
BEDTIME ROUTINES – COMPLETE GUIDE FOR ALL AGES (5-18 Years)

SpectrumCareHub Independence Series

Introduction

Sleep problems affect an estimated 40-80% of autistic children compared to 25% of neurotypical children, making bedtime one of the most challenging daily routines for autism families. Research shows that autistic individuals experience difficulty with sleep onset (taking longer to fall asleep), frequent night wakings, shorter total sleep duration, and irregular sleep-wake cycles due to differences in melatonin production, sensory sensitivities, difficulty with transitions, and anxiety about change. **Poor sleep creates a devastating cascade: inadequate rest worsens sensory sensitivity, reduces emotional regulation capacity, impairs learning and memory consolidation, increases meltdown frequency, and decreases compliance with daily routines.**

The good news: **consistent, predictable bedtime routines with sensory optimization actually work.** Studies demonstrate that behavioral interventions including bedtime fading (gradually moving bedtime earlier), positive bedtime routines, visual schedules, and environmental modifications significantly improve sleep onset latency, total sleep duration, and reduce night wakings in autistic children. When combined with appropriate biomedical support (melatonin supplementation when indicated with physician approval, magnesium for muscle relaxation under medical supervision, proper nutrition timing), sleep quality improves dramatically—and with better sleep comes better daytime functioning, improved learning, reduced behavioral challenges, and enhanced family quality of life.

This guide provides age-specific bedtime routine protocols, environmental optimization strategies, parent scripts for common resistance patterns, sensory accommodation techniques, and biomedical considerations to support healthy sleep.

Childhood (5–10 Years): Building Predictable Bedtime Foundations

Young children with autism struggle at bedtime due to sensory sensitivities (bright lights, environmental sounds, scratchy pajamas, unfamiliar smells), difficulty with transitions from active play to quiet sleep, separation anxiety about parents leaving, and often genuine lack of tiredness due to delayed melatonin onset. Many autistic children have lower circulating melatonin levels and delayed melatonin production, making it physiologically difficult to feel sleepy at typical bedtimes.

The most effective intervention combines three elements: a completely predictable 60-minute wind-down routine that happens at exactly the same times every night, environmental modifications that address specific sensory triggers, and gradual bedtime fading that trains the body's circadian rhythm. Research shows that visual schedules showing each step of the bedtime routine significantly reduce anxiety and resistance because the child knows exactly what happens next.

Common Bedtime Challenges and Solutions

Challenge	What It Looks Like	Why It Happens	Solution
Transition Resistance	Child says "just one more minute" repeatedly; tantrums when told to stop playing; cries when TV turns off	Autistic brains struggle with transitions; dopamine from play/screens drops suddenly causing dysregulation	5-minute warning with timer: "Timer in 5 minutes = bedtime starts"; visual transition card showing current activity → bedtime; same warning every night
Separation Anxiety	Child clings to parent, cries "don't leave me," repeatedly calls for parent after lights out, fears being alone	Genuine fear that parent won't return or something bad will happen in the dark	Consistent goodbye ritual: "I love you, goodnight, see you in the morning"; promise specific wake time; leave door open specific amount (6 inches); check-in schedule (every 5 min for 3 checks, then done)
Environmental Sensory Issues	Child complains lights too bright, sounds too loud, pajamas uncomfortable, room smells bad, blankets wrong texture	Heightened sensory sensitivity amplified by tiredness; autonomic nervous system can't downregulate with sensory irritation present	Sensory optimization checklist (see table below); dim lights 90 min before bed; white noise machine; remove ALL clothing tags; weighted blanket; scent-free laundry detergent
Not Tired	Child genuinely alert, playful, energetic at	Delayed melatonin onset—body's "sleep hormone"	Gradual bedtime fading: start bedtime at child's natural sleepy time (even if

Challenge	What It Looks Like	Why It Happens	Solution
	designated bedtime; doesn't feel sleepy	doesn't release until later than neurotypical peers	10 PM), then move 15 min earlier every 3 days until reaching target bedtime; melatonin supplementation (consult pediatrician before use)
Middle-of-Night Waking	Child wakes at 2-3 AM fully alert, wants to play or eat, cannot return to sleep	Incomplete sleep cycles; blood sugar drop causing hunger; environmental disruption (noise, light); anxiety	Protein at dinner to prevent blood sugar crash; blackout curtains for complete darkness; white noise to mask environmental sounds; if genuinely hungry: small protein snack (cheese, nut butter on crackers if no allergies), then immediate return to bed

Environmental Sensory Optimization Checklist

Sensory System	Modifications	Why It Works	How to Implement
Visual	Dim all lights 90 min before bed; use red or amber nightlights only (not blue/white); blackout curtains for complete darkness; remove glowing electronics	Blue/white light suppresses melatonin production; darkness signals brain to produce sleep hormones	Install dimmer switches on bedroom lights; cover all LED lights on electronics with black tape; use blackout curtain clips to seal edges
Auditory	White noise machine at consistent volume; reduce household noise (TV off in nearby rooms,	Sudden or unpredictable sounds trigger startle response and prevent sleep onset;	Place white noise machine 6-10 feet from bed; test volume during day; use same sound setting every night;

Sensory System	Modifications	Why It Works	How to Implement
	quiet voices); predictable sounds only	consistent sound masks environmental disruptions	inform household members of quiet hours
Tactile	Remove ALL clothing tags from pajamas; wash pajamas 3-4 times before first use; soft cotton fabrics only; weighted blanket (10% body weight); temperature control (cool room, breathable fabrics)	Scratchy or tight clothing creates constant sensory irritation that prevents sleep; deep pressure from weighted blanket calms nervous system	Cut tags completely out of shirts, pants, underwear; choose tagless options; weighted blanket distributed evenly from shoulders to feet; room temperature 65-68°F
Olfactory	Scent-free laundry detergent; avoid strong- smelling lotions before bed unless child specifically enjoys them (lavender for some); air out new bedding before use	Strong or unfamiliar scents can be alerting rather than calming; chemical smells from new fabrics cause sensory aversion	Switch to "free & clear" detergent; if using scented lotion, let child smell 3 options and choose preferred; wash new sheets/pajamas 2 times before use
Proprioceptive	Weighted blanket; body pillow for hugging; tight- tucked blankets creating "burrito" effect; deep pressure massage before bed	Deep pressure input calms autonomic nervous system and reduces anxiety; satisfies sensory- seeking needs	Weighted blanket should cover body evenly; tuck sheets tightly around child's body; 5-min shoulder/back massage with firm pressure during lotion time

60-Minute Wind-Down Routine (Ages 5-10)

Target: Lights out by 8:30 PM for 10-11 hours sleep (age-appropriate need)

Time	Activity	Duration	Details	Parent Script
7:30 PM	Transition warning + dim lights	5 min	Turn off TV/screens; set timer for 5 minutes; dim overhead lights to 50%; turn on soft lamps	"Timer says 5 minutes until bedtime routine starts. When it beeps, we turn off the TV and go upstairs."
7:35 PM	Change into pajamas	5 min	Child changes in bedroom with dim lighting; pajamas already laid out	"Time for your soft blue pajamas. These are the cozy ones with no tags. Which socks—the gray or the white?"
7:40 PM	Warm bath	10 min	Water temperature 92-98°F (warm not hot); minimal talking; dim bathroom lights; optional bath toy	"Warm water helps your muscles relax. Ten minutes in the bath, then we dry off with your soft towel."
7:50 PM	Lotion massage	5 min	Use gentle but firm pressure on arms, legs, back, shoulders; let child choose lotion scent if tolerated	"I'm giving your arms and legs a massage. Firm pressure helps your body feel calm and ready for sleep."
7:55 PM	Go to bedroom	2 min	Walk to bedroom; turn on white noise machine; close blackout curtains; lights already dimmed	"Now we go to your bedroom. Listen—the white noise is on. The room is cozy and dark."
8:00 PM	Read picture books	15 min	Child chooses 3 books; cuddle together in bed or reading chair; calm voice; books with minimal words and soothing pictures work best	"Pick three books. We'll read together while you're cozy under your blanket."
8:15 PM	Songs and cuddles	10 min	Sing 3 calm songs (same ones every night); hold child close; rocking if child likes it	"Now it's song time. Our three songs: Twinkle Twinkle, You Are My

Time	Activity	Duration	Details	Parent Script
				Sunshine, and Hush Little Baby. [Sing slowly]"
8:25 PM	Goodbye ritual	3 min	Tuck child under weighted blanket; specific goodbye phrase; promise wake time; leave door open specific amount	"Goodnight, I love you. I'll see you in the morning when the sun comes up. Your door stays open six inches. Sleep tight."
8:30 PM	Lights out	-	All lights off except red nightlight if needed; parent leaves room	[Parent leaves without further talking]
8:35 PM	Check-in if needed	2 min	If child calls out: return for 30 seconds only, repeat goodnight phrase, leave again; maximum 3 check-ins 5 minutes apart	[If child calls] "I hear you. Nighttime now. I love you. Goodnight." [Leave immediately]

Gradual Bedtime Fading Protocol (When Child Not Tired at Target Bedtime)

Many autistic children have delayed melatonin onset—they're genuinely not physiologically tired at 8:30 PM. **Forcing a child who isn't tired to lie in bed creates anxiety and negative associations with bedtime.** Instead, use this gradual fading approach:

Week 1: Establish Natural Sleep Time

- Track when child naturally falls asleep for 7 nights (even if it's 10:00 PM)
- Begin bedtime routine 60 minutes before this natural sleep time
- Child should fall asleep within 15-20 minutes of lights out

Week 2: Move Earlier by 15 Minutes

- Start bedtime routine 15 minutes earlier than Week 1
- Example: If natural sleep time was 10:00 PM, start routine at 8:45 PM (lights out 9:45 PM)
- Maintain for 7 nights

Week 3: Move Earlier by Another 15 Minutes

- Start bedtime routine another 15 minutes earlier
- Example: Routine starts 8:30 PM, lights out 9:30 PM
- Maintain for 7 nights

Week 4-6: Continue 15-Minute Increments

- Move 15 minutes earlier every 7 days
- Stop when reaching target bedtime (usually 8:00-8:30 PM routine start, 9:00-9:30 PM lights out for ages 5-10)

This gradual approach trains the circadian rhythm without creating bedtime battles.

Parent Scripts for Common Resistance Patterns

Child Says: "I'm not tired!"

Parent Response: "Your body needs rest even if your brain doesn't feel tired yet. We're practicing our bedtime routine so your body learns when it's sleep time. Let's do our routine, then you can rest quietly in bed."

Child Says: "Just one more minute!"

Parent Response: "The timer says bedtime starts now. I know it's hard to stop playing. The toys will be here tomorrow. Right now is bedtime. Let's go upstairs together."

Child Resists Bath:

Parent Response: "Warm water feels nice on your tired muscles. We'll do 10 minutes, then you get your cozy pajamas and we read books. Bath time is part of our routine."

Child Fights Pajamas:

Parent Response: "These soft pajamas feel like a hug all night long. Which color do you want—the blue ones or the green ones? You choose."

Child Calls Out After Lights Out:

Parent Response (first check-in): "I hear you. Nighttime now. Your weighted blanket and white noise keep you safe. I love you. Goodnight." [Leave immediately without further conversation]

Child Wakes in Middle of Night:

Parent Response: "It's nighttime. Everyone is sleeping. Let's go back to your bed. Your weighted blanket is waiting." [Walk child back to bed, tuck in, leave without extended interaction]

When Sleep Problems Persist

If your child experiences ongoing difficulty falling asleep (more than 45 minutes after lights out), frequent night wakings (more than 2 per night), or consistently wakes before 6:00 AM after less than 9 hours sleep, consult your pediatrician. Additional interventions may include:

- Melatonin supplementation (consult physician before use) - typically 0.5-3 mg 30-60 minutes before desired sleep time
 - Sleep study to rule out sleep apnea or other medical conditions
 - Consultation with pediatric sleep specialist
 - Adjustment of any medications that may interfere with sleep
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Tweens (10-14 Years): Negotiating Independence While Maintaining Structure

Tweens resist bedtime routines they perceive as "babyish" and want more independence over their schedules. Simultaneously, they face new challenges: peer comparison about bedtime ("My friend stays up until 11 PM!"), smartphone and social media addiction, increased homework demands that extend into evening hours, and puberty-driven shifts in circadian rhythm that naturally delay sleep onset. **The prefrontal cortex—responsible for self-regulation and planning—continues developing throughout adolescence, meaning tweens genuinely struggle with the executive function required to independently maintain bedtime routines.**

The most effective approach involves **collaborative routine design** where the tween helps create the bedtime plan, negotiates specific elements while parents hold firm boundaries on non-negotiables (phone curfew, lights-out time), and uses natural consequences tied to sleep quality rather than punishment. Research shows that when tweens feel agency over their routines, compliance increases significantly.

Tween-Specific Bedtime Challenges

Challenge	Tween's Perspective	Parent's Concern	Collaborative Solution
Phone/Social Media Addiction	"Everyone texts until midnight"; "I'll miss out on group chats"; "I need my phone for my alarm"	Screen blue light delays melatonin onset by 2+ hours; social media creates anxiety and FOMO; texting prevents sleep	Tech curfew contract: All phones charge in kitchen by 8:30 PM (signed agreement); traditional alarm clock on nightstand; earn morning screen time (30 min) by meeting sleep goals; natural consequence: break contract = lose phone earlier next night
Peer Comparison	"My best friend's parents let them stay up until 11 PM"; "I'm the only one with an 'early' bedtime"; "This is unfair"	Other families' choices irrelevant to child's sleep needs; tweens need 9-10 hours; adequate sleep determines school success, mood, health	Data-driven conversation: "Our family prioritizes sleep because science shows it determines success. Let's track your mood and grades with 9 hours sleep vs 7 hours for 2 weeks. You'll see the difference. Other families

Challenge	Tween's Perspective	Parent's Concern	Collaborative Solution
			make different choices—we make ours based on what works."
Homework Extending Past Bedtime	"I can't finish by 9 PM"; "My teacher assigned too much"; "I'll get in trouble if I don't finish"	Homework taking excessive time suggests learning difficulty, poor executive function, or procrastination; sacrificing sleep worsens all academic performance	Bedtime is non-negotiable: "Sleep is more important than one homework assignment. You finish what you can by 8:45 PM, then stop. If homework consistently takes too long, we schedule meeting with teacher to discuss accommodations or reduce load. You don't sacrifice sleep."
"Not Tired Yet"	"I'm wide awake"; "I just lie there for an hour"; "My body doesn't want to sleep at 9 PM"	Likely true—puberty naturally delays circadian rhythm; delayed melatonin onset common in autism; forcing sleep creates negative associations	Quiet time instead of forced sleep: "If you're not tired at 9:30 PM, you read or journal quietly in bed with dim light. No screens. Your body will eventually feel tired. We're teaching your body when bedtime is." + Consider melatonin (consult pediatrician first) after doctor consultation

Co-Designed Bedtime Routine (Ages 10-14)

Work with your tween to fill in this template together. Having ownership increases compliance.

Target: 9-10 hours sleep (most tweens need lights out 8:30-9:30 PM for 6:00-7:00 AM wake)

Time	Activity	Tween Chooses	Parent Non-Negotiable	Why It Works
8:00 PM	Tech curfew	Which charging station in kitchen (by coffee maker or by fridge?)	Phone goes to kitchen by 8:00 PM (not bedroom)	Removes temptation; eliminates blue light exposure; prevents midnight texting; allows brain to downregulate
8:15 PM	Shower/hygiene	Shower now or after reading? Which pajamas?	Must shower, brush teeth, complete hygiene routine	Clean body, cool-down from warm shower, routine completion promotes relaxation
8:30 PM	Bedroom transition	Can organize tomorrow's clothes/backpack OR go straight to room? Which white noise setting?	In bedroom by 8:30 PM; no returning to common areas	Separation from stimulating environments; predictable location signals sleep time
8:40 PM	Quiet activity	Read physical book, write in journal, draw, or listen to calm music/audiobook with dim lighting	No screens; dim light only; quiet activity in bed or reading chair	Provides autonomy while maintaining quiet; dim light allows melatonin production; calm activities promote sleep readiness
9:15 PM	Final prep	Use bathroom; get water; adjust pillow/blankets to preference	No leaving room after this except bathroom emergency	Eliminates excuses; all needs met before lights out
9:20 PM	Lights out	Can turn off lights themselves OR parent turns off? Red nightlight yes/no?	All lights off by 9:30 PM maximum	Autonomy in final step builds self-efficacy; darkness essential for melatonin production

Time	Activity	Tween Chooses	Parent Non-Negotiable	Why It Works
9:25 PM	Parent check-in	Wants door crack (how many inches?) OR closed completely? Wants goodnight hug/words OR just "goodnight" from doorway?	Parent says goodnight (tween's preferred method) then leaves	Respects tween's growing need for independence while maintaining connection; predictable goodbye reduces separation anxiety

Technology Contract (Sign Together)

I, [Tween's Name], agree to the following bedtime technology rules:

1. My phone will charge in the kitchen charging station by 8:00 PM every night
2. If I need to finish homework on my laptop past 8:00 PM, I will use blue light blocking glasses
3. I will use a traditional alarm clock (not my phone) to wake up
4. If I meet my bedtime goals (in bed by 8:30, lights out by 9:30) 6 out of 7 nights, I earn 30 minutes of morning screen time
5. If I break this contract by keeping my phone in my room, the tech curfew moves to 7:30 PM the next night

Parent agrees:

1. To charge their own phone in the kitchen by 9:00 PM (modeling behavior)
2. To provide a traditional alarm clock if needed
3. To honor the earned screen time reward
4. To enforce consequences calmly without anger

Tween Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Scripts for Tween Resistance

Tween: "This bedtime is so early! My friends all stay up until 11 PM!"

Parent: "Other parents have different rules. Our rule is: good sleep equals success in

everything—school, sports, mood, health. That's our family priority. Nine hours of sleep isn't negotiable, but we can adjust other things. What would make the routine feel better to you?"

Tween: "I'm not tired yet. I just lie there for an hour."

Parent: "I believe you. Your body might not feel tired at 9:30 yet. That's okay. You can read or journal quietly in bed with dim light. No screens. Your body will learn over time. If this continues for 2 weeks, we can talk to the doctor about melatonin (requires physician consultation) to help your body feel tired earlier."

Tween: "I need my phone for my alarm!"

Parent: "We got you this alarm clock for your nightstand. It works perfectly. Your phone stays in the kitchen. If you're worried about not waking up, I'll come check on you at wake-up time for the first week until you trust the alarm."

Tween: "My homework isn't done yet!"

Parent: "Bedtime is 9:30. If homework isn't done by 9:00, you stop and go to bed. Sleep is more important than one assignment. If this happens multiple times, we're scheduling a meeting with your teacher about homework load or accommodations. You don't sacrifice sleep."

Tween: "Can I just have my phone until 9:00 PM? Please?"

Parent: "The contract says 8:00 PM. We signed it together. The blue light from screens makes it physically harder for your brain to produce sleep hormones. Eight PM gives your brain 90 minutes to get ready for sleep. If you break the contract and keep your phone, tomorrow it goes to the kitchen at 7:30 PM. Your choice."

Teens (14-18 Years): Sleep as Performance Enhancer

Teenagers require 9-10 hours of sleep for optimal cognitive function, emotional regulation, physical performance, and health, yet most average only 6-7 hours on school nights. **The gap between sleep need and sleep obtained creates a significant "sleep debt" that impairs academic performance, increases depression and anxiety risk, weakens immune function, and dramatically increases motor vehicle accident risk for teen drivers.** Research shows that well-rested teens (9+ hours) consistently outperform sleep-deprived peers academically, athletically, and socially.

Complicating matters, adolescent circadian rhythms naturally shift later—teens' brains don't produce melatonin until around 11:00 PM or midnight, making them genuinely not tired at earlier bedtimes. This biological reality conflicts with early school start times (many high schools begin at 7:00-7:30 AM), creating a chronic sleep deprivation cycle. **Autistic teens face additional challenges:** difficulty with sleep onset due to delayed melatonin production, anxiety about school/social situations preventing mental downregulation, sensory sensitivities to sleep environment, and smartphone addiction that extends wake time well past midnight.

The most effective approach reframes sleep as a **performance enhancement tool** rather than a restriction. Elite athletes, top students, and successful professionals all prioritize sleep. Help your teen understand that sacrificing sleep sacrifices performance in everything they care about—grades, sports, mood, relationships, driving safety, college admission prospects.

Teen Sleep Challenges and Real-World Impact

Challenge	What Teens Say	The Science	Real Impact	Solution Framework
Late-night studying/homework	"I have to study until midnight for tomorrow's test"; "I can't finish everything by 10 PM"	Studying when sleep-deprived creates minimal retention; sleeping after studying consolidates memory	Studying until midnight then getting 5-6 hours sleep results in <i>worse</i> test performance than studying until 10 PM	"Stop studying by 10 PM. Sleep consolidates what you learned. If you need more study time, wake up 45 min early and review in morning—you'll retain more with a rested brain."

Challenge	What Teens Say	The Science	Real Impact	Solution Framework
		better than additional study hours	and getting 8 hours sleep	
Smartphone/social media addiction	"I need to check my notifications"; "Everyone's online right now"; "I'll miss out"; "Just one more video"	Blue light delays melatonin onset 2+ hours; social media content activates stress response; scrolling creates dopamine loop preventing sleep drive	Average teen loses 2-3 hours sleep nightly to screens; translates to 10-15 hours weekly; equivalent to pulling an all-nighter every week	Phone in kitchen by 9:30 PM non-negotiable ; natural consequence: poor sleep = poor performance visible to teen themselves; track grades/mood/energy for 2 weeks with phone in room vs kitchen to show data
Late sports practices/games	"Practice doesn't end until 9 PM"; "We have away games that get home at 10:30 PM"; "My coach expects us to lift weights after practice"	Exercise is alerting; body temperature elevated post-exercise delays sleep onset; late practices conflict with sleep needs	Athletes who sleep 9+ hours perform significantly better than those sleeping 7 hours; injury risk increases 1.7x with inadequate sleep	Coordinate with coach about practice end times; if practice ends late, immediate wind-down routine (no homework—do before practice or in morning); prioritize sleep over additional training on late nights

Challenge	What Teens Say	The Science	Real Impact	Solution Framework
Weekend "catch-up" sleep	"I'll just sleep until noon on Saturday"; "I'm catching up on my sleep debt"	Sleeping late weekends disrupts circadian rhythm; creates "social jet lag"; Monday-Tuesday become chronically difficult	Weekend sleep-ins create harder Mondays; body doesn't adjust to school schedule until Wednesday; loses 2 days learning capacity weekly	Wake within 2 hours of school wake time even on weekends (if school wake is 6 AM, weekend wake maximum 8 AM); maintain consistency; catch up with earlier bedtime, not later wake time

Sleep-as-Performance Contract (Teen Signs)

I, [Teen's Name], understand that sleep is my competitive advantage. I commit to the following:

Weeknight Routine (Sunday-Thursday):

- Screens off by 9:00 PM; phone charges in kitchen
- In bedroom by 9:30 PM
- Lights out by 10:00 PM
- Wake time: [6:00 AM / 6:30 AM / 7:00 AM]
- **Target: 8-9 hours minimum sleep**

Weekend Routine (Friday-Saturday):

- Can stay up until 11:00 PM maximum
- Wake by 9:00 AM maximum (no sleeping until noon)
- **Purpose: Maintains circadian rhythm while allowing social flexibility**

Technology Rules:

- Phone to kitchen charging station by 9:00 PM weeknights, 10:00 PM weekends
- Alarm clock on nightstand (not phone)
- If I need laptop for homework past 9 PM, I use blue light blocking glasses

Accountability:

- I will track my sleep hours and morning mood (1-10) for 2 weeks
- I will notice the difference in my grades, sports performance, and mood when well-rested vs sleep-deprived
- If I consistently cannot meet this schedule, we will problem-solve together (not with punishment, but with solutions)

Natural Consequences (No Punishment Needed):

- Poor sleep shows up in my performance—I'll see it in my grades, sports, driving, mood
- This contract gives me the structure to perform my best
- My parents are my partners in success, not my enemies

Teen Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Teen Bedtime Routine (Ages 14-18)

Target: 9-10 hours sleep; lights out 9:30-10:30 PM for 6:30-7:30 AM wake

Time	Activity	Details	Teen's Responsibility
8:30 PM	Screens off / Phone to kitchen	All screens (phone, tablet, laptop) turn off; phone goes to kitchen charging station; if homework requires laptop, use blue light glasses	Teen voluntarily brings phone to kitchen; sets up alarm clock on nightstand
8:45 PM	Final homework/studying stops	Even if not finished—stop; sleep is more important than completing assignment	Teen closes books by 8:45; any incomplete work noted for morning completion or teacher discussion

Time	Activity	Details	Teen's Responsibility
9:00 PM	Hygiene routine	Shower (if evening shower preferred), brush teeth, skincare routine, change into comfortable sleep clothes	Teen completes independently
9:15 PM	Bedroom transition	Enter bedroom; close blackout curtains; turn on white noise; dim lights to minimum	Teen prepares own sleep environment
9:20 PM	Quiet activity	Read physical book, write in journal, listen to audiobook or calm music, or simply rest quietly in bed	Teen chooses calming activity; no screens
9:45 PM	Final prep	Use bathroom; get water; adjust temperature/blankets to preference	Teen meets all needs before lights out
10:00 PM	Lights out	Teen turns off all lights themselves; signals autonomy and self-management	Teen independently turns off lights; no parent required
10:05 PM	Sleep onset target	Fall asleep within 15-20 minutes of lights out if routine followed consistently	Teen practices quiet resting even if not immediately asleep

Parent Scripts for Teen Conversations

Teen: "This bedtime is ridiculous. I'm not a kid anymore."

Parent: "You're right—you're not a kid. That's why we're talking about performance, not rules. Elite athletes, top students, successful people all prioritize 9 hours sleep. It's their competitive advantage. You can choose to prioritize sleep and outperform your peers, or sacrifice sleep and perform below your potential. Your choice—but the science is clear."

Teen: "I'll just catch up on sleep this weekend."

Parent: "That's called social jet lag. Sleeping until noon Saturday disrupts your circadian rhythm, making Monday-Tuesday brutal. You lose 2 days of peak performance every week. Better strategy: go to bed earlier Friday night. Wake up Saturday within 2 hours of your school wake time. Your brain will thank you."

Teen: "My friends all stay up until midnight texting."

Parent: "Your friends are your competition academically, athletically, and for college admissions. If they choose to be sleep-deprived, that's their disadvantage and your advantage. When you're well-rested and they're exhausted, you perform better. Wouldn't you rather win?"

Teen: "I can't fall asleep before 11 PM. I just lie there."

Parent: "I believe you—your circadian rhythm naturally shifts later during adolescence. Let's talk to your doctor about melatonin (requires physician consultation before use) to help your body feel tired earlier. Also, the blue light from screens delays your melatonin by 2 hours. If your phone is off by 9 PM, your body produces sleep hormones by 10:30-11 PM. Keep the routine consistent for 2 weeks and let your body adjust."

Teen: "I need my phone for my alarm!"

Parent: "We got you an alarm clock. Your phone stays in the kitchen. Non-negotiable. The temptation to check notifications keeps you awake for hours. Phone in kitchen = you actually sleep."

Biomedical Considerations and Body-Support Notes

When the body is biomedically optimized for sleep—proper nutrition timing, appropriate supplementation under medical supervision, adequate hydration, and correct medication management—falling asleep becomes easier, sleep quality improves, night wakings decrease, and morning wake-up becomes less difficult. Well-rested children demonstrate better compliance with routines, faster learning and skill acquisition, improved emotional regulation, reduced meltdown frequency, and more efficient task completion. **Addressing biomedical factors first makes all behavioral sleep interventions significantly more effective and sustainable.**

Pre-Bedtime Biomedical Optimization

Factor	Target	Strategy	Timing	Why It Works
Protein at Dinner	20-30g protein	Chicken, fish, turkey, beans, eggs, cheese, tofu; prevents middle-of-night blood sugar crash that causes 2-3 AM waking	Dinner 2-3 hours before bedtime	Protein provides sustained amino acids for overnight neurotransmitter production; prevents blood sugar drop that triggers wake response
Avoid Sugar Before Bed	No sugar/dessert within 2 hours of bedtime	If dessert desired, have immediately after dinner (not as bedtime snack)	Last sugar intake minimum 2 hours before lights out	Sugar spike followed by crash disrupts sleep onset and causes middle-of-night waking; insulin spike prevents melatonin production
Hydration	Adequate but not excessive before bed	Water throughout day; last large drink 90 min before bed; small sips allowed up to 30 min before bed	Frontload hydration earlier in day	Prevents middle-of-night thirst waking while avoiding multiple bathroom trips that disrupt sleep

Factor	Target	Strategy	Timing	Why It Works
Magnesium Glycinate	Ages 5-10: 100-200 mg; Ages 10-14: 200-300 mg; Ages 14-18: 300-400 mg (consult physician before use)	Most bioavailable form; supports muscle relaxation, nervous system calm, GABA production	30-60 min before bed with small snack (not empty stomach)	Many autistic individuals have suboptimal magnesium; supplementation reduces anxiety, muscle tension, restless legs; supports sleep onset; requires pediatrician consultation before use
Melatonin	Ages 5-10: 0.5-2 mg; Ages 10-14: 1-3 mg; Ages 14-18: 3-5 mg (consult physician before use)	Immediate-release formula for sleep onset; extended-release for night wakings	30-60 min before desired sleep time	Autistic children often have low endogenous melatonin production; supplementation improves sleep onset by average 60+ minutes and increases total sleep duration 60-90 min; requires pediatrician consultation before use
Avoid Caffeine	Zero caffeine after 2 PM	No soda, coffee, tea, chocolate, energy drinks after early afternoon	Caffeine has 6-8 hour half-life	Caffeine blocks adenosine receptors that signal tiredness; interferes with sleep onset even 8 hours later

Observable Sleep Problems and Immediate Interventions

Symptom You See	What It Looks Like	Likely Cause	Immediate Management	Biomedical Intervention
Cannot fall asleep—awake 45+ min after lights out	Child lies in bed alert, fidgeting, calling out, or getting up	Delayed melatonin onset (common in autism); circadian rhythm	Use gradual bedtime fading protocol (start at natural sleep time, move 15 min earlier)	Melatonin 0.5-3 mg 30-60 min before desired sleep time (consult physician before use);

Symptom You See	What It Looks Like	Likely Cause	Immediate Management	Biomedical Intervention
	repeatedly; genuinely not tired	not aligned with bedtime; overstimulation earlier in evening	every 3 days); ensure complete darkness; white noise; no screens 90 min before bed	magnesium glycinate (consult physician before use) for muscle relaxation and anxiety reduction
Multiple night wakings—wakes 2-4 times per night	Child wakes at 12 AM, 2 AM, 4 AM; may be fully alert or crying; difficulty returning to sleep; may want to play or eat	Blood sugar crash (inadequate protein at dinner); sleep apnea or breathing issues; anxiety; incomplete sleep cycles	Protein-rich dinner ; small protein snack before bed if child typically wakes hungry; check for snoring/breathing pauses (indicates possible sleep apnea—requires doctor evaluation)	Extended-release melatonin (consult physician before use) if waking due to melatonin wearing off; sleep study if snoring or breathing pauses present; magnesium (consult physician before use) supports continuous sleep cycles
Early morning waking—wakes before 6 AM after inadequate sleep	Child wakes at 4:30-5:30 AM fully alert; cannot return to sleep; gets <9 hours total sleep	Room too bright (sunlight through windows); circadian rhythm shifted too early; anxiety about upcoming day	Blackout curtains to block all light; white noise to mask early morning sounds; ensure bedtime not too early (if bed 7 PM, wake 4 AM is expected—move bedtime later)	Melatonin timing adjustment (consult physician before use) —give slightly later to extend sleep window; rule out medical issues like reflux or allergies causing early wake
Restless sleep—	Child moves frequently	Restless leg syndrome;	Weighted blanket (10% body weight)	Magnesium glycinate (consult

Symptom You See	What It Looks Like	Likely Cause	Immediate Management	Biomedical Intervention
tossing, turning, repositioning constantly	during sleep; kicks off blankets; changes position every 10-15 min; may fall out of bed	insufficient magnesium; sensory-seeking behavior during sleep; uncomfortable sleep surface or clothing	provides proprioceptive input and reduces movement; body pillow to hug; check mattress comfort and pajama fit	physician before use) highly effective for restless legs; iron supplementation (consult physician before use) if ferritin levels low (common cause of restless legs—requires blood test); consult doctor if severe
Night terrors or nightmares—screaming, thrashing, inconsolable	Child wakes screaming, eyes open but not responsive; may thrash or try to run; extremely frightened; cannot be comforted; doesn't remember in morning (night terror) OR remembers scary dream (nightmare)	Overtiredness (sleep debt triggers night terrors); anxiety manifesting in dreams; medications with nightmare side effects; sleep apnea	Earlier bedtime to reduce sleep debt; consistent sleep schedule ; if during nightmare: comfort gently and help child return to sleep; if night terror: ensure safety but don't try to wake—it passes	Address sleep debt first; melatonin (consult physician before use) helps some children; magnesium (consult physician before use) reduces anxiety-based dreams; if medication-related, consult prescriber about adjustment
Difficulty waking in	Child doesn't respond to	Insufficient total sleep hours;	Earlier bedtime to increase total sleep	Rule out depression if

Symptom You See	What It Looks Like	Likely Cause	Immediate Management	Biomedical Intervention
morning—needs 30+ min and multiple attempts	alarm; extremely groggy; irritable when woken; takes 30-60 min to become alert; falls back asleep if not monitored	poor sleep quality; sleeping during deep sleep cycle when alarm rings; possibly depression	hours; gradual wake alarm that slowly increases volume/light; consistent wake time even weekends trains body; exposure to bright light immediately upon waking	difficulty waking persists with adequate sleep hours; check thyroid function (hypothyroidism causes morning fatigue); vitamin D supplementation (consult physician before use) if deficient
Bedwetting in previously dry child	Child wets bed multiple times per week despite being toilet-trained for years	Extremely deep sleep prevents waking to bladder signals; urinary tract infection; diabetes; stress or anxiety regression	Limit fluids 90 min before bed; bathroom trip immediately before lights out; wake child to use bathroom at parent's bedtime (10-11 PM); rule out medical causes with pediatrician	Consult pediatrician —may need urinalysis to rule out UTI or diabetes; some medications cause bedwetting as side effect; desmopressin medication (prescription required) sometimes prescribed for persistent bedwetting

Key Principle: When sleep improves through biomedical optimization under medical supervision, everything else improves. Well-rested children learn faster, regulate emotions better, comply with routines more consistently, experience fewer meltdowns, demonstrate improved social skills, and exhibit better overall health. **Sleep is the foundation—fix it first, and other challenges become dramatically more manageable.**

Meltdown Recovery During Bedtime Routine

Meltdowns during the bedtime routine or after lights out typically occur due to sensory overload from the day, difficulty transitioning from preferred activities to sleep, separation anxiety, or genuine physiological distress (hunger, pain, need to use bathroom). **The goal is de-escalation and completion of bedtime, not punishment or teaching lessons during the meltdown.**

Five-Phase Meltdown Response:

Phase 1: Immediate Safety (First 2-3 minutes)

- Turn off all bright lights immediately (use red nightlight only if needed)
- Remove demands—stop talking, stop making requests
- Ensure physical safety (move sharp objects, block stairs if child tries to flee)
- Sit nearby in calm, non-threatening posture

Phase 2: Sensory Regulation (5-10 minutes)

- Offer weighted blanket and wrap child if they accept
- Turn white noise to maximum volume to provide sensory input
- Offer deep pressure hug if child responds positively to touch (if not, maintain distance)
- No talking—your calm presence is enough

Phase 3: Physical Needs Check (After initial de-escalation)

- Offer small protein snack if child might be hungry: cheese stick, banana with nut butter (if no allergies), crackers with protein
- Offer water
- Ask once: "Do you need to use the bathroom?" (yes/no answer only)
- Check if pajamas uncomfortable or environmental temperature wrong

Phase 4: Quiet Restart (15-20 minutes after meltdown begins)

- Once child shows signs of calming (breathing slows, body relaxes, verbal if previously nonverbal), slowly restart bedtime routine

- Skip any steps already completed
- Use minimal words: "Now we brush teeth. Then bed."
- Complete routine as efficiently as possible without rushing

Phase 5: Lights Out and Recovery (Final steps)

- Tuck child into bed under weighted blanket
- Turn on white noise if not already on
- Simple goodnight: "Goodnight. I love you. See you in the morning."
- Leave room
- **Do not discuss the meltdown until next day**—child needs recovery sleep, not processing conversation

Important: Meltdowns are not manipulative behavior—they are physiological overwhelm. Responding with calm support rather than punishment builds trust and actually reduces future meltdown frequency.

Morning Check-In Reflection (All Ages)

Every morning during breakfast or car ride to school, complete this brief check-in. **Tracking patterns reveals what's working and what needs adjustment.**

Daily Questions:

1. How many hours did you sleep last night? _____
2. How's your mood this morning? (Rate 1-10, where 1=terrible and 10=great) _____
3. What part of last night's routine worked best? _____
4. What should we change for tonight? _____

Weekly Review (Every Sunday):

- How many nights this week did you get 9+ hours sleep? ____ out of 7
- What was your average mood rating this week? _____
- What helped most with sleep this week? _____
- What interfered with sleep most this week? _____

- One change to try next week: _____

This simple tracking helps identify patterns: "I noticed when you get 9+ hours sleep, your mood rating is always 8 or higher. When you get less than 8 hours, it drops to 4-5. The data shows sleep really matters for how you feel."

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Sleep challenges carry inherent medical considerations. All bedtime routines, environmental modifications, nutritional strategies, supplement use (including melatonin and magnesium), and medication adjustments require consultation with licensed healthcare professionals including pediatricians, sleep specialists, psychiatrists, and registered dietitians. Parents are responsible for obtaining appropriate medical evaluation for persistent sleep problems, ensuring safe sleep environments, and monitoring their child's health and wellbeing. Never start any supplement, including over-the-counter options, without physician consultation and approval.

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