

“Just a Few More Minutes Please” - The Art of Sleep



Introduction

Hours settling down to sleep, continuous trips upstairs to guide your child back to bed, being woken up at some ungodly hour by being poked or hit until one of you wakes up enough to go downstairs and watch TV. These are but a few of the many difficulties faced by parents of children with special needs as well as some neuro-typical children. In fact 40% of children have some sort of sleep issue that is considered to be of significant difficulty for all involved (Boyle & Cropley, 2004) This is not too hard to imagine considering how many different types of sleep problems there are listed in medical text books, more than 80 ranging from insomnia (inability to sleep) to narcolepsy (inability to stay awake. In many there will be some sort of underlying issue that is having an impact upon their sleep which needs to be examined. It does not necessarily require medication but rather an investigation of the situation and possibly some environmental changes.

The need for sleep is not just about being exhausted and needing sleep; it is about mental and physical wellbeing of the person. I am sure you will have experienced increased irritability, poor memory and concentration, emotional distress and even depression, and that is just you as a parent. Not only does the person with the sleep problem experience these as well but also there will undoubtedly be increased aggression and behavioural problems, the occurrences of clumsiness and subsequent accidents rises. So it is more than just feeling tired in fact sleep is a biological need that allows the body and mind to slow down and repairs itself.

This is the first of two articles that will explore the problems associated with sleep and children with special needs, as well as neurotypical children, and provide some general ideas and approaches toward sleep. The second article will explore additional problems such as night terrors.

So what is a sleep problem and how does it happen?

We all have our own idea of what is a problem depending upon our tolerance levels and interpretation of the situation. For some a sleep problem is the fact that the child will only settle downstairs and so have to be carried upstairs, whilst others it is being woken and kept awake during the night. Whatever the specific issue, an overall definition of a sleep problem could be:

- You, as parents, are not happy with your child's night time behaviour and sleeping pattern
- Your child is over ten months old and regularly wakes up at night or has difficulty in settling to sleep.
- This has been causing trouble to your family life for a number of weeks.

Although this is not definitive description, it is a starting point. On a practical level, sleep problems can include your child refusing to go to bed or settling at night, waking during the night or early in the morning often resulting in the whole household being up, and even not getting up in the morning (although this can just be a teenage thing!). These are only a small amount of practical issues that parents experience but are some of the most common ones I have supported parents with.

The cause can be wide and varied, and is as individual as the person themselves but some of the most frequent cause can include:

- A well established sleep pattern being disrupted due to breaks in the routine, such as moving house, changes at school and of course the inevitable holiday times, especially Christmas.
- The child has never learnt how to fall asleep on their own and so needs either parent lying with them.
- Raising a child to be toileted during the night and subsequently does not settle back down to sleep.

- Your child becoming accustomed to extra attention at night, including sleeping in with parents, when ill or upset which continues beyond the event.

Once again this is not an exhaustive list and will be individual to your situation. However it is important to remember that often sleep problems develop slowly and gradually without anyone realising. It is like a lion stalking its prey slowly developing a plan and then pouncing before the prey even realises it is there. Unfortunately with sleep, before you know it the new routine has become part of everyday family life and, if not dealt with, will carry on in to teenage years and beyond. So when trying to decide whether there is a problem it is always worth thinking about what it would be like to have the same problem with a hulking great teenager.

Where to go from here

After all that you have decided that last night was the final straw and you have woken up following a disturbed night ready to confront the problem head on. You jump, or rather stagger out of bed, and decide things need to change. **STOP RIGHT THERE!!!** As with any change in approach and behaviour you need to plan what you are going to do, otherwise you might put together an approach that does not cover the problem and puts further stress upon the situation. Remember it is imperative to be sure that all avenues are covered and agreed by everyone to prevent battles between you all as to what is happening and the reason for following certain approaches. Also take in to account any possible medical reasons that might be disturbing your child's sleep which would save you the time and effort needed to develop a structured approach to the situation. Additionally there are a number of general issues that should be followed to ensure greater chance of success.

Firstly, and this may sound obvious, identify exactly what the issue is for you all. Remember different people will have different views, plus some people are deeper sleepers than others so may not actually be aware that their child has woken 6 times during the night. This could of course just be a way not to have to deal with the situation as well!!!! At the same time as making this decision, it is practical to explore the reasoning behind the problem. To help these decisions it is advisable to look at completing a sleep diary. These do not necessarily

have to be formal forms such as the one in Fig 1, they can be just a plain piece of paper with certain information written on it including:

- The number and length of naps taken during the day
- The process of preparing your child for bed
- The number of times and period of time spent awake during the night
- Times that certain drugs are given to your child

The form includes a grid for recording sleep data and a mood scale. The grid has 5 columns and 8 rows. The rows are labeled as follows:

Day and Date				
Time woke in morning				
Mood on waking				
Time of nap (s) in the daytime				
Time went to bed in evening				
Time went to sleep in evening (Note what happened before he / she fell asleep). How did he / she eventually settle				
Time (s) woke in night, what you did, time (s) went to sleep again				
Time you went to bed				

Below the grid is a mood scale:

"MOOD" 1 2 3 4 5
 Very Unhappy Average Very Contented

Fig 1 – Sleep Diary

This information should then be completed over at least a week depending upon how often the sleep problem manifests itself to enable a clearer picture of the situation for everyone. This information can not only be used for discovering the problem but also enables you to see whether the intervention is working as you can make comparisons between sets of diaries later on. Now with evidence in hand and agreed you can start planning what to do.

The Road to More Sleep

As previously highlighted, it is imperative that whatever you decide must be agreed by all involved including any other children in the family. Many times parents have agreed to the plan but have not talked with the siblings who will also be affected by the situation, even if it is indirectly via their parents being exhausted. Consequently the siblings are not fully aware of what is happening and can try to assist with the situation in their own way which may not fit with the intervention. Next if you are unfortunate to have difficulties with both settling to sleep and waking during the night then only focus on one problem at a time otherwise you will be even more exhausted trying to cope with everything at once. In such circumstances, I would advise dealing with the easier problem, normally the settling down as you are more alert at the beginning of the night. By focussing on the easier problem there is more chance of success and so more confidence developed in relation to any subsequent interventions, especially as the way a child settles at the beginning of the night will be how they settle during the night. Thus by getting the initial settling right then any settling issues during the night will be more successful. Finally, remember that no matter what, **YOU** as the parent set the rules and **NOT YOU'RE CHILD** even though it may seem it at times.

There are a range of more specific issues that can be involved and need individual approaches to help overcome. These include:

- **Routine**

The use of routine, whatever your child's special need, is often one of the most important aspects to be looked at. This routine can often start the moment your child enters the home after school and initially your child may require a warning that the routine is about to start, which may involve visual reinforcement using pictures or objects of reference. Whenever your particular routine commences it is important that it is predictable. Such a routine should include both a specific bed time and waking up time that is appropriate for your child's particular situation including their age. The reason for the waking up time relates to the effect that oversleeping can have on both behaviours and also difficulties in your child going to sleep the following day.

Other aspects that need to be considered within the routine include reducing exciting, stimulating activities about an hour before bed time and, if appropriate and possible, a calming bath. When getting changed, I would advise that night clothes are put on either in the bathroom or your child's bedroom so that they recognise appropriate dressing as well as private and public issues for later in life. Often looking at what is happening during the day is a useful exercise to do as it will often have an impact upon sleep. This can be the level of stress being experienced by your child as well as trying to encourage your child to participate in periods of vigorous exercises/activities during the day (not difficult in many children with special needs).

- **Environmental**

Often a sleep problem is affected by environmental factors, and not just noisy neighbours, etc. For some children who have physical difficulties there may be issues in relation to getting in to a comfortable position or possible gastric difficulties which are affected by positioning. Unfortunately in these situations it is as much about helping to discover which position is best which involves some trial and error by you as parents, and possible use of massage although consult a specialist about this.

As well as positioning it is important with any child to consider any sensory issues, including your child's temperature sensitivity as some will prefer one extreme to another. This will then require adjustments such as a fan during the winter or very warm clothes and bedding during the summer. On the subject of bedding it is important to examine the sensory aspect involved with both the bedding and pyjamas. As with anything involving people, if this is an issue it will be very specific to your child, e.g. some children will want extremely heavy duvets throughout the year whilst others do not even want a duvet. I know of one child who could only sleep if he was in a sleeping bag with his duvet over him and a blanket tucked in to the bed. Also remember pyjama material can be problematic for a child with sensory difficulties as it may irritate the child's skin to the point at which they are unable to settle, so always check that certain pyjamas are not the trigger to the

problem. Also examine auditory and visual stimuli, especially when looking at how houses often creak at night and the shadows that dance around forming monsters of the imagination. Even in the most settled child such stimuli may have an impact upon them so is it any wonder that children with special needs have an even greater issue with these when they possess some forms of process difficulty. Visual stimuli can be helped by examining the amount of light present in the bedroom. I am sure that many of you will have blackout blinds or very thick curtains at the windows with no light penetrating into the bedroom, however remember that for some complete darkness is too much so just a low nightlight may be necessary.

Other environmental issues that need considering would be all objects in the bedroom that may be a distraction and provide additional stimulation for your child. These include toys, television, DVD players, computers, etc which, where possible, should be either removed or made inaccessible for your child at night. Yes for some children the television is part of the settling down at night, but remember if this is their normal way of settling down then do not be surprised if they put the television on during the night when they awaken.

- **Diet**

As many of you will experience, in some children their behaviour will be affected by certain drinks, sweets and snacks so there is a need to ensure that they do not have such snacks before going to bed. This is especially true of drinks containing caffeine as well as those drinks that may have an impact upon night time toileting otherwise your child will be waking up to use the toilet and then having to settle back down.

- **Relaxation Techniques/ Complementary therapy**

Such techniques can help reduce some of the effects of a sleep problem but not necessarily deal with the underlying cause. Although such techniques can involve just listening to some music, preferably with headphones on, the use of certain techniques such as complementary therapy requires a qualified practitioner due to the impact of certain aspects.

- **Medication**

Inevitably the subject of medication would arise. I am not an advocate for prescribing medication on its own as medication generally deals with the symptoms of the problem without looking at the underlying cause and should be a last resort alongside behavioural methods, however occasionally there are some medications that do provide some form of relief for ALL involved. One such medication is, of course, Melatonin. The saviour of many a family's evening, Melatonin tablets are an artificial version of the hormone our body produces to tell our brain it is time to sleep. This works best when there are issues relating to settling or, in some circumstances, night waking in the very early hours of the night although this needs to be discussed with the prescribing doctor.

For severe sleep difficulties and disorders involving the issue of sleep through the night, then the use of alternatives such as antihistamines (Vallergan and Phenergan) can provide relief. Although these do help, often parents have said how the mornings can be a little difficult due to their child seemingly in a bad or grotty mood, many even describe it as having a hangover. Therefore there is often a balancing act between the need for sleep and the resulting behaviours.

As with any such situation, the areas covered are general in nature. Each problem, each situation will be as individual as the child and family experiencing them, thus reinforcing the importance of making proper structured plans for all to use.

Conclusion

A sleep problem is not uncommon, but will have a drastic impact upon the child and their family throughout their everyday life. I hope that this first article has helped provide some ideas to help with your specific situation. As part one of two articles looking at the issue of sleep problems, I have attempted to provide an initial way forward for parents to attempt to deal with the problem at hand. In the next issue of the LIME Magazine, the second article will provide guidance for when the basics do not work and ways to improve the situation. Also the article will also go one further and examine more specific issues such as night terrors.

Reference

Boyle J, Cropley M; Children's sleep: problems and solutions. J Fam Health Care. 2004;14(3):61-3.