

Psychology in the Service of Peaceful Sleep: Theoretical Developments & Therapy Outcomes Relevant to Sleep Disturbance in Children

Neville M Blampied

Emeritus Professor

School of Psychology Speech & Hearing | Te Kura Mahi ā-Hirikapo

University of Canterbury | Te Whare Wananga o Waitaha

Christchurch, Aotearoa New Zealand

Abstract

Sleep is one of the pillars of lifelong wellbeing, yet throughout life many individuals experience various sleep disturbances. Children present sleep onset delay, frequent/prolonged night wakings, and early morning waking. Older children may exhibit bed resistance and curtain calls (post-bedtime demands). Bed sharing may be problematic where it is unwanted. If chronic, these have negative effects on development and on other family members. Working first with neurotypical infants (6 mo to 2 years) the Canterbury Sleep Project demonstrated that common sleep disturbances could be resolved by helping parents place sleep-interfering behaviour on extinction, and then investigated how extinction could be modified to reduce post-extinction response bursts. Building on this we developed a behavioural model of childhood sleep disturbance using concepts from behaviour analysis. Iterations of the model have incorporated developmental factors and extended it to cover the lifespan. The model is now integrated with Functional Behavioural Assessment of sleep disturbance and used to generate individualised case conceptualizations and intervention plans. The Good Nights project extended this to sleep disturbance in children with autism and those with rare genetic neurodevelopmental conditions (RGNC; e.g., Angleman syndrome), adapting the model for the associated challenges. Parent-implemented interventions (most via telehealth) address circadian (motivational) factors, antecedent stimulus control, bedtime behavioural chains, contingencies of reinforcement for sleep compatible/incompatible behaviours and extinction, ordered using the principle of least restriction. In addition to evaluating the primary intervention outcomes (reductions in sleep disturbance) research has also considered possible collateral benefits to the child and his/her parents, and acceptability.