Sleep & Autism

Questions to ask:
- What are circumstances around sleep onset? Do they sleep in their parents’ room or separately?
- What kind of input is needed to fall asleep (noise machine, falling asleep snuggling their parent)?
- What is the sleep onset, duration, and frequency of awakenings?
- Are you in a good spot in your life to work consistently on a behavior plan? (no big changes or life stressors)

Behavioral habits

Ideas to try:
- Take small steps towards a bigger goal
- One example: in families wanting to decrease co-sleeping in child’s room, ask parent who typically lays in bed with child to sit next to the bed with their arm on the child, then move farther and farther away from them each week, until they are no longer in the same room.
- Create a positive sleep hygiene environment by using the same bedtime routine about 30 minutes before bedtime.
- Limit screens and large meals 1 hour before bedtime.
- Try a small dose of melatonin 1-3 mg about 1 hour before bedtime so that these behavioral changes are easier.

Medical conditions to ask about/screen for:
- Obstructive sleep apnea: Does your child snore? (if so, refer to sleep clinic)
- Restless legs syndrome: Does your child have growing pains at night or feel the urge to move around? Does your child eat iron-rich foods? (If so, consider iron studies and treat with 2-3 mg/kg/day of elemental iron for Ferritin <50, re-check labs in 3 months)
- Seizures: Does your child have a history of seizures or have any abnormal movements at night? (If so, refer to neurology)

Early awakenings.

Ideas to try for early awakenings:
- Early mornings are common for children with autism.
- For older children, consider a night light system that turns a different color when it is time for them to get up out of bed
- Provide positive reinforcement for staying in bed until a designated hour (such as 6AM).

Small behavioral progress is cause for celebration! Habits take years to learn and may take years to re-learn. For more help, please refer to sleep clinic.