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FASD and sleep

Permanent Care and Adoptive Families
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Acknowledgement

I begin today by acknowledging the Traditional Owners of all the land on which we meet today and pay my respects to their Elders past and present. I extend that respect to all Aboriginal and Torres Strait Islander peoples here today.

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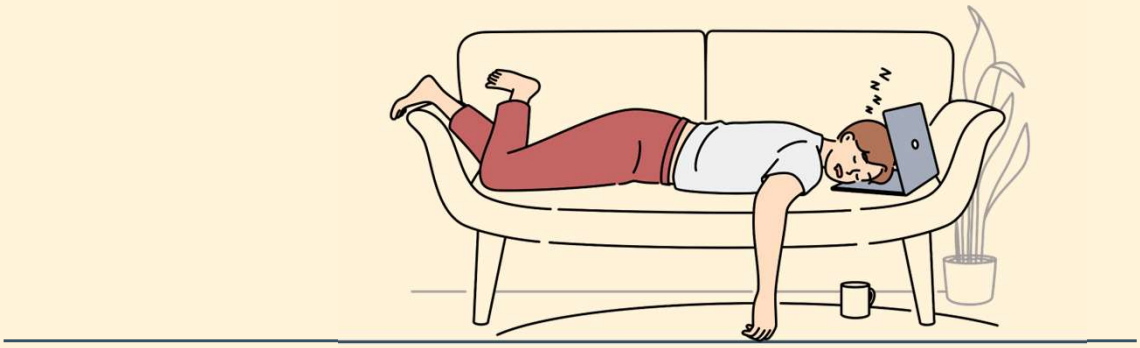
FASD and sleep



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Does your child...

- Have trouble falling asleep?
- Wake throughout the night?
- Have trouble getting back to sleep?
- Wake early?

Sleep difficulties in children and young people with FASD can affect the whole family.

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Sleep difficulties affects behaviour

Studies have found associations between sleep difficulties and:

- emotional problems
- conduct difficulties
- aggression and disruptive behaviour
- attention and executive functioning difficulties
- daytime sleepiness

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Sleep disruption is challenging for carers

Parents described:

- functioning like a “zombie”
- having no time for themselves
- being unable to recover from repeated sleep loss
- managing severe daytime behaviour after very little sleep.

Professionals identified sleep disruption as:

- major reason families sought respite
- a contributor to placement breakdown
- a factor that reduced carers’ coping capacity
- a risk to family stability.

Ipsiroglu, O. et al (2013). "They silently live in terror…" why sleep problems and night-time related quality-of-life are missed in children with a fetal alcohol spectrum disorder.

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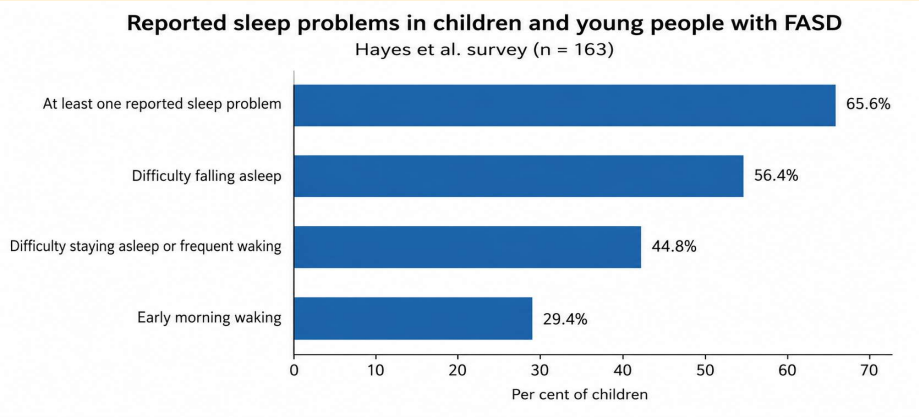
Common sleep difficulties

Studies have found clinically significant sleep problems in **55%–85%** of children with FASD.



Hayes, N., Moritz, K. M., & Reid, N. (2020). Parent-reported sleep problems in school-aged children with fetal alcohol spectrum disorder: Association with child behaviour, caregiver and family functioning. *Sleep Medicine. https://doi.org/10.1016/j.sleep.2020.07.022*

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- Average 8 hours sleep a night
- Sleeps about 80% of time spent in bed

- Average 7 hours sleep a night
- Sleeps about 68% of time spent in bed
- More time spent in light sleep
- Less time in deep sleep or REM sleep

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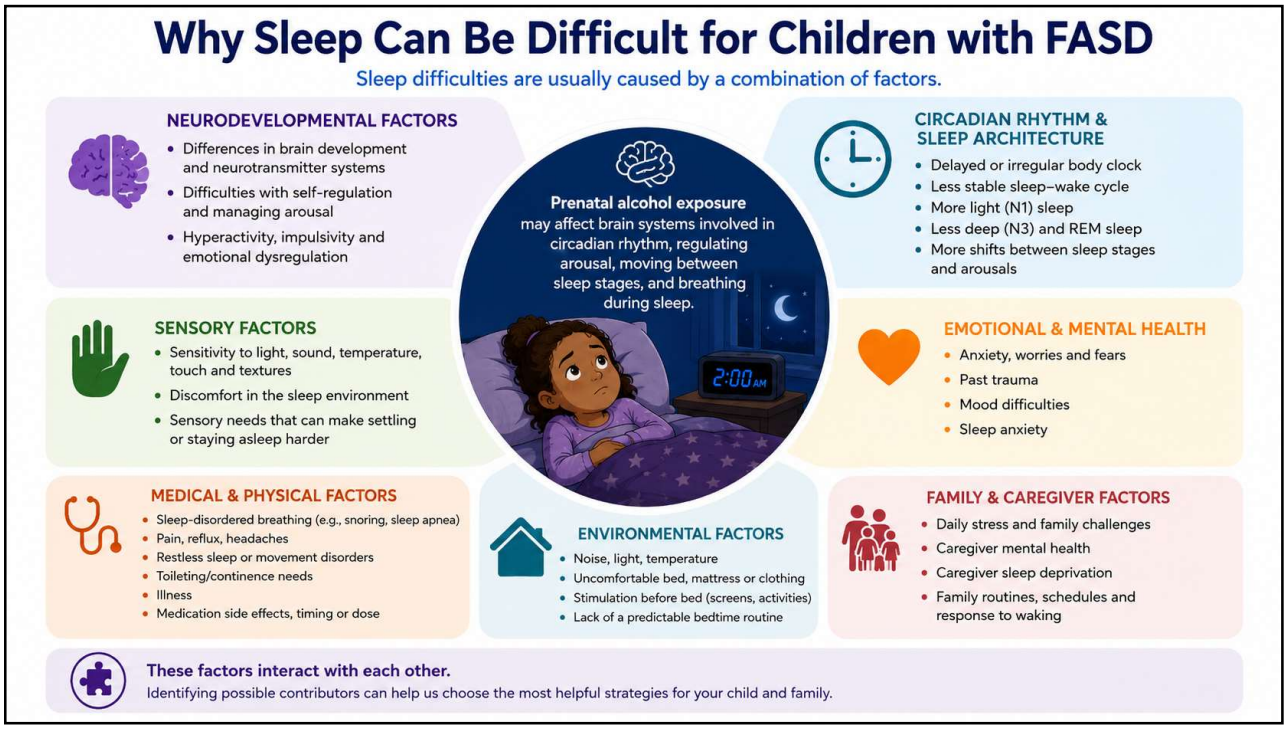
Why Sleep Can Be Difficult for Children with FASD
Sleep difficulties are usually caused by a combination of factors.
NEURODEVELOPMENTAL FACTORS
Differences in brain development and neurotransmitter systems
Difficulties with self-regulation and managing arousal
Hyperactivity, impulsivity and emotional dysregulation
Prenatal alcohol exposure may affect brain systems involved in circadian rhythm, regulating arousal, moving between sleep stages, and breathing during sleep.
2:00 AM
CIRCADIAN RHYTHM & SLEEP ARCHITECTURE
Delayed or irregular body clock
Less stable sleep–wake cycle
More light (N1) sleep
Less deep (N3) and REM sleep
More shifts between sleep stages and arousals
SENSORY FACTORS
Sensitivity to light, sound, temperature, touch and textures
Discomfort in the sleep environment
Sensory needs that can make settling or staying asleep harder
EMOTIONAL & MENTAL HEALTH
Anxiety, worries and fears
Past trauma
Mood difficulties
Sleep anxiety
MEDICAL & PHYSICAL FACTORS
Sleep-disordered breathing (e.g., snoring, sleep apnea)
Pain, reflux, headaches
Restless sleep or movement disorders
Toileting/continence needs
Illness
Medication side effects, timing or dose
ENVIRONMENTAL FACTORS
Noise, light, temperature
Uncomfortable bed, mattress or clothing
Stimulation before bed (screens, activities)
Lack of a predictable bedtime routine
FAMILY & CAREGIVER FACTORS
Daily stress and family challenges
Caregiver mental health
Caregiver sleep deprivation
Family routines, schedules and response to waking
These factors interact with each other.
Identifying possible contributors can help us choose the most helpful strategies for your child and family.

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General good sleep hygiene for children and young people
Simple routines and environmental supports that can improve sleep
1 Keep sleep and wake times regular
Similar bedtime and wake-up time each day
Avoid large weekend sleep-ins where possible
2 Have a predictable wind-down routine
Use the same sequence each night
Keep the routine calm, simple and familiar
3 Reduce stimulation before bed
Limit exciting play, stressful conversations and vigorous activity close to bedtime
Choose quieter activities in the lead-up to sleep
4 Manage screens carefully
Reduce screen use before bed
Keep phones, tablets and gaming devices out of the bedroom overnight where possible
5 Create a sleep-friendly bedroom
Keep the room dark, quiet and comfortably cool
Make sure bedding and sleepwear are comfortable
6 Support healthy daytime habits
Encourage daytime physical activity
Get natural light in the morning
Avoid naps that interfere with night-time sleep
7 Watch food and drinks
Avoid caffeine and energy drinks later in the day
A light snack may help if the child is hungry
8 Respond consistently at night
Keep responses calm and low-key
Return to the bedtime routine with minimal fuss
Sleep hygiene is a helpful foundation, but persistent sleep difficulties may need further assessment.

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Bedtime

1. Body clock not ready	Regular sleep and wake times
2. Anxiety or worries	Calm routine + relaxation
3. Sensory discomfort	Check light, noise, bedding, temperature
4. Too much stimulation	Quieter activities before bed
5. Too many bedtime steps	Short visual bedtime routine
6. Medication timing	Review with clinician

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Limitations of typical sleep strategies

- There can be a biological basis for poor sleep Even with sleep, children don't wake feeling rested
- Challenges shifting from a preferred activity to getting ready for bed can make routines more difficult to implement
- A routine may suddenly stop working if the child gets bored of it
- Attempts to reinforce bedtime routines can lead to increased arousal or conflict
- They may get stuck thinking about something, which interferes with getting to sleep

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Strategies that might help children with FASD

- Keeping the same bedtime in holidays
- Some children need the room to be dark, others prefer a nightlight.
- Audiobooks, white noise, music or meditation – this can be set on a timer, or controlled by the carer using a Bluetooth speaker
- Speak to doctor about medications such as melatonin

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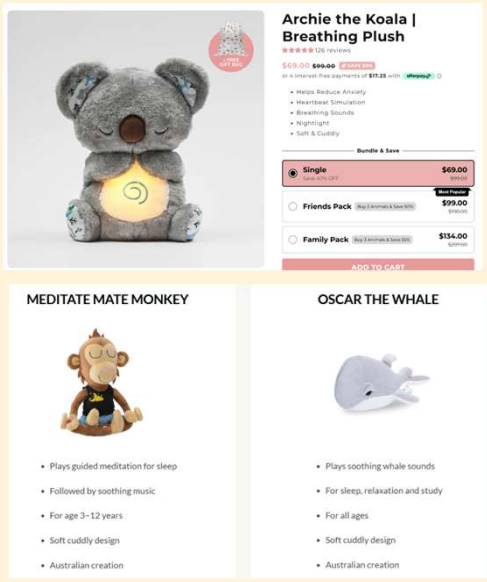

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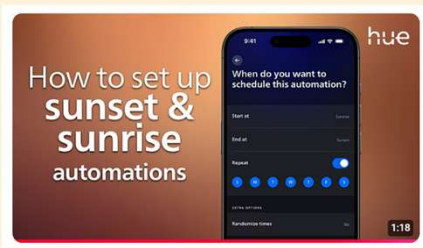

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When a young person cannot get off devices at night

Devices may be doing more than providing entertainment. They may help the young person:

- regulate anxiety or uncomfortable feelings
- avoid lying awake with nothing to do
- connect with friends
- manage boredom during long periods of wakefulness
- block out noise, thoughts or sensory discomfort
- follow a habit that has become difficult to interrupt.

For young people with FASD, stopping may also require shifting attention, judging time, remembering an agreement and resisting an immediate reward – all of which can be harder when tired.

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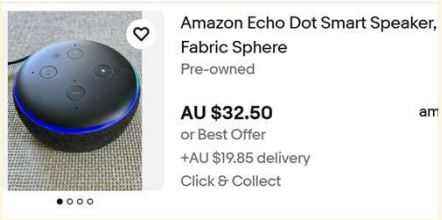
What might help

- Agree on a realistic night-time plan before bedtime
- Reduce stimulation rather than expecting an immediate switch-off
- Use device settings such as dim light, reduced volume, notifications off and restricted apps
- Offer a quieter alternative activity that meets the same need
- Use external cues – timers, visual prompts or automatic Wi-Fi/device settings
- Keep instructions brief and avoid arguing late at night
- Focus first on safety, sleep and not disturbing others.



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Waking early/through the night

- keep lighting dim
- minimal verbal interaction
- a predictable response from adults
- one or two safe, quiet activities
- no complex discussion, correction or consequence
- clear limits around unsafe or highly stimulating activities
- a plan that protects other family members' sleep where possible
- use an agreed "morning starts" cue rather than relying on the child to judge the time

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Other sleep difficulties

- Nightmares
- Sleep talking
- Unusual night time behaviour
- Snoring or noisy breathing
- Sweating or very restless sleep
- Morning headaches

Persistent symptoms need to be reviewed by a GP or paediatrician and possible referral for a sleep study.

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Paediatricians and GPs can:

- Assess sleep issues
- Assess breathing difficulties
- Prescribe melatonin or other medications
- Refer to specialist sleep clinics

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Tracking sleep

- Asking your child's doctor to review their sleep will often start with sleep tracking
- This can be hard for busy, tired carers to do regularly
- Tracking sleep, behaviours, medication and triggers can help doctors review the effects of medication and see patterns

Sleep Diary: Child

Child's Name: Date Started:

Centre for ADHD & Autism Support

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Any difficulties during the day?							
Any nap? Note time and duration.							
Bedtime routine Start Time							
What time did they go to bed?							
Did you stay or did they self-settle?							
What time did they fall asleep?							
	What time? How long?	What time? How long?	What time? How long?	What time? How long?	What time? How long?	What time? How long?	What time? How long?

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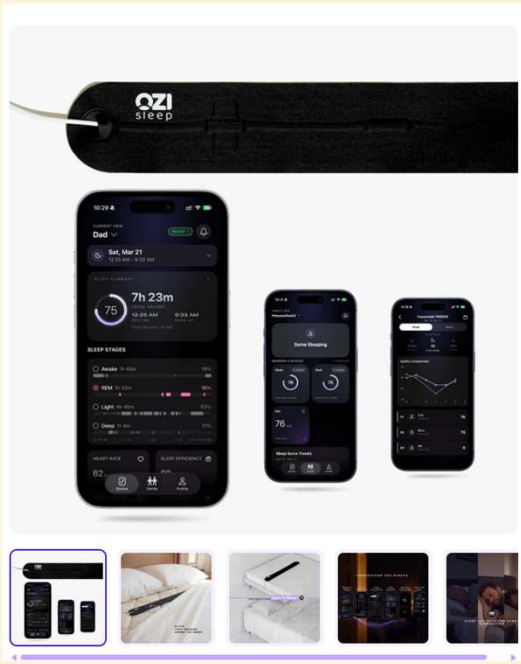

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Allied health providers can:

- Help carers work out which activities help their child wind down
- Trial sensory strategies – bedding, clothing, light, temperature
- Work on routines and visual schedules
- Work on behavioural strategies to manage wakefulness
- Advocate for carers
- Provide evidence of the impact of sleep difficulties on family life.

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What carers can do

- Recognise that there may be factors that will not respond to typical sleep strategies
- Encourage your professionals to read up about FASD and sleep
- Work with allied health providers to try different strategies
- Keep track of sleep difficulties
- When your child is tired, reduce expectations
- Consult your GP or paediatrician
- Talk to other carers and get support from NOFASD

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Evaluation:

Please complete this short survey and let us know what FASD topics you would like covered in future sessions

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