STOP PLAYING
Musical Beds
Solving sleep problems in young children

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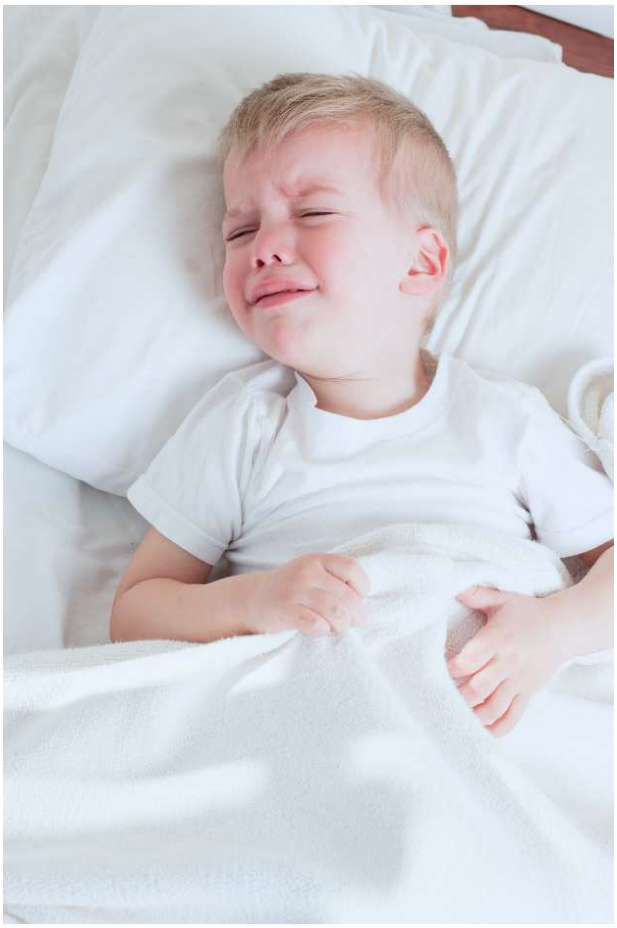
Solving Sleep Problems

This book is dedicated to solving sleep problems for young children. While the strategies covered in this book were originally created for children with autism and other delays, they work well– if not better – for all kids!

This is a good resource for parents who want to correct their child's sleep issues on their own. It is also great for professionals such as pediatricians, nurses, daycare providers and early intervention professionals who want to recommend proven and positive strategies.

For more information and to sign up for a free online workshop where we will cover how to improve sleep as well as increasing talking, decreasing tantrums, improving picky eating, potty training and more go to MaryBarbera.com/workshop.



You Are Not Alone

Sleep is a complicated issue, especially for children with delays and disorders. Many children have difficulties sleeping, especially through the night. Consequently, their families are equally sleep-deprived.

In her book, *How to Get Your Child to Go to Sleep and Stay Asleep*, Dr. Kirsten Wirth reveals that sleep disorders are common in all children. In fact, 15% to 40% of typically developing children will have a sleep disorder at sometime in their life. The rate is much higher for children with special needs, who have sleep disorders at a rate of about 85%. So, if you're a parent out there with a child who has sleep issues, you certainly are not alone.

My Family's Experience with Sleep

To begin, I'd like to share with you my own story of solving sleep problems in my house. I am a mom to two adult sons– Lucas and Spencer. Lucas was diagnosed with autism one day before his third birthday, after he started regressing at around 15 months of age. Spencer is 18 months younger than Lucas.

Lucas has had sleep problems since he was very young, beginning around the time of his regression. When he was first diagnosed with autism, the developmental pediatrician recommended melatonin (an over-the-counter supplement that can aid with sleep) to address his sleeping issues. He continued on melatonin for many years, but his sleep problems persisted in spite of it.

Stop Playing Musical Beds

During the time Lucas was two to ten years old, most nights in our house looked like a game of musical beds. We would give Lucas melatonin (an over-the-counter supplement that can aid with sleep) before bed, but often he would wake in the middle of the night anyway. Once awake, he would leave his bedroom, jump in bed with us, and go back to sleep. If we took him back to his bedroom, he would usually lay awake for hours.

Most nights we had to choose between staying awake and monitoring him to make sure he stayed in his own bed and was actually sleeping, or, allowing him to sleep in our bed where he would often fall asleep quickly. As a result, there was not a lot of quality sleep happening in our house.

Because I didn't work outside the home until the boys were about six or seven years old, I often took on the responsibility of managing Lucas' sleep problems so that my husband could be more rested for his shifts as an emergency physician.

During this time, when Lucas was six years old, I became a Board Certified Behavior Analyst (BCBA). But even then, even with my education and experience, I was so sleep-deprived that I lacked the clarity and energy to objectively look at Lucas' sleep problems--at our family's sleep problems--in a way that would help me solve them.

In fact, when Lucas was nine years old, and still was not sleeping through the night, I was writing my first book, The Verbal Behavior Approach, and my husband said to me:

> *"Whatever you do, don't put any advice about sleep in your book because you are terrible at getting kids to sleep,"*

And he was absolutely right. You won't find a single piece of advice about sleep in my first book published in 2007, because I was not in a position to give it.

However, shortly after my book was published, I had an experience that started me down the path towards becoming "better" at sleep. On a trip to Ohio to present a one-day workshop about my book, I had dinner with a fellow behavior analyst. I told her about Lucas, mostly about his language and behavior--the things I knew well.

Then, she asked about sleep…

I readily admitted that sleep had been a real challenge for us and that's why I hadn't included any material about sleep in the first book. As it turns out, she was a BCBA who specialized in sleep. So, I told her a bit about Lucas' sleep patterns and how we'd been trying to address them. Needless to say, and not surprising to me, she didn't approve of our methods, or lack thereof.

Based on what I told her, she was able to make some concrete recommendations: 1) don't let Lucas get into our bed, 2) keep our bedroom door locked and 3) walk him back to his room as soon as he tries to come in. She also recommended not allowing him to have a TV in his room (even if it initially helped him fall asleep).

From Not Sleeping x 10 Years to a 3 Day Plan That Worked!

Based on this expert sleep advice I devised a plan to get Lucas sleeping in his own bed through the night. Here's what I did: I explained to Lucas that I was going to lock my bedroom door at night and that he needed to stay in his own bed through the night. If Lucas woke up in his own bed alone he would get a special cookie in the morning.

On the first night of the intervention, he got out of bed three times, came over to our room and knocked. So, on night one Lucas woke three times and each time, I reminded him that he would get a cookie in the morning, brought him back to bed, went back in my bedroom, locked the door, went back to sleep. I also looked at the clock and jotted down what time it was when he came to my door and was escorted back to his bed.

On the second night, he woke up and came to my room twice, where the door was locked and he was escorted back to his bed two times.

On the third night, he came to our room once, and after that, he never came to our room again in the middle of the night!!!

After almost 10 years of struggling with sleep, these simple interventions corrected the sleep problems for us all in three nights!

As a Board Certified Behavior Analyst, of course I was thrilled that the intervention worked, but I was also kicking myself for having let it go on for almost 10 years. During those years, I knew there was a problem, and I knew I needed some sort of intervention, but I was so sleep-deprived that I couldn't make a real plan to address it.

Chances are, if you're reading this, you're feeling as frustrated and exhausted as I was back then.

Developing Your Sleep Plan

If you work step-by-step through the following material, you will have a well planned intervention tailored to your child's or client's specific sleep issues. And, you can implement it right away.

I. Always Start with an Assessment
Since you're reading this guide you have already identified sleep as a concern but chances are high your child is experiencing difficulties in other areas as well such as tantrums or trouble with communicating.

It is important to not just assess sleep but to assess other areas of concern that may be impacting sleep and your child's daily life. That's why I developed the Barbera Early Childhood Assessment (BECA)™ to assess your child in all areas. You can complete the assessment at MaryBarbera.com/assessment and find your child's strengths and needs in self care, language and problem behaviors.

1) Assess Motivation to Tackle Sleep Issues
Start by assessing your own motivation or if you're a professional, the parents' motivation to tackle improving sleep. Here's the question you need to answer: "Is the child or the parent struggling with sleep?"

Parents of children who aren't great sleepers by our definition, might not necessarily be struggling with sleep. A good example of this is a family I worked with from India. In Indian culture, it is quite common for children to co-sleep with their parents until an older age. These families are not struggling with sleep and they don't really want an intervention.

Another example would be of a family that is dealing with so many of their child's issues that addressing sleep might not be at the top of their list of priorities. This is why it's important to first assess the parent's motivation to change something about the child's sleep before assessing the child's sleep issues.

Once you've determined that the parents are struggling with the child's sleep problems and that they desire to change the child's sleep habits, you will then assess the child's sleep.

2) Assess the Child's Sleep Issues

You will want answers to questions like:

- Where does the child fall asleep?
- Where does he sleep during the night?
- Does he take naps?
- What is his bedtime?
- What does the entire bedtime routine look like?
    -A snack?
    -A bath?
    -TV?
    -Does the parent lay with the child in bed or sit on the floor?
- Does the child share a bedroom with a sibling?
- Does the child take medication before bed?
- Does the child use a pacifier, special blanket or stuffed animal for sleep?
- Does the child use an iPad, listen to music, or do you need to go for a "Sleepy Drive" before bed?
- How long does it usually take for the child to fall asleep?
- How much sleep does the child end up getting?
    -Naps: start time and end time
    -Overnights: start time and end time
- Does the child wake during the night?
    -If so, what happens?
    -Does he get into the parents' bed? Does he scream?
    -Does he go to the gate or door?
    -Does he run around his room, throw clothes, or play with toys?
    -What does the room where the child sleeps look like? Is it safe?
    -What exactly happens?

It's important to understand what the whole bedtime routine looks like because any one of these factors can impact the child's sleep. Often, parents are so sleep-deprived that they

will go to great lengths to get their kids to sleep -- things like, going on “Sleepy Drives” or laying on the floor next to the child’s bed.

Or, sometimes, parents sleep in their child’s room because they worry that the child will wake up and leave the house, start a fire, raid the refrigerator or they’ll make a huge mess. Correcting sleep issues often involves relieving parents from taking these actions and giving them the peace of mind that their child is capable of sleeping without constant supervision.

A note about naps: As the child gets older, it’s important to start eliminating naps or at least to limit the duration of any naps. Most experts say that the child should not be sleeping after 3:00 pm. If the child falls asleep at 3:00 and naps until 5:00, they are more likely to have problems falling asleep at 8:00 for their usual bedtime. If the child does nap, limit the naps to between 60 and 90 minutes, sometimes even shorter. And, be sure that naps are over by 3:00pm.

II. The Plan

Once your full assessment is complete, then it's time to make a plan.

The plan always involves the parents, or the main caretakers, who must also be willing and able to carry out the plan.

Otherwise, it just won't work.

Stop Playing Musical Beds

Here are some ideas of recommendations that the plan might include:

- Stop or decrease naps -- making sure naps are not too long in duration and that they end by 3:00pm at the very latest.
- Wean from pacifiers and bottles. Get a free weaning guide from MaryBarbera.com/wean
- Avoid multi-vitamin supplements and caffeine in the afternoon and evening.
- Limit liquid intake after dinner, as well as limit spicy food, fatty food, or other things that might upset the child's stomach.
- Establish the child's bedroom as a place for sleep not for running around the room, wrestling with the parent, tickling, watching TV, playing with an iPad, etc. If there is no TV currently in the room, I highly recommend not putting one in the bedroom.

    -If, like Lucas, the child already has a TV in the room and it is working as a means to help the child fall asleep, you may want to consider leaving it there, at least temporarily. However, I strongly believe that iPads and other handheld devices should not be a part of any bedtime routine. The screen light is bad for sleep and you have no control over their access to it. At least with the TV, you can set a sleep timer and can have some control over access to the TV.

Establishing a Bedtime Routine

If the parent's goal is to have the child sleep through the night in his own bed, which I believe should be the main goal for most children, create a plan to help improve the bedtime routine. This may include things like requiring that the child fall asleep and stay asleep in her own room.

Once the child is upstairs, or in the bathroom/bedroom area of the home, it's important to prevent them from returning to the family room or the kitchen for snacks or electronics. It might be necessary to obtain a gate for the child's room, the top of the stairs, and/or lock the parents' bedroom door as I did with Lucas.

Safety

Safety needs to be our number one priority -- the child needs to be safe alone in their bedroom for any plan to work.

It's important to make sure that the child cannot leave the house, cause injury to self or others, or cause property damage. That may mean taking all of the furniture out of the child's bedroom, bolting furniture to the wall, or leaving only a mattress on the floor until the child learns to sleep through the night. This may sound harsh, but sleep is important for both the parents and the child, so it's important to take steps that will make a difference.

Parents who sleep in their child's room, might also consider putting a cot or a trundle bed in the child's room as a temporary measure as they wean themselves out of the room.

I encourage you not to get into the bed and lay down with your child at all (and if that is happening currently you'll want to stop this). Once parents establish themselves as part of the routine, it's hard for them to remove themselves from it. Also if you do lay down in your child's bed, there's a chance you will fall asleep and derail the plan.

Sleep supplements

Parents who already have a good bedtime routine established, and have tried all of these recommendations, might consider checking with their doctor about melatonin, an over-the-counter supplement that can aid with sleep.

Decide on Reinforcement

The plan should also include reinforcement. Any time we teach a new or difficult skill to a child, we have to think about a plan for reinforcement. Don't forget to include the reinforcement as part of the bedtime routine checklist and be sure to state how and when the reinforcement will be delivered.

Different reinforcements work for different kids. Praise should always be given, but in addition, an edible treat, stickers, access to electronic devices and/ or tokens to save and cash in at the end of the week might also be needed. A special cookie in the morning worked well for Lucas, but for some, that might be too long of a delay. Remember to be consistent with the reinforcement.

As you build your task routines, remember that problem behaviors most often occur when reinforcement is too low and demands are too high. Finding the right balance of reinforcement and demands is critical to tackling big problem areas like sleep!

If you are experiencing tantrums at bedtime, difficulties with communication or problems with potty training in addition to sleep I would encourage you to sign up for a free workshop to learn how you can start turning things around today at MaryBarbera.com/workshop.

Establish a Leader

If at all possible, I do usually recommend that one parent or caretaker be in charge of the bedtime routine until it's well established. While it might be convenient, when parents take turns with the bedtime routine, it results in inconsistencies, which can be detrimental to the child's progress.

For example, if you usually have your son brush his teeth after putting his pajamas on in the bathroom but your husband doesn't know that and prompts him to brush his teeth before a shower then put his PJs on in his bedroom, this can throw the child off and could impact sleep. Here again, if both parents choose to participate in the bedtime routine, or if alternating is necessary, having a task list of the steps of the bedtime routine in order will help with consistency.

Here is a draft task list that I made as an example.

Child tasks:

- Sits on toilet
- Takes bath (with assistance)
- Brushes hair
- Brushes teeth (with assistance)
- Selects 3 books from shelf
- Gets in bed

Parent Tasks in Order:

- Dims lamp, put night light on
- Sits on side of bed and read 3 books
- Turns on music with x-minute timer
- Turns off lamp
- Kisses goodnight, remind child of reinforcement
- Puts up gate (or hop over gate)

The goal in this example is to get a four year-old to fall asleep and sleep through the night without the parent's support or prompting.

You'll see that I broke the list into things the child does and things the parents do.

Tasks for the child can include things like:

- "Sits on toilet, brushes teeth, takes a bath, brushes hair."
- Or, "Gets PJs on, gets in bed."

Tasks for parents can include:

- "Reads book, plays music with timer for x minutes, turns off lights."

Here's an example of the self-care checklist for bedtime:

Child's Name: AK DOB: 04/02/XX Start Date: 05/01/XX

Task/Goal: A will fall asleep and sleep through the night without parent support/prompting

Key: I - Independent V - Verbal Prompt P - Partial Physical Prompt
G - Gestural Prompt M - Modeled Imitation F - Full Physical Guidance

Steps: (5 words or less) / Dates	5/1	5/2													
1. sit on toilet	G	I													
2. teeth/bath	F	P													
3. PJ's on	P	P													
4. get in bed	I	I													
5. parent reads 2 books	✓	✓													
6. music 30 min timer	✓	✓													
7. lights off	✓	✓													
8. time in bed	8PM	8PM													
9. minutes to fall asleep	40	20													
10. # wake ups	2	1													
Parent or therapist initials	PK	PK													

Comments:

Plan/Additional Notes: keep additional data in physical calendar
melatonin dosage
time of naps
time asleep __ to wake up time __
wake up times

Self-Care Checklist

Do's and Don't's for Establishing a Bedtime Routine

Here are some suggested rules to keep in mind when planning a sleep routine. Feel free to adapt these rules to make them your own.

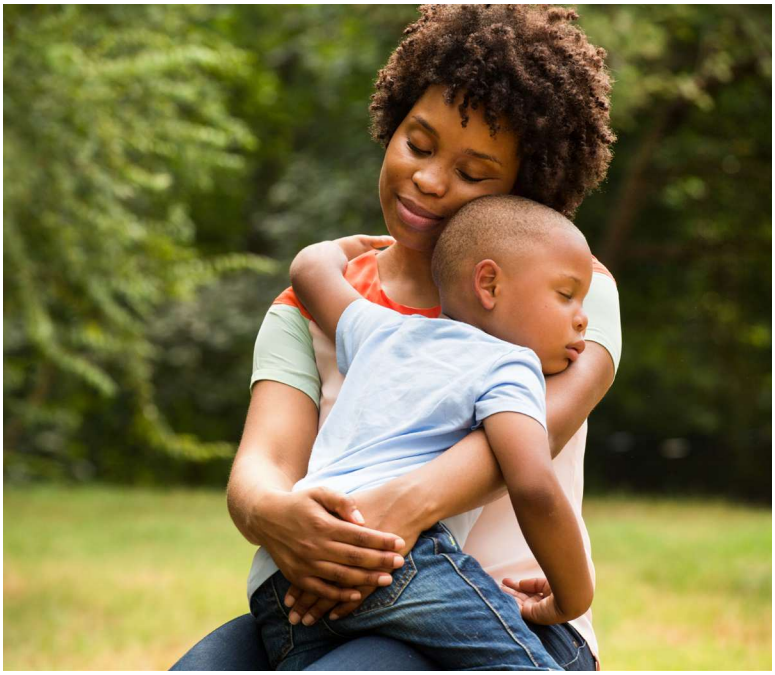
- DO always make sure the routine ends with the child lying in his bed, and be sure that the child remains in bed until he falls asleep. If the parent needs to remain in the room, they should sit on the side of the bed, in a chair, on the floor, or lay on the cot so the child remains in bed. But keep in mind that this is a temporary measure--it's important to start phasing the parent out of the room as soon as possible.

- DO have a gate in place to prevent the child from leaving the room if the child does wake up during the night. Parents should also lock their bedroom doors and prevent access to other parts of the house. For younger children, who aren't toilet-trained, I usually recommend getting their room. For older children who may need to use the bathroom, I will instead gate the other parts of the house and lock my bedroom door. ☒ DO explain to the child that your door will be locked, and he needs to sleep in his own bed, and remind him of the reinforcement you have chosen.

- DON'T lay down with the child or allow the child into the parent's bed. Again, the parent can sit in a rocking chair, on the side of the child's bed or lay in a cot, anything that is needed initially to get the child to stay in their own bed until they fall asleep.

- DO react calmly and consistently when the child wakes up during the night, cries, walks through the gate, knocks on your door, etc. You want to calmly walk him back to his room, saying things like, "Oh, you're awake. Let's get you back in your bed. Remember to tell them, "when you sleep in your bed by yourself, you get a cookie (or sticker or IPAD time) in the morning. Goodnight." Only stay in the room briefly, unless, given the particular child's behavior and if it's a part of the sleeping plan, you can stay in the room until the child falls back to sleep.

III. Taking Easy Sleep Data to Ensure Success



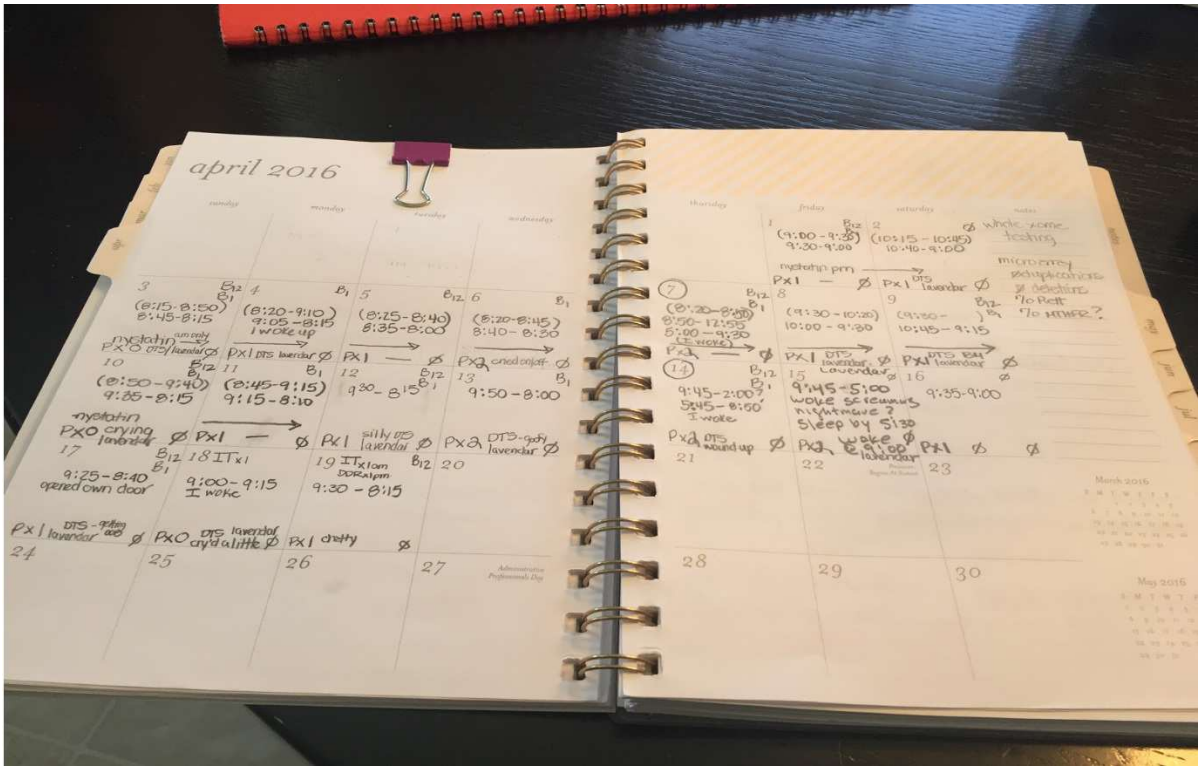
Once the plan is developed and implemented, it's important for the parents to take some data. I recommend parents keep notes on a physical calendar that is reserved for your child only (see example). This way you'll be able to jot down notes about nap time (start and end time, time to bed, the time child fell asleep, night time wakes, etc). Parents should record when and if the child wakes, what he does while awake, when he goes back to bed, whether he receives melatonin or another medication, and at what dosage, etc. This kind of data is easy to collect and analyze, and it allows both professionals and parents to make informed decisions.

Using data so you can make adjustments in the bedtime routine is key for success. Professionals might check in with parents weekly or every other week and use the data to help them adjust the bedtime routine -- i.e., moving bedtimes, adjusting reinforcement, fading parent out of room before the child falls asleep, etc. Professionals can also help parents identify parts of that routine might be counter productive.

For example, watching TV right before bed might not be ok for all children. For those children, turning the TV off sooner might be an easy fix instead of starting a prescription.

medication or upping the melatonin dosage.

Here is an example of data collected on a former client who was not sleeping in her own bed through the night:



Summary

Lucas didn't sleep through the night until he was 10 years old until I finally solved his sleep problems in just three nights! I hope this short guide helps your child get better sleep starting tonight.

I am also hopeful that this guide will be used by pediatricians, nurses, daycare providers, and early intervention professionals who want to recommend proven, practical, and positive sleep strategies to help families stop playing "musical beds."

I would love to hear your sleep success stories using this guide – contact us through MaryBarbera.com!

The Barbera Method™ Self-Care Checklist

Child's Name: _____ DOB: _____ Start Date: _____

Task/Goal: _____

_____

Key: I - Independent V - Verbal Prompt P - Partial Physical Prompt
G - Gestural Prompt M - Modeled Imitation F - Full Physical Guidance

Steps: (5 words or less) Dates															
1.															
2.															
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Parent or therapist initials															

Comments:
Plan/Additional Notes:

Self-Care Checklist

Hi, I'm Dr. Mary Barbera and I've been helping young children increase language, decrease problem behaviors and improve picky eating, sleeping, potty training, and more for over 2 decades. I started out as a confused and overwhelmed parent, and then as a Board-Certified Behavior Analyst, best-selling author, and online course creator.

Over the past 25+ years, I've worked directly with hundreds of children with autism and toddlers showing delays. I've also trained thousands of professionals and parents worldwide, through my online courses. During this time, countless children have made amazing gains.

Now you can experience the same hope these parents and professionals have after seeing beautiful transformations.

If you're ready to regain hope and happiness in your life, attend a free workshop to learn proven strategies that can help you start turning things around in all areas. Whether you're a parent or professional, these proven techniques can get you unstuck so you and your child or clients can be less stressed and live a happier life.

All my best,
Mary

Additional Resources

Over the years, I have relied on the following books, and recommend them as additional resources:

Sleep Better!, by Dr. Mark Durand. First edition: 1999. Second edition: 2013.

I consider this to be the best, most classic book for sleep that I know of.

Sleep Difficulties and Autism Spectrum Disorders, by Kenneth J. Aitken First published: 2012.

This book takes a comprehensive look at sleep in children with autism. It includes an analysis of the research that has been done in this area, and is comprehensive and helpful. This book differs from Dr. Durand's book includes information about proven medicine-based and non-pharmacological interventions--for example, the use of melatonin--available to address sleeping issues.

How to Get Your Child to Go to Sleep and Stay Asleep, by Dr. Kirsten Wirth First published: 2014.

This sleep book was written by a behavior analyst. It includes a lot of advice for typically developing children including strategies the author used with her own children. There is also some discussion on sleep disorders for children with and without special needs.