

## SLEEP DIFFICULTIES in OLDER CHILDREN

Sleep problems are common, numerous, and at times quite frustrating. Many books have been written on this topic. Below are some of the more common sleep issue in older children. If additional reading material is needed, two good resources on this topic are “Healthy Sleep Habits, Happy Child” by Marc Weissbluth, M.D. and “Solve your Child’s Sleep Problems” by Richard Ferber, M.D..

### Climbing out of the crib

- **Premise**  
Once a child climbs out of a crib with the springs on the lowest setting, he or she will definitely try to climb out again and eventually will fall and possibly get hurt.
- **Response**  
Correct this hazard on the same day your child climbs out. One solution is to put your child’s mattress on the floor. Another is to leave your child in the crib with the crib railing down and a chair next to the bed so he or she can easily get out. Eventually you can transfer your child to a floor-lever bed.

### Nap Refusal

- **The rule**  
“Don’t leave your room during quiet time.” Every day after lunch, you or your child’s caretaker can expect him to spend 60 to 90 minutes resting in his room. During this time he may read, buy may not turn on the radio or TV.
- **Discipline technique**  
Return your child to his room if he comes out before 60 to 90 minutes are up. If he comes out a second time, close the door temporarily.

### Bedtime Negativism

- **Examples**  
Your child refuses to put on her pajamas, lie down, close her eyes, or stay in bed
- **The rule**  
“Stay in your bedroom after we put you to bed.”
- **Discipline technique**  
Natural consequences. Your child will eventually become tired and go to sleep. Your child can’t be forced to fall asleep. Insisting on any of the actions mentioned above is unnecessary – it doesn’t matter if your child sleeps on the floor in her daytime clothing.

### Playing and Talking in the Bedroom After Bedtime

- **The rule**  
“After bedtime you have to be quiet so that your mind will be able to go to sleep.”
- **Discipline technique**  
Logical consequences. For every night that children stay up, fight, play, or make noise, they will be put to bed 15 minutes earlier the following night. If one child in particular tries to keep the other one up, that child can be sent to bed 1 hour earlier.

- **Praise**  
Praise your children the following morning for going to sleep without a fuss.

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## Wandering or Prowling About During the Night

- **Examples**  
Some children awaken during the night and move about the house getting into trouble. They may raid the refrigerator or leave it open. They may watch TV, or turn on the stove or water faucet. Unlike sleepwalkers, they are awake.
- **The rule**  
“If you wake up during the night, except for going to the bathroom, you have to stay in your room.”
- **Discipline technique**  
Nighttime restrictions to the bedroom. Because of the safety issues, until children are safety-conscious (namely, at age 4 or 5), they need a barricade to keep them in their bedrooms. This can be a gate, plywood plank, or locked door. A chain lock (hotel lock) can keep your child in the room, yet allow him to open the door partially in case he needs to cry out for someone. If your child is one who needs to urinate during the night, a pot can be placed in his room. After 4 years of age most children will stay in their rooms if they awaken early and have been told they're expected to stay and play quietly.

## Sleeping with Parents

- **The rule**  
“Stay in your room during the night. Starting tonight we sleep in separate beds. We have our room and you have your room. You have your bed and we have our bed. You are too old to sleep with us anymore.” Since many normal children sleep with their parents during the early years, the parents must decide if they want to discourage it.
- **Discipline techniques**  
If your child crawls into your bed, she should be sternly ordered back to her own bed. If she doesn't move, she can be escorted back immediately without any conversations. If your child usually doesn't awaken you when she crawls into your bed, use a signaling device that will awaken you if your child enters your bedroom (for instance, a chair placed against your door that will fall when it is moved or a loud bell attached to your doorknob). Some parents simply lock their bedroom door. Another approach is to put a barrier in front of your child's bedroom door.

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**GOOD SLEEP HABITS**

Sleep problems are common in children and these problems can affect the functioning of the whole family, but there are interventions that can help. Whatever your child's sleep problem is (bedtime resistance, difficulty falling asleep, waking up in the middle of the night, not having a predictable sleep pattern, etc.), the first step to improve sleep is to establish good "sleep hygiene", or habits. This handout outlines some basic recommendations to ensure good sleep hygiene. There may be additional recommendations that are made regarding interventions particular to your child's sleep pattern.

- **Develop a Bedtime Ritual or Routine with your child**

This ritual should be fairly simple so that your child can recreate it him/herself. It may involve activities such as brushing teeth, reading a book, etc. Stimulating activities such as video games, "rough-housing", etc., should be avoided. You as the parent should be involved in the routine as little as possible, so that your child will be able to get through the routine on days you may not be available. You should write out a "script" of the routine to share with babysitters at times you are gone.

- **Discourage/Wean Sleep Onset Associations**

A ritual to relax a child and prepare for sleep is beneficial, but the routine needs to be simple and involve a parent or other person only minimally. "Sleep onset associations" are items, people, or complex activities that children learn to rely on to fall asleep. More common examples are children that only sleep with a parent in bed with them, or need a particular movie on the TV to fall asleep. We want the child to learn to go to sleep using a ritual that can be reproduced in a variety of settings, not limited to having a parent or a TV there in order to fall asleep. If there is a sleep onset association your child has already established, the first step to try to wean that association might be to introduce another "portable" association. For example, if your child currently needs you present to fall asleep, you might offer your child a special stuffed animal or blanket, and possibly take the child shopping with you to purchase the item, so s/he can be involved in and excited about the process. You might also consider an article of clothing or special item of yours that might comfort your child in your absence. As you are trying to break this habit, remember to be consistent – if you stop sleeping with your child for a few days, and then "give in" that is inconsistently rewarding the behavior, which makes a habit even harder to break.

- **Limit time in bed for activities other than sleep**

Make bed a place for sleep, not play. Have your child do homework, play activities, reading, and talking on the phone in places other than his or her bed. We want entering bed to trigger sleepy thoughts and feelings. For children that use their beds for wrestling, getting in bed is exciting instead of calming!

- **Monitor evening intake**

Limit the amount of fluids your child drinks in the evenings. Its fine to drink with dinner, but drinking late at night might contribute to problems with waking in the middle of the night. Make sure you child uses the restroom just before going to bed at night.

If you choose to allow your child to drink caffeinated beverages, don't allow that in the evenings. Caffeine can make it difficult to fall asleep and the effect can last at least 6 hours after it is consumed. Remember other food items (chocolate) also contain caffeine.

- **Routine, routine, routine**

Bedtime routine or ritual is very important, but even routines earlier in the day can aid in sleep onset. Of course, each day is a different day, but having meals and evening activities be as consistent as possible can only help reinforce the bedtime routine.

- **Set up the environment**

Experts discourage having a television on and in a child's room while going to sleep. TV is very stimulating to the senses (regardless of what the content of the TV program is) and some shows also contain themes and images that are even more stimulating to a child. The room should be cool, dark, and as quiet as possible. The child should sleep in the same place nightly (not fall asleep on the couch one night, parents bed one night, etc.). You may want to lay in your child's bed a short time one evening, and see for yourself if a bright light shines through, the TV in the next room is too loud, the vent of the air conditioner blows directly on the bed, etc.

- **Keep consistent waking times**

What time your child gets up in the morning can make bedtime a problem. If your child sleeps late on the weekends, bedtime Sunday night (and likely waking up Sunday morning!) will be more difficult.

- **Plan strategic exercise time**

We naturally drop our body temperature slightly in the evenings, which serves as a signal to our body that sleep is coming. Exercise raises our body temperature slightly, so if it occurs too close to bedtime, it can interfere with sleep. Let your child's rough-housing and more active play occur earlier in the afternoon or evening, if possible. If you plan physical activity in mid to late afternoon, you may even see that improve sleep, as your child will feel more sleepy as his body "cools down" several hours later.

- **Remember to reward successful nights**

Self-soothing and independence are learned behaviors you want to support your child for achieving, and reward him/her when he or she is successful.

If your child is still having trouble sleeping despite these recommendations, begin a Sleep Diary. Record in the diary what time your child is in bed each night, what time he fell asleep, what behavioral problems occurred, how often he woke up at night, what time he woke up and what behaviors occurred, etc. After a few weeks, review this diary with your doctor.

## SLEEP HYGIENE

### 1. Consistency

- Same times up and down (within an hour)
- Exercise
- Diet – healthy eating
- This will take awhile

### 2. Boundaries

- Bed is for sleep or intimacy
- No daytime naps
- No sleep ½ hour- get up
- ETOH- this is a real problem, certainly not before bed
- Tobacco - limit before bed
- Pets out of room?
- Kids out of room?
- Partners out of room?

### 3. Relaxation

- Darker the better
- Cool
- White noise
- Caffeine / chocolate milk / stimulants
- Warm shower hot is over stimulants
- Relaxation techniques – backwards counting, taking yourself for a mental walk, tensing and relaxing muscles
- No exercise 3 hours before bed
- No eating 2 hours prior
- No electronics 1 hour before bed
- Reading nothing exciting
- Blankets and sheets - better to have something covering

Music – words, music, fast, loud

TV- story, movement, sound, light

Audio books- story, sound

OTC meds- melatonin, sleepy time tea

Use sleep diary