Introducing Rachel Hiller

Dr Rachel Hiller, is a prize research fellow in clinical child psychology at the Department of Psychology at the University of Bath. Currently her research is focussed on childhood trauma, however, she completed her clinical training in Australia where she worked alongside Professor Gradisar, expert in child and adolescent sleep. Rachel worked for many years at the Flinders child and adolescent sleep clinic in South Australia supporting the families of young people with sleep difficulties as well as contributing to clinical trials researching the most effective interventions to combat sleep problems.

Rachel has co-authored, with Professor Gradisar, a hugely practical and evidence based self-help guide for parents of children with sleep problems.

Top 12 Takeaways from the ‘Get a Grip’ Blog with Dr Rachel Hiller on sleep problems and how to resolve them in school-aged children.

1. Sleep problems in school-aged children (5-12 years) are common, with half of all children experiencing a sleep problem at some point.
2. Parents hold the key to helping a child overcome sleep problems. Most common sleep problems in children can be successfully resolved by parents working together following evidence based strategies. Parents need to be consistent and persistent.
3. The foundation for healthy sleep is to ensure children have a regular bedtime and regular wake-up time. This means bedtimes and wake-up times should ideally be the same on weekdays and weekends. Allowing a child to sleep-in on a weekend will make it harder for them to fall asleep at their regular bedtime and then harder for them to wake-up at their regular wake-up time and create disruption in their sleeping pattern potentially resulting in sleep deprivation.
4. Like adults, sleep deprivation impacts a child’s mood, energy levels, concentration levels, appetite, performance at school and social functioning.
5. Catch-up sleep (long lie-ins or daytime naps) can make the problems of sleep deprivation worse as it can then be harder for the child to fall asleep at bedtime thus maintaining the sleep problems.
6. ‘Sleep pressure’ is a term used to describe the biological drive to sleep, it builds during the day and helps us fall asleep. An analogy which helps children understand the concept is to think of a car with a tank of petrol. When we wake up we have a full tank of petrol and as the day progresses the tank empties (and sleep pressure grows), if we nap then it is like putting more petrol in the tank. To fall asleep we need our tank to be empty. It is very difficult to fall asleep if there is lots of petrol left in the tank.
7. Nearly all children will use ‘delay tactics’ to delay bedtime and they can be highly inventive, parents need to be authoritative and ensure a regular bedtime. However, sometimes delay tactics become problematic if they are delaying bedtime night after night for months and months.
8. Parents are in the best position to spot sleep problems. Signs to look out for include children struggling at school, children unable to stay awake during the day (e.g. falling asleep in the car on the way home from school), children not wanting to see friends or take part in extra-curricular activities. Also when bedtimes are stressful for the family - repeatedly having to return a child to their own bed, or taking a very long time to settle,
parents having to get up and down many times at night to resettle a child, children unable to sleep in their own bed.

9. The NHS provide guidelines about how many hours a child needs at different ages, however, some children are at the extreme of these. Parents are the best judges of how much sleep their child needs by observing how their children function during the day on different amounts of sleep and how long it takes a child to fall asleep at night. However, parents should decide bedtimes, not children. Also remember children may need an hour or so of wind-down time, quiet time before sleep time to help them settle easily and get the sleep they need.

10. Night time is a perfect time for worries to surface and this can often make it difficult for children (and adults) to fall asleep. Two strategies, used together, can reduce sleep problems caused by worries. One part of the approach is to allow enough time, well before bedtime, to discuss your child’s worries with them. Ask children open questions about what is worrying them and help them problem solve rather than just provide reassurance. Asking children on the way home from school ‘How was your day, what was the best part, what was the worst?’ keeps the dialogue open. Even well intentioned reassurance such as ‘of course you have friends, you’re such a lovely person’ can seem dismissive of friendship worries and leave your child feeling isolated and misunderstood. Instead be validating and use a coaching approach e.g. ‘friendship problems are tough to deal with, no wonder you are feeling upset. What things have you tried? What else might work?’ The second part of the approach to deal with sleep problems caused by worries is to temporarily move back bedtime (bedtime restriction) to help build up more ‘sleep pressure’ which will dampen worries and help your child fall asleep.

11. Most children would enjoy sleeping in their parents’ bed, however, we need to give our children the message that they are safe and can obtain comfort from sleeping in their own bed. Even during unsettling times it is important for parents to be consistent and it is unhelpful to give a child the implicit message that they can’t fall sleep by themselves in their own bed.

12. When addressing a sleep problem it is useful for the child to be motivated to change. Help them think of the benefits of tackling the problem e.g. if they can sleep on their own then they will be able to manage sleep overs or going on camp. Another initial step to tackling a sleep problem is to keep a sleep diary to collect data and track changes.

Resources Recommended by Dr Rachel Hiller.


The ‘Helping your child with…..’ series. For a full list see www.overcoming.co.uk