

Caravel behavior experts presents:

Navigating everyday parenting challenges

Please go to sleep! Better sleep for the entire
family.





CARAVEL AUTISM HEALTH

A provider of **Applied Behavior Analysis** services, diagnostic, and counseling services to children with **autism** and their families.

We currently serve the Greater Chicago land area, Wisconsin, Iowa, Minnesota, Washington and Idaho.



Our Mission

We change lives.

Caravel Autism Health's team of autism health professionals is dedicated to working with children with autism and related developmental disabilities and their families to develop skills, create connections and instill confidence. Our approach to ABA therapy is rooted in research and results.

Our founders and therapists are committed to being the most passionate clinicians in the autism health field. At Caravel Autism Health, our mission is to change lives.

Our Presenters

Shauntel Hink, BCBA

Shauntel is a Board-Certified Behavior Analyst. She has been working with children and young adults with developmental delays and behavior disorders in homes since 2014. Shauntel completed her masters degree from Ball State in 2019.

Geovani Cajero

Geo is a Senior Therapist with Caravel Autism Health. He has been working with children with developmental delays and behavior disorders since 2018. Geovani is currently pursuing a master's degree at Lewis University

Agenda.

- Identify parts of sleep which are considered behaviors
- Identify common sleep problems in children
- Identify the causes of sleep problems
- Identify tactics to treat sleep problems

Expectations for Presentation

To ensure enjoyment of all in attendance please

- Mute your microphone
- Questions or comments, please put them in the questionnaire box or save them until the end

What is sleep?

- Sleep itself is not considered a behavior
 - Dead man's test
- The act of falling asleep IS a behavior
- Goal for falling asleep is 15 min or less after head is on pillow

Why is sleep important?

- Good sleep is restorative
- Healthy eating habits and positive behavioral and emotional regulation
- Happiness for the entire family

Hanley, Gregory P. (2013)

Sleep Habits

Good

Falling asleep with in 15m

Staying Asleep all night

Consistent bedtime and wake-up times

Bedtime Routines

Bad

Taking over 20 minutes to fall asleep

Getting out of bed multiple times a night

Vigorous activities/exercise right before bed

Distractions from falling asleep (tv, toys, electronics).

Inconsistent sleep schedule

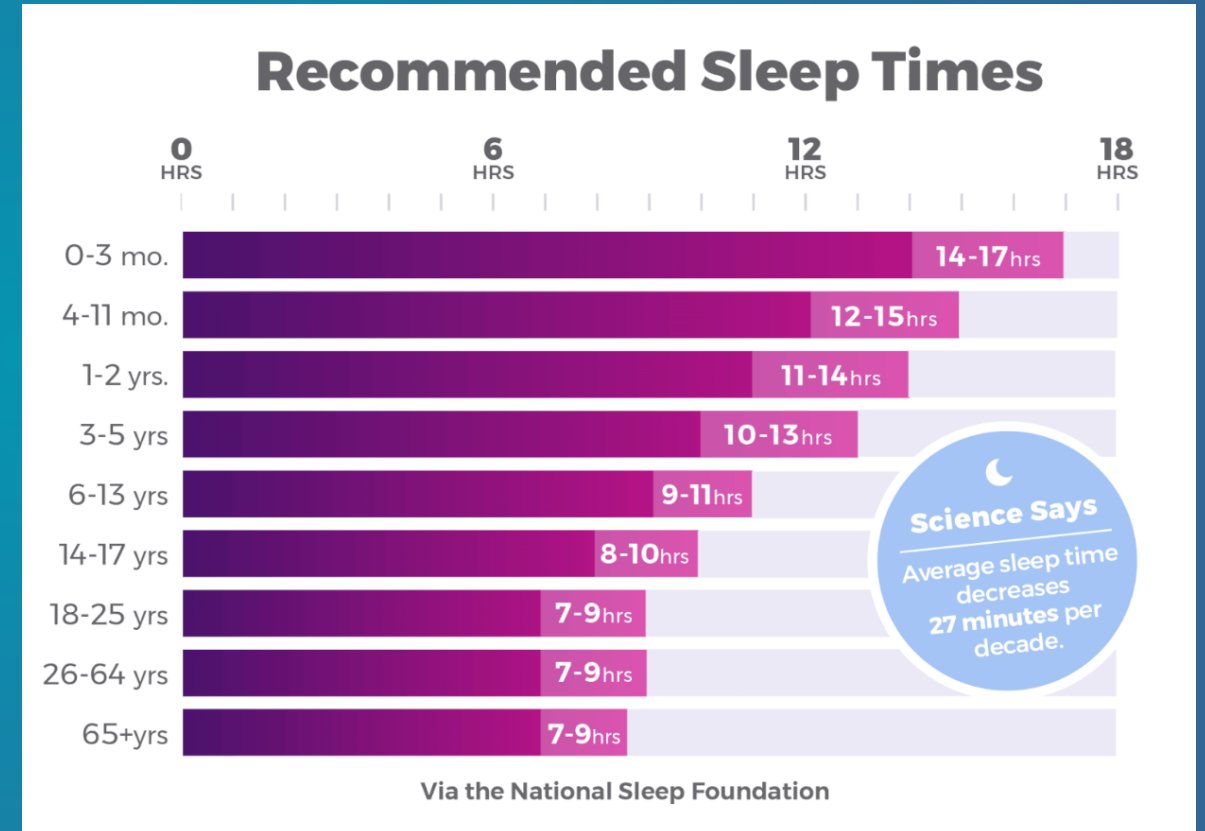
Common Sleep Problems

1. Sleep isn't valuable (not tired)
2. Signals for sleep
3. Sleep dependencies
4. Competing behavior

Hanley, Gregory P. (2013)

Problem: Sleep Is Not Valuable

- In bed for too little or too long?
- Nap times? What time and for how long?



Solution: Bed Time Fading

Bed time fading (Piazza & Fisher, 1991)

- Start 30 min to 1 hour later than current time child falls asleep
- Move back to target time slowly (15 min each successful night)
- Same wake up time every day

Once at target time, keep the same schedule EVERY DAY!

Consistency is key.

Problem: Signals for Sleep

- Inconsistent bedtime routine
- Signs that it is time to stay awake
 - Tv/Movies/iPad
 - Blue light
 - Bright lights
 - Lots of excitement

Solution: Bed Time Routine

Important to keep it consistent every night!

- Avoid caffeine before bed (even chocolate has caffeine)
- 1 hour before bed: shut off electronics, quiet activities, dim the lights (all signals that it's time to go to sleep)
 - Bathe/Shower at least an hour before bed
- No activities in bedroom (quick bedtime story is okay)

Problem 3: Sleep Dependencies

- Anything a person falls asleep with on a regular basis
- These things become a signal for sleep

Solution: Eliminate Inappropriate Sleep Dependencies

Sleep Dependency	Tips to Eliminate or Replace
Electronics (phone, iPad, Tv etc.)	Make a strict rule to remove them at least 1 hour before bed. No electronics in bedroom. Eliminates blue light
Lights (hallway light, bright lights)	Dim lights 1 hour before bed, may use a dim night light and move it out of the room over time.
Bottle	Decrease the amount by a few ounces each night until empty. Give before going to bed. A small glass of water is okay before bed.
Full stomach	Give a small snack (no caffeine) at least 1 hour before bed
Parent Presence	The hardest one to fade- time based visits, quiet based visits, distance-based visits

Fading Parent Presence as a Sleep Dependency

- Time Based Visits
 - Quietly check in on child on an increasing time schedule (unpredictable)
 - Make time between check-ins longer each night (by 30 seconds) until you only check in 1-2x per night
- Quiet Based Visits
 - Only go in and quietly check in on child when they are being quiet and staying in bed
- Distance Fading
 - Gradually increase distance from child each night

In every instance, if child gets out of bed, do not speak to them, simply direct them back into bed and tuck them in and bid them goodnight and proceed with the plan.

Sleep Problem: Competing Behavior

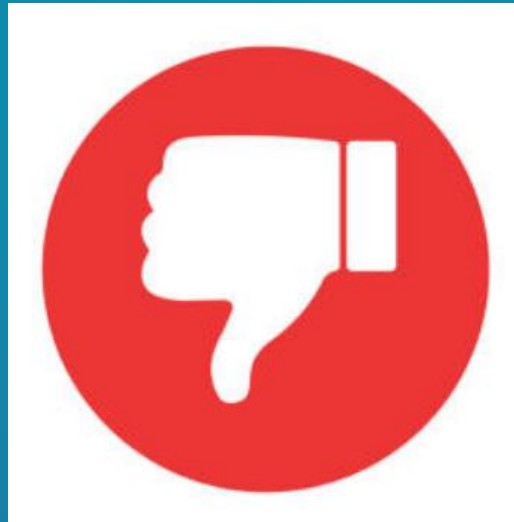
- Fun toys and activities in bed and/or bedroom
- Adult attention
- More fun things to do outside of bedroom (feeling of missing out)

Solution: Have all the fun before bed

- Have all the fun BEFORE bedtime to ensure the child got their fill of all the fun activities they wanted to play with
- Remove all fun toys from bedroom if they become a distraction from sleeping

Sleep Medications

Most children do **NOT** need medication



Ideal Sleep Environment

- Room is dark (little to no light, traffic light especially, as it flashes etc.)
- Cool temperature
- White noise (when purchasing look for one that has a timer 8+ hours or only has a manual shut off- you want it to play the entire time the child is asleep)
- What is white noise? Brown noise?
- Distractions (electronics/tv, blue light etc.)

Take Home Points

- Sleep Problem: No structure in routines
 - Solution: Bedtime routines
- Sleep Problem: Child having a hard time to follow scheduled routine.
 - Solution: Bedtime Fading
- Sleep Problem: Struggle falling asleep
 - Solution: Finding sleep issues/routine: diet, naps, activity level, distractions
- Sleep Problem: Children still wanting co-sleeping
 - Solution: Follow through with expectations.

Resources

- Durand, Vincent Mark. Sleep Better!: A Guide to Improving Sleep for Children with Special Needs. Brookes, 2014.
- Hanely, Gregory P. (2013). Prevention and Treatment of Children's Insomnia. Western New England University.
- Piazza, C. C., & Fisher, W. W. (1991b). A faded bedtime with response cost protocol for treatment of multiple sleep problems in children. Journal of Applied Behavior Analysis, 24, 129–140. doi: 10.1901/jaba.1991.24-129

Questions?

**Thank you for
attending today!**

For more information on
Caravel Autism Health and our
services, please contact our
intake team at: **844.583.5437**

