Although there’s not much to see when looking at your sleeping child from the outside, the brain is actually hard at work processing the day’s events, ordering information, and recharging so that your child can wake up rested and ready to learn the next day. This is not an easy task in children with FASD because this brain-based invisible physical disability can impact the size and how “connected” one part of the brain is to another, which in turn may prevent your child from flowing in and out of the four stages of sleep in the order and duration that are required for a good night’s sleep.

Many of the symptoms of sleep disorders and FASD overlap and may exacerbate each other, such as issues with attention, learning, memory, mood regulation, executive functioning, and behaviour, so achieving the best possible outcome concerning sleeping patterns could be an important intervention for children with FASD. Sleep disorders can also have negative a negative impact on language development, which in itself can set the stage for a child to experience temper tantrums if s/he has difficulties expressing his/her needs.

Little research has been completed exploring sleep and FASD, but one study reported that a high number of the children took longer to fall asleep, woke frequently in the night, and had night terrors (Jan et al, 2010). Alcohol and drug-exposed children with sensory defensive features also tended to have trouble staying asleep at night (Fjeldsted & Hanlon-Dearman, 2009).

**What does that mean for your child?**
A sleep study is very important to understand what’s happening in your child’s brain during those nighttime hours. For some children just following typical strategies for promoting better sleep will be helpful (see the general Sleep Tip Sheet). For others medication, melatonin supplementation, or referral to an Ear, Nose, and Throat Specialist may be appropriate to improve or restore proper sleeping patterns. And for some children with FASD the nature of the brain impairments may be such that they will not be able to make huge gains until research tells us more about how to help them sleep better.

Set the nighttime up for success with close supervision of your child and patient, consistent cuing during these routines, given that children with FASD tend to have a poor sense of time, difficulty following multi-step directions, and difficulty ‘sequencing’ (figuring out each step of the task and what order to do it in). It is important to keep verbal commands short (2 or 3 words) and using PECS may be helpful. If your child has sensory issues an Occupational Therapist will tailor a plan for your child that may include ideas such as cutting the tags out of his/her clothing, turning the pj’s inside out, keeping electronics out of the bedroom, using massage or hugs, or using neutral paint colours in your child’s bedroom and minimal wall decorations.

**How can I access a sleep study?**
The comprehensive sleep studies at Youthdale Child and Adolescent Sleep Centre in Toronto offers excellent services by a team that is familiar with FASD and involved in research concerning FASD and sleep disorders. Most services are covered by OHIP, but you need your family physician to complete a referral.

**What will happen during a sleep study?** See the “Sleep Centre Procedures” brochure at [http://www.youthdalesleep.com/sleepinfo_brochures.html](http://www.youthdalesleep.com/sleepinfo_brochures.html)
Symptoms that warrant further investigation of a sleep disorder:

- Snoring
-gasping for breath or stopping breathing
- sleepwalking/sleep talking
-falling out of bed, movement during sleep
-nightmares
-excessive sweating during sleep
-night terrors
-taking more than 20 minutes to fall asleep
-waking during the night
-difficulty waking up
-daytime fatigue
-restless limbs (leg or arm jerks)
-behavioural issues
-hyperactivity, irritability, problems at school

Recommended Readings on Sleep in children with Behavioural Issues

- [www.akronchildrens.org/cms/sleep_center/index.html](http://www.akronchildrens.org/cms/sleep_center/index.html)

Recommended Readings for Physicians on FASD and Sleep

- “Sleep Issues with FASD” workshop materials of Dr. Louise Scott (Pediatric Neuropsychologist), Wilma Veenhof (Psychological Associate, Supervised Practice), and Janet Carioni (Occupational Therapist) at [http://www.kidsability.ca/en/fasdforum2011](http://www.kidsability.ca/en/fasdforum2011)
- The Youthdale Child and Adolescent Sleep Centre website [www.youthdalesleep.com](http://www.youthdalesleep.com)

Educational Video Presenter: Stephen White, Psychologist  Jan 28/11
Sleep Hygiene and Behavioural Treatment of Sleep Difficulties
[http://mediasite.otn.ca/mediasite41/Viewer/?peid=2377c0c230774e9d8671310a91b99fc11d](http://mediasite.otn.ca/mediasite41/Viewer/?peid=2377c0c230774e9d8671310a91b99fc11d)
Username: north   Password: network

Children’s Books on Sleep