



## Supporting your Child's Sleep

Sleep is a vital part of our day. It is necessary for energy, growth and development, learning and memory. It is also an area of difficulty for many children with Autism Spectrum Disorder (ASD). Reasons for this could include:

- Having difficulty relaxing, winding down and going to sleep
- Waking repeatedly during the night, or having difficulty getting back to sleep after waking up to go to the toilet
- Increased anxiety
- Irregular release of the sleep hormone melatonin (which regulates sleep patterns), or having atypical circadian rhythms (body clock).
- Neurological conditions such as epilepsy.
- Sensory differences, such as increased sensitivity to blue light from smart phones, laptops and other screens, or sensitivity to certain sounds or white noise, which may be upsetting or distracting and keep them awake.

Not having enough sleep can lead to your child being tired during the day, and this can have an impact on their behaviour—a tired child is more easily irritated, and children will sometimes express this through difficult behaviours, such as hitting out.

The amount of sleep needed will vary from child to child; however, the following list can be a useful guideline when developing a routine:

Infants 4 to 12 months - 12-16 hours of sleep, including naps

Children 1 to 2 years - 11-14 hours of sleep, including naps

Children 3 to 5 years - 10-13 hours of sleep, including naps

Children 6-12 years: 9-11 hours of sleep per night

Teenagers 13 to 18 years - 8-10 hours of sleep

If your child has a daytime nap, try to keep them on a regular schedule. Whenever possible, your child should nap in their bedroom. Try not to stop your child from napping during the day, as a sleep deprived child will be over tired and may take longer to settle at night – however wake your child by 4pm from afternoon naps or it will be difficult for them to fall asleep at bedtime.





## Setting up a Bedtime Routine

When trying new strategies to help your child sleep, it's important to select ideas that will work well with your family's routine. Begin to implement the plan when you have time, and the energy. Try one small change at a time, and then slowly incorporate other changes. Finally when it comes to managing sleep problems, it's important to remain patient. It can take upwards of two weeks of persistence to see a change in your child's sleep behaviours, and a consistent approach is crucial to ensure success in making a change. Here is a list of guidelines to keep in mind when creating a bedtime routine.



- Consider first, who is carrying out the routine, or will you be taking turns if you have a partner? It's important that **all caregivers follow the same, set routine**. The more regular the routine from one night to the next, the easier it will be for your child to settle at night.
- **Bedtime:** What time do you want your child to be in bed for? If your child is experiencing difficulty settling at night, it may be useful to start the bedtime routine at a time when they are highly likely to fall asleep, as many children tend to get a "second wind" in the hour before bedtime, and may have trouble falling asleep if they go to bed too early. You can gradually move the routine to an earlier time once the routine is established. Once you decide the time they should be asleep by, plan the routine backwards. It is recommended that a bedtime routine should be predictable, and relatively short (20 – 30 minutes). As much as possible, your child should have a bedtime and wake-time that is the same 7 days a week.
  - A note for parents of teens: When teens go through puberty, their "biological clock" shifts so that they don't feel tired at the time they have previously been going to bed, and they don't want to wake up either at the same time. Instead of trying to make your teen go to bed when they are not tired, try moving their bedtime later by half an hour / an hour. Keep in mind they may still need 9 hours of sleep.



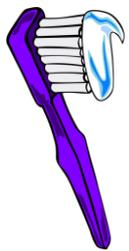
The bedtime routine should include **activities which your child finds relaxing**, such as listening to music or reading a book. Hand-eye coordination activities, such as jigsaws or





colouring in can also help promote sleep. Avoid the use of electronics close to bedtime such as the TV, computer, video games, etc. that can be stimulating and make it difficult for your child to fall asleep. Stimulating activities should occur earlier in the evening, for example, if your child finds bathing to be a stimulating activity, this should not be part of their bedtime routine.

- If your child frequently needs to get up during the night to go to the toilet, then **going to the toilet should be the last task before getting into bed.**
- The entire routine, other than bathing or brushing teeth, should take place in the child's bedroom where it is quiet.
- Young children or children with ASD and/or learning disabilities may benefit from a **visual schedule or "to do list"** to help remind them of each step of their bedtime routine. This will help your child see that their bedtime routine will be the same events in the same order every night. Place the schedule in the area where the routine is performed every night, and allow your child to manipulate their schedule (i.e. take pictures off the schedule as the task is completed). Ensure to use the same icon consistently to represent the same activity. See guidelines on our website from the Speech and Language Therapy Dept. for more information regarding visual schedules.



## Sleep Environment

Wherever your child sleeps, it should be a space in which they feel safe and secure, and it should be the same place every night as much as possible. As children with ASD may be particularly sensitive to noises, or may experience sensory issues, ensure that the environment is adapted to your child and is as comfortable as possible for them.

- The room should be quiet at night. It's best to avoid things like the radio, TV or music when they are falling asleep at night, as when these noises stop during the night, it may wake your child.
- The room should be dark, or very dimly lit. This is to encourage the production of melatonin, which is a hormone that helps your body know when it's time to sleep and wake up.





- Your child's bedroom should not contain things that distract them from sleeping – if you find that your child is being stimulated by toys, it may be best to remove these from the room before bedtime, or to keep toys in a different area of the house. If you don't have storage, cover them with a sheet to keep them “out of sight, out of mind” during sleeping hours.

## Strategies to help with sleeping difficulties

- **Keep a sleep diary.** Sleep diaries can be used to establish any unusual patterns of sleep and identify factors which may be impacting on your child's ability to sleep. If you are using other strategies to aid sleep, you will be able to track how effective they are using a sleep diary. To complete a sleep diary, simply write down information about your child's sleep over a period of one or two weeks. Information to record includes:

- The time your child's bedtime routine starts
- The time they were in bed
- Whether or not they settled themselves, or whether you had to stay with them
- The time they fell asleep
- Whether they woke during the night (including how many times they woke, how long they were awake for, what you did to help them go back to sleep, or did they self-soothe?)
- the time they woke up in the morning
- total hours of sleep
- Also include information on whether or not your child had a nap during the day, for how long and what time.



- If you think your child is ready, it may be also useful to **teach them to fall asleep alone**, so that when they wake in the night, they are able to fall back asleep without your presence. Teaching your child to sleep alone needs to be planned, and done gradually over several weeks. For example, if you usually lie down with your child, you can change the pattern by sitting on the bed, then sitting in a





chair beside the bed, continue sitting in the chair, but move it further from the bed each night until you are out of the room and out of sight from your child. While you are making the changes, reduce the amount of attention you pay to your child such as talking, facial expressions, and eye contact. Once you are out of your child's room, if they are upset and not sleeping, you can wait a few minutes, and then go back into the room to check. Keep check-in times like these short, and minimise your language – do not get into a conversation with you child as this can be counterproductive.

- If your child is routinely waking in the night, it is important that they learn to **self-settle** rather than seeking a parent or joining a parent's bed. This can be difficult to enforce, and may be emotionally challenging – both for child and parent – but parents should remain firm and assertive. If your child leaves their bed and seeks you out at night-time, you should try not to engage them in conversation, but lead them quietly and immediately back to bed. This may need to be repeated several times each night, but it is important that your child learns that they will receive the same response from you each time. If your child calls you to their room during the night, when you go into the room, make it a brief visit (less than a minute) and only give limited physical or verbal contact (e.g. a quick hug). Gently but firmly say “it is time for bed, you are OK, goodnight” and then leave the room. If you believe your child is routinely waking due to anxiety, the use of a night light, cuddly toy or baby monitor may help them to feel safe and to learn to self-settle.

- You can also use an established bedtime routine to provide opportunities for your child to use **self-soothing skills**. They can then use these skills by themselves when they are going to sleep, or following night waking. For example, you may tell stories using guided imagery such as the sun going down or a bird flying in the distance to help them relax in bed. You could also coach them in learning to use a progressive muscle relaxation, which is a technique which helps the body's muscles relax. A detailed script can be found in Week 1 Psychology resources on our website:  
[https://www.stjosephsfoundation.ie/Portals/0/adam/FAQ%20with%20Categories/aQrQryIJ8k6oVVz3M7whyw/Link/Anxiety%20Management%20Guidelines%20and%20Resources\\_.pdf](https://www.stjosephsfoundation.ie/Portals/0/adam/FAQ%20with%20Categories/aQrQryIJ8k6oVVz3M7whyw/Link/Anxiety%20Management%20Guidelines%20and%20Resources_.pdf)





- Use a **social story** to help your child understand the need for sleep. A social story could also be used to reassure your child that they are safe when they sleep in their own bed. Please see resources from the Speech and Language Therapy Department on how to develop a social story for your child.
- **Praising your child** in the morning for staying in bed at night, or praising them before going to sleep for following their bedtime routine can also help reinforce good behaviour. If using a reward chart, caregivers should praise and reward appropriate behaviours, and ignore inappropriate behaviours, as long as it is safe to do so. It's also very important to explain your intention to your child, and the reason why they have a reward chart is explained to them in terms they understand. Appropriate behaviour following night waking is probably best rewarded the next morning, since to reward at night might interfere with a return to sleep.



Some information has been taken from the following website:  
<https://www.autism.org.uk/about/health/sleep.aspx>