



Cheshire and Wirral Partnership **NHS**
NHS Foundation Trust



MY SLEEP



Care ● Well-being ● Partnership



Introduction

“A GOOD NIGHT'S SLEEP”

...is a magical phrase that can conjure up starting our morning refreshed and energised, ready to make the most of new opportunities; and that's exactly what sleep is for. Sleep allows us to catch up on and process the preceding day's experiences, laying down new pathways in the brain that help us learn and remember information, clearing and focusing our minds for the next day.

Sleep also plays an important part in regulating our physical health, supporting the growth and repair of cells and tissues. Together, this vital mental and physical health combination improves how we function, determining how well we think, feel, react, learn, and get along with others throughout our tomorrows. Sleep is not a luxury, it's a necessity.

80% OF GROWTH HORMONE IS SECRETED IN CHILDREN AND YOUNG PEOPLE WHILE THEY SLEEP

But what if we are not getting enough quality sleep? What if it's not you but instead your child that is having a sleep problem?



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As every parent or carer of a child with difficulty sleeping knows, sleep problems have a strong impact not only your child's life, undermining their physical and mental health needs, but also on the sleep and daytime functioning of other family members. What is not as well known, is that the vast majority of sleep problems in children and young people are in fact quite common and can be resolved by making simple changes in the routines and behaviours that underpin quality sleep.

This document deliberately focuses on behavioural sleep problems, highlighting what they are and why they happen, alongside tips on interventions that we recommend you try for yourself before seeking specialist support.

But rest assured you are not alone and support is available. If you find that the examples provided do not match your situation, or you have determinedly tried the suggestions without improvement, we recommend that you seek advice from your GP.

Specialist support

Wirral Sleep Service is part of Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Child and Adolescent Mental Health Service (CAMHS). The team is made up of workers with different professional backgrounds who all have specialist sleep counsellor training and our focus is to provide a range of targeted interventions for children and young people that have:

- ★ a learning disability
- ★ a diagnosis of autism
- ★ attention deficit hyperactivity disorder

About MySleep

MySleep is a series of resources contained within CWP CAMHS' MyMind website. MySleep is part of the Wirral Sleep Service's efforts to extend its reach, enabling us to offer advice and guidance to as many children, young people and families in Wirral as possible.



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It's important...

... to be prepared and have a clear plan. Repetition and consistency is key.

So be gentle on yourself, the situation is not likely to change overnight, but stick with it and you'll get there.



What is a sleep problem?

All children can have trouble getting to sleep and staying asleep. These problems with sleep can have many different causes.

Sleep problems can come in all shapes and sizes. Although the techniques in this document focus on the sleeping habits of younger children, with tweaks they can be effective in changing the sleeping habits for a range of people including:

- ★ children with learning disabilities
- ★ older teenagers
- ★ adults

Recognising sleep difficulties

You may spend a lot of time comforting your child, or your child may be in and out of bed, taking a long time to fall asleep. Your child may only fall asleep in places like the sofa or your bed; or your child may wake frequently throughout the night.

You may not see these habits as a problem. However, if you do, then these difficulties can be very stressful to manage and can impact on your sleep too. This document is full of ideas to help you prepare and create a plan that works with you and your child.



Night terrors and nightmares

If your child sometimes wakes up screaming or crying, it could be a night terror. Night terrors are normal in pre-school and primary aged children, and most outgrow them by the time they're teenagers.

Your child might also have nightmares. Nightmares or bad dreams can wake children up and make it hard for them to get back to sleep.

Although night terrors and nightmares are all pretty normal, it's best to talk to your doctor if you're worried or if your child's behaviour seems severe.

What you should do?

- ★ The best thing to do if your child is having an episode of night terrors is to stay calm and wait until they calm down, avoiding interaction or intervention, provided that they're safe.
- ★ Night terrors can be frightening to witness, but they don't harm your child. You shouldn't attempt to wake your child when they're having an episode. They may not recognise you and may become more agitated if you try to comfort them.
- ★ After the episode has ended, it's safe to wake your child. If necessary, encourage them to use the toilet before settling them back to sleep.
- ★ If your child returns quickly into deep sleep, they may have another episode. Making sure they're fully awake before they go back to sleep can break this cycle.
- ★ Your child won't remember the episode the next morning, but it may still help to have a general chat to find out if anything is worrying them and triggering the episodes. It will also help if they have a relaxing bedtime routine.
- ★ If the night terror episodes are frequent and occur at a specific time every night, you may find that waking your child breaks the cycle. Wake your child 15 minutes before the anticipated time of the episode every night for seven days. This can disrupt their sleep pattern enough to stop the episodes without affecting sleep quality.

[NHS Choices - advice regarding night terrors](#)

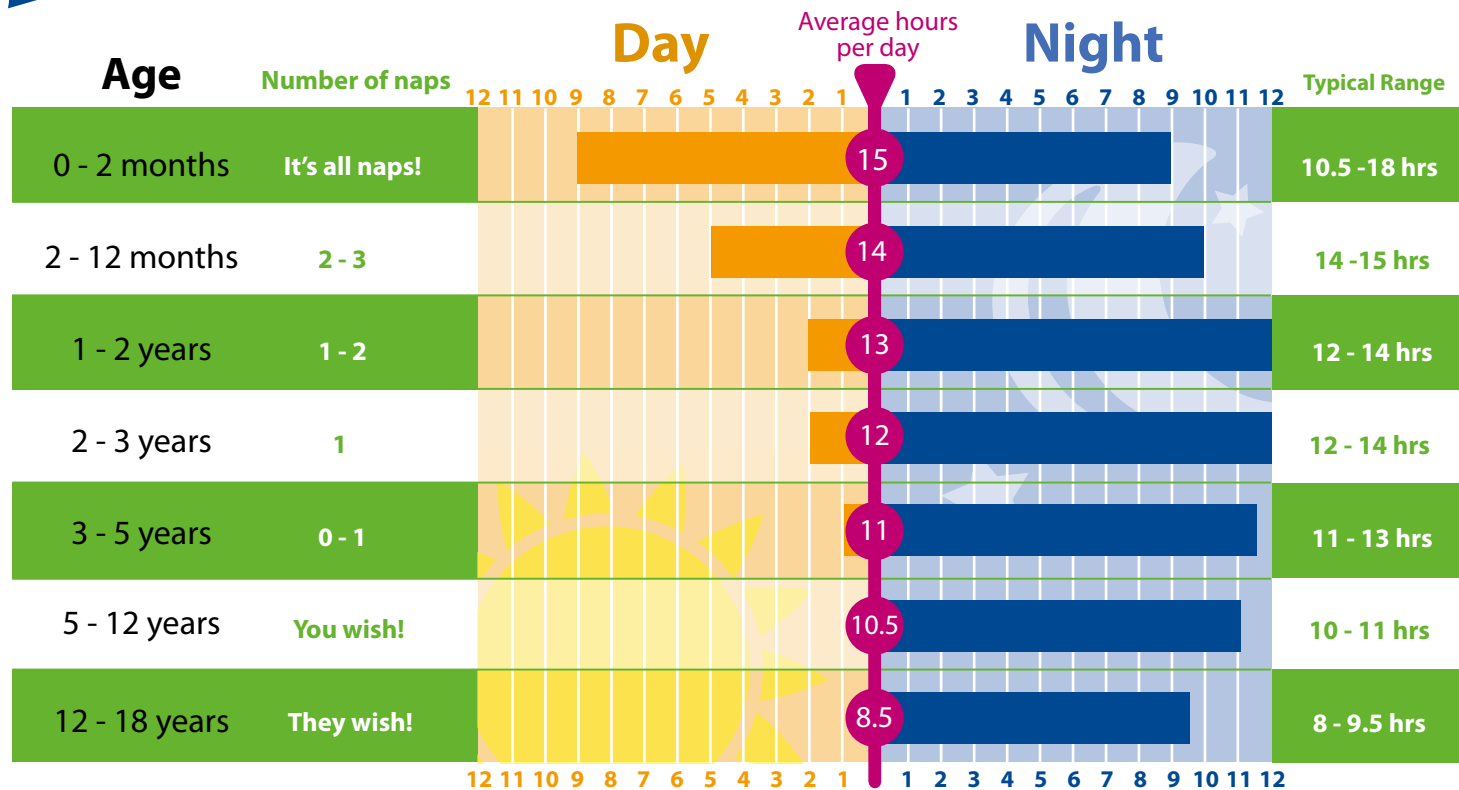
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How much sleep do we need?

Children are all different and so is the amount of sleep they might personally need.

On top of this, they might also fall into either the "owl" or "lark" categories, patterns that are present from early childhood and describe whether they are inherently more active early or later in the day. That said, it's rare for children to need much less sleep than the averages provided in our chart.

A good way to start tracking your child's sleep patterns, whilst at the same time helping them develop new and more appropriate routines, is to use one of our fun MySleep Reward Charts.



- = hours slept during the day
- = hours slept during the night
- = average hours slept per day
- = typical daily sleep range

"Even a soul submerged in sleep is hard at work and helps make something of the world."

Heraclitus



Sleep difficulties can occur for a variety of reasons, such as:

- ★ the child's learning needs means that it is difficult for them to learn new routines and expectations
- ★ sometimes it can be difficult for parents to leave their child at night time
- ★ current routines may not help the child to fall asleep
- ★ beliefs that the child is a poor sleeper can result in low expectations for the child's sleep pattern
- ★ the child might not have the skills needed to self-soothe having woken

Why do sleep problems occur?

We often think of sleep being something that we naturally do, but sleep is actually something that is learnt from those around us, just like walking and talking. On the left is some information as to how sleep difficulties can be learned.

Sleeping through the night is a myth...

...as nobody actually does. It may interest you to know that we all wake to some degree several times a night (though normally we don't remember), as our sleep cycles from deep to lighter phases.

This is important, as it helps explain why the goal of this document is to promote healthy sleep associations and self-soothing skills so that children can fall back to sleep if and when they do wake.

The majority of sleep problems are behavioural; but, if you are concerned, you can contact your GP or Paediatrician to rule out any physical or psychological causes, such as anxiety.



Common behavioural sleep difficulties

There are two main types of sleep difficulties:

- ★ **Settling:** e.g. a reluctance to go to bed, an inability to settle without a parent being present or insisting on sleeping with someone.
- ★ **Night waking:** e.g. night waking problems, and waking and getting up earlier than the family's accepted rising time.

A large part of this is to do with the 'learning' that surrounds sleep and that children learn to link their bedtime behaviour with different outcomes or consequences.

For example, if your child cries in the night and you go to cuddle or rock them to sleep, your child will expect that response every time they cry. Your child's behaviour is 'rewarded', which means that the behaviour 'crying' is more likely to happen again (and again and again), forming part of your child's bedtime or night time ritual and habits, part of their learnt routine.

It is usually acceptable for parents of very young infants to be responding to cries in the night, but when you find yourself responding years down the line to a much older child crying for the same reasons, it may not feel as appropriate.

The good news is that children can be taught to learn new behaviours and helpful sleep rituals.



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Sleep hygiene tips for settling

The closer it gets to bedtime the more important it is to establish calming and settling routines for your child. Using the same consistent schedule every night, sets up a series of signals that help cue your child's brain to recognise that bedtime is approaching.

Check out our 'top tips' opposite for useful ideas that have been proven to work.

On average, we expect that if the sleep hygiene is well learned by your child, they should be falling asleep within 15 minutes.

This may be longer for a child with developmental disabilities, such as autism or attention deficit hyperactivity disorder, due to them taking longer to 'wind down'.



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Visual timetables

A structured bedtime routine, that follows a predictable pattern every night, can help your child better prepare for sleep and help them to drop off more easily.

To help in creating a structured yet fun and interesting bedtime routine, we have put together a toolkit of visual prompts for you to download, print off and map out with your child into your own personal timetable.

Example of a 'bedtime routine'

A 5 year old requires an average 11 hours sleep. If you would like a child of this age to wake at 7am, you are aiming for them to be asleep by 8pm.

This may seem quite late in line with societies expectations, however this is normal for their sleep requirements.

7.15pm Start of bedtime routine. You may say "it's bedtime, lets go upstairs"

(where possible it is advisable to separate day and night time activities, as this helps to signal to your child that it is time to settle down for sleep).

Walk upstairs

Go to the bathroom (wash, brush teeth, toilet)

Child's bedroom

Put pyjamas/night dress on

In bed

Story

(try to make sure your child does not fall asleep as you are reading a story as they will quickly learn that they need you present to fall asleep)

7.45pm Say "Night, night, see you in the morning" and kiss.

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To start, you could choose to place your chair close to their bed, then move it further away each night, until you are outside of their room.

Techniques for leaving your child to sleep:

Bedtime fading

When you are teaching your child to settle to sleep, you are aiming to build up an association in their mind that bed means sleeping. It can be beneficial to ensure they are feeling tired and will readily fall asleep when they are told "goodnight".

The general gist is to put them to bed at a time when you know they are likely to fall asleep, using your child's tiredness to your advantage. This may be later than your desired bed time.

Once your child has learnt to fall asleep consistently, you are then in a strong position to fade back the bed time, usually by about 15 minutes at a time, until a preferred time for them to go to bed is reached.

Gradual retreat

If your child has a strong association between falling asleep and your presence, then a technique called 'gradual withdrawal' or 'gradual retreat' can be helpful. This involves you starting off in their usual settling position near your child and over the following weeks, gradually increasing the distance between you and your settling child. The distance increased is firmly determined by the parent. The advantage of this technique is that it gradually decreases your child's reliance on your presence to settle, whilst avoiding tantrums and distress. This can be advisable for more sensitive children.



Controlled crying can be hard on everyone involved, so try not to give up! Improvements in settling can take as long as two weeks and the crying will often get worse before it gets better, but it's important to be consistent and stick to your plan by focusing on the long-term benefits.

If after two weeks there has been no improvement, we would recommend you switch tactics and use one of the more gradual methods.

Controlled crying

Some children will inevitably cry at the mere mention of the word 'bedtime', because crying is something they have learnt to make part of their night time routine. When this happens, you may need to break this strong association and control the crying. This involves you leaving your child after you have told them "goodnight". Then returning to them at set intervals decided by you, it can be as short as 30-second periods. Although you are present, there should be no interaction with your child.

The aim is for your child to feel reassured and to increase their tolerance of settling independently. Checking continues until your child is asleep. You have to judge whether the checking interval is timed such that the process of your child's settling is not disrupted and avoids their distress rising to an intolerable level.

The advantage to this checking technique is that children can learn more quickly how to sleep independently. It is advisable that this technique is only considered for secure and confident children. It is not advisable for very anxious or clingy children.

With this technique, if your child gets out of bed you should respond by returning them quickly to their bed, in a matter of fact manner. If they are continually getting out of their bed, you may consider the gradual retreat method.

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Tackling night-waking issues:

The key things to remember when tackling your child's night waking are:

'Sleeping through the night' is a myth.

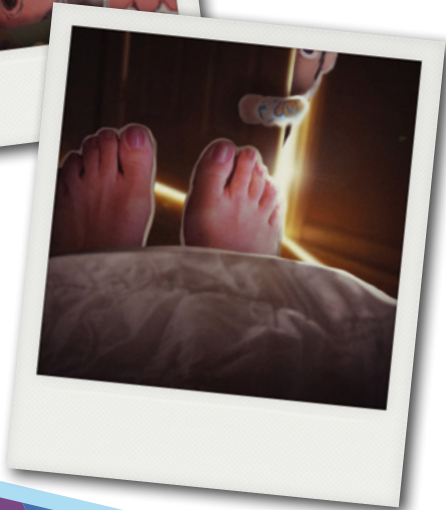
During the night, our bodies cycle between light sleep and deep sleep. After periods of light sleep we wake briefly. During these awakenings we change our body position and check our environment is the same as when we fell to sleep, roll over in bed and probably don't even notice. To stay asleep, we need to fall asleep soon after these brief waking episodes.

However, during these awakenings, your child can quickly sense if something has changed, they can wake fully and will seek the same conditions as they fell asleep at bedtime.

So, if your child fell to sleep with a parent present and they wake to find you are gone, they will wake fully in order to 're-set' their bedtime environment. In other words get you back in their room so that they can fall to sleep again.

This is the reason why introducing a routine that means your child can self-soothe both at bedtime and if they wake during the night is so important.

To manage your child's night-waking first work on introducing a consistent bedtime routine and create a good sleep hygiene (as described in the previous section), that helps your child to learn to fall asleep on their own with as few activities or soothers as is possible.





When a child wakes up, they can often communicate their need by crying or getting into the parents' bed. This disruptive behaviour can be extremely unsettling, especially when repeated over multiple nights. Starved of sleep, some parents unsurprisingly become distraught, which in turn causes them to want to punish the child. Punishment, such as shouting, is often a response that still gives a child attention, which can be better than no attention at all in the eyes of a child and as a consequence seldom works. It also ignores the underpinning reasons for the behaviour in the first place.

Remember

Ignoring is often better than punishing a behaviour, as it can help remove the perceived reward.

If you do need to intervene:

- ★ Wait a couple of minutes to see if your child will re-settle by themselves.
- ★ When responding to your child's cries in the night, do so in a matter of fact manner with as little interaction as possible. This will reduce the reward for the crying and reduce the likelihood of the behaviour occurring over time.
- ★ Once your child is settled try to avoid further interaction, such as conversation, playing or cuddling. Boring is best.
- ★ Try to re-settle your child in their own bed, there is nothing more rewarding than getting into a warm bed and snuggling up to parents. Failing to do so will only increase the likelihood of night waking occurring, as your child will expect to sleep in your bed.
- ★ If your child sneaks into your bed during the night, try strategies like putting a wind chime or bell on their bedroom door to alert you that they are awake. You can then return them back to their own bed.

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Rewards are very powerful; a crying child that gets to sleep in a parent's bed quickly learns that crying is rewarded and will get them what they want. Reducing negative rewards and promoting positive reinforcement can have an equally strong effect but with much better outcomes.

It is important that when rewards are given, they are not later taken away, as your child needs to establish the relationship between the desired behaviour and the reward. Taking rewards away for subsequent undesirable behaviour, especially when they may have complied with specific actions that deserve to be rewarded, will confuse your child; instead, try ignoring the behaviour or finding another way of making your point.

Working on sleep

As you would imagine, much of the work you will do to support changing your child's sleep patterns is in the preparation and what you do in the course of the day or just prior to lights out.

As we have discussed, sleep patterns are learnt, so we need to find ways to help our children learn new patterns. However, changing habits and introducing new learning can be difficult, even for adults. Think about how hard it can be to establish a new routine, such as going to the gym or a new diet, even when we know it will be good for us.

Positive rewards can be helpful to overcome initial reluctance and motivate your child, letting them know you are happy with their behaviour and they are on the right track.

Rewards can be: hugs praise smiles thumbs up reward charts

Rewards can be anything that your child enjoys and will work towards having. The reward should only be given when your child has achieved the desired behaviour. This should begin with small steps, such as going upstairs when asked first time; before building gradually to more significant changes such as staying in bed. The rate at which new milestones are set is up to you. It can also be useful to discuss and plan these stages in advance with your child, helping them to understand and appreciate the purpose and maybe even the long-term benefits involved.

"when you get more sleep you wake up feeling great and have much more fun at playgroup"

For more information and to help you get started, please check out the 'reward charts' we have provided on MyMind.org.uk



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This bookmark belongs to

Max



It's all about the learning

Changing behavioural sleep problems is all about the learning

“Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behaviour is learned observationally through modelling: from observing others one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action.”

Albert Bandura, Social Learning Theory, 1977

What psychologist Albert Bandura is describing here is how we learn not just by ‘doing’ but also by ‘observing and watching’.

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Bandura identified three basic models of observational learning:

1. A live model, which involves an actual individual demonstrating or acting out a particular behaviour. This explains why it can be useful to stay upstairs whilst your child is falling asleep so they see a change in your routine.
2. A verbal instructional model, which involves descriptions and explanations of a particular behaviour. This explains why it is important to involve your child in planning bedtime routines and using reward charts.
3. A symbolic model, which involves real or fictional characters displaying behaviours in books, films, television programmes, or online media.

The last point, 'symbolic modelling', explains the ideas behind social stories (Gray, 1991), which were originally developed for people who have autism but are useful for many other children.

Social stories are short narratives about certain situations or experiences that are aimed to improve a child's understanding of what is expected from them and others. They can be written about any situation from brushing your teeth to eating spaghetti and they can help anchor the importance of certain actions.

When choosing bedtime story books, try looking out for tales that not only provide a positive message about sleep, but also set out at least some of the steps that make up good sleep hygiene.

To help get you started, we have included a couple of examples in comic book format for you to download, save and print.



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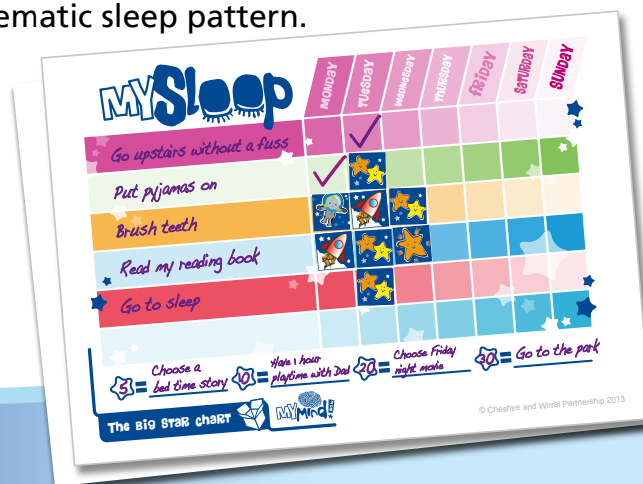
These MySleep resources are free to download and use as part of your toolkit of techniques in helping your child learn a more positive sleep routine.

There is also lots of positive information on the web as well as a growing range of useful books that can be bought from bookshops and online outlets, or alternatively borrowed from your local library.

As with all sleep approaches, there is no single answer and we recommend you experiment in order to find the best solution for you and your child.

Reward charts

These two easy to use reward charts provide a simple way to track your child's bedtime behaviour, whilst also providing the incentive to change and improve their problematic sleep pattern.



Visual timetable

To help in creating a structured yet fun and interesting bedtime routine, we have put together a toolkit of visual prompts for you to download, print off and map out with your child into your own personal timetable.



Social stories

MyMind's Max brings to life the importance of good sleep hygiene and positive bedtime routines in these two comic book tales.

