ABSTRACT: Concerned care for a child’s sleep in a residential treatment center is essential not only for his/her health, but also for the child’s involvement in daytime activities. The responsibilities of the night child care worker are, generally, to insure the safety of all the children, to facilitate their sleep, and to record any difficulties they may have. This paper attends to these issues with particular emphasis on preparation for sleep and appropriate interventions in such situations as insomnia, nightmares and terrors, and enuresis.

The primary responsibilities of the night child care worker are to insure the safety and facilitate the sleep of the children. A secondary responsibility is to note any difficulties they may have. Although simple, these responsibilities are important. Their impact on successful treatment is often inadvertently minimized or entirely overlooked. They should be viewed as a complement and a correlate to treatment, and approached seriously. Clearly a child’s sleep greatly affects his involvement in daily activities, and therefore his progress. Furthermore, information about his sleep habits is useful for accurate diagnosis, prognosis and ongoing evaluation. To fulfill these responsibilities consideration must be given to various issues: these include preparing the children for sleep, insuring their safety, intervening in specific sleep difficulties (insomnia, nightmares and terrors, early awakening, and enuresis), and recording sleep information.

Preparation

Appropriate sleep preparation begins, as a matter of routine, well before bedtime. Obviously, sending the children to bed directly...
after a stimulating activity or a frightening television show is improper planning. Greater concern must be given to settling the day's stresses. A low-keyed transition is required.

An effective approach to providing this transition might begin with nightly snacks at a designated hour. This can also be used for a brief and upbeat review of the day's activities, involving the group as a whole. It will thus provide a regular focus on personal and interpersonal issues, while offering obvious closure of the day. Afterwards, hygiene is attended to (washing or bathing, brushing teeth, etc.). When this is completed it is worthwhile to give the children backrubs, if possible. Nurturance proffered here may not only relax the child but also strengthen the therapeutic relationship. However, care should be taken to determine that the backrub is not too stimulating for the child. If this seems to be so, an alternate activity such as a bedtime story can be offered. Finally, lights should be turned out at a consistent time, allowing nine to ten hours of sleep, depending upon the age of the child.

This entire procedure may take one to one and a half hours, depending upon the number of children, but it is well worth the time, as it provides a warm and consistent closure to what may have been a difficult day, and in so doing, maximizes the potential for restful sleep.

Safety

It is advisable to check the children frequently and irregularly, especially early in the night. Particular considerations call for even greater attention. Recent admissions should be observed closely, to dispel their fears and to be alert for any unforeseen difficulties. Children known to be seriously depressed, potentially suicidal, or children whose behavior has changed suddenly should be checked more frequently. This is also true for those who may, with the lack of structure and supervision, act out sexually or aggressively. Finally, closer observation is in order for children known to have sleep difficulties.

At the beginning of the night the physical setting should be checked to make sure halls are clear and well lit, floors are dry, doors are locked or unlocked as necessary, etc. The availability of emergency services must also be checked at this time.

Insomnia

When a child has trouble falling asleep, or awakens often or early, it may be a sign of anxiety, apprehension or fear. It is often