

WHY IS BEDTIME SO HARD?

Parenting children with sleep disruptions

By Andrea Chatwin, MA

There has been much discussion in parenting circles about children's sleep issues. Books, podcasts and articles are readily available to consumers, offering important information about developing healthy sleep habits and routines. Yet I speak with adoptive and foster parents daily who are exhausted and frustrated because none of the conventional wisdom around sleep seems to apply to their child.

After realizing that nearly every child who attended my counseling practice seemed to struggle with sleep issues, I became curious about the relationship between sleep and trauma. What seemed so remarkable was that these children, with their stories of early trauma and loss, continued to have persistent sleep issues long after being placed in safe, loving homes. After conducting scores of interviews with children and parents, and reviewing current literature on trauma, I discovered a pervasive misunderstanding of children's presentations and behaviors related to sleep.

These misunderstandings were preventing parents from being attuned

to their child, reading their cues and meeting their needs effectively. Instead of bedtime being an opportunity for safety and connection it was a battle zone and everyone was losing.

Rethinking Sleep Issues

The most pivotal insight that changed the course of my response to sleep issues was the idea that sleep itself is often a stressor for traumatized children. The predictable occurrence of bedtime keeps kids in a state of high alert, working against the implementation of routines and healthy sleep habits. Sleep can represent many different things for a child with a history of trauma and loss. Some children did not experience safe, predictable caregiving as an infant that should have been the foundation for self-regulation. Other children experienced loss in the night, woke up to a loved one being gone, suffered abuse or neglect at bedtime or simply learned that sleep was unsafe because you are not in control.

As a result, big thoughts and ideas arrive at bedtime. This is often confused with purposeful stalling or manipulation, but it's not. When the

body slows down, activities stop, electronics are off, a child is alone with big activating feelings they can't manage alone. Changing your mindset about the purpose or intention of your child's behavior at bedtime will help you to embrace effective solutions.

Little Jonathan is so committed to not sleeping that he will resort to any type of activity or behavior that help him avoid it. He has learned that certain sensory experiences will keep him more alert such as crunchy chips or chewy candy. He stays in perpetual motion, regardless of threats or consequences. He craves electronics, trying to negotiate, bargain or otherwise sneak their use constantly. He manages to be continuously making some type of noise. It's almost as though his brain reminds him that, "if I can still hear myself, I must be awake."

A Trauma-Informed Approach

Trauma-informed parenting would suggest that in order to promote healing in a child's brain, we must protect them from chronic stress that is dysregulating. If sleep is a predictable stressor that results in significant dysregulation, it is imperative that



we work toward reducing this stress. Reducing stress as well as increasing psychological safety and sensory comfort will allow the body to focus energy on other areas of healing and development. This is where foundational ideas of therapeutic parenting form the basis of all trauma-informed sleep interventions.

The first step is to take a minute to think about what your child's early experiences with sleep might have been like. This helps build empathy and might offer insight into behaviors that make you feel like you are going crazy.

The next part is the hardest, but completely necessary. Your child may need an opportunity to regress and become completely dependent on you to stay calm at bedtime and get to sleep. I refer to this as re-parenting, a stage of up to 18 months when a caregiver immediately responds to any distress. You will offer your child an opportunity to experience being soothed to sleep using the responsiveness we would offer a newborn. This intense and predictable response to a child's bedtime distress begins to reset sleep

patterns that will support healthy sleep independence in the future.

The next step is to identify your child's needs at bedtime and verbalize them. Clearly indicate that their behavior makes sense and you understand what they need, followed by your intention to help. This could be a game changer. Rather than responding to the behavior, you are identifying the need and specifically meeting it so that the behavior is unnecessary. Here are a few examples:

"When you run away from bed or ask Mom for impossible things before bed I know you are trying to tell me you don't feel good about going to sleep. It feels like bedtime is a time to get upset and you probably don't even know why. I'm going to help you feel safe and calm before bed."

"I can see it is so hard for your body to feel calm and happy at bedtime. I know that sometimes having a snack, rocking with Mom, having an extra stuffy or listening to a story makes you feel calm. Let's do that right now so we can teach your body that it is possible to feel good before bed."

Children also benefit from a developmentally appropriate explanation of why it is hard to manage behavior around bedtime. I've watched a look of relief wash over the faces of many children when I explain why they become dysregulated, can't follow directions and get into a fight with mom every night before bed. Children don't know why they become agitated, restless or uncooperative at bedtime.

When we ask children why they are behaving a certain way and the explanation lies beyond their consciousness, we cause further stress and confusion. Assuring children there is nothing wrong with them and suggesting it's a parent's job to help kids feel safe and secure at bedtime reduces anxiety and increases connection.

Children accept that things are different by experiencing something different, so you will need to offer repetitive experiences of safety at bedtime. Your child must feel safe again and again to change their brain. Different degrees of "togetherness" may be required to achieve safe and calm feelings. If safety is only possible with you right beside your child all night, that's where you start. Repetitive experiences of "safety" offered predictably over time will shift learned associations between fear and sleep so children gravitate toward the soothing of an attachment figure to achieve regulation. Once regulation with a parent is successful, children will be ready to move toward healthy sleep independence. •

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