

A Psychological Guide for Families: Sleep Problems in Children

Child & Family Psychological Health Service

Introduction

This booklet is part of a series that has been written by Clinical Child Psychologists from the Gwent Child and Family Psychology Service. Many parents and carers experience some concerns about their children and at times look outside of their family for extra advice or suggestions. We hope that this booklet will add some ideas to the things that you are already doing. Many suggestions are given in this booklet, and all of the ideas given have been helpful to families. Choose the ideas that fit for you, your child and your family.

If you're having problems getting your child to sleep through the night, you have no doubt been given lots of advice from everyone you have dared to mention it to. You have probably been blamed for being so soft, and looked at with horror when you say that the only way to get a good nights sleep is to have her in with you. Does it make sense to leave her when you know she'll fall asleep much more quickly if you stay with her? Should you go in and check her, or lie awake worrying that this time she really is unwell? These are very hard decisions to make, especially at a time when you're not getting any sleep yourself.

The bottom line is that there is no **right** way to get children to sleep through the night. Some children will fall asleep anywhere, regardless of what is going on around them, and stay asleep all night. For others, the slightest change in their routine can set them back into a pattern of disrupted sleep. All children are different, and what works for one child is not necessarily going to work for another.

This booklet aims to summarise what we know about **promoting** good sleep patterns in babies and young children. If your child isn't sleeping, you can use this booklet as a guide. Hopefully, it will help to make sure that all the elements that help children to learn to sleep through the night are in place.

Assessing the Problem – What is not working

The first step is to identify what the problem is. It is important to **assess** very carefully exactly what is going on. Keep a diary for at least a week, and record what happens over 24 hours of each day. There is a sample diary in the back of the booklet. Some children will play up at bedtime, others may be having frequent day time naps. Think carefully about what your child may be gaining from his behaviour. For example, does he end up getting a later bedtime? More T.V.? more attention from you? (even if it is only shouting!) food? Drink? A cuddle and some comfort from the dark? See if there are patterns to the sleeping and look at how it fits with your family life e.g. when he has a nap in the day you can catch up on jobs. Is the pattern helpful to you or is it time for a change? If you would like a change what would you like it to be like?

It is also important to check that there is not a physical reason contributing to your child's poor sleep pattern. If it is a recent problem, is there something going on at home or at school that may be worrying your child? Is he insecure? Is he being bullied? Has there been a bereavement in the family? There are all sorts of reasons why children may suddenly develop a sleep problem. If you are concerned then it is important that you seek further advice. If your child is afraid of the dark, you may need to help him to learn strategies for coping with this fear by himself before you make any major changes. For example, teach your child to take comfort from a teddy whenever he is afraid.

It is important to consider whether or not the problem has any hidden benefits for parents. This may seem ridiculous, but it is worth giving it some thought. One dad found that he missed the time he spent with his son in the nightly battles before bed. He got around this by having 'a special time' with him straight after work. Another mum wondered if it made her feel important that her daughter would only go to sleep if she was there with her. The child had been very poorly as a baby, and the mum had felt helpless when the nurses took over in the hospital. Now there was something only she could do for her daughter.

Settling and Night Waking

Generally, there are two main types of sleep problem – settling, and night waking. Children usually have a problem with one or the other, and sometimes both.

Settling

This about how children learn to fall asleep. Part of this is determined by their body clock, and part of this depends on what is happening in their daily routine. The daily routine is the bit you can change.

For instance, some children learn to fall asleep on the sofa in front of the TV. They then get carried up to bed. This is not a problem if they don't wake in the night. But if they do wake up, they will find it difficult to get back to sleep. They do not have the **signals** that **they** associate with falling asleep.

Night time routines are full of **signals** associated with going to bed and falling asleep. As adults, we take these **signals** for granted – turning off the TV, undressing, brushing our teeth, reading in bed. These **signals** or **habits** help us to wind down and switch off. Have you noticed how much harder it is to fall asleep in a new place or straight after a hectic night out? These signals are especially important for children.

- Work out the sleep signals

Night waking

There is a natural rhythm to our sleep. We actually go through a cycle of deep sleep followed by light sleep every two to four hours. Most of us have learnt not to wake during the light sleep, because we know that there is nothing much of interest going on. Children often do wake up, and may want food and drink, or comfort. Sometimes letting the child have what they want is the easiest way for everyone to get some sleep. But beware! It can help the child to learn habits that are very hard to break! Food, drink and warmth are big rewards, and provide good incentives for waking up rather than staying asleep.

- Help find ways for them to learn to stay asleep

Where to Start

Now you have a good idea what the problem is – but where do you start to make changes?

The important thing is to **think first!** It does not make sense to try something different each night, and so you need to devise a plan that you know you can stick to. You and your partner need to work together – so that your child gets a consistent message. If you are on your own, it can be hard work, but at least you can guarantee consistency.

You can be sure that any changes you make will not go down well with your child, and she will protest very strongly. If she is used to coming into your bed, she will be most upset when she does not get her own way. She will try even harder than usual to get things back to how they were. Indeed, the situation will probably get worse before it gets better --and you may have to cope with even less sleep for a little while. The important thing is not to give in – that will only teach the child that if she persists, she will eventually get what she wants. And look after yourself – do not make major changes at a time when there are other stresses going on, and your resistance is likely to be low.

- Think about the changes
- Find people and things to support the changes
- Find a good time to change things
- Begin the plan and stick to it even when it starts to get worse

Establishing a Routine

All children need routines – it makes the world around them seem predictable, and can help them to feel safe. For children with a poor sleep pattern, getting ready for bed has often become disconnected from actually going to bed. The child needs to learn a set routine of getting ready for bed and falling asleep. It should be relatively brief – say up to half an hour. A regular sequence of, for example, bath, pyjamas, drink, story, song and cuddles enables the child to calm down before falling asleep. These activities will eventually become the **signals** to falling asleep.

- Build in sleep signals

Arrange for it to be quiet time before bedtime so your child is not over-stimulated. An excited, keyed-up child not only finds it hard to get to sleep, but also is more likely to wake during the night.

Dads coming home from work in the middle of the bed-time routine may need strict instructions – **no rough and tumble!** Young children rarely have the ability to calm themselves down – and so may need close supervision. It is amazing how exciting that jig saw puzzle you left them playing with can become when it's used as ammunition against a brother! If 'bath time' means deep-sea diving for killer whales, swap it to the morning! If your child is restless, the rhythm of a nursery rhyme or song may have a relaxing and soothing effect.

- Help your child to have quiet times

Decide on a cut-off point for bed-time, and then stick to it. It is important that the time before bed is as relaxed as possible. Avoid confrontation by offering choices within this limit. For example, give your child a choice about which story he has, or which soft toy he takes to bed. But beware of ploys! If he suddenly has the urge to say good-night to all his teddies in turn, it is probably a strategy to put off going to bed. When the agreed bed-time arrives tell the child you will see them in the morning, kiss them good- night and leave the room.

But she won't let me leave the room

If your child is used to you staying with her until she falls asleep, she is going to protest as soon as you try to leave the room. If you do not respond, she will learn very quickly that it is not worth trying to get your attention. But we know this is easier said than done! Here are some options:

Graded withdrawal

This involves breaking down the various stages of settling into small steps, moving onto the next step every few nights. For example:

- Lie on bed next to child until she falls asleep
- Sit on bed with child until she falls asleep
- Sit on chair next to bed until she falls asleep
- Sit on landing – door open etc, etc

The steps involved will depend on a number of factors, but the process should be one of gradually becoming less responsive and having less physical contact.

Returning the child to bed

Unless there is a note of urgency or panic, ignore all cries or calls. If she comes downstairs (and you are sure she is okay) take her back, without fuss, to the bedroom. Put her to bed in a matter of fact way, and say 'You must stay in bed. I have things to do. If you come out, I will take you right back'

This needs to be repeated consistently whenever the child gets up. Provide as little attention as possible (no smiles, chats, cuddles). You could use a chart to record the successes – make a big fuss the next day when your child does stay in bed on her own, regardless of how many times you have had to return her!

Some helpful hints

- ◆ Do satisfy yourself that the child is safe, comfortable and warm
- ◆ Do establish a regular bed-time routine
- ◆ Do keep calm, and try to have a relaxed attitude
- ◆ Do be consistent – if you have a plan, stick to it for at least two weeks
- ◆ Do reward your child every time her or she gets it right – use charts and incentives to begin with
- ◆ Do think ahead – e.g. get the new baby used to going to bed on her own when she is still awake
- ◆ Do be realistic about how much sleep your child needs
- ◆ Do make a list of all the ploys your child uses – it will help to strengthen your resolve!
- ◆ Do build up useful skills during the day – e.g. peek-boo to get babies used to the idea that when you go, you do come back!
- ◆ Do seek professional advice if you are concerned

What about during the night?

For the child who cries for you during the night, or wants to come into your bed, **and you are satisfied it is out of habit rather than genuine need**, crying it out is the quickest way to solve the problem. However, not everyone feels comfortable with this option. Also, it should not be attempted if you think there is a chance you will give in, as this will only make matters worse.

There is a less drastic alternative:

- ◆ Deal with child quickly, before he has a chance to wake up properly, and get too distressed
- ◆ Give minimal attention! Give verbal assurance (e.g. 'its time to go to sleep, I'll see you in the morning') Touch the child briefly, perhaps a pat of reassurance, but no chats or cuddles!
- ◆ Be consistent, and avoid the temptation to feel or hold him
- ◆ Visit at ever increasing intervals (3,5,10, 15 minutes) to provide reassurance that he is not alone, and gradually build up to giving no response

Some parents find this very hard to do, and you may need to think of strategies to help you to cope! If you are unable to use this approach because you are concerned that your child will make himself unwell, or hurt himself, it is important that you seek further advice.

And

- ◆ Don't feel that you are on your own – sleep problems are extremely common
- ◆ Don't be afraid to be firm – clear boundaries help children to feel more secure
- ◆ Don't try to wear kids out during the day – they become over tired
- ◆ Don't lose your temper – the calmer you are, the more relaxed your child will be
- ◆ Don't use punishment – it only makes bed time more stressful for everyone
- ◆ Don't feel that you have failed – bad habits often develop at times of stress or illness when there really was no alternative

Finally

Your child only has a sleep problem if **you** see it that way. Do not feel pressurised because granny thinks it's a good idea to get it sorted, or next door's child is sleeping through the night. Lots of parents are quite happy with things as they are. Often parents only want to change one thing – for example, they don't mind children waking during the night if they settle well in the evening, or visa versa. There is no right or wrong way – this booklet only provides suggestions. Take from it what is useful for you, and your family's specific needs.

If you feel you need more support contact your General Practitioner or Health Visitor who can assess whether or not it is appropriate to make a referral to the Child and Family Psychology Service.

Sample Diary

Monday

10am	Nap – 1 hour
15.30pm	Nap - 1 hour
19.30pm	Bath, drink, story in bed
20.00pm	Light out
20.30pm	Called out – told him to go back to bed, see in morning
20.40pm	Called out- ignored him
20.50pm	Started to cry – went in, tucked him in
21.00pm	Asleep
03.00pm	Woke-up crying, tucked him in, told him to go back to sleep
05.30pm	Woke up crying, as above
06.30am	Went in, awake but happy, took him downstairs

Tuesday

10.30am	Nap- half hour
15.00pm	Nap -half hour
19.30pm	Bath, drink, story in bed
20.00pm	Light out
20.30pm	Called out – told him good night, see in morning
20.40pm	Asleep
0.4.00am	Woke up crying – told him to go back to sleep
6.30am	Went in – just waking up, took him downstairs.

