

SLEEP-ONSET ASSOCIATION DISORDER

Definition:

Sleep-onset association disorder is a condition in which a child associates their ability to fall asleep with something in their environment or even a person. Examples of these associations include being held, rocked or nursed, and eating or drinking prior to bed. Other associations include falling asleep in the car and sleeping in a parent's or sibling's bed. For the child with sleep-onset association disorder, sleep onset is impaired when these circumstances are absent. In addition, if the child awakens at night, they are not able to fall back to sleep if "that something" or circumstance is absent.

Prevalence:

Sleep-onset association disorder is typically seen in infants and young children. Between 25% and 50% of 6- to 12-month olds have the condition. The prevalence in 1-year olds is 30% and in toddlers is 15% to 20%.

Treatment of Sleep-Onset Association Disorder:

For a child with sleep-onset association disorder, it is essential to encourage the child to fall asleep on their own at all sleep intervals, including naps. Additional steps will need to be taken to eliminate the associations that require a response by you, the parent. It is expected that the child will cry at first during the process. This does not make you a bad parent. Teaching a child to sleep is often more difficult for the parent than the child. Keep in mind that you are teaching them the very important developmental skill of being able to fall asleep on their own. It is important to realize that the child's temperament may worsen for a short time before the situation improves. Specific interventions include:

1. *Extinction ("crying it out")*: This involves putting the child to bed at a set time and systematically ignoring them until a set time the next morning. When initiating this treatment plan, if the child begins to cry and is still crying after a few minutes, return to the room for one to two minutes. Provide brief reassurance with words or a light touch. It is important NOT to pick up the child, turn on the lights or give in to requests. The process will likely need to be repeated, but the time that you give your child to fall asleep independently should gradually be extended (i.e. 2 minutes, then 5 minutes, then 10 minutes, then 15 minutes, etc.). This will help the child to eventually feel comfortable being alone in his or her bed. On subsequent nights, increase the intervals of time by five minutes that you allow your child to self-soothe. On the second night start at 5 minutes and on the third night start at 10 minutes.
2. *Fading of adult intervention*: This involves gradually eliminating the association. The parent may start by sitting on the bed while the child falls asleep. On subsequent nights, the parent moves farther away until they are eventually out of the bedroom.

3. *Maintenance of daytime naps*: Sleep deprivation often increases the likelihood of sleep problems.
4. *Introduce transitional objects*: Children will learn to self-soothe when given a soft blanket, doll, stuffed animal or pacifier.
5. *Optimize sleep hygiene*: See below.

Children thrive on routine:

Establishing a nightly routine that is consistent is helpful for treating and preventing the most common childhood behavioral sleep problems. Bedtime routines help your child to relax and may include the following:

1. Eat a light snack.
2. Take a bath and brush teeth.
3. Put on pajamas.
4. Read a story. (Spending quality time with your child prior to bed is critical to help your child relax and comfortably transition to bed.)
5. Put your child to bed.
6. Say goodnight and leave the room.

Optimizing sleep hygiene in children:

1. Bedtime should occur at the same time each night.
2. Bedtime rituals should last no more than 30 minutes. They should be a positive experience without the use of television, computer or video games. Your child's favorite relaxing and non-stimulating activities, like reading, should immediately precede bedtime.
3. The bedtime environment (e.g. light and temperature) should be kept consistent all night long.
4. Big meals should be avoided within 4 hours of bedtime. A light snack is OK.
5. Avoid giving children caffeinated products, including cocoa, less than 6 hours before bedtime.
6. Exercise can promote good sleep, but not within 2 hours of bedtime.
7. Keep the bedroom dark. If necessary, use a small and dim nightlight. Expose your child to natural sunlight soon after awakening in the morning.
8. Keep the noise level low.
9. A firm and consistent approach to a stall tactic will help avoid reinforcing the behavior. If your child needs to use the bathroom, send him by himself or herself. This limits more contact with you. Don't give in to requests for one more kiss, another story, a drink, a tissue, etc.
10. Keep the TV out of your child's bedroom.

11. Children should sleep only in their own bed. Co-sleeping not only promotes poor sleep hygiene, but also increases the risk of suffocation, strangulation and SIDS in children.
12. Children should be encouraged to fall asleep on their own. Children who are able to fall asleep on their own are more likely to maintain sleep through the night or fall back to sleep if they awaken.
13. Avoid going into your child's room if they wake up at night, unless they are sick or clearly require assistance. It is important send a consistent message that they can and are expected to fall asleep on their own. If you must enter your child's room, do not turn on the lights or remove him or her from bed unless it is absolutely necessary.
14. Except for younger children who need naps, avoid naps during the day.