

Normal sleep patterns vary from child to child. At about six weeks some babies will sleep through the night, and by about three months, most of the baby's sleep will be between the hours of 7 pm and 7 am. However in the first twelve months some babies will wake repeatedly every night, and parents will spend many hours patting, rocking and pacing the hallway to try and get their baby to sleep. Many parents of children with autism report that their child was actually a very placid, contented baby, who slept well and demanded very little attention, much to the envy of other new parents. This pattern can change as the child gets a bit older. This is normal with all children who can go through phases with night-time fears, asserting their independence, or needing differing amounts of sleep.

My child keeps getting up and coming out of his room. How can I get him to stay in his bed and go to sleep?

Firstly, look at the reasons why he is getting up and then decide how best to deal with it. One reason may be fears. All children go through periods of night-time anxiety. Initially it could be related to separation from mother. Later, fear of the dark and nightmares about monsters are common. It may be that the child is simply not tired, and would rather be doing something else like watching TV or playing. Getting out of bed continuously can also be attention seeking behaviour. Let's look at some common problems:

Fears:

- If your child fears the dark a nightlight that sits in the power point or on a bedside table is an easy solution. They can be bought at variety, department or electrical stores. Another option is to leave a light on in the hallway and the bedroom door partly open. An oil filled bubble light for older children also has a calming effect.
- If separation is the problem, you will need to gradually desensitise your child to the fear of being in his room without you. The steps may go as follows:
 1. Sit on a chair next to the bed, after putting your child in bed. Put your hand on his back or chest if he requires touch. Stay till he goes to sleep, giving no other real attention that would keep him awake.
 2. As above, but hand resting only lightly on the child.
 3. Sit on a chair next to the bed, but not touching the child.
 4. Gradually move the chair a bit further away, staying in each position for a few days or weeks, until your child is comfortably falling asleep. At this point you can also start to give less attention by sitting and reading a book while in your child's room.
 5. Sit in the doorway.
 6. Sit outside the room with the door open.
 7. Move right away but be in earshot in case your child becomes anxious. Leave the door open.
 8. Closing the door can also be achieved, if you wish, through a similar gradual process. You may have it fully open initially, then 3/4 open for a week, 1/2 open the next week and so on.

This process may take a number of weeks or even months. However it is worthwhile spending the time doing it gradually if it means your child will eventually be relaxed enough to go to bed and then to sleep by himself.

While going through this process it may also be useful to put a tape of relaxing music on as you put your child in bed. You can continue to use this every night, even when your child is finally staying in bed on his own. Some deep pressure massage each night may help your child be more relaxed. Make sure your hands are warm, and use non-perfumed moisturiser on your hands if they tend to be dry. An Occupational Therapist can advise on this.

The child may be happier for you to gradually withdraw from his room if he has something to hold, or to replace you with. This may be a favourite toy or something of yours.

My child does not want to go to bed in the first place

- Make sure there is no rough and tumble play before bedtime.
- Establish a bedtime routine, such as bath, clean teeth, toilet, story, sleep, and try to stick to the routine, particularly at first. Use COMPIC pictures to show the child what is going to happen. For example pictures of bath-toothbrush-toilet-book-bed.
- Make sure the child does not eat or drink anything stimulating for a few hours before bedtime. For example chocolate and Coca Cola contain caffeine which may keep him awake.
- Does your child get enough exercise? Some children with autism are on the go all day, yet others are extremely inactive and may spend much of their day simply sitting or watching videos. A walk, play in the park, 15 minutes bouncing on a trampoline or riding a stationary bike in the afternoon can help make the child a little more tired.
- Stop the afternoon sleep if it means your toddler is then up till 11 pm before wanting to go to bed.

The attention seeker

This is the child who comes out of his room when you've put him in bed, with requests for drinks, toilet, anything rather than go to bed.

- Don't respond to repeated requests for a drink or visits to the toilet (make sure these things have been done as part of the bedtime routine).
- Don't argue or debate, just put the child back to bed.
- Keep attention minimal. Calmly but firmly say "bedtime" and take your child back to his room.
- Return the child to his room immediately when he comes out. If there are two parents present take turns doing this so your child learns you are together on this.

Keeps coming in to parents' bed

There are no rules about children sleeping with their parents, and in some cultures it is quite normal for this to happen up until the child is 5 or 6 years old. For some parents of children with autism there is a reluctance to discourage the behaviour, as this may be the only time their child allows some physical contact. Although this close contact with your child is important it must be remembered that once a behaviour is established with a child with autism, it becomes habit, and can be very difficult to change. While it is not a real problem to have your 2 year old in bed with you, it is not quite as appealing, or comfortable, to still have him in your bed at 6 or 7 years old. Nor will he find it easy to work out that he can come into your bed at 7 am for a morning cuddle, but that he is not welcome at 3 am, or midnight, or all night.

Generally it is better that the child learn from a young age to go to sleep in his own bed, and to sleep there all night. Sleeping alone is an important part of all children's learning to be able to separate from their parents without anxiety. If your child is 'too afraid' to sleep alone, sleeping with you will not really solve the problem. Remember too that if your child sleeping with you develops into a habit, it will decrease the ability to leave him with a baby-sitter and affect your social life.

- If the child has established the habit of sleeping in your bed every night, and you have decided it is time to change this, be prepared for a few nights of broken sleep. With some children the move will go surprisingly easily. On the other hand most children with autism resist change, and are very determined to keep things the same.
- A good time to move your child back to his own room is to do so after there have been other changes, such as a holiday away or a night away at Grandma's.
- First, and easiest step, is to make the whole thing an adventure. Buy some new things for your child's room that will make it very appealing for him. These may include a Bananas in Pyjamas quilt cover, posters, light or a new tape to play. Use his obsessions to advantage.
- On the first night in his room, be positive and matter of fact. This is also the time to start a routine that you wish to happen every night, such as toilet-teeth-story-hug and kiss-sleep. Don't spend an hour in the room, explaining why he has to stay in his room, patting him and playing. These are routines you will need to get rid of later on.
- If your child keeps coming out, take him straight back, reassure him that you are still there, and then leave again.
- Follow the procedures in the above section, for the attention seeker, but continue to reassure him that you are there for him. Sit in his room briefly, perhaps reading to yourself so that you are not giving extra attention, as he will probably be comforted by your presence.
- You may need to clip your own door shut so that he does not 'sneak' into your bed without you being aware of it, while you are in the lounge room watching TV, congratulating yourself on how well it's all gone!
- If your child does not keep coming out, but cries continuously, you may want to try 'controlled crying', as described in detail in Christopher Green's book *Toddler taming*, modified here for use with children with autism. The technique involves letting the child cry for a set amount of time; between 3-10 minutes is recommended. After this time go in, speak quietly to your child to calm and resettle him, then leave again. (Avoid picking him up or rocking him.) If he cries again, leave him for the same time you have decided and add an extra five minutes before going back in to the room. Continue in this way, adding five minutes each time. If the crying gets up to an hour you may need to try something else. It is probably also useful to get some support with this program. It is very difficult for most parents to let their child cry for increasing lengths of time. Having someone else in the house can help support you.
- If you are not getting anywhere with the above procedures you may need to look at medication as a short term solution. It can be very useful to break a cycle of behaviour and start a new, more appropriate sleeping pattern. Once the new pattern is established, medication may be discontinued. See your Paediatrician regarding this.
- Another method has been for parents to sleep on a mattress in their child's room, initially placing it next to their child's bed, and gradually moving it further away over a period of weeks or months, until everyone is back in their own room, in their own bed.

The night owl

This is the child who plays in his room till all hours, or gets up to watch his favourite video at 2 am.

- If your child puts the light on in his room to play, a simple solution is to remove the light bulb from the socket (if your child greatly fears the dark get a night light that sits in the power point).
- Make the TV and video less accessible. This may be by having them on a shelf in the cupboard which can be locked at night. Some remote controls on TVs and videos have lock switches on them which are childproof. Lock the remote controls away at night. Lock the videos away. The less there is to interest the child, the more likely he is to stay in his own room.
- Clear the child's bedroom of toys so there is less temptation to play.
- See also the section on the child who does not want to go to bed.

My child does not have any of the above behaviours but has a lot of trouble going to sleep. How can I help him?

- Check with a Paediatrician that there is no physical reason, such as gastric reflux, for wakefulness.
- The problem could be sensory. Your child's pyjamas could have seams in it that really disturb him, they may be too loose and become very tight when he rolls over. Experiment with this if your child is very sensitive to the feel of certain materials.
- Many children with autism have auditory sensitivity which means that sounds we may not even notice, bother them. A bed tent can help block sounds coming from other rooms in the house. An Occupational Therapist can provide further information on this.
- A weighted quilt, often called a Kellie Quilt, can be calming and assist sleep. It is recommended that the use of these quilts is supervised by an Occupational Therapist.
- Another way to deal with auditory sensitivity can be to desensitise your child to sounds that happen normally in households at night, as it is totally impractical, if everyone else in the family cannot talk, walk or watch TV as soon as the child with autism goes to bed. One parent dealt with this by putting the radio on in her child's room when he went to bed, with the volume down so low he could barely hear it. As the nights and weeks went by the volume was very gradually turned up until the child was falling asleep without difficulty with background noise going on.
- For older children it is often anxiety that is keeping them awake. A number of parents report that their child lies in bed for a number of hours, sometimes talking to himself about things that have happened that day, or are going to happen the next day. For this child training in relaxation techniques, as well as creative visualisation and imagery would be useful (see the section on Stress Management). Practise in these techniques every day can be of long term benefit to all children and adults with autism, and in fact to other members of the family.

Sleeping problems can be difficult to address successfully on your own. By their very nature, if your child is having sleeping problems, it is very likely that you are too. Seek support through professionals, a friend or member of your family who will sit up with you all night and if necessary help you 'see it through'.