

Behavioural Management Techniques

These can be helpful for children that stall, have difficulty settling and also that wake at night and need the parent's presence in order to resettle. Different techniques suit different families. Emphasize importance of Sleep Hygiene and good routines in all.

<p>Extinction <i>(For children who insist on parent's presence at night)</i></p> <ol style="list-style-type: none"> 1. Establish a positive and regular bedtime routine 2. Settle child into bed 3. Say goodnight and leave the bedroom 4. Ignore the child's protestations and do not re-enter the room (unless unwell) 5. If child comes out of room –take back immediately with minimal interaction 6. If child sleeps through the night give positive attention with explanation why <p><i>Evidence based (mean time for change 3.6 nights (range 1-7)). Improved behaviour quicker than with gradual withdrawal but some families find too big a step</i></p>	<p>Gradual Withdrawal <i>(Slower version of extinction: 1-2 as extinction)</i></p> <ol style="list-style-type: none"> 3. Place mattress on floor next to bed and switch bedroom light off 4. Lie next to child on bed for 3 nights 5. Lie on mattress next to bed for 3 nights 6. Move mattress by two feet closer to door every 3 nights 7. When at the door sit on a chair in the bedroom with door open for 3 nights 8. Sit on a chair outside the bedroom but visible to child with door open for 3 nights 9. Sit on a chair outside the bedroom not visible to child with door open for 3 nights 10. Sit on a chair outside the bedroom with door closed for 3 nights <p><u>NB: If child tries to join you, return to bed with no fuss, no eye contact</u></p>
<p>Controlled Crying <i>(For children who wake and cry but parent cannot ignore)</i></p> <ol style="list-style-type: none"> 1. Discover whether there is anything worrying him/her 2. Establish how much crying and distress you can tolerate (eg. 10 mins). 3. When child awakes and cries, wait 10 mins and go in. 4. Instruct to return to bed (if necessary) in emphatic manner 5. No cuddles, food eye contact, etc.) 6. Reassure simply and leave after 15 secs 7. Wait for 10 mins and repeat (if necessary) 8. Extend by a set number of minutes on subsequent nights. 	<p>Scheduled Wakening <i>(Another way of addressing night waking problems – useful if the child wakes at the same time every night)</i></p> <ol style="list-style-type: none"> 1. Discover from sleep diary data when exactly your child habitually first wakes up during the night 2. Set your alarm clock (or stay up!) for 30 mins before this time 3. Wake your child up by gently touching him; when he opens his eyes let him fall back to sleep 4. If your child does not fall back to sleep, try 45 mins the following night and, by trial and error, you will find the best time to wake and fall back to sleep quickly.
<p>Shifting bedtime to a time when the child or young person is likely to go to sleep <i>(for children and adolescents going to bed too late)</i></p> <ol style="list-style-type: none"> 1. Bedtime within 15 minutes of normal sleep time 2. Anchor the wake time 3. If does not fall asleep in 15 minutes. Get up for a further 1 hour. Repeat until falls asleep within 15 minutes. 4. If falls asleep within 15 minutes bedtime can be shifted earlier (up to 30minutes) the next night. If does not fall asleep shift bedtime later (up to 30 minutes) 	

Ref: Dr Bramble's "Solve Your Child's Sleep Problems" www.awares.org/pkgs_files/librarydoc_890.ppt [accessed 7.12.15]

Behavioural Techniques outlined in "Evidence on Effectiveness of Behavioural Interventions to Help Parents Manage Sleep Problems in Young Disabled Children: A Rapid Review. McDaid, C. and Sloper, P. November 2008" <http://www.york.ac.uk/inst/spru/pubs/pdf/sleep.pdf> [accessed 27.11.15]