

Sleep and behaviour

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Sleep and behaviour are a complex duo. Let's understand exactly why a child wakes up in the night, what you might well be inadvertently be doing to worsen this, and what you can do to stop the bad sleeping habit in its tracks.

Some children have a harder time sleeping than others, and these children tend to fall into three groups:

- Children with medical / behavioural disorders known to be associated with poor sleeping; examples include Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder and Asperger's Syndrome.
- Children with undiagnosed medical problems such as milk intolerances, constipation or reflux.
- Children who are in a poor sleeping 'rut', placed there by desperate parents unwittingly providing 'incentives' for them to wake up.

The first group very often benefit from a gentle medication – not the sedating medications that make a child feel awful the next day but a medication designed to mimic the natural sleep hormones. This medication is not a sedative; it simply tells the body and brain, "Now, it's time to go to sleep". There is no addiction, there are no real side-effects to warn about, breathing is unaffected, and kids don't need more and more medication to get the same result.

Sorting out the medical problem in the second group often banishes the sleeping difficulties.

The third group, which I call 'the behavioural group', may also benefit from the medication I have described, but the main answer here is a behavioural strategy.

Sleep is divided into different stages within a 'sleep cycle', which rotates every 90 minutes or so. The two main parts of sleep are REM sleep and non-REM sleep. REM sleep is the part of our sleep where our brains are most active – almost fully awake. At this stage of sleep, certain memories, especially those to do with learnt routine (take note!), are strengthened. Non-REM sleep is where our brain and body are in total switch-off mode, allowing our bodies to become refreshed.

As adults, many of us 'almost wake up' a number of times a night but then drift back into deeper sleep. However, if we have a recent strong anxiety or have a task on our mind, we can suddenly jolt awake, either in a panic about that uncompleted task, or with a cold knot of dread about the recent anxiety.

Children don't tend to wake with anxieties or jobs to remember, but they do wake up with memories of the things that tend to happen in the middle of the night. Things that feel nice ... Mummy and Daddy giving lots of attention ... patting and stroking ... a cuddle ... a nice drink of warm milk preferably with a teat that feels nice to suck ... even nicer, going into bed with Mummy or Daddy..., and so it is not a surprise that a child wakes often around the same time each night expecting those 'incentives' to happen. And they do fall asleep again, which is why parents do the same again and again, but that desire in the child to wake then becomes stronger and stronger. I call these things 'incentives', as they are meant to be a parental method to make the child fall asleep but actually end up as the stimulus for them to wake up!

Some incentives actually happen before a child goes to sleep such as patting or stroking, TV on, CD on, light on, so that a whole host of things have to be done before the child will settle. These are not part of a good bedtime routine but are unnecessary things that no child really needs and which actually confuse their brains; bed is no longer a place where sleep happens easily and quickly, but a place where prolonged reading, singing, playing, chatting goes on, all postponing even the thought of sleep.

So, what can we do?

Parents need to gradually withdraw the incentives i.e. back to the 'sleep hygiene' that I wrote about last time. No eye contact. No chat. Use brief, calm, firm withdrawal, telling your child exactly what he is expected to do by using your set phrase e.g. "Time for sleep now". Don't take your child out of bed or the cot, but briefly settle using a quick light touch, then leave it at that. Milk should be increasingly watered down and any soft teats replaced by a hard spout, which is less comforting. This means that your child is less likely to request a drink simply to suck at something. Eventually, you should be at the point where you are offering a small drink of water only, at which point the vast majority of children will reject it and go to sleep. Older children will benefit from reward systems where they gain points for sleeping in their own bed etc which can then be swapped for treats that they have chosen.

Controlled crying is a method used to break the cycle of shrieking for attention that goes on. Essentially, the trick is to briefly ensure that bottoms are clean and dry, your child is appropriately warm and that no mishap has occurred. Then, ignore your child for successive periods, starting at say 10 or 15 minutes, increasing by 5 minutes each time you return. After the allotted time period (which you need to actually time with a clock, as 5 minutes in these fraught circumstances feels like 20!), you go in, very briefly re-settle with no cuddles, chat etc. and then leave again.

Initially, your child will scream blue murder, as they are trying to make you change your mind and return to them (which many parents do as soon as a child shrieks, thereby strengthening his understanding as to what will work next time...). It is not always a quick process, although the average time for this method to work is 3 days. It goes without saying that this technique is not appropriate for young babies who need to feed little and often and should not be hurried into 'going through the night' before they are ready.

It all sounds like hard work (which is why many exhausted parents give up and give in – “anything for an hour’s sleep”) and it certainly feels like it at the time. It does work, however...good luck!