Behavioral Insomnia of Childhood

Behavioral insomnia of childhood is a common type of insomnia that can affect children as early as 6 months of age. It is seen in up to 30% of children. If left untreated, it can persist into adulthood. Insomnia can be disruptive to the child's life and can be a problem for parents and other people they live with. This fact sheet will describe this common type of insomnia and how to treat it to improve your child's sleep.

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What is behavioral insomnia of childhood?

There are different types of behavioral insomnia of childhood as described below.

Sleep onset association type: Children, generally under the age of two years of age, have a hard time falling asleep on their own or returning back to sleep when they wake up unless there are special conditions at bedtime. For example, they may be used to having their favorite toy next to them, being rocked to sleep or used to having a parent sit next to them in order to fall asleep. This process can be very demanding to the child and parent/caregiver.

Limit-setting type: Children stall or resist going to sleep at appropriate times. The children may ask to hear more bedtime stories, need another glass of water, or go to the bathroom again to delay bedtime. If they wake up once they are sleeping, they may refuse to return to bed. This usually starts around 2 years of age when children are verbal and able to get out of bed.

Mixed-type: Children can have a combination of both sleep-onset association and limit-setting types.

How can insomnia affect my child?

When children do not get enough sleep, they can have trouble functioning normally during the daytime. A child with poor sleep may have problems with hyperactivity, concentration and memory, which can interfere with their school performance. They may also be more irritable and have more temper tantrums following nights when they do not get enough sleep.

How is insomnia diagnosed?

Insomnia is diagnosed based on your child's symptoms. Since children may not be able to express exactly how they feel, this diagnosis is often made with the help of all caregivers. Generally, there is no need for any type of special testing.

How can I make sure my child has healthy sleep?

1. Know how much sleep your child needs. Below are guidelines on how many hours your child should sleep based on his/her age. The American Academy of Pediatrics and the American Academy of Sleep Medicine recommend:

Age:	Hours of sleep per day:
4 – 12 months	12 – 16 hours (including naps)
1 – 2 years	11 – 14 hours (including naps)
3 – 5 years	10 – 13 hours (including naps)
6 – 12 years	9 – 12 hours (no longer need naps)
13 – 18 years	8 – 10 hours

2. Decide on a consistent bedtime and wake-up time that is the same on weekdays and weekends.
3. Follow good sleep hygiene practices. Keep a strict bedtime routine that starts 20-45 minutes before your child's sleep time. For more information, please see the ATS Patient Information Series "Healthy Sleep in Children" at www.thoracic.org/patients.

Tips on how to avoid childhood insomnia and get a good night's sleep:

Sleep schedule:

Don't let your child stay awake late at night and/or sleep in on weekends. Your child should also no longer need to take naps by age 5 years.

Pre-bedtime routine:

Avoid giving your child attention when he or she tries to stall by asking for extra bedtime stories, another glass of water, or to go to the bathroom again. Set limits early in childhood to avoid these bedtime behaviors. Do not allow your child to use electronic devices before bedtime. You need to turn them off 60 minutes before your child's bedtime. Ideally, you should also remove all electronics including televisions, cell phones and computers from the bedroom. Keep in mind

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what your child is drinking. Drinks that contain caffeine such as sodas and chocolate milk can make it harder to fall asleep. Limit any caffeine intake after 3:00 p.m.

In-bed activities:

Do not lie down with your child when he or she is going to sleep. You want your child to learn how to self-soothe. Do not put your child to sleep with a bottle or allow a caregiver to hold or rock them to sleep. Instead, put your child to bed while he or she is drowsy but awake. You want to avoid having your child depend on somebody to be there as he or she falls asleep.

Bedroom environment:

Do not leave the lights on. Make sure to turn off all bright lights. Keep toys and other distractions out of the bed.

How is behavioral insomnia of childhood treated?

There are a few methods that are used to treat behavioral insomnia. You and others who are involved in your child's care have to take an active part in each approach for it to work. Each person who is involved must stay calm, committed, and consistent when making these changes.

Extinction therapy:

1. Unmodified extinction:
   This is also known as the "cry it out" method. Once completing the bedtime routine, allow your child to go to sleep on his or her own. If your child makes extra requests beyond the routine or begins to cry, you do not pay attention to your child. You need to ignore your child until a set wake time in the morning unless you believe your child is ill, hurt or in danger. Many children will begin to fall asleep on their own within a week. Even if your child has been successful, sometimes the problems may come back for a few days and you may have to go through it again. This is called "extinction burst" which happens in about one third of children and occurs 5-30 days later.
2. Graduated extinction:
   This is also known as "controlled crying or sleep training". Put your child to bed and then leave the bedroom. You should ignore your child's cries for a set period before re-entering the bedroom to help the child settle down. You can use a fixed time (example: every 5 minutes) or a gradually scaled time (example: every 2 minutes, 4 minutes, 6 minutes) before checking on your child. Repeat this until your child falls asleep on his/her own.
3. Extinction with parental presence:
   This is also known as "camping out". You stay in the same room, but not in the bed while your child falls asleep, without responding to any inappropriate behavior or the child's crying.
4. Bedtime fading:
   Delay your child's bedtime until he or she falls asleep within 30 minute of being in bed. Once your child is sleeping for most of the time he or she is in bed, slowly move their bedtime earlier by 30-minutes until you get to a goal bedtime.
5. Positive reinforcement:
   Making a reward system can help reinforce good behavior. For example, giving a sticker first thing in the morning if your child falls asleep on his/her own staying asleep through the night without getting out of bed. You can do this in combination with other above strategies.

Will medications help my child fall asleep?

No. Generally, using the above methods help children with insomnia. However, children who suffer from other medical conditions may need extra help falling asleep or staying asleep.

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Rx Action Steps

- ✔ Know how much sleep your child needs.
- ✔ Keeping a consistent sleep schedule on weekdays and weekends.
- ✔ Follow good sleep hygiene practices daily and avoid bad behaviors such as using electronics, drinking a bottle in bed or having your child rely on your presence in order for them to fall asleep.
- ✔ If you do not feel like you are making progress, ask your primary care provider or a sleep specialist for help.

Healthcare Provider's Contact Number:

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For More Information

American Thoracic Society

- www.thoracic.org/patients
  - – Healthy Sleep in Children
  - – Insomnia

Dr. Canapari's At long last: Sleep training tool for exhausted parents:

- https://drcraigcanapari.com/at-long-last-sleep-training-tools-for-the-exhausted-parent/

Society of Behavioral Sleep Medicine

- https://www.behavioralsleep.org/index.php/sbsm/about-childhood-sleep-disorders/childhood-insomnia
- https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/Getting-Your-Baby-to-Sleep.aspx

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