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## Sleep problems 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-old children 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

Children with physical impairments may find it difficult to get comfortable at night or to 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 that found in cerebral palsy) can cause problems which are difficult to treat as the sleep-wake cycle is disturbed. Certain types of medication may also affect sleep patterns.

## **Behavioural causes**

Often a child has simply not settled into a routine or learnt about appropriate night-time behaviour. For instance, children with learning difficulties 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. For example, many disabled children require to be turned or moved 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. This is understandable if there is little else the child can do to gain attention.

The behavioural approaches suggested in this factsheet have been tested by a number of families with physically disabled children and those with learning difficulties. The research showed an improvement in every child and 80% of the children's sleep problems were either resolved or improved very markedly<sup>1</sup>.

## **Possible solutions**

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.

## **Behavioural approaches**

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 that the child will look forward to. It should be an opportunity for the child to have the parent's undivided attention for at least half an hour. This should be a quiet, relaxing time when noisy games, rough play or frightening fairy tales should be avoided.

The following good practice may help:

1. Wake the child at a regular hour each morning.
2. Do not let the child have prolonged naps in the late afternoon.
3. Keep a regular bedtime for the child.
4. Make sure the child's room is quiet and dark.
5. Keep room temperature to a comfortable level.
6. Keep environmental noise to a minimum (e.g. no loud televisions).
7. Make sure the child does not go to bed hungry but avoid stimulating drinks with a high sugar and/or caffeine content before bedtime.
8. Help the child become accustomed to falling asleep alone in his or her own bed, without the parent's presence.
9. Avoid stimulating activity in the hour before bedtime.

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:**

1. 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.

2. 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 a music tape. 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.
3. 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.

## **Diet**

Drinks or snacks may have an effect on a child's bedtime routine as certain food and drinks contain stimulants that may keep a child awake. Simple changes such as switching to decaffeinated tea, coffee and cola or using sugar-free chocolate may make a difference. More radical changes to a child's diet should only be carried out with guidance from a dietician.

## **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 particularly may be able to help with sleeplessness. Warm drinks, made with chamomile, lemon balm or lime flowers can be very calming. Lavender oil can be very relaxing if added to bath water at bedtime. Some aromatherapy oils cannot be used on children or have to be blended with a carrier oil. We would recommend checking with a qualified aromatherapist before using any oils. Giving a hand, foot or scalp massage may be helpful in relaxing a child before bedtime. Listening to calming music or keeping a lava lamp in the bedroom can also be helpful for many children.

## **Medication**

This should be seen as a last resort. Taking medication to help with sleep problems can be habit-forming and does not deal with the cause of the problem. However, in certain circumstances, a GP may consider prescribing drugs, for short periods of time, to aid sleep.

## **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. Scope may be able to give you details of local groups and parent befriending schemes which may operate in your area. Contact the Cerebral Palsy Helpline in the first instance.

## **Suggested reading**

### **Solving Children's Sleep Problems: a step-by-step guide for parents**

Quine, L. Beckett Karlson Ltd, 1997

ISBN: 1901292010

### **Sleep Better! A guide to improving sleep for children with special needs**

Durand, V. M. Paul H Brookes Publishing Co, 1998

ISBN: 1557663157

### **The Cerebral Palsy Handbook: a practical guide for parents and carers**

Stanton, M. Vermilion, 2002

ISBN: 0091876761

### **Helping your child with autism to sleep better (factsheet)**

Produced by the Information Centre, National Autistic Society, 1999

<http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=367&a=3376>

## **Further information**

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

**Parentline Plus** provides emotional support and information to anyone involved in caring for children. This includes a free helpline service, parenting classes and a range of leaflets and publications. Tel: 0808 800 2222. The helpline is open 24 hours a day. A free textphone service is also available.

Monday to Friday 9am – 5pm. Tel: 0800 783 6783

[www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

**Sleep Scotland** provides support to the families of children with special needs and severe sleep problems. Although their clinics are based primarily in Scotland they do have trained Sleep Counsellors in some parts of England.

Support line available Monday to Friday, 9.30am to 5pm

Tel: 0845 603 1212

[www.sleepscotland.org](http://www.sleepscotland.org)

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## **For more information about cerebral palsy and Scope services**

Contact Scope's Cerebral Palsy Helpline for information, advice and support. Copies of all Scope's information sheets can be downloaded from the website or obtained from the Helpline. Referrals to Scope's Community Teams and services can be made through the Helpline.

**The Helpline hours are:**

**Monday - Friday 9 am to 9 pm. Weekends 2 pm to 6 pm**

**Cerebral Palsy Helpline**

**PO Box 833**

**Milton Keynes**

**MK12 5NY**

Tel: **0808 800 3333**

Fax: 01908 321051

Email: [cphelpline@scope.org.uk](mailto:cphelpline@scope.org.uk)

Scope's website address is [www.scope.org.uk](http://www.scope.org.uk)

Scope acknowledges the help and support of everyone who has been involved in the production of this information.

This information can be made available in other formats if required e.g. large print or tape. We also have information about Scope and cerebral palsy available in 13 languages on audiotape and can offer a telephone interpreting service to people whose preferred language is not English.

Please contact Scope's Cerebral Palsy Helpline for more details of these services.

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