



My Child Won't Sleep!!: Using the "Excuse Me" Drill to Increase Bedtime Compliance and Self-Initiated Sleep Onset

C. Thresa Yancey, M.A. & Brett R. Kuhn, Ph.D.
Munroe-Meyer Institute, University of Nebraska Medical Center

Introduction

For many parents, the task of putting young children to bed is met with great reluctance. In fact, bedtime is a "high risk" situation for disruptive behavior even for children who are well-behaved during the day (Sanders & Christensen, 1983). Bedtime resistance in the form of crying out, coming out of the bedroom, and endless "curtain calls" reaches peak occurrence of 50% at around 4 years of age (Beltramini & Hertzog, 1983). It is not surprising that bedtime resistance makes parents' "top ten" list of concerns and is one of the most common complaints presented to pediatricians (Lozoff, Wolf, & Davis, 1985; Richman, Stevenson, & Graham, 1975). Fortunately, recent reviews suggest that a variety of effective treatment options are available (Kuhn & Weidinger, 2000; Mindell, 1999; Ramchandani, Wiggs, Webb, & Stores, 2000).

In clinical practice, the overall effectiveness of a given treatment may be significantly compromised if parents and professionals do not perceive the intervention in a positive manner. Treatment acceptability can play a critical role when consumers make the decision whether or not to seek services, when selecting among various treatment options, and in maintaining adherence to a chosen treatment (Cox, Fergus, & Swinson, 1994; Kazdin, French, & Sherick, 1981; Kazdin, 1977). As Witt and Elliott (1985) aptly noted, "A treatment that is not used, is no treatment at all" (p. 253).

The current case study evaluates the utility of an "errorless" procedure to decrease children's bedtime resistance (e.g., crying out, leaving the room) and night-waking. Existing treatments rely largely on parents to ignore a child's disruptive bedtime behavior. The "Excuse Me Drill" intervention enhances simple ignoring by 1) requesting parents to slightly delay the bedtime during the beginning of intervention to ensure that the child is sleepy and will fall asleep quickly, and 2) teaching parents to use strategic attention to positively reinforce the child for practicing sleep-compatible behaviors (e.g., lying calmly and quietly in bed).

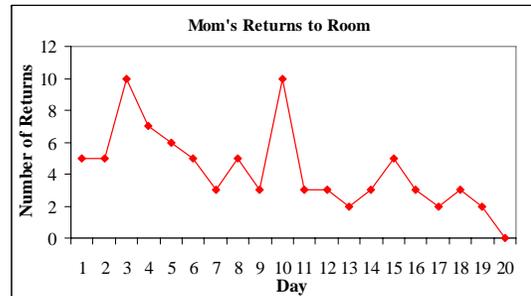
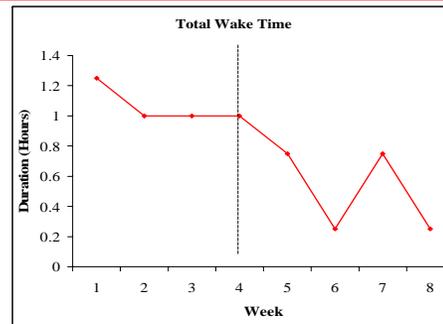
Method

- The current study presents the case of "Jenny," a 2 year-old Caucasian female who presented to treatment with her mother for difficulty staying asleep and was subsequently diagnosed with Sleep Onset Association Disorder (SOAD). SOAD is a common pediatric sleep complaint where children associate an object, often a parent, with sleep and are unable to fall asleep without this associated object or person.

To address these difficulties, several interventions were used:

- Jenny was put to bed later than her typical bedtime.
- Ms. Smith remained in the room with Jenny until she fell asleep, to make the transition to sleeping in her own bed easier. Jenny was able to co-sleep with her parents following nighttime awakenings. Ms. Smith also provided consistent bedtime, wake time, and nap times for Jenny.
- After Jenny was able to fall asleep quickly in her own room with a parent present, the "Excuse Me" drill was used to fade Ms. Smith's presence at sleep onset.
 - Positive attention (e.g., physical touch, verbal praise) was provided as long as Jenny was lying quietly in her bed.
 - Ms. Smith then said "Excuse me, I need to ..." and briefly left the room. Ms. Smith made sure to be out of the room when Jenny actually fell asleep.
 - Ms. Smith would return to Jenny and provide attention for appropriate behaviors. Inappropriate behaviors (e.g., crying out, out of bed) were ignored.
 - Ms. Smith's absences from the room grew longer.
 - Jenny's bedtime was eventually moved earlier as she was falling asleep more quickly after being put into bed.

Graphs



Results

- Following the implementation of the Excuse Me Drill (beginning in week 6), Jenny was able to fall asleep in her own bed without a parent present, both at bedtime and following nighttime awakenings. This was a significant change from Jenny having her mother in her room for long periods or sleeping in her parents' bed all or most of the night.
- Jenny had nighttime awakenings of shorter duration, and did not seek her mother during these awakenings, as she had learned to fall asleep without her mother's presence.
- During baseline (weeks one through four), Jenny was falling asleep between 9 P.M. and 2 A.M. and awakening between 4:30 A.M. and 9:30 A.M. She was napping once or twice a day and her nap times varied from 30 minutes to 3 hours.
- Following the implementation of changes to the sleep schedule and the Excuse Me Drill, Jenny had a consistent bedtime of 9 P.M. and wake time of 8 A.M., with a 1 ½ to 2 hour nap each day. Ms. Smith reported that following the interventions, this "is the best I have slept in two years."
- In the past, many strategies to assist Jenny to sleep in her own bed had been attempted, including letting Jenny "cry it out," Benadryl, a new mattress, white noise, and milk before bed. None of these attempts were successful.
- Ms. Smith reported she liked the gradual nature of the Excuse Me Drill, as Jenny did not become upset when her mother left her alone for only a few minutes at a time.

Discussion

- The Excuse Me Drill uses positive attention from a parent to reinforce sleep-compatible behaviors and selective ignoring to reduce inappropriate behaviors.
- Research suggests that parents are more satisfied with treatment techniques that utilize positive reinforcement (such as praise and rewards) than those that use punishment (i.e., Time Out) or the use of medication (Kazdin et al., 1981; Reimers, Wacker, & Cooper, 1991). Further, parents are more satisfied with treatments that increase appropriate skills than those that decrease problematic behaviors (Calvert & McMahon, 1987).
- The Excuse Me Drill also utilizes stimulus fading techniques. In this case, the stimulus fading is slowly eliminating a stimulus (mom) that is associated with the sleep environment, thus eliminating the association between the object (mom) and the behavior (sleep onset) (Wolery & Gast, 1984).
- Stimulus fading techniques can also be used to eliminate other objects associated with sleep onset. For example, many children fall asleep with a television turned on. The presence of a TV at sleep onset can be faded by changing from a more preferred to a less preferred show, then fading to static or "snow," and eventually turning the television off at bedtime or removing it from the room.
- Children tend to react more positively to the gradual removal of an object associated with sleep. Also, parents, in our experience, usually prefer the more gradual elimination, as there is often less distress displayed by their child (e.g., tantrums, crying).
- Future studies can further examine the efficacy of stimulus fading versus stimulus removal through studies where families are assigned to each condition. Parents' acceptability of the treatment should be measured to compare the social acceptability of each type of treatment.