Sleep Better!
Improving Sleep for Persons with Autism Spectrum Disorder

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Sleep Stages

Sleep Problems in ASD
- Research on the prevalence of sleep problems in children with ASD suggests a range from 50%-80%
- Children with ASD develop more sleep problems as they grow older and they tend to continue to experience sleep problems over time.

Sleep Problems in ASD
- The main problems reported among both young children and adolescents with ASD tend to be insomnia with prolonged sleep latency (time to fall asleep), disruption at bedtime, decreased sleep efficiency (decreased time asleep/time in bed), decreased total sleep time and decreased sleep duration.
Developmental Issues

- By 3 months - you can fade nighttime feedings
- By 6 months - infants can sleep through the night

Daily Schedules

- You can “trick” the brain into a different time schedule by organizing daily activities
  - Meals
  - Dressing
  - Washing

Bright Light Therapy

- Different devices
- Brightness controversial
Melatonin

- Can effect circadian rhythms and initiate sleep
- Temporary effects
- No long-term outcome studies

Assessing Sleep Problems

- Polysomnographic (PSG) evaluation includes assessment of airflow, leg movements, brain wave activity, eye movements, muscle movements, and heart activity
- Multiple Sleep Latency Test (MSLT) - naps at 2 hour intervals

Assessing Sleep Problems

- Actigraphy
- "There’s an app for that!" (e.g., Sleep Cycle)
The Good Sleep Habits Checklist

- Establish a set bedtime routine
- Develop a regular bedtime and a regular time to awaken
- Eliminate caffeine 6 hours before bed
- Limit alcohol
- Try milk
- Eat a balanced diet
- Do not exercise at bedtime
- Exercise earlier
- Restrict activities in bed

The Good Sleep Habits Checklist

- Reduce noise in the bedroom
- Reduce light in the bedroom
- Avoid extreme temperature changes in the bedroom

Medication for Sleep

- Common medications
  - **Benadryl** - contains antihistamines which cause drowsiness
  - **Clonidine** - blood pressure medication - side effect is as a sleep aid
- Not generally recommended for long-term use (more than 2-4 weeks)

Herbal Remedies

- Valarian root and Hops
- No outcome studies

Graduated Extinction

- Gradually increase the time between visits to the child’s room.
- Parents are still allowed to check on their child, but are not allowed to pick up their child.
- They are asked to keep interactions to a minimum.
Scheduled Awakening

- The parent arouses and consoles the child 15-60 minutes before a typical sleep interruption.
- Upon elimination of the sleep problem, the scheduled awakenings are gradually reduced.

Sleep Restriction

- The new sleep time for the child should be approximately 90% of his/her previous average sleep time.
- Adjust bedtime or time child is awakened to create new schedule.
- For each successful week, adjust schedule by 15 minutes.
Choosing Interventions

Selecting Sleep Interventions Questionnaire (SSIQ)

- Designing the treatment plan to fit the needs of the family
- Administered with child sleep assessments

SSIQ - Disruption Tolerance

- Is the person disruptive at bedtime or when waking up at night in a way that is too serious or upsetting to ignore?
  - Yes      No
- Would it be difficult or impossible for you to listen to this person being upset for long periods of time (more than a few minutes)?
  - Yes      No

SSIQ - Schedule Tolerance

- Are you, or another member of your family, willing to stay up later at night to put a sleep plan into action?
  - Yes      No
- Are you, or another member of your family, willing to get up earlier in the morning to put a sleep plan into action?
  - Yes      No

Scoring: If the parents answer “yes” to one or more of these questions, they may not be good candidates for using graduated extinction as an intervention for sleep problems.
SSIQ - Schedule Tolerance

- **Scoring:** If the parents answer “no” to one or more of these questions, they may not be good candidates for scheduled awakenings or sleep restriction as interventions for their child’s sleep problems.

SSIQ - Attitudinal Barriers

- Do you feel emotionally unable to deal directly with your child’s sleep problem?
  - Yes
  - No

- Do you feel guilty making your child go to bed (or go back to bed) when he or she does not want to?
  - Yes
  - No

SSIQ - Attitudinal Barriers

- Do you think it would be emotionally damaging to your child if you tried to change the way he or she slept?
  - Yes
  - No

- **Scoring:** If the parents answer “yes” to one or more of these questions, they may need cognitive-behavioral intervention to explore their attitudes about their ability or their child’s ability to improve sleep.

Sleep Protocols


Sleep Better!

- Coverage of sleep problems and their treatments
- Written for families