



Sleep Problems in the Older Drug- and Alcohol-Exposed Child

There's No Such Thing as Letting Your Child Cry Himself to Sleep.

To sleep...a parent's dream. New parents can likely identify with Shakespeare's famous line, "To sleep, perchance to dream..."? Sleep often can seem a distant fantasy, and in the best of circumstances is one area of a new parent's life that is changed forever. Just wait until your child gets his driver's license. The early years of sleepless parenting will seem like a snap, but knowing this doesn't help the situation now. Another article in this toolkit talks about sleep problems in young infants who have been affected by prenatal alcohol and drug exposure. In this discussion, we'll look at older children, because, contrary to "normal" circumstances, as children prenatally exposed to alcohol or drugs get older, the sleep problems don't necessarily go away. That's because the child's difficulties with getting into a regular and healthful pattern of sleep often are based on the damage that alcohol and drugs cause in the developing fetal brain. What results are some very puzzling behaviors that are grounded in the disruption of sensory pathways within the brain.

For example, some alcohol- and drug-exposed children may have difficulty eating foods that are too sweet or too hot or have lumpy textures to them. Because they may be over-reactive to all kinds of sensations, the children may refuse to wear socks or may get irritated by the tag on the back of their shirt. With sensations bombarding them from multiple directions, they can become overwhelmed and are likely to have "meltdowns" and temper tantrums. These kinds of sensory difficulties translate into the bedroom. The children may have difficulty sleeping at night because they don't like the feel of their sheets or blankets. Their bedrooms may have too much light or be too quiet. They may be so sensitive to sound that any little noise will wake them up. In all these ways, the children are demonstrating symptoms related to sensory integration dysfunction.

Jean Ayres, an occupational therapist, first introduced the concept of sensory integration as the process by which the brain receives, organizes, and interprets information from the environment. The information is received by sensory receptors in the eyes, nose, ears, fingers, mouth, and skin. Sensations such as movement, body awareness, touch, sight, sound and the pull of gravity make up the overall sensory experience. The information that is received from the environment is then sent to the corresponding regions of the brain where it is interpreted and organized. This process is what gives us our perception of the world and what is happening to us and around us.

Sensory integration is a normal part of everyday life for all of us. In children, it happens naturally through play. Children run, climb, jump and swing to fulfill their sensory needs. They crunch on carrot sticks, sit in a rocking chair and crawl across grass. All these normal, everyday things add up to create a normal sensory experience. This provides a crucial foundation for later, more complex learning and behavior. Sensory integration also is what helps the child to settle down at night, to relax into sleep.

A child with sleep problems may be suffering from one of two different types of sensory processing dysfunction, or a combination of both. *Sensory avoidant* children are overly sensitive to sounds, sights, smell, touch or movement; *sensory seeking* children need strong sensory input. In either case, the child



will have difficulty calming. Transitions are hard and moving from activities to bedtime is especially demanding. All of this can be a variant of normal, of course, but the frequency and duration of these difficulties sets substance-exposed children apart. There is much more to say about sensory integration issues, of course, but since the topic is sleep, here are some aspects of a “sensory diet” that might help your toddler or preschooler get into a better sleep pattern.

For all children who are having sleep difficulties, but especially those children whose sleep problems may be grounded in sensory integration dysfunction,

- Create a set routine for bedtime, providing your child plenty of transition time that follows the same pattern every night.
- Participate in quiet activities before bed. A nice relaxing bath will help set the stage for reading a book together.
- Give your child a massage, with or without lotion.
- Try different textures for sheets and pillowcases.
- Provide the preschooler with a body pillow for sleeping.
- Avoid screen time for at least one hour prior to bedtime.

Other strategies depend on if your child is sensory seeking or sensory avoidant.

For sensory seeking children:

- Provide deep pressure input (as taught by an occupational therapist) to joints and large muscles.
- Use a firm pillow or tightly rolled towel at the top of the bed to push against for gentle head pressure.
- Tuck in sheets or blankets tightly.
- Cover him with a heavy or weighted blanket.
- Provide a fidget toy for bedtime, such as a stuffed animal or a soft blanket. A textured blanket or the silk-like liner on a blanket provides special tactile comfort.
- Use a white noise machine or fan in the room.
- Put a tight tee-shirt, such as a spandex blend, under your child’s pajamas.

For sensory avoidant children:

- Build a tent over his bed; in a sense, this is a cave that provides isolation from sensory distractions.
- Have a source of soft white noise, such as a fan, going in the room. Be careful the fan is not blowing on the child, because even the slightest tactile stimulation will irritate him.
- Be aware of intrusive clothing seams or itchy tags on your child’s pajamas.
- Use loose sleepwear one size too large.

This is merely a list of suggestions; some children will love some items and not be able to tolerate others. Remember – every child is different. If you attempt a sensory approach that doesn’t work, try something else, perhaps a combination of strategies from each of the above lists. Be patient with your child and keep in mind that his sleep difficulties are not willful and he is not acting out of spite. He is exhibiting the



behaviors because of a neurologically based drive to regulate his nervous system. Once that is achieved, he – and you – will sleep like a baby.