

A Gentle Bedtime Routine For Young Children Workbook

A gentle way to use this resource

Begin anywhere. Read one section at a time, choose only what fits, and skip, adapt, pause, or stop as needed. Try one practice before adding another. Reflection is an invitation, not a requirement.

Created by Michelle D. Elder, MSW, LMHC | My Reflective Collective

Educational wellness material. Not therapy, diagnosis, medical advice, crisis care, or a substitute for individualized professional support.

Before you begin

Take a moment to notice where you are starting. There is no correct answer and no requirement to complete every prompt.

What is most present?	What would feel supportive?
[ ] Tension or restlessness [ ] Heavy emotion [ ] Numbness or shutdown [ ] Racing thoughts [ ] Low energy [ ] Something else: _____	[ ] More steadiness [ ] More clarity [ ] Comfort or rest [ ] A practical next step [ ] Connection or support [ ] Something else: _____

A simple rhythm

1. Notice	Name what is happening without judging it.
2. Choose	Select one prompt or practice that fits your energy and circumstances.
3. Try	Use it gently for a clear amount of time. Smaller still counts.
4. Check	Notice whether you feel even slightly steadier, clearer, safer, or less alone.

Low-energy option

Read only the headings. Circle or note one sentence that feels useful. Then choose one action that takes five minutes or less. You can return later; stopping is allowed.

A low-pressure worksheet for rest, recovery, pacing, and nervous-system care.

Use this at your own pace. Skip, adapt, pause, or stop. You are allowed to choose what fits your body, culture, privacy, energy, safety, access needs, and real-life limits today.

A Gentle Bedtime Routine For Young Children

Workbook

A printable reflection and practice resource

MY REFLECTIVE COLLECTIVE | CAREGIVER WORKBOOK

A GENTLE BEDTIME

ROUTINE FOR YOUNG CHILDREN

A caregiver workbook for bedtime transitions, nighttime fears, and growing independence With picture and drawing pages for children

A TRAUMA-INFORMED CAREGIVER & CHILD WORKBOOK

Practical routines, visual supports, connection strategies, gentle independence-building, and child-friendly reflection pages.

MyReflectiveCollective.com

Pause - Reflect - Learn - Practice

Educational wellness resource - Not a substitute for individualized mental health or medical care Michelle D. Elder, MSW, LMHC - MyReflectiveCollective.com - Pause - Reflect - Learn - Practice

MY REFLECTIVE COLLECTIVE | CAREGIVER WORKBOOK

A NOTE TO CAREGIVERS

A gentler way into bedtime

Dear caregiver,

If your evenings have become a cycle of reminders, worry, tears, or one more request, I want you to know how common and exhausting that can feel. Your child may be asking for connection, struggling to stop an enjoyable activity, reacting to a sound or sensation, or feeling truly afraid. More than one of these can be true at once. A difficult bedtime does not mean your child is being "bad," and it does not mean you have failed.

Young children learn bedtime skills while tired. Their ability to do a step alone can change from night to night, especially after illness, a stressful day, a nightmare, or a change at home.

Independence grows best when adults first make the steps visible, practice them together, and stay available for comfort. Asking for help is itself a useful skill.

This workbook gives you fifteen practical options, with room to choose only a few. You can keep what fits your child and leave the rest. The drawing pages are invitations to notice and choose;

_____
_____ there is no correct picture, feeling, or answer. The checklist marks actions your child can try, not how quickly they fall asleep. Sleep cannot be forced, and nightmares are never a failure.

You also deserve a plan that you can repeat without draining yourself further. A short routine you can manage most nights is more useful than a perfect routine you cannot sustain. Ask another trusted adult to share the work when possible. If your child's fear reflects a real safety concern, or sleep problems persist or affect daily life, bring in qualified support.

Take this one evening at a time. A small step together still counts.

With care,

MY REFLECTIVE COLLECTIVE | CAREGIVER WORKBOOK

FIND YOUR WAY

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IMPORTANT INFORMATION

Safety & scope

Children differ in age, development, disability, sensory needs, family circumstances, and safety needs. Choose activities that fit your child. Adults remain responsible for supervision, safe sleep arrangements, and responding to the child's physical and emotional needs. Do not require a child to complete a calming exercise, stay alone while frightened, or earn access to safety or comfort.

If your child reports abuse, a threat, or another real danger, take the concern seriously and act to protect them. If sleep problems persist, or there is loud snoring, breathing difficulty, pain, significant daytime impairment, frequent nightmares, or distress after a frightening event, contact a pediatrician or qualified child mental health professional. Ask your child's clinician before giving sleep medicines or supplements.

Crisis and emergency support In the United States, call 911 for immediate danger or a medical emergency. For a mental health crisis or thoughts of suicide, call or text 988. A child who feels unsafe or might hurt themselves

should tell a trusted adult immediately. Outside the United States, use local emergency and crisis services.

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PSYCHOEDUCATION

Why bedtime can feel hard Look for what the child's behavior may be communicating before treating every refusal as misbehavior.

What may be happening _____ _____ A young child may experience bedtime as a separation, the end of play, or a loss of control. Quiet and shadows may bring fears into focus. A child may also be hungry, uncomfortable, overstimulated, overtired, in pain, or unsure what happens next. Stressful or frightening experiences can make the body more alert at night.

What building a habit means _____ _____ There is no reliable "21 days and done" rule. Research on adults found a median of 66 days for simple behaviors to become more automatic, with a wide range. That number is not a deadline for a child or a promise about sleep. Repeating a small sequence in a familiar setting helps; missing a night does not erase learning. Look for more participation, less prompting, and a safer-feeling transition over time.

How to get buy-in _____ _____ Ask during the day: "What is the hardest bedtime part?" and "What would help?" Let your child decorate a chart, choose between two calm activities, and practice putting a doll to bed. Model each step before expecting independence. Praise a specific action: "You found your pajamas when you saw the picture." Keep connection and safety unconditional.

Our child seems to need more

- Closeness
- Predictability
- Sensory comfort
- Movement
- Help with worry
- Other: _____

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INTERVENTION 1

Make a picture routine A visible sequence helps a young child know what comes next and gives them a way to lead without reading.

Step 1

Choose three to five necessary steps with your child during the day. Keep the order the same on _____ _____ most nights.

Step 2

Draw simple pictures or use photos of your child doing each step. One picture should mean one action.

Step 3

Place the pictures at the child's eye level near the first step. Say, "Let's see what comes next."

Step 4

Demonstrate one evening by pointing, completing the step together, and marking it done.

Step 5

The next evening, invite the child to point first. Help with the action as needed.

Step 6

After each step, let the child move a clothespin, turn the picture over, or color a circle.

Step 7

If five pictures overwhelm the child, use only "pajamas, teeth, story" and add more later.

Words to try

"You found the tooth picture. Show me where we go next." Adjust for your child For a child who needs more support, use real photos, a single first-then pair, or hand-over-hand help only if welcomed.

Would this fit our child? _____
_____

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 2

Offer two real choices Small choices give a child ownership while the adult keeps the bedtime boundary.

Step 1

Decide which part is required, such as brushing teeth, and which part can vary.

Step 2

Offer two acceptable options before resistance grows: "Blue pajamas or red pajamas?"

Step 3

Pause long enough for the child to point, say, or show a choice.

Step 4

Reflect the choice: "Blue. You picked them." Then move to the step promptly.

_____
_____

Step 5

If the child says "neither," acknowledge it and repeat the two options once.

Step 6

If choosing is too hard, offer to choose together or make the adult choice calmly.

Step 7

Invite the child to choose one quiet activity for after the required step.

Words to try

"Teeth are next. Would you like to hold the brush first or have me put on the toothpaste?" Adjust for your child Use picture choices for children with limited speech. Avoid choices you cannot honor.

Would this fit our child? _____
_____

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 3

Rehearse bedtime with a toy Play lets a child practice the sequence and asking for help while their body is calm.

Step 1

Choose a daytime moment, not the middle of a difficult bedtime.

Step 2

Ask the child to pick a doll, stuffed animal, or imaginary character.

Step 3

Set out three simple props: a blanket, a picture of a toothbrush, and a book.

Step 4

Let the child guide the toy through the first step. Follow their lead and keep it playful.

Step 5

Pretend the toy is worried. Ask, "What could the toy say to a grown up?"

Step 6

Model a reassuring response, then let the child try being the grown up if they wish.

Step 7

At bedtime, connect to the practice: "Remember how Bear asked for help?"

Words to try

"Bear woke from a scary dream. What should Bear do first? Who can Bear call?" Adjust for your child If pretend fear increases distress, practice only the ordinary routine and skip the nightmare scene.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 4

Add a short connection ritual A predictable moment of attention can make the transition away from shared activity easier.

Step 1

Ask the child which quiet connection they prefer: a short book, song, cuddle, or conversation.

Step 2

Pick a duration you can repeat, such as five minutes or one short story.

Step 3

Tell the child when it begins and what will happen after it ends.

Step 4

Give full attention for that short time when possible; put your own device aside.

Step 5

Use a familiar closing phrase, such as "One hug, then I will check after the dishes."

Step 6

Keep your check-in promise. If the plan changes, tell the child rather than disappearing.

Step 7

Notice whether the ritual is helping and adjust its length during daytime planning.

Words to try

"We have one story and a cuddle. Then you rest, and I will come back to check." Adjust for your child Connection can be sitting nearby without touch; ask the child what feels comfortable.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 5

Check sensory comfort

A child may resist bed because something feels too bright, loud, scratchy, hot, cold, or painful.

Step 1

Ask simple questions during the day: "What feels good in your bed? What bothers you?"

Step 2

At bedtime, check light, sound, temperature, clothing seams, bedding, and body position.

Step 3

Let the child point to one thing they want changed. Avoid changing many things at once.

Step 4

Try a manageable adjustment, such as softer pajamas, a small light, or a different blanket.

Step 5

Ask after a few minutes, "Better, worse, or the same?" Accept the child's answer.

Step 6

Keep the helpful adjustment on the routine card so it is available tomorrow.

Step 7

If pain, breathing difficulty, or other physical symptoms continue, consult the child's clinician.

Words to try

"Is the blanket too warm, too cool, or just right? Let's try one change." Adjust for your child Some children prefer firm bedding or quiet; others need a little light or sound. Follow the child's response.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 6

Move gently before settling A brief predictable movement sequence can help some children shift from play to quiet.

Step 1

Place movement before the final story or calm activity, not after lights out.

Step 2

Offer two safe, gentle options: slow stretches or pushing palms together.

Step 3

Do the movement with the child for one or two minutes; keep your voice slow.

Step 4

Name the transition: "Now our bodies are slowing down."

Step 5

Move to a quiet activity and then the bed. Keep the order consistent.

Step 6

Ask the next morning whether the movement helped or made them more alert.

Step 7

Shorten, change, or skip it if it is painful, unwelcome, or energizing.

Words to try

"Let's carry Bunny to bed, stretch our arms, and then read." Adjust for your child For mobility limits, use a comfortable seated movement or simply squeeze and release a soft toy.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 7

Use a familiar starting cue A repeated cue signals that the evening sequence is beginning before the child has to stop suddenly.

Step 1

Choose one gentle cue: dim lights, a short song, or a familiar phrase.

Step 2

Use it at roughly the same point each evening, allowing for family schedules.

Step 3

Tell the child during the day what the cue means and what the first step will be.

Step 4

Give a brief warning before the cue if transitions are difficult.

Step 5

Start the cue and point to the first picture rather than repeating many commands.

Step 6

Praise the response to the cue, even if the child still needs help with the next step.

Step 7

On busy nights, use the same cue with a shortened two-step routine.

Words to try

"When this song ends, we look at the pajama picture together." Adjust for your child If sounds bother the child, use a visual cue such as changing a lamp instead.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 8

Give screens a landing place A planned transition from devices leaves time for quieter connection and activities.

Step 1

Decide with the child where the device rests or charges in the evening.

Step 2

Agree on a screen ending before bedtime, with enough time for the quiet routine.

Step 3

Give one or two predictable reminders before ending the activity.

Step 4

Help the child finish at a natural stopping point when possible.

Step 5

Move the device to its landing place together and name the next activity.

Step 6

Offer a concrete replacement, such as choosing a book, drawing, or listening without a screen.

Step 7

If the transition fails, revisit the timing or content the next day; avoid making bedtime a long debate.

Words to try

"Tablet goes to its charger. You can pick the dinosaur book or draw one dinosaur." Adjust for your child An audio story can be played without a visible screen; preview for upsetting content.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 9

Draw the worry before bed A drawing can help a child share a concern before the room becomes quiet and dark.

Step 1

Offer paper in the early evening, not when the child is already distressed in bed.

Step 2

Say, "You can draw a worry, a question, or something you want me to know."

Step 3

Let the child draw or pass. Do not interpret the drawing for them.

Step 4

Ask an open question if they want to talk: "Tell me about this part."

Step 5

Name the feeling and decide whether anything needs action tonight.

Step 6

If it can wait, write one small next-day step and put the page in a chosen place.

Step 7

If the child describes harm, a threat, or current danger, address safety immediately.

Words to try

"That sounds worrying. I will write down that we will talk to your teacher tomorrow." Adjust for your child A child can use stickers, a color, or a spoken sentence instead of drawing.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 10

Agree on a comfort phrase A familiar sentence reminds the child what support is available and what happens next.

Step 1

Ask during the day what words help and which words do not.

Step 2

Choose a short phrase that is true, such as "I am nearby and you can call me."

Step 3

Say it in a calm voice while the child is settled, not only after fear rises.

Step 4

Invite the child to repeat, point to a picture, or simply listen.

Step 5

Use the same phrase during a nighttime check-in, followed by the agreed comfort step.

Step 6

Keep promises specific: say when you will check back only if you can do so.

Step 7

After a few nights, ask whether the phrase still feels helpful.

Words to try

"You are in your room. I am nearby. If you need help, you can call me." Adjust for your child Avoid telling a child their fear is silly or promising absolute safety you cannot guarantee.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____

_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 11

Try gentle body release Brief muscle release may help some children notice the difference between tense and relaxed.

Step 1

Ask permission: "Would you like to try a body game or just hear a story?"

Step 2

Let the child keep eyes open and breathe in their usual comfortable way.

Step 3

Demonstrate pressing feet gently into the mattress for about three seconds.

Step 4

Release and ask what they notice. Do not require a particular answer.

Step 5

Repeat once with hands or a soft toy if the child wants.

Step 6

Stop after a minute or two and move to the usual bedtime step.

Step 7

Skip any painful area, and stop if body focus increases distress.

Words to try

"Push your feet like you are leaving footprints. Now let them rest." Adjust for your child The child can squeeze a stuffed animal instead of their own muscles.

Would this fit our child?

- Try this week

- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 12

Offer a quiet activity menu A short menu makes the last part of the routine predictable while preserving choice.

Step 1

With the child, choose two or three calm options during the day.

Step 2

Draw one simple symbol for each: book, song, drawing, or soft toy.

Step 3

Decide how long the activity lasts, such as one book or one song.

Step 4

At bedtime, show the menu and invite the child to point to one option.

Step 5

Do the selected activity in a quiet setting and use the same closing cue.

Step 6

If an option repeatedly excites the child, replace it during a daytime review.

Step 7

Keep stories age appropriate and preview audio for frightening parts.

Words to try

"You chose the moon song. After it ends, Bunny and you get cozy." Adjust for your child For a child overwhelmed by options, show only two pictures.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 13

Change caregiver presence gradually A child can practice settling with less adult presence when safety and connection remain predictable.

Step 1

Ask the child what part of being apart feels hardest. Consider current stress and safety.

Step 2

Choose a starting point that feels manageable, such as an adult sitting beside the bed.

Step 3

Tell the child exactly where you will be and when you will check in.

Step 4

Practice that same position for several nights before changing it.

Step 5

If the child is coping, move the chair a little farther away or shorten the visit.

Step 6

Keep promised check-ins and respond to illness, fear, or danger promptly.

Step 7

If distress rises, return to an easier step and consider professional support if needed.

Words to try

"Tonight I will sit by the door for this song, then I will check after I put dishes away." Adjust for your child This is optional. A child with trauma or a recent stressor may need extra closeness for a time.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 14

Make a nighttime help card A simple card teaches a child one thing to try and how to get an adult when needed.

Step 1

Draw three pictures together: notice, comfort choice, grown up.

Step 2

Ask the child to choose one safe comfort action, such as holding a toy or turning on a light.

Step 3

Practice in daylight by pretending the toy woke up and needed help.

Step 4

Put the card within reach and review it during the routine.

Step 5

At night, remind the child of the card only if they are calm enough to use it.

Step 6

If the child is frightened, sick, or unsafe, respond directly. Do not insist they try the card first.

Step 7

Praise the child for using the card or asking for help; revise a step if it is too hard.

Words to try

"You can try your light or call me. I will help when you need me." Adjust for your child Use photos or one symbol at a time for children who need simpler instructions.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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INTERVENTION 15

Be a morning detective Reviewing in daylight helps a family learn without making bedtime a performance test.

Step 1

Pick a calm morning moment, not a rushed departure.

Step 2

Ask the child to point to one picture they remember trying.

Step 3

Name one specific effort: "You chose a book and put Bunny on your pillow."

Step 4

Ask what felt easy, hard, or scary; accept "I don't know."

Step 5

Notice whether pain, noise, timing, or separation needs a change.

Step 6

Change only one part of the routine for the next evening.

Step 7

Celebrate practice and reset after a difficult night without blame.

Words to try

"What did Bunny like about bedtime? What should we try differently tonight?" Adjust for your child Do not ask a child to account for how long it took to fall asleep or to recount a nightmare.

Would this fit our child?

- Try this week
- Maybe later
- Not for us

Our version of this idea:

_____ _____
_____ _____

What I noticed after trying it:

_____ _____
_____ _____
_____ _____

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PUT IT TOGETHER

Our caregiver plan

Build a routine that is small enough to repeat and flexible enough to respond to the child in front of you.

Start cue: _____ Approximate start time: _____

Child chooses:

- Story
- Song
- Drawing
- Other: _____ Our first step: _____ Next: _____ Last: _____ Which step can the child lead? _____ What prompt will we use? _____ If the child is scared, the caregiver will: _____ If the routine is interrupted, our two essential steps are: _____

A supportive ladder

Days 1-3: do the new step together.

Days 4-7: point to the picture and allow the child to try; help if needed.

The following week: invite the child to lead and praise the effort.

This is an example, not a required pace. Adjust to the child and the reason sleep is difficult.

We will review our plan on: _____

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ENCOURAGEMENT

Morning rewards that support learning Reward actions a child can control - not sleep itself.

Reward actions the child can control: starting when the cue plays, doing a picture step, getting into bed at the agreed time, or using the help plan. "With help" can count while a skill is new. Do not reward falling asleep, staying asleep, having no nightmares, or refusing to call for help. Never withhold affection, food, safety, or needed comfort.

A small next-morning reward can be choosing breakfast music, a sticker, special playtime, or a planned tablet period. If using tablet time, agree on its length and morning start time; keep screens out of the bedtime routine. If the goal is missed, respond neutrally and practice again. A chart should make success possible, not create shame.

Our first goal

Goal: _____ _____

How many steps? _____ Morning celebration: _____ I can say: "I noticed you _____." A simple seven-morning tracker Morning Tried routine Led a step Asked for help What helped? 1

- - - 2

- - - 3

- - - 4

- - - 5

- - - 6

- - - 7

- - - MY REFLECTIVE COLLECTIVE | CAREGIVER WORKBOOK

NIGHTTIME SUPPORT

When nightmares or fears interrupt sleep Connection and safety come before practicing independence.

Go to the child, check safety and physical needs, and use a calm voice. "That felt scary. I am here." Reorient gently to the room and offer a simple choice, such as water, a light, a comfort object, or a brief cuddle. Once settled, return to the familiar plan. The child never loses a reward for having a nightmare or asking for help.

Some children want to tell the dream; others do not. Do not press for details at night. If the child wishes, draw a new ending during the day. If fears reflect a real threat or disclosure of harm, take protective action rather than treating it as a bedtime behavior.

What helps after a nightmare? _____ _____ What does not help? _____ _____ When to bring in additional support Frequent nightmares, breathing problems, loud snoring, pain, persistent insomnia, or daytime impairment warrant discussion with a pediatrician. Significant fear or trauma symptoms may also benefit from a child mental health professional.

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FAMILY FIT

Different approaches for different families There is not one "right" bedtime style. Choose the elements that fit your child, values, and circumstances.

Connection focused

Begin with closeness, then gently practice the child leading one step. Keep a predictable goodnight and check-in.

Structure focused

Use the same picture order and one calm reminder for each step. Offer choices inside the sequence.

Collaborative

Let the child pick and decorate the pictures, choose the first goal, and help review what works each morning.

Sensory and neurodivergent aware Use fewer words, visual cues, clothing and light adjustments, and a flexible pace. A child may continue to need co-regulation and reminders.

Trauma responsive

Emphasize real safety, predictable access to the caregiver, and choice. Avoid surprise departures or forcing darkness. Seek support when fear is linked to trauma or current danger.

Two homes or multiple caregivers Share the core order and comfort phrase if possible. The details can differ without blaming the child.

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CHILD PAGE 1

My cozy place

Grown up: Read aloud, "Draw a place where your body feels cozy. It can be real or pretend." The child may use colors or stickers instead of drawing.

DRAW HERE

My cozy thing is: _____ My grown up can help me: _____

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CHILD PAGE 2

My picture bedtime plan Grown up: Draw or paste one picture in each space. The child can color each picture after trying that step. Use fewer spaces if helpful.

1 First I _____

2 Then I _____

3 Next I _____

4 Then I _____

5 Last I _____

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CHILD PAGE 3

My calm choices

Grown up: Read each choice. Let the child circle, draw, or mark a favorite. There are no wrong answers.

- A story
- A song
- A soft toy
- A little light
- A cuddle or caregiver nearby
- A quiet drawing

Draw your own calm idea:

MY CALM IDEA

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CHILD PAGE 4

My help plan

Grown up: Draw one simple picture beside each step. Practice the plan together in daylight. 1 I notice: I feel _____ 2 I try: _____ 3 I ask my grown up for help: _____

Remember

I can always ask for help when I feel scared, sick, or unsafe.

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CHILD PAGE 5

My bedtime pictures

Grown up: Copy this page as needed. Let the child color a circle for each step they tried. You may help them. Sleep itself is not on this checklist.

Date: _____

- I saw my bedtime picture
- I did my wash or bathroom step
- I put on pajamas
- I brushed my teeth
- I chose a calm thing
- I got cozy in bed
- I asked for help when I needed it

Draw one thing you liked about tonight:

DRAW HERE

MY REFLECTIVE COLLECTIVE | CAREGIVER WORKBOOK

CAREGIVER REFLECTION

Reflect, adjust, and keep what works What did my child communicate at bedtime?

_____ _____

_____ _____

What step did they lead or try?

_____ _____

_____ _____

What did I learn about their comfort or fear?

_____ _____

_____ _____

What support do I need to respond steadily?

_____ _____

_____ _____

Listen and learn

Healthy Children Podcast, Episode 22

Sleep: How Much Do Kids Need and How Do We Help Them Get It?
https://www.healthychildren.org/English/tips-tools/healthy-children-podcast/Pages/episode-022-sleep-how-much-do-kids-need-and-how-do- we-help-them-get-it.aspx

Child Mind Institute, Thriving Kids podcast

Includes episodes on child sleep. https://childmind.org/resources/podcast/

American Academy of Pediatrics - Brush, Book, Bed

A simple bedtime routine resource.
https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Brush-Book-Bed.aspx

AAP - Nightmares, Night Terrors and Sleepwalking in Children

Background for caregivers on common nighttime experiences.
https://www.healthychildren.org/English/ages-stages/preschool/Pages/Nightmares-and-Night-Terrors.aspx Lally et al.

Modelling habit formation in the real world. https://doi.org/10.1002/ejsp.674

MyReflectiveCollective.com

Pause - Reflect - Learn - Practice

SAFETY, PRIVACY & EDUCATIONAL USE

MY REFLECTIVE COLLECTIVE - MICHELLE D. ELDER, MSW, LMHC

If there is immediate danger or a medical emergency: Call 911 in the United States or use your local emergency number. For U.S. suicide or mental-health crisis support, call or text 988. For relationship-safety support, contact the National Domestic Violence Hotline at 800-799-7233, text START to 88788, or visit TheHotline.org from a safer device when possible.

Privacy and safer searching If someone may monitor your device, accounts, internet connection, location, downloads, or browser activity, consider using a safer device and a trusted network. Private browsing may reduce locally saved history but does not make activity invisible. Clearing history can also be noticed. A website Quick Exit button changes the page; it cannot erase browser, download, router, account, employer, school, carrier, or device records. Choose only steps that feel safer in your situation.

Do not store identifying or safety-sensitive answers where another person may find them.

Educational scope and professional limits This resource provides general psychoeducation, reflection, and wellness support. It is not therapy, counseling, diagnosis, assessment, treatment, medical advice, legal advice, crisis response, forensic evaluation, or an individualized safety plan.

It does not replace care from a licensed clinician, healthcare professional, attorney, trained advocate, emergency service, or other qualified professional. Laws, court procedures, services, and risks vary by location and circumstance.

Choice, pacing, and inclusion You may skip, change, discuss, dictate, draw, pause, or stop any activity. No exercise can determine what you experienced, diagnose a condition, prove a legal claim, guarantee safety, or tell you whether to stay, leave, report, reconcile, forgive, or pursue court action. Adapt language and activities for culture, identity, disability, neurotype, age, literacy, sensory needs, and personal preference. Automatic translation can make mistakes; confirm legal, medical, emergency, and safety-critical wording with a qualified person.

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EDUCATIONAL RESOURCE - NOT THERAPY OR INDIVIDUALIZED CARE

Immediate danger or medical emergency: call 911 | U.S. crisis support: call or text 988 | Michelle D. Elder, MSW, LMHC

Supportive practices and reminders

Trauma-informed choice

You are in charge of pace, privacy, and participation. Keep your eyes open if that feels safer. Change the words, position, movement, or environment. Skip any prompt that increases distress. You never have to describe a traumatic experience to benefit from grounding or reflection.

A one-minute mindfulness pause

Notice one point of support beneath you. Look around and name three neutral things you see. Notice one sound and one body sensation without trying to change either. Ask, 'What would support me in the next few minutes?' Choose the smallest workable response.

Believable affirmations

Choose language your mind can accept. Try: 'I can take one step at a time.' 'My needs and boundaries matter.' 'I am allowed to pause.' 'I can ask for support.' 'This moment is difficult, and it will not always feel exactly like this.' Edit any statement until it feels honest and respectful.

Practical tips

Pair reflection with water, food, movement, rest, medication as prescribed, or contact with a safe person when needed. Save the most helpful page where it is easy to find. Revisit the resource when you are relatively steady so the choices feel familiar during harder moments.

When more support is appropriate

A worksheet cannot provide emergency care, diagnosis, or individualized treatment. Consider a qualified health or mental-health professional when distress is intense, persistent, worsening, affecting daily functioning, or connected with safety concerns. In immediate danger, contact local emergency services or a crisis service available in your country.

Integrate and choose your next step

Pause after reading. More information is not always more helpful; the goal is to leave with one choice you can actually use.

What stood out?

_____

_____

What is one kind, realistic next step?

_____

_____

What support, boundary, or adaptation would help?

_____

_____

If this did not help

You did not fail. Try making the step smaller, changing from a thinking practice to a body or sensory practice, checking basic needs, or involving a safe person. Strong, persistent, or worsening distress may need professional or crisis support beyond a worksheet.