A bedtime routine should be developed which the child will look forward to. It should be an opportunity for the child to have the parent/carer's undivided attention for at least half an hour. This should be a quiet, relaxing time when noisy games, rough play, TV and use of electrical equipment should be avoided.

Maximising a child's potential for sleep – a behavioural approach:

- Check that everything has been done to reduce physical discomfort. Discuss any drug treatment, its timing and any possible side effects with a Paediatrician
- Ensure that the bed is comfortable and safe
- A child's bedroom needs to be prepared for sleep. TV, video players, music, computers all need to be removed or turned off and covered. Toys and all distractions need to be put away for the night. If possible use a blackout blind or thick curtains at windows and keep lights low or use a special nursery nightlight if the child does not like complete darkness
- The bedroom is now clearly a "sleep room"
- Fix a set, age-related bed time. Use photographs, symbols or board maker to remind the child of what is going to happen
- Do the same thing every night e.g. tea, quiet play downstairs, preferably no TV or electronic devices in the hour prior to bed
- A light snack if necessary
- A calm bath, perhaps with lavender oil. However it is important to only add one or two drops of lavender essential oil to a bath depending upon the child's age. We would advise consulting a qualified Aromatherapist before using any essential oils as they are very potent and even a widely used oil such as lavender may have a negative effect on some people. Most essential oils need to be blended with a carrier oil in a specific percentage so always consult a qualified practitioner.
- Night clothes put on either in the bathroom or the child's bedroom

Once the child has had a bath he remains upstairs and bed time follows:

1. Into bed
2. Song/story/quiet music for ten minutes
3. Then lights down, music off, kiss and leave.

OR

Sit near the child, not on his bed and calmly ignore him. Pretend to read. If he cries out or tries to get out, quietly return him to his bed and remind him that it is "sleep time".

No more hugs, stroking or conversation. Any extra attention after he has been settled will prolong the wakefulness and encourage habitual waking.

The following good practice may help:

- Wake the child at a regular hour each morning
- Do not let the child have prolonged naps in the late afternoon
- Keep a regular bedtime for the child
- Make sure the child's room is quiet and dark
- Keep room temperature to a comfortable level
- Keep environmental noise to a minimum (e.g. no loud televisions) but gentle background sounds can be reassuring
- Make sure the child does not go to bed hungry but avoid drinks with a high sugar, artificial colouring, sweeteners and/or caffeine content before bedtime. Milk, water or very dilute fruit juice is best
- Help the child become accustomed to falling asleep alone in his or her own bed, without the parent's presence
- Avoid stimulating activity in the hour before bedtime. TV's videos and computer games all stimulate a child's mind

It is important to set limits for bedtime behaviour and be firm about sticking to these limits. Children easily learn that difficult behaviour results in continued attention and postponement of bedtime deadlines.

Methods that may help change behaviour include:

Positive reinforcement i.e. if a child is praised for trying to sleep when asked, they are more likely to do so again. Reinforcement or rewards can be anything the child enjoys such as extra time with the parent, gold stars stuck onto a chart, an activity and so on. It is important that the child understands why they are being rewarded and receives the reward as soon as possible after they have behaved appropriately.

Establish a bedtime routine - it is important to choose a bedtime and stick to it. The routine should then consist of four or five quiet, calming activities such as having a biscuit, a story, a song or music. This should last for about half an hour. Finally, the

child should be settled into bed, perhaps with a special toy, security object or night light and the parent should leave the room whilst the child is still awake.

Gradual stages of change - this is useful if a child refuses to go to bed unless the parent stays with him or her. Instead of leaving the child to cry, the parents gradually distance themselves from the child over a period of time. This process could include gradually moving, over a period of weeks, from sitting by the child's bed to sitting outside the door or increasing the amount of time between the child waking or crying and the parent going to check on him or her. This method works best with babies.

Diet

Drinks or snacks may have an effect on a child's bedtime routine all drinks with colouring or sweeteners can affect settling. Stick to milk, water or very dilute fruit juice.

Relaxation techniques or complementary medicine

Although they will not be able to cure problems directly, the use of relaxation techniques or complementary medicines may reduce some effects of the impairment, thereby helping a child to sleep. Herbalism, Aromatherapy or massage may help but it is important to consult a qualified practitioner before using any complementary therapies with children and babies. To find qualified therapists in your area consult the Federation of Holistic Practitioners website on www.fht.co.uk. Soft music may also be helpful.

Medication

In certain circumstances a GP may consider prescribing medication. This can be useful for very short periods. It is not a cure for sleeping problems but combined with management changes can be useful, however children quickly become accustomed to it.

Conclusion

Research has shown that using a behavioural programme can help almost all children, regardless of the cause of the sleep problems. However, it is important to remember that it may take longer to see an improvement if a child has a neurological impairment.

Sleep problems are exhausting for parents and children but, given time and patience, there are many methods that may be able to help. Talking to other parents about

methods they have used may also be useful. Advice Service Capability Scotland can try and help you find parent support groups in your area.

Further reading

Good Sleep Guide For You and Your Baby. Henderson, A. Hawthorn Press, 2nd Revised edition, 2010

Sleep problems in Children and Adolescents (The Facts). Stores, G. Oxford University Press, 2008

Solving Children's Sleep Problems: a step by step guide for parents. Quine, L. Beckett Karlson Ltd, 1997

Sleep Better! A guide to improving sleep for children with special needs. Durand, V. M. Paul H Brookes Publishing Co, 1998

These books are available to purchase from Amazon: www.amazon.co.uk

The Cerebral Palsy Handbook: a practical guide for parents and carers. Stanton, M. Vermilion, 2002. This is available to borrow from our library.

Sleep and Autism: Helping your child (fact sheet)

Produced by the Information Centre, National Autistic Society
www.autism.org.uk/living-with-autism/understanding-behaviour/sleep-and-autism-helping-your-child.aspx

Further information/support

It may be helpful to discuss the situation with your GP or Health Visitor. Many health authorities run sleep clinics, and referrals can be made via a GP.

Sleep Scotland

Sleep Scotland supports families with children with additional support needs, who also have severe sleep problems.

Sleep Scotland offers sleep counselling for families and information about support groups. They also provide sleep counselling training for professionals.

Sleep Scotland
8 Hope Park Square
Edinburgh EH8 9NW
Tel/Fax: 0131 651 1392
Email: sleepscotland@btinternet.com
Website: www.sleepscotland.org

Our Advice Service

Advice Service Capability Scotland is a national disability advice and information service. We specialise in information on cerebral palsy.

We offer:

- information on Capability Scotland services
- advice on cerebral palsy
- general advice on disability issues

We also have a small lending library with resources about cerebral palsy and children's books about disability.

You can get in touch with us by calling, e-mailing, dropping in or writing a letter.

Advice Service Capability Scotland
11 Ellersly Road
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Tel: 0131 313 5510
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As with any therapy equipment or treatment, we advise people with cerebral palsy, carers and parents to consult their GP, Consultant or health professional before starting or paying for any treatment.

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This factsheet can be made available in other formats eg: tape, large print.

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