How to help a child fall asleep: the faded bedtime.

Esta lección en español

What it is. A **faded bedtime** starts bedtime at the time your child actually falls asleep now, not the time you wish they did, so the bed becomes a place where sleep happens fast. Once falling asleep is quick, you move bedtime earlier in small steps.

Why it matters. Sleep problems are common in autistic children, and a tired child has a harder day: more meltdowns, less learning, a more tired parent. Hours of lying awake teach the bed is for fighting. As I learned in my studies at CSUN with Dr. Jin, Piazza and Fisher (1991) used a faded bedtime to treat sleep problems in children, and it worked without medicine. You can start tonight.

HOW TO DO IT YOURSELF

How to fade bedtime yourself, in five steps.

1. **Write down one week of sleep.** Each night: lights out, the time they actually fell asleep, night wakings, and wake-up time. Don’t change anything yet. Use the log below.
2. **Set bedtime at their real sleep time.** If they usually fall asleep around 10:30, bedtime is 10:30 for now. Same calm routine every night: bath, pajamas, teeth, one book, lights out.
3. **Keep wake-up time the same, every day.** Weekends too, and no extra naps. A fixed morning is what makes them sleepy at night.

Free from DRAGEN. Learn it free at dragen.cloud/learn-sleep. Free to print, copy and share for your own work, classroom or family; not for resale. Not affiliated with or endorsed by the BACB. General education, not medical or clinical advice for one person. Filled in, a sheet is a private record: store it like one. © 2026 Chase Alexander Hought.

4. **If they aren’t asleep in about 15 minutes, get up for a bit.** Quiet, dim, boring: sit with them on the couch, no screens, then try again. The bed stays a place for sleeping, not for lying awake.
5. **Move bedtime earlier in small steps.** When they fall asleep within 15 minutes for a few nights in a row, make bedtime 15 minutes earlier. Repeat until you reach the bedtime you want.

Check with your child’s doctor first if they snore loudly, stop breathing in their sleep, seem to be in pain, or take medicine that affects sleep. Some sleep problems are medical.

WORKED EXAMPLE

Nia and the 8:00 bedtime that wasn’t.

Made-up example. The child, the family and the times below are invented to show the method.

Nia is five. Bedtime is 8:00, but she gets up, cries and calls out until about 10:15 most nights. Her parents log one week.

What they saw	What they did
She fell asleep between 10:00 and 10:30 every night.	Moved bedtime to 10:15, same routine, and woke her at 7:00 every day.
Night 2 she was still awake at 10:30.	Got her up to sit quietly on the couch with a dim lamp, then back to bed at 10:45. Asleep in minutes.

Free from DRAGEN. Learn it free at dragen.cloud/learn-sleep. Free to print, copy and share for your own work, classroom or family; not for resale. Not affiliated with or endorsed by the BACB. General education, not medical or clinical advice for one person. Filled in, a sheet is a private record: store it like one. © 2026 Chase Alexander Hought.

Asleep within 15 minutes four nights running.	Bedtime 10:00. Then 9:45, then 9:30.
Week 6	Bedtime 8:30, asleep in about ten minutes, no crying most nights.

What made it work: they stopped asking Nia to lie awake for two hours. Bed became the place she fell asleep fast, and then they moved it, one small step at a time.

MISTAKES TO AVOID

Ways a sleep plan fails.

- Starting at the bedtime you want. If they can’t fall asleep then, every night is a fight.
- Sleeping in on weekends. A late morning pushes the next night later.
- Making the get-up time fun. Tablets, snacks or play teach getting up is the best part of the night.
- Moving bedtime too fast. Wait for a few quick nights in a row before each step.
- Giving up in week one. The first nights are often the hardest. Keep the log and look at the trend.

TRY IT

One question, then the answer.

A made-up case: Theo’s log shows he falls asleep at 9:45, 10:00, 9:50, 10:10 and 9:55. His parents want an 8:30 bedtime. Where should they start?

Free from DRAGEN. Learn it free at dragen.cloud/learn-sleep. Free to print, copy and share for your own work, classroom or family; not for resale. Not affiliated with or endorsed by the BACB. General education, not medical or clinical advice for one person. Filled in, a sheet is a private record: store it like one. © 2026 Chase Alexander Hought.

▼ Show the answer, and why

Start at about 10:00, not 8:30. That is when Theo actually falls asleep. Keep a fixed wake time, and move bedtime 15 minutes earlier each time he falls asleep fast for a few nights. Why: starting at 8:30 means 90 minutes of lying awake every night, and that teaches the bed is for staying awake.

Something to keep

Find your starting bedtime, then print the log.

FADED BEDTIME PLAN · KEEP BY THE BED

Sleep plan

Times counted	
Starting bedtime (their real sleep time)	Type at least 3 times, like 9:45

Night	Bedtime	Asleep at	Woke up at night?	Morning wake
1				
2				
3				
4				
5				
6				

Free from DRAGEN. Learn it free at dragen.cloud/learn-sleep. Free to print, copy and share for your own work, classroom or family; not for resale. Not affiliated with or endorsed by the BACB. General education, not medical or clinical advice for one person. Filled in, a sheet is a private record: store it like one. © 2026 Chase Alexander Hought.

7				

WHERE DRAGEN HELPS

When sleep doesn’t get better.

If nothing changes after a month of steady logging, take the log to your child’s doctor and your behavior analyst. A log is worth more than any description. To see whether it is working, use the graph check on the “asleep at” times.

Free on this page, and yours to keep: the lesson, the bedtime finder and the printable log. No email, no login.

SOURCE

Where this comes from.

Piazza and Fisher (1991), “A faded bedtime with response cost protocol for treatment of multiple sleep problems in children,” *Journal of Applied Behavior Analysis*, 24(1), 129–140, taught in Dr. Sandy Jin’s course at CSUN. On sleep and problem behavior in autism: Lindor and colleagues (2019), “Problem behavior in autism spectrum disorder: considering core symptom severity and accompanying sleep disturbance,” *Frontiers in Psychiatry*.

Examples on this page are made up. They contain no client, student or family information. This lesson teaches a method; it does not replace your child’s doctor or your BCBA.

Free from DRAGEN. Learn it free at dragen.cloud/learn-sleep. Free to print, copy and share for your own work, classroom or family; not for resale. Not affiliated with or endorsed by the BACB. General education, not medical or clinical advice for one person. Filled in, a sheet is a private record: store it like one. © 2026 Chase Alexander Hought.