

# Sleep and Bedtime Routines

Stormont House Parent Coffee Morning - June 3<sup>rd</sup>

# What is sleep?



# Why is sleep so important?



# Is Your Child Getting Enough Sleep?

14-17  
hours



**Newborn**  
0-3 months

12-16  
hours



**Infant**  
4-12 months

11-14  
hours



**Toddler**  
1-2 years

10-13  
hours



**Preschooler**  
3-5 years

9-12  
hours



**School-Aged**  
6-12 years

8-10  
hours



**Adolescent**  
13-18 years

## Warning Signs of Sleep Deprivation

- \* ADHD-like behavior
- \* Difficult to wake
- \* Sleeping 2+ extra hours on weekends
- \* Falling asleep in inappropriate places

25-40%

of kids will have  
a sleep problem  
at some point  
during their childhood.

# Stages of sleep

- ▶ Sleep cycles approx. 90 minutes, each one ending with a bout of REM sleep (where dreaming occurs)
- ▶ REM is involved in the consolidation of declarative learning (facts and figures) and helps with emotional 'filtering'
- ▶ Non-REM SWS (Slow Wave Sleep/ Deep Sleep) – growth hormone released, immune system boosted, tissue repair takes place, memories are reorganized/ moved from hypothalamus to frontal cortex

# Impact of sleep deprivation

## Child

- Impaired cognitive function
- Impaired immune system
- Impaired emotional regulation
- Impaired growth
- Hyperactivity
- Attachment issues
- Poor eating habits
- Daytime sleepiness
- Increased risk of MH problems in school age children

## Sibling

- Sleep deprivation (and therefore all of the same issues as the focus child)
- Jealousy/ resentment
- Behavioural difficulties
- Learned behaviours

## Parent/ carer

- Impaired cognitive function
- Impaired immune system
- Impaired emotional regulation
- Increased risk of obesity
- Poor self-esteem
- Reduced libido
- Increased risk of cardio-vascular disease, diabetes, cancer, depression & anxiety
- Relationship problems
- Work related problems

# Sleep and...

- **Learning** - Three consecutive nights of reduced sleep = test scores the equivalent of 2 years developmentally lower.
- **Behaviour** - Three consecutive nights of reduced sleep = increased volatility, increased impulsivity and daytime sleepiness.
- **Emotions** - Three consecutive nights of reduced sleep = reduced emotional responses to others, lower coping and reduced emotional recognition.



# How common are sleep problems?

- **Preschool** - 25-50%
- **Primary** - 35-45%
- **Adolescents** - >40%
- **Neurodiverse** - 50-80%



# Behavioural insomnia

- The most common type.
- Characterised by difficulties falling asleep or staying asleep.
- The 'behavioural' part just means there is not a medical reason for the sleep difficulties.

Two types of behavioural insomnia are:

- ▶ Sleep Onset Association Disorder
- ▶ Limit Setting



# Sleep Onset Association Disorder (SOAD)

When a child develops a strong association between falling asleep and a specific condition or activity.

## Solutions:

- Consistent bedtime routines
- Comfort objects
- Checking method
- Gradual retreat

N.B. A few words on intermittent rewarding and leaving your child to cry.

# Limit setting

Also called 'bedtime resistance' - when children refuse or stall bedtime.

## Solutions:

- Consistent bedtime routine
- Short-term sleep restriction followed by gradually reducing bedtime
- Reward systems
- Managing anxieties related to sleep (e.g. night noises)

# Other sleep disorders

- ▶ Delayed sleep phase wake syndrome (circadian rhythm disorders)
- ▶ Night terrors (parasomnia)
- ▶ Sleep walking (parasomnia)
- ▶ Restless legs
- ▶ Periodic limb movement disorder
- ▶ Rhythmic movement disorder
- ▶ Sleep and epilepsy (often mistaken for parasomnias)
- ▶ Narcolepsy
- ▶ Kline Levin
- ▶ REM Sleep Disorder

# Sleep in Autism Spectrum Condition

Common sleep problems in ASC include:

- ▶ Increased sleep onset latency (SOAD/ Limit setting)
- ▶ Frequent night wakings
- ▶ Biphasic sleep
- ▶ Early waking
- ▶ Increased circadian rhythm disorders (possibly due to low melatonin)
- ▶ Restless Legs/ Periodic Limb Movement Disorder (low iron levels/ poor diet)
- ▶ Parasomnias (increased risk due to sleep deprivation)

Commonly not addressed due to:

- ▶ Number of appointments parents already attending
- ▶ Parents exhausted/ see it as part of ASD

# Sleep in Attention Deficit Hyperactivity Disorder

- Symptoms of ADHD similar to those of sleep deprivation
- ADHD in CYP un-medicated have higher rates of:
  - Periodic Limb Movement Disorder
  - Daytime sleepiness
  - Sleep disordered breathing
  - Reduced amounts of REM (->emotional outbursts)
  - Reduced overall sleep
  - ADHD medications impact on sleep (some for better and some for worse)
  - When a CYP with ADHD has sleep problems it makes the ADHD worse!











# Good sleep hygiene

- ▶ Habits and practices that are conducive to promoting better sleep.
- ▶ A good routine and sleep cues - limit negotiation, provide consistency and containment
- ▶ Routines should be calm and quiet, simple and straightforward, including a bath within 30 minutes of sleep time
- ▶ Ideal routine lasts 20/30 minutes
- ▶ Keep bed and wake times the same every day
- ▶ Ensure child has enough exercise (but not close to bedtime)
- ▶ Use bedroom for sleep only and keep it cool and dark
- ▶ No screens 1 hour before bed

## An example routine

- ▶ Dinner
- ▶ Quiet play/ reading/ puzzles
- ▶ Bath
- ▶ PJs
- ▶ Book
- ▶ Bed and lights out

My Bedtime Routine							
							
Eat Dinner	Take a Bath	Put on Pyjamas	Brush Teeth	Use Toilet	Bedtime Story	Hug and Kisses	Go to Sleep



# Troubleshooting

- What stops us doing the things



A really useful resource



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