Sleep Issues in People with Autism Spectrum Disorder

Updated November 2014

Individuals with Autism Spectrum Disorder (ASD) often have problems with sleeping, resulting in sleep deprivation for both the individual and their family. This Information Sheet offers some strategies that may help to improve both the quality and quantity of sleep if a child has problems with bedtime routines, going to sleep and staying asleep.

As every person with ASD is different, you may find that some of these techniques are helpful while some may not be as effective. The techniques or strategies that will be most beneficial may be determined or influenced by what is causing the sleep problems. It is important to bear in mind that establishing a new sleep routine is not an overnight task; it may take 2-4 weeks before you see a change. Parents need to be prepared to commit to a new sleep routine, and it is a good idea to consider whether you need to take time off work or reschedule other activities in the initial stages.

Preparing for Bed

The time before bed is important as it allows the child to relax and prepare for sleep. The following suggestions may be helpful in assisting a child with ASD to get ready for bed.

- Try to avoid caffeine and sugar in the afternoon and evening. If this means a change in routine, there could be adverse behavioural effects so you might want to do it gradually. To eliminate something like soft drink from a child’s diet, you could mix this with increasing amounts of sugar-free and caffeine-free alternatives over a few days or weeks.
- If eating energises your child, try to eat dinner at least 2-3 hours before bed.
- If activities like TV, video games and exciting stories energise your child, you may want to limit these immediately before bed.
• Try having a period of ‘quiet time’ before bed to help the child wind down and prepare for sleep. Children with ASD may find it difficult to go from ‘wide awake’ to ‘ready for sleep’, and may need this period to help them adjust. Having a calming, warm bath, dimming the lights, speaking in quiet voices and ensuring the rest of the house is quiet, may alert the child to the fact that it is time to calm down and prepare for sleep.

• Be aware that interfering with the existing sleep routine means you need to offer an equally rigid, more appropriate routine. Creating a consistent, scripted bath time/bedtime routine that everyone can follow may make this easier. Specific directions will allow the child to follow more easily, and representing this visually with images or words may also be useful.

• Avoid using the bed (or bedroom, if possible) for activities other than sleeping. If a child associates the bedroom with jumping on the bed, playing games or eating, they may have trouble understanding that this area is used for sleeping.

• If it is not possible to reserve the bed or bedroom solely for sleeping, you may want to implement a toy box where all the child’s toys and games are packed into at the end of the night, and locked into a cupboard so they can ‘sleep’ too. Alternatively, you could keep the toy box in a separate room at night.

• Massage techniques may also be beneficial. You could experiment to see whether a child enjoys this, and what kind of pressure is most comfortable.

Going to Sleep
Once in bed, some children find it difficult to fall asleep. These strategies may help a restless or distressed child to fall asleep more easily.

Sensitivity to light can make it difficult to fall asleep. Some individuals with ASD are hypersensitive to this and you may need to consider things like heavy, dark curtains to block out light.

Similarly, sensitivity to tactile sensation can be problematic. Ensuring the child’s pyjamas and bedding are made of comfortable, non-irritating fabrics may make it easier to get to sleep.

Hypersensitivity to noise can make it difficult for children to fall asleep (and stay asleep). An air purifier, fan or white noise machine can help block out other noises and allow the child to fall asleep more easily.

Wandering
Getting up during the night can be common in children with ASD. Below are some tips to help ensure the child stays safe and other family members are not always disturbed.

• A peep hole or other viewing device would allow parents to ensure the child is safe in their room if awake and out of bed during the night.

• Custom made alarm systems can also notify parents when a child leaves their room at night, allowing parents to redirect the child or ensure they are not putting themselves in danger.

• A rewards chart for staying in bed or in the bedroom all night can be a good way to
reinforce the child’s positive behaviours. For example, a child might get a star or sticker for each night they remain in their bed, and after getting 5 stars, receive a favourite treat such as a new DVD, book, or toy.

Problems
Sleeping Alone

Sleeping in the parental bed or having a parent sleep in the child’s bed can become a habit that is difficult to change. The ideas listed below may be useful in helping to reduce or eliminate such behaviours.

- Try setting aside some “time with dad” or “time with mum” each night, emphasising that this is instead of sleeping in the parental bed or having a parent sleep in the child’s bed. This time might include stories, chatting, or cuddles once the child has gotten ready for bed. You might like to place a chair next to the bed and reinforce the idea that the parent always sits in the chair, not on the child’s bed or in it.
- If the child has become used to having a parent sleep in their bed, you may like to try a graded withdrawal over a number of weeks. Graduating from having a parent in the bed to on it, then next to the bed, closer to the door and finally outside the door (or in the hallway) may help the child adapt to the idea that they are to sleep alone.
- If the child is prone to coming into the parental bed, you may want to ‘short circuit’ this desire by sleeping outside their door for a few nights. If the child gets up to go to the parent’s room, seeing mum or dad sleeping outside may make them feel secure enough to return to their own bed.

Other Suggestions

- Keeping a sleep diary will allow you to pinpoint each of the sleep-related issues and figure out which strategies may be most successful to alter these behaviours. If you are seeing a psychologist or other professional, they may also need to see what has been going on and could use the sleep diary to devise an appropriate intervention program. Suggestions on information to include in a sleep diary are listed on the next page.
- Caregivers need to be prepared that interfering with the existing sleep routine may be difficult to begin with. It is important that all caregivers are unified in their approach to the new routine, and have agreed upon on how they will respond to unexpected behaviours. This will allow caregivers to support each other and also ensure maximum consistency in the responses the child receives.
- You could try creating a social script to help your child understand the need for sleep. This could include information and pictures on why we sleep, how often we sleep, where we sleep and how people know it is time to go to sleep.
- In addition to correcting maladaptive sleep behaviours, you may need to look at why the child is having trouble sleeping. Issues like anxiety, fears, depression, and physical discomfort or pain can all affect sleep patterns. Discussing fears, discomfort and other problems through language or communication tools may reveal things which are not immediately obvious.
- Realise that things may get worse before they get better. In implementing strategies...
to promote better sleep behaviours, you may need to persevere for 2-4 weeks before seeing the effects.

Sleep Diary (example)

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<tr>
<th>Day</th>
<th>Dinner (what and when)</th>
<th>Snack (what and when)</th>
<th>Time in bed</th>
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<th>Wakening during night (time, how long)</th>
<th>Time awake in morning</th>
<th>Day time naps (time and duration)</th>
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