

## SPD'S EFFECT ON SLEEPING

Adapted from The Out-of-Sync Child, 3rd edition: Recognizing and Coping with Sensory Processing Differences (Tarcher/Perigee, 2022)

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hree big challenges for children with autism and sensory processing differences (SPD) are eating, toileting, and sleeping. In this issue of *Autism Digest*, the topic is sleeping. (The November-January issue included an article about eating, and the February-April issue had one on toileting.)

At the end of a long day, problems with falling asleep, staying asleep, and awakening may beset the child (and the adolescent and adult, too) and thus the whole family. The causes may be sensory-based, or a result of an inadequate diet or lack of vigorous movement. Weary

parents may wonder if SPD ever rests. (See box: SPD's Effect on Sleeping.)

The child may need long naps or may never nap even if exhausted. As a sleep problem is often caused by a separation problem, she may want to sleep with her parents. She may be unable to comfort herself to sleep or may constantly awaken during the night.

Coming full circle, disturbed sleep leads to inefficient sensory feedback and ineffective self-regulation. It increases arousal as the child's body tries to fight sleepiness, including higher levels of stress, anxiety, depression, irritability, and anger. It decreases attention, memory, judgment, and problem-solving

while the child performs daily tasks and does schoolwork. The unsurprising outcome is that a poor sleeper's behavior during the day will be more problematic than a good sleeper's.

A sensory-enriched life at home and school, as well as nutritional supplements, may help a child fall asleep and awaken refreshed. Occupational therapy using a sensory integration approach (OT-SI) is usually very beneficial, as it addresses poor self-regulation, the underlying problem of sleep issues.

Meanwhile, thinking about the sensory experiences that help or hamper a good night's sleep can give parents more strategies. Problem-solving the sensory need and adding sensory solutions can help the whole family sleep better.

## Until this problem is "put to rest," try these ideas to help a child sleep:

- · Use all-cotton sheets, not polyester.
- · Consider investing in sensory compression sheets and weighted blankets (search for them on-line) to give the child that tightly-tucked-in feeling throughout the night.
- · Provide opportunities every day for plenty of active movement, such as jogging, jumping on a trampoline, swinging, playing with stretchy bands, and carrying heavy loads. Get the child outdoors every day.
- · Provide dietary supplements that calm the brain, such as magnesium, essential fatty acids, and GABA (gamma-aminobutyric acid).

- · Eliminate foods with additives including aspartame, MSG and artificial colors, which excite the brain.
- · Have the child bathe or shower immediately before going to bed. For a toasty touch, provide a warm towel straight from the dryer.
- · If possible, do not let the child watch

  TV or use electronic devices for a

  couple of hours before bed. (Not easy!)
- · Unplug or remove all electronic devices in the bedroom.
- Develop a bedtime routine to include one great story; a back massage and deep joint compression to the shoulders, arms and legs; and saying, "Just *pretend* to sleep."
- · After the tuck-in, provide a night light if the child fears the dark. Offer peaceful music, such as Bach or

- Mozart adagios, or white noise, such as the sound of rain or waves.
- · When the child calls for water or doesn't want to stay in bed, be firm. Your own parental resolve will make an impression.

Good night, sleep tight, and see you in the morning!



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## SPD'S EFFECT ON SLEEPING

## Certain sensations may disturb the child's sleep.

- Touch: Pajamas and bed linens may feel scratchy.
   Blankets may feel too heavy or not heavy enough,
   or may make the child uncomfortably hot or not
   warm enough. The mattress may feel lumpy.
- Sound: Sounds preventing sleep include someone's breathing or snoring; house creaks, air conditioning and heating motors; or rain, crickets, and traffic outside.
- **Sight:** Street lights, lamplight, or light-emitting diodes (LEDs) of electronic devices in standby mode may keep the child awake.
- Movement: Passive, unexpected activity may bother the sleeper, as when a bedmate turns over and the mattress shifts.
- Body and muscles: The child's active movement quota for the day has not been met, so the body is not ready for sleep.
- **Smell:** The pillowcase may smell wrong, especially after its familiar, ripe scent has been washed out.
- Internal organs: Poor appetite, irregular bowel movements, stomach "butterflies," uneven heart rate, etc., may make it hard to fall and stay asleep (and vice versal).



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