Quick Sleep Tips

We all need to feel **safe** and **comfortable** in order to relax enough to go to sleep.

Here are some quick things to think about when helping your child sleep better.

Decide on a bedtime

- Work backwards from when they need to get up, eg. if they need 11 hours sleep and get up at 7am, they need to be asleep by 8pm.

Mimic the natural world

- Dim the lights in the whole house an hour before bed to mimic sunset
- Cool the bedroom down – 16-18 degrees is a good bedroom temperature
- Baths / showers are helpful (as long as they don't make your child overstimulated) because they cool the body down when your child gets out
- Reduce the brightness on any screens your child is using (this is different from blue light)

Make bedtime predictable and safe

- Use visuals (timetables, now and next boards)
- Read books about sleep to make it seem less scary
- Sometimes a baby monitor helps to reassure children that you can hear / talk to them

Address any sensory needs

- Make sure your child is comfortable; think of each of the 8 senses
- Make sure your child is not hungry (a supper time snack is helpful)
- Make sure your child is not in pain

Slow your child down

- No exercise for an hour before bed (it increases our heart rate, blood pressure and body temperature)
- Hand-eye co-ordination activities help us to slow down and focus on one activity – Lego, jigsaws, colouring, drawing, play-doh / plasticene, threading, sensory toys

Calming the busy brain

- Think about 3 good things from the day and end the day on a positive note. Write them down each day and create a 'happy book' over time.
- Create a 'Thoughts Box' where your child can put their thoughts before bed. Be sure not to call it a 'worry box' as even exciting thoughts can keep us awake. Your child can draw or write these down (or you can) and put them in the box. You then take the box outside the bedroom so that you are looking after them until the morning. Teenagers may prefer to make a voice note on their phone.
- Don't worry about screens – calming activities such as watching favourite programmes, sensory videos and ASMR videos can help neurodivergent children to decompress. Research is clear that blue light from screens does not keep us awake, it is what we are *doing* with the screen that does. The only exception is small children (under 5) who seem more susceptible to blue light from screens.
- Make sure the bedroom is uncluttered and doesn't look scary in the half light – are there any standby lights that look like glowing eyes? Are there any toys that look scary in the dark? Are the walls plain or busy? Lay on your child's bed in the dark to see what they see.

Replacing the need for a parent to be there to help settle or resettle

This can take time

Ask yourself 'Why do they need me here?' 'What need am I meeting?'

If it is pain, discomfort , sensory needs, see above

If it is safety / reassurance

- Try putting your pillow case on your child's pillow and swap over again each night. Having the smell of you close by is very reassuring. This is safer than putting an item of your clothing in bed with them
- Put a picture of you by the bed or under the pillow 'I am always here'
- Use a baby monitor or walkie talkie so they know you will come if they call
- Put a pillow or a sensory snake (or similar) behind them so they feel that physical support (remember safe sleeping – make sure your child is mobile / old enough to move away and won't get trapped against this)
- Try using a compression sheet to mimic the feeling of being 'held'
- If your child likes pressure, the compression sheet can help, or you could try **weighted lap pads** – these small squares provide targeted weight (like a hand on them) but are not a suffocation risk like weighted blankets

Increasing Melatonin

Melatonin is one of the hormones produced in response to the day / night cycle – the circadian rhythm (body clock).

Neurodivergent people

- Make less melatonin,
- They start making it later in the evenings, and
- They don't use it as efficiently

So you need to help them to make more!

How To Increase Melatonin Levels

Things that you can do to help make more melatonin at the right time

- Get at least 30 minutes outside daylight exposure in the morning
- If this is not possible, try 30 minutes exposure to another strong light source such as a SAD lamp (10,000 lux)
- If averse to bright light, try sunglasses or a hat with a peak / brim but you will need to be exposed to the light / device for longer
- Sit by a window rather than further inside a room
- Dim the lights in the evening to mimic sunset
- Screens: switch to passive watching rather than gaming or anything interactive
- Consistent bedtime and wake time
- Anxiety reducing strategies, including dealing with sensory overload during the day
- Suppertime snack of foods containing melatonin

  ~Sour cherries (Montmerency) juice or the fruit
  ~Walnuts
  ~Kiwi fruits

Screens and Sleep

There is a lot of information shared about the effects of blue light from screens on sleep and this has led to many professionals recommending that screens should be taken away from children an hour or two before bed. It is also still widely shared on the internet from apparently reputable health organisations and charities.

Where did the idea come from?

We know that light receptors in the eye have a pigment called melanopsin which detects light levels and send a message to the 'master clock' in our brain. Light is an important regulator of our body clock (circadian rhythm). Blue light in particular is important because morning light has more of the blue part of the spectrum in it.

We also know that melatonin, the hormone which signals to our body that night is coming, is suppressed by bright light exposure.

Early research into light emitting devices suggested that the blue light from screens suppressed melatonin enough to delay sleep.

Why do we now think that blue light from screens is not so damaging for sleep?

We produce melatonin from late afternoon as the light levels in the natural world fall, however we don't go to sleep until much later. Indoor light (overhead lights, lamps) do not significantly suppress melatonin production and an iPad at full brightness is no brighter than ambient indoor light.

There is a slight effect on melatonin from screens but this is not significant. If sleep onset is normally 10 minutes and after looking at a screen it is now 20 minutes this can be described as a 100% increase in time taken to fall asleep which sounds like a lot. But in reality it is only 10 minutes. It is all about how the data is described and promoted.

Professor Michael Gradisar at Flinders University in Australia has done a lot of research into teenagers and sleep and also the effect of blue light from screens on sleep. He concluded from looking at all of the available studies that blue light from screens delays sleep by a total of 3.8 minutes. You can see his blog about this here: https://winksleep.online/blog/65-blue-screenlight-making-it-harder-to-fall-asleep-is-the-number-1-sleep-myth-of-our-time

I am not a fan of Professor Gradisar's writing style but he is well respected in the world of sleep and is trying to make this information more accessible. He has co-authored many papers on sleep and is very accessible to answer questions on the Linked In platform.

Dr Matthew Walker, a respected neuroscientist who has delivered many TED talks and wrote the best selling 'Why We Sleep' used to believe that blue light delayed sleep and promoted this idea. He has now retracted this statement and has changed his mind based on more up to date information. You can hear him talking about it here: https://www.youtube.com/watch?v=7yzzosfVCVE

The team at the Oxford University Sleep and Circadian Science Institute are also now stating that blue light from screens is not the whole picture: https://www.scni.ox.ac.uk/research/role-of-light

Screens as a calming / self soothing strategy

Neurodivergent children and young people often use screens to decompress after school and at bedtime. They watch familiar programmes over and over again, they watch ASMR videos, they listen to music. If you remove a screen from a neurodivergent child at bedtime you are taking away the self soothing tool that they are using to get themselves to sleep. The distress and the battle that follows will delay sleep by a lot more than 3.8 minutes.

Most parents will 'confess' to using screens to help soothe their children. If a professional tells you to remove the one thing that you know works, then you will close your ears to any other advice, you will not trust us to really understand the difficulties that you have. We need to give individualised advice and support which takes into account you and your child's needs, and what you are actually doing. We must meet you where you are, with the strategies that you have found to help.

Are there any exceptions to this? Yes!

Age is important.

Children under 5 seem to be more susceptible to blue light from screens. Some teenagers who have 'flipped' their sleep pattern and are awake all night / asleep all day seem to be more sensitive.

How much light we've had earlier in the day is important

Our brains are expecting bright light exposure in the morning (as this mimics the natural world) and a falling light level as the day progresses.

If we are indoors all day and get no bright light exposure in the morning, then our brains cannot easily tell the difference between day and night.

What we are doing on the screen is important

Anything which engages the prefrontal cortex area of the brain wakes us up. So gaming, social media use etc can delay sleep. The research seems to suggest that this is because we are distracted and ignore our feelings of being tired. As above, calming activities where we are more passive observers of the screen do not have the same effect. There is a consensus among neuroscientists that it is *what we are doing* on the screen that is more important than the light which it is emitting.

Conclusion

Like all science, the information about screens and light is changing and sometimes the general information available to us takes a while to catch up.

Key things to remember:

- Consider increasing your child or teenager's exposure to bright light in the morning; this helps to create a difference in light exposure between morning and evening and helps our circadian rhythm match the light / dark cycle
- You will do no harm reducing the brightness of the screen or using the blue light filter built in (if there is one), but it is not essential.
- Try negotiating with your child or teenager about what they are doing on screen and switch over to more passive screen use rather than gaming / social media. Switch off notifications at an agreed time.
- You know your child or teenager best. If they need a screen as a self soothing tool and it is working for you, you do not need to take it away from them.
- If however your child is very young, or you have found that in your experience screens keep them awake then you may want to restrict use before bed.
- Generalised advice is not helpful. You are the expert on your child.

Sensory Issues and Sleep

We have 8 Senses

- Touch
- Taste
- Hearing
- Smell
- Vision
- Proprioception
- Vestibular
- Interoception.

We can be over or under sensitive to the senses and it can be different for each sense.

Our ability to tolerate sensations can also vary day to day.

Sensory processing differences can make relaxing into sleep difficult and also wake us in the night.

If we are oversensitive to a sense it can make us hypervigilant. Examples are:

- We cannot tolerate how our bed / pyjamas / bedclothing feels
- We may hear things that other people cannot hear and this may makes us scared or worry eg. changes inside the house or outside, electrical humming, animals
- We may smell things very strongly and this may make us feel disgust or discomfort eg. household cooking / cleaning smells
- What we can see may pixelate, move around, or look very different
- We may need a dark bedroom
- We may feel too hot

If we are under-sensitive to a sense we may need more stimuli to feel safe and reassured

- We may need weight, pressure or tighter pyjamas or bedclothing
- We may need more light in the room
- We may need a constant background noise to muffle changes outside the room
- We may need plain, uncluttered surroundings
- We may need warmer bedding

Listen to what your child is telling you or observe their behaviour for clues, and adjust their environment accordingly.

You cannot change your child, you need to change their surroundings.

Proprioception and Sleep

Proprioception is one of our senses. It tells us where our body is in space, where our 'edges' are. It is the body's ability to sense its location, movements, and actions. It's the reason we're able to move freely without consciously thinking about our environment.

Examples of proprioception include being able to walk or kick without looking at your feet or being able touch your nose with your eyes closed.

If someone is under-sensitive to proprioception they may seek that information out from their surroundings. They may:

- Stand too close to other people, or lean on them, because they cannot work out how close they are to other people and judge personal space
- Find it hard to navigate a room / obstructions, so they touch everything around them as they move
- Appear clumsy – bumping into people, tripping over their own feet
- Prefer tight clothes – skinny jeans or leggings rather than joggers
- Sleep with toys pets all round them, crowding them on the bed
- Children often get into their parents' bed because they like to feel close to another person
- They may also drag their bedding onto the floor and sleep there
- They may wake up very distressed, it will look like a night terror

How To Help

Things that you can do to help someone who needs support with proprioception at bedtime

- Keep a night light on *all night* - this helps them to visually check where their body is
- Compression sheets or sleeping bags give more feedback about the space
- Being tucked in rather than having a loose duvet
- Try pyjamas one size too small
- Keep the bed by the wall, use cot sides if necessary
- A firm mattress may help
- They may want toys / pets on the bed – this will help but think safe sleep! – are they old enough to move away and not get stuck against them?

Interoception and Sleep

Interoception is one of our senses. It is your brain's representation of sensations from your own body. You can be over or undersensitive to interoception.

If someone is under-sensitive to interoception they may not pick up messages from their body. They may:

- Never feel particularly hungry or thirsty, will need prompting to eat and drink
- Not be aware of a full bladder until it is screaming at them! Then they may have an accident as they rush to the toilet
- Not be aware of the need to empty a full bowel, so become constipated
- Not be aware that they have an injury, are ill, have a temperature, or feel nauseous.

If someone is over-sensitive to interoception they may find normal messages from their body unbearable and uncomfortable and avoid them. They may:

- Not be able to tolerate feeling hungry – so graze all day
- Empty their bladder or bowel frequently
- Be very aware of their own heartbeat or breathing
- Find any bodily discomfort – an injury or illness very distressing

How To Help

Most issues at bedtime relate to over-sensitivity. Things that you can do to help someone who needs support with interoception at bedtime include:

- Ensure that they empty their bladder / bowel before bed
- Have a suppertime snack – not a large meal – as part of the bedtime routine. This prevents them waking up hungry in the night.
- Avoid caffeine and sugar before bed – this includes hot chocolate
- Ensure that they are comfortable / pain free
- If safe to do so, keep a drink by the bed
- Reassure them that their heartbeat / breathing is normal using relaxation / mindfulness / imagining blowing out candles

Vestibular Sense and Sleep

The vestibular sense is one of our senses. It is how your brain responds to how it senses gravity and balance.

If someone is under-sensitive to the vestibular sense they need more information about where they are and seek that out. They may:

- Love climbing and being up high
- Enjoy being upside down
- Enjoy strong sensations like jumping, spinning, swinging and bouncing

If someone is over-sensitive to the vestibular sense they will not enjoy the above. They may:

- Not like being up high so will avoid climbing, slides, playground equipment
- Prefer to sleep on the floor

How To Help

Most issues at bedtime relate to over-sensitivity.

Things that you can do to help someone who needs support with over-sensitivity to the vestibular sense include:

- Keeping their bed low down. Some children prefer their mattress on the floor.
- You may need to separate bunk beds or swap a high sleeper for a normal height bed.

Things that you can do to help someone who needs support with under-sensitivity to the vestibular sense include:

- Make sure they get lots of vestibular support earlier in the evening to meet their needs so they are not bouncing / spinning / jumping at bedtime
- Think about the safety of their room and adjust accordingly. Do you find them asleep in high places (top of cupboards, wardrobes, windowsills)?
- Do they climb over the stairgate? It may be safer to remove it and have door sensors instead