

Behavioural Sleep Problems in Children

Definition

Sleep problems in children are commonly behavioural in origin and include problems getting to sleep and problems waking over night, or a combination of both. Parents also complain about early morning waking. Sleep problems affect up to 35% of children and are associated with poorer behaviour, learning, social-emotional functioning and quality of life. They are also associated with poorer parent mental health. Sleep problems are more common in children with Attention Deficit/Hyperactivity Disorder and Autism Spectrum Disorders. Approaches to management however, are broadly similar for typically developing and atypically developing children.

Typical presentations

Limit setting disorder

- Preschool or primary school aged child
- Comes in and out of the room on multiple occasions before falling sleep
- Multiple requests to parents (“I want a drink, I want to go to the toilet, I want to talk to you, I’m scared...”) to stall going to bed
- Parents find it difficult to set limits around these behaviours, known as “curtain calls”

Sleep onset association disorder

- Toddler through to school age child
- Falls asleep readily if person (eg mother or father) or object (eg TV) is there
- In the absence of the parent or object, struggles to get to sleep
- Typically wakes 1-4 times per night, again wanting parent there or TV turned back on in order to re-settle to sleep

What to Ask

- Is there a bedtime routine? If so, what is it? eg bath then TV then brush teeth then bed. How long does the whole routine take?
- How does the child fall asleep? Lights on/off? In the bedroom, on the couch etc? Parent in bedroom? Parent patting child to sleep? Music/TV on?
- Does each parent behave consistently when settling their child or is their child getting inconsistent messages?
- Do both parents find it hard to set limits at bedtime? Are different approaches causing conflict between parents?
- How long does it take for the child to fall asleep? What time do they actually fall asleep?
- Do they wake over night and if yes, how many times and for how long?
- How do parents respond to the overnight waking?
- What time does the child get up to start the day?
- Do they need to be woken or do they wake by themselves?
- Does the child nap or fall asleep during the daytime?

Other Key Questions

Does the child snore most nights? If yes, do they stop breathing or gasp over night?

Behavioural sleep problems can co-exist with obstructive sleep apnoea and treating the behavioural sleep problem can bring about considerable improvements in the child’s sleep quality and quantity whilst awaiting assessment for obstructive sleep apnoea.

What to Examine

Check for any possibility of other sleeping disorders such as enlarged tonsils and adenoids. A general examination (including ears) to rule out any medical causes of night waking such as poorly controlled asthma, ear infections, and eczema.

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What investigations to order now/later

Generally no investigations are required.

Treatment plan for today

Establish parent goals

What do parents want to attain for their child's sleep? Is it attainable (e.g. no night waking in a 6 month old baby may not be possible)?

Educate

- Discuss normal sleep and sleep cycles. Explain that sleep is cyclical and that children arouse every 40-50 minutes. Explain that the way a child falls asleep at the start of the night is the way that they expect to go back to sleep when they naturally arouse overnight....so if the last thing a child remembers is being patted to sleep or having mum lie there, that is what they expect when they wake over night.
- Discuss 'good sleep hygiene' including establishing a bed time routine if this is not present, having a set bedtime, keeping the bedroom media free, and avoiding drinks and food that contain caffeine after 3pm. In limit setting disorder, the bedtime routine may be too long (ie > 30 minutes) as a result of parents being unable to say 'no' to their child's demands.

What to do initially – limit setting disorder

Limit child to 1-2 requests at the start of the night. The use of the 'bedtime pass' method can help this. Child gets 1 'pass out' to use at the start of the night and thereafter, needs to stay in their room until they have fallen asleep.

Sleep onset association disorder

Identify the sleep association (eg parent) and gradually phase them out of the night settling routine. This can be done by one of two methods:

- Checking Method, whereby the parent settles their child, leaves the room for 1-2 minutes, and promises to return to check on their child briefly after this time. Parents can then gradually increase the time spent outside the child's room. Eventually parents return to find that their child has fallen asleep.
- Camping Out method, whereby parents place a camp bed or chair next to the child's bed or cot. For the first few nights the parent pats their child to sleep. After a few nights, when the child is settling to sleep readily, the parent sits next to the bed/cot but does not touch the child. The parent then gradually moves their chair/bed away from the child over a period of 7-10 nights. When the child wakes over night, the parent

must return to the bedroom and sit on the chair/bed until the child falls asleep again.

Rewards

Consider rewarding the child for being compliant with the chosen method (eg for staying in their room after using the pass out only once). Rewards should be simple and cheap eg stars/stickers for younger children and raffle tickets that can be cashed in for 50 cents for school aged children. Generally the novelty of rewards wears off by 2 weeks but the desired behaviour should be established by then.

Follow up

Arrange for follow up 2-3 weeks later. Consider having parents complete a sleep diary for their child so they can track progress (www.rch.org.au/kidsconnect/clinical_resources). At follow up, trouble shoot any issues (eg is bed time routine established? Are both parents doing the same thing at bedtime?). Warn parents about the "extinction burst". This is a burst of the behaviour (ie problems settling or night waking) that occurs some weeks after it was extinguished. It affects 20-30% of children. If parents are not warned about this, they think that their strategies have failed. However, provided the child is well, parents can return to their original strategies and 2-3 nights later, their child will be sleeping well again.

What if...?

The child keeps coming out of their bedroom despite having used up their one bedtime pass? Parents should return their child to the bedroom with minimal interaction and remind them that they will only get their reward when they use the bedtime pass once.

The child is sick? Parents should stop any settling strategies if their child is unwell or has a fever and re-start when their child is well. If a child has a runny nose but is otherwise well, parents can continue with their strategies.

The child spends different nights of the week with different parents? Both parents should be as consistent as possible with their child's sleep strategies. However, if this is not possible, the child will adapt to the different techniques being used at different places but it may take them longer to do so.

Future management

If the above strategies are not effective, refer to a general paediatrician, sleep centre at the local children's hospital, or child psychologist for further management. For older children, anxiety may be an underlying precipitant of

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sleeping difficulties and requires referral to a child psychologist under the Better Access Initiative.

Where to access patient information:

www.sleephealthfoundation.org.au/fact-sheets-a-z/224-sleep-tips-for-children.html

www.sleephealthfoundation.org.au/fact-sheets-a-z/229-behavioural-sleep-problems-in-school-aged-children.html

www.raisingchildren.net.au – Australian government-funded, evidence based parenting website from 0-18 years. Many articles on sleep and managing common sleep problems.

www.sleep.org.au/professional-resources/health-professionals-information/the-medical-journal-of-australia

Where to access in-depth clinician information:

A Clinical Guide to Pediatric Sleep: Diagnosis and Management of Sleep Problems Second Edition, by Jodi A. Mindell PhD (Author), Judith A. Owens MD MPH. Lippincott Williams & Wilkins, Philadelphia, United States, 2010.

www.researchgate.net/profile/Samuele_Cortese/publication/263246752_SLEEP_DISORDERS_IN_CHILDREN_AND_ADOLESCENTS_A_PRACTICAL_GUIDE/links/0a85e53a4218d21543000000.pdf