

Autism and Sleep Issues – Information for Parents

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- We will be using Facebook Live
- Please communicate with us through Facebook Comments
- We will be monitoring comments for questions to answer at the end of the presentation



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If your child with ASD is experiencing sleep problems, talk with your provider.

Hopefully, this discussion can help guide that conversation



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Importance of Sleep

- Recharging and resetting for the next day
- Reorganizing memories and new information
- “Deleting” unnecessary information
- Release of growth hormone (growing and repairing)



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Poor sleep associated with -

- Poor emotional regulation
- Inattention/Hyperactivity
- Problems with memory
- Immune system dysfunction
- Increased risk-taking behavior
- Social delays
- Delayed nonverbal skills



Circadian Rhythm

- “Master clock” keeping track of all our mental and physical processes. Sleep is one process.
- Typically:
 - Morning sunlight triggers the brain to release chemicals which promote alertness (e.g. histamine)
 - Sunset signals the brain to shut down alertness centers and release melatonin, a hormone which promotes sleep
 - Melatonin levels drop in the early morning, signaling the brain to wake up, and remain low throughout the day.
 - Sleep rhythm can be disrupted by medications, light exposure or deprivation, or travel as well as by several other factors.



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Sleep Problems in ASD

- 70%–75% of children with ASD compared with 45%–50% of children without ASD
- More chronic in nature than in children without ASD
- Suggested to be result of genetic factors affecting internal clock and melatonin levels
- Likely combination of biological, psychological, medical, social, and environmental factors



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Common Concerns

- Trouble falling asleep
- Delayed sleep phase
- Waking in the night*
- Resisting bedtime
- Trouble waking in the morning
- Waking early in the morning
- Restless sleep



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Night Waking

Night waking is just as common in children with ASD as it is in typically developing children; however, children with ASD tend to have more **behaviors** associated with their night wakings.

- Laughing/talking to self
- Screaming
- Playing with toys/objects
- Wandering
- Attempting to access food/devices



Causes of Sleep Problems

- Medical
- Environmental
- Behavioral



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Medical Factors

- Restless leg syndrome
- Sleep apnea or other breathing problems like asthma
- Illness
- Pain/discomfort (headache, toothache, itching, belly pain/constipation, reflux)
- Anxiety or depression
- Seizures



Some medical causes are easy to identify and address. Others may require a specialist or lab testing.



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Environmental Factors

- Temperature
- Light
- Sound
- Texture
- Smells
- Objects/activities
- People



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Behavioral Factors

- Bedtime routines*
- Screen time
- Balanced activity during the day
- Diet
- Naps during the day, Time in bed
- Habits formed through accidental reinforcement



What medical, environmental, or behavioral factors might be contributing to your child's sleep problem?



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How do I start?

- Identify the specific concern (waking at night, trouble falling asleep... etc.)
- Establish realistic expectations and goals
- Consider keeping a sleep journal to identify patterns
- Practice good sleep hygiene*



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Sleep Hygiene

The practices and habits that enable good sleep

- Early morning sunlight
- Exercise
- Limit caffeine and sugar
- Avoid screens for 60 minutes before bed
- Bedtime routine with calming activities before bed*
- Same bedtime and wake time every day
- Consider sensory needs



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Behavior Strategies

- Visual schedule
- Bedtime pass
- Morning reward for staying in bed
- Checking in
- Slow transitioning to own room
- Delayed bedtime with gradual adjustment (15 min)
- “Brief and Boring” nighttime interactions
- Expect “post-extinction burst”
- Consistency



My Bedtime Routine



Take a bath



Put on pj's



Brush teeth



Read a book



Go to bed

Example of
a Bedtime
Routine



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Bedtime Pass



Autism Speaks, Sleep
Toolkit, [Sleep Tool Kit.pdf](#)
([autismspeaks.org](#))



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Sleep Log

Pediatric Sleep Log

Your child's name: _____ Date of birth: _____

Instructions:

- Do the best you can tracking your child's sleep over the next 2 weeks, it doesn't have to be perfect.
- Use up and down arrows only at bedtime. Use ↓ to mark when your child went to bed. Use ↑ to mark times that your child woke up in the morning. **Only shade in the periods when your child was actually asleep.**
- In the comments section indicate time of any medicines given and time/amount of any caffeine they had.

Example:

- Day 1: Went to bed at 9 p.m., fell asleep at 9 p.m., woke up at 1 a.m., fell back asleep at 2 a.m., then woke up at 6 a.m. Took a nap from 1 p.m. to 3 p.m.
- Day 2: Went to bed at 10 p.m. but didn't fall asleep until 11 p.m., no nighttime awakenings, woke up at 5 a.m., nap from 1 p.m. to 3 p.m.

| Example Date | Day | 6 p.m. | 8 p.m. | 10 p.m. | 12 a.m. | 2 a.m. | 4 a.m. | 6 a.m. | 8 a.m. | 10 a.m. | 12 p.m. | 2 p.m. | 4 p.m. | Comments (Meds/Caffeine) |
|--------------|-----|--------|--------|---------|---------|--------|--------|--------|--------|---------|---------|--------|--------|-------------------------------|
| | 1 | | | ↓ | █ | █ | █ | ↑ | | | | █ | | Took phenobarbital at 6 a.m. |
| | 2 | | | ↓ | | | | ↑ | | | | █ | | Took 2 Mountain Dew at 8 p.m. |

Your log

| Date | Day | 6 p.m. | 8 p.m. | 10 p.m. | 12 a.m. | 2 a.m. | 4 a.m. | 6 a.m. | 8 a.m. | 10 a.m. | 12 p.m. | 2 p.m. | 4 p.m. | Comments (Meds/Caffeine) |
|------|-----|--------|--------|---------|---------|--------|--------|--------|--------|---------|---------|--------|--------|--------------------------|
| | 1 | | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | | |
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| | 14 | | | | | | | | | | | | | |

Do not expect to do everything at once! Pick one strategy at a time.



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Medications

- Melatonin
- Clonidine
- Guanfacine
- Trazodone
- Gabapentin
- Medications for anxiety/depression
- Medications for other health problems





Any Questions?

Olivia

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