



Sleep Handout

(for Ages 6 Months to 2+ years)

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INTRODUCTION

Just as children learn how to walk, they also learn how to fall asleep.

Few moments are as precious as rocking a baby to sleep. But equally precious is the ability of a baby, without difficulty, to settle itself to sleep.

For the most part, we all develop the ability to settle ourselves to sleep without the help of others. How and when we develop this tremendous skill has implications that affect us for our entire lives. Understanding the concept and learning how you can teach your child to “self-soothe” is the focus, and the lesson, of this handout.

Before I suggest a change in a child’s sleep pattern, I need to learn more about the child, the family, and their sleep history.

Does the family feel there is a problem? What are the family’s cultural beliefs? Does the family want a change in the child’s sleep? If so, why? Does the sleep history reveal a potential sleep issue not recognized by the family? Is there a family history of sleep issues or something in the child’s sleep environment that poses a risk? These factors help to determine if any attempt to modify a child’s sleep pattern is likely to benefit the child.

There are many different opinions about *how*, *when*, and *if* you should let your child fall asleep without assistance in the infant-toddler period. I have an opinion on these subjects, and I’ll do my best to explain my thoughts on the subject throughout this handout.

But understand that it’s just that: an opinion. An expert opinion based on many years of personal and professional experience, but still an opinion. It’s not The Answer, The Right Way, or The Only Way. It’s just An Opinion.

The sleep approach I describe in this handout works quickly to allow children 6 months to 2 years to establish self-settling-to-sleep behavior. This clearly structured technique allows your child to learn how to fall asleep independently.

When we say *No* to children at this age, when we don’t let them do whatever they want to do, we’re not surprised if they cry. Self-settling to sleep is no different. In fact, it may be the first big *No* they experience, so it’s completely reasonable for them to cry. On average, crying associated with this technique is much less than you might imagine. The vast majority of kids “get it” within 2-5 days, and a good percentage of our Kids Plus patients complete the process within 1-2 days.

The majority of the world’s children co-sleep in a family bed. I respect a parent’s decision on the approach they wish to take regarding their children’s sleep habits when based on cultural/social beliefs. There are risks and benefits to this practice, and I refer parents to the AAP guidelines on co-sleeping.



If you, as a parent, have a separate room and crib/bed for your child, then you probably want your child to feel comfortable and sleep soundly in that place. This handout is intended to have your infant-toddler gain confidence, security, and success in the “going-to-sleep” and “staying asleep” phases.

LEARNING & CONDITIONING

Human beings learn through their daily experiences and through repetition. This **conditioning** process shapes the way we respond to various situations. The situation I will focus on conditioning here is the process of going to sleep.

By 6 months, the vast majority of infants no longer require feedings throughout the night. They’ve simply matured and developed enough that, physiologically speaking, they don’t need food between going to sleep at night and waking up 10 hours later. By this age, it’s reasonable to expect sleep duration to be greatly improved, in both overnight sleep and napping. Medical disorders such as neurologic or gastroenterologic conditions can impact sleep, but they’re not typically the cause of early childhood sleep problems.

So what about younger infants (up to 4 months)?

I believe younger infants can’t be spoiled with too much attention. Rocking and holding, nursing and feeding, and/or using pacifiers to assist your child to go to sleep aren’t “wrong” or “bad.” You’re not spoiling your young infant by picking her up; you’re providing the care and love that your child needs. Some infants require little assistance, while others require extensive parental involvement to fall asleep.

So when is it appropriate to alter this pattern?

That depends.

(Just for the sake of clarity: the description of crying children below assumes children older than 6 months who are not ill and do not need to feed.)

Infants rapidly develop physically and cognitively. As they grow, their ability to learn increases. A 1-month-old infant crying in the crib is not going to “learn a lesson” by “crying it out.” A 6-month-old infant crying because you’ve just placed him in the crib to go sleep is a different situation. So is the 7-month-old who’s placed in the crib asleep but awakens in the middle of the night crying.

Infants 6 months and older frequently are **conditioned** to wake and alert us that they want a parent present to go back to sleep. (They don’t *need* a parent; they *want* a parent. That’s an important difference to remember.) This pattern can be easily modified, or **reconditioned**, to allow the baby to gain the skill set necessary to fall back to sleep without assistance.

A 6-month-old infant understands much more than a 1 or 2 month old. After 6 months of age, infants

crying in their crib are often stopped merely by the sight or sound of you approaching their crib. This is because they're anticipating that your next action is something they want: to be picked up, held, or fed. They have, in short, been **conditioned**.

Specifically, they've learned: CRY, and someone will immediately come to the crib, pick me up, and hold/rock/feed/give me what I want.

With sleep problems, think of crying as the child's attempt to call for Room Service. It's appropriate for your child to expect his crying to be attended to right away. There's nothing wrong with that expectation, just as there's nothing wrong with adult expectation that when we call for room service in a hotel, someone will answer our call. But...

...after 6 months of age, this pattern can cause night awakenings to persist and even to worsen. And those endless room service calls are ones no parent wants to keep answering.

By approximately 6 months of age, your child's normal development includes advances in motor and verbal skills. It also includes the baby's ability to fall asleep on her own, and to stay asleep without parental intervention. In other words: she may call for room service, but she really doesn't need it.



Children learn to walk and talk through independent trial and error, and children learn to fall asleep the same way. If parents caught their children every time they fell while learning to walk, their children would never learn to walk. Because they'd never fail. And children learn through failing.

Parents who regularly assist their child in falling asleep often don't understand why their child has so much difficulty falling asleep on their own or staying asleep through the night. But if your child is dependent on you (or a caretaker) to fall asleep, then it's unreasonable to expect your child to instantaneously become independent in the process of falling asleep. Each time your (non-ill, older-than-five-months) child cries (during typical sleep hours) in the crib, he's pushing the Room Service button. And as long as he keeps getting room service delivered, he's going to keep pushing the button.

Infants come to expect the rocking, holding, feeding when they cry to help them get back to sleep. This is usually a result of the child being conditioned to fall asleep outside of their crib (in the arms of their parents, or in their parent's beds or TV rooms with the TV on, or while being fed, rocked, etc). Therefore, when they awaken, they expect and desire the same conditions to go back to sleep. Children who require parental assistance almost every time they go to sleep are dependent on someone other than themselves to get them to go to sleep.

The primary problem, then, is simple:

The child is dependent on his parents to help them to sleep. And so the child is unwilling to self-settle.

As adults, you should be independent of this process of going to sleep.

LOCATION / SLEEP-ONSET ASSOCIATIONS

We all have our own sleep-onset associations. What are they? Whatever it is that makes you feel comfortable so you can fall asleep. Since you're independent, you can recreate these associations every time you go to sleep: flipping your pillow over, turning on music, pulling your covers up or down, and getting your body into a comfortable position. Imagine if you were DEPENDENT on someone else to get you comfortable to fall asleep. Imagine ringing a bell, calling out until someone came into your room to flip your pillow, or pull up your covers, or position your body.

To fall asleep independently, **a child has to learn how to recreate their OWN** sleep-onset associations.

Rocking, holding and feeding interventions can become problematic. Other possible interventions which can become problematic include singing, patting, stroking the baby, putting a pacifier in the baby's mouth, shaking a toy, or having to keep turning a toy or music "on." If your child regularly requires your assistance in these ways, this means he is probably not yet be able to "do it" for himself.

Bottom line: keep the sleep environment simple.

Often SLEEP-ONSET ASSOCIATIONS problems involve *where* (location) the child falls asleep. If a child almost always falls asleep on a parent's shoulder, or in the TV room on the couch with the TV on, or while being driven around in a car, then the child comes to expect and "require" this setting to fall asleep regularly. It is unreasonable, in one night, to place your child awake in her crib and expect her to happily fall asleep.

What about the child that falls asleep outside the crib and is then put in his crib already asleep? If this child awakens (not sick, and not requiring food) is it really a surprise that he won't fall back to sleep on his own? Of course not. It is, after all, more than a bit unsettling to go to sleep in one place and wake up in another.

Imagine if you went to sleep in your bed every night, then woke up every morning on your kitchen floor. You'd be freaking out! You'd be calling your friends and saying, "I'm telling you, it's the same thing, every night! I go to sleep there, but I wake up here! What's going on here??!"

This comparison really isn't far off from the experience of an infant who falls asleep while rocked on a caretaker's shoulder and then wakes in her crib. Unless a child is conditioned to learn to fall asleep independently in her own crib, it's unreasonable for parents to expect that she will easily fall back to sleep if she awakens in the middle of the night.

Infants are completely dependent on someone, other than themselves, to recreate a SLEEP-ONSET ASSOCIATION that is impossible for them to do for themselves. So it makes sense that they cry until someone helps to recreate the going-to-sleep process for them.

FEEDING / SLEEP-ONSET ASSOCIATIONS

Infants frequently get used to falling asleep while being fed. Once again, this is perfectly natural with a nursing infant and will also happen with bottle-feeding. For some infants, this becomes an embedded part of the going to sleep.

At what age is this pattern considered as an unnecessary barrier to self settling? 6 months, 9 months, 12 months, or 2 years?

It really depends on your philosophy and parenting style. There is no right answer here. But if you want your infant/child to self-settle, it's not likely to happen if the baby requires a feeding to fall asleep. For the reasons I listed above, I believe 6 months is a reasonable time to let the child learn self-soothing techniques.



Here, I want to address a BIG NO-NO regarding Feeding and Sleep. Some parents take huge risks by giving an infant a bottleful of milk to drink in his crib while falling asleep. This can lead to severe dental disease requiring extensive oral surgery. “Bottle Tooth” Caries (cavities) result when infants typically drink formula or juice from a bottle as they fall asleep. These liquids have sugars in them, and since the infant/child is groggy and headed into sleep *while* he’s drinking, he fails to clear his mouth of the liquids as efficiently as he would while awake (thanks to decreased swallowing and mouth cleansing). Thus, the liquids coat the teeth, allowing bacteria to grow and cause them to rot. This condition can be extensive and serious and can lead to significant infections.

One final note: a belly full of food or drink at night means your child’s stomach is actively digesting when it should be resting. This leads to increased pooping and peeing, which causes your child to wake.

So, bottom line: No bottles in bed.

Feeding Your Child to Get Her to Go Back to Sleep in the Middle of the Night

Feeding your infant when she awakens in the late evening and early morning (usually between 10pm & 5am) is a problem typically related to making Feeding-to-Sleep a part of the bedtime routine. When parents discuss this concern, they tell me, *My child is HUNGRY, and that’s why she’s awake and eating.*

Some parents tell me, *Look, he eats two 8 ounce bottles through the night; he MUST be hungry.*

But if I wake up in the middle of the night and someone gives me two cuts of Mineo's Pizza, with the cheese bubbling and slightly browned and the crust toasty warm and crisp, a cold cup of Pepsi sitting right there, I'm eating it! I don't have to be hungry to want to devour that. (Talk about Room Service!)

So if a 15-month-old is offered a bottle or breast, and she drinks it up when she awakens at 3AM, was she hungry? Did the child *need* to eat? The answer is almost always, NO. She didn't *need* to eat. She ate because eating is pleasurable, and because she was offered the chance to eat. Especially if that chance and that feeding are associated with holding, rocking, and cuddling.

By 6 months almost all infants can sleep the night without **REQUIRING** food intake. Their bodies can store up and use the energy they need until morning when the next feeding is to occur. Almost all children older than 6 months who "have to feed" to fall back to sleep at night are **trained** or **conditioned** to be nightfeeders. They can learn (and be **reconditioned**) to fall back to sleep without eating. This also includes breastfeeding babies (yes, including the ad lib/feed-on-demand babies).

I'm a Lactation Consultant and a huge breastfeeding advocate. I'm passionate about promoting and supporting breastfeeding. But in spite of this, I have sometimes found myself at odds with other breastfeeding advocates who clearly support breastfeeding on demand. The mantra is that babies don't know from a schedule, so you should breastfeed them on demand. And I agree.

That said, depending on your parenting style and sleep philosophy, I don't feel that "on demand" breastfeeding has to continue through the night for a child past 6 months of age when a family wants the child to learn self-settling. If you plan to practice an Attachment Parenting style, then you most surely will be breastfeeding and co-sleeping. If your culture or belief is sleeping in a "Family Bed," I don't try to impose this sleep approach (though I do review co-sleeping risks and benefits and discuss how to avoid co-sleeping risks related to adult bedding and adult characteristics during an office visit).

SELF-SETTLING

There are many different ways to approach this. You may choose another way, and that's fine. But the way I'm describing here works almost 100% of the time – IF you carry it out as instructed.

This approach is all about helping your child develop SELF-SETTLING sleep skills.

Some people describe this parenting sleep approach as the *cry it out* method. The intent is certainly not to make your baby cry, of course, but most 6+-month-old infants will cry when not given what they want. This is normal and should absolutely be expected. It's *the exception*, not the rule, for the 6+-month-old who is not given what he is demanding to sit quietly rather than protest.

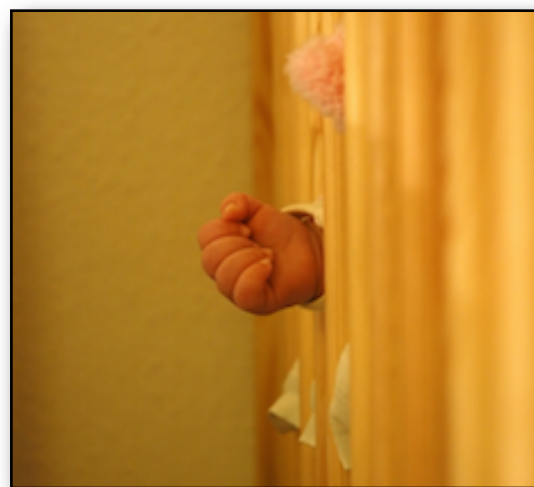
Sometimes, this crying makes parents feel guilty. But should it? If a child wants to play with a sharp toy, or run into the street, or stick a finger in an electrical outlet, his parents stop them from doing these

things. When the child cries because he didn't get his way, do the parents feel guilty? Of course not. And they shouldn't – because they're doing what's best for the child at the time, and they're also teaching the child important lessons in safety that will condition him for later in life.

A child who is completely dependent on his parents to fall asleep will cry if placed in the crib awake and left alone. We don't like to hear crying, of course, but we need to remember that all crying does not mean children are in pain, in fear, or suffering an illness. Taking a toy from a 6-month-old infant may result in crying, but that's fairly easy to figure out. If a 6-24 month-old child who expects you to rock/hold/cuddled her to sleep is placed into crib wide awake without these desired behaviors, she will cry.

Many parents feel uncomfortable withdrawing this assistance that the child “needs” get to sleep. The crying is often perceived as fear, pain, or some other negative condition. Parents feel guilty because they've caused the crying, and because they've abruptly removed something their child has both grown accustomed to and incorporated into a sleep routine. But consider this: is the abrupt onset of crying from the healthy, well-fed 8-month-old with a clean diaper really any different from the abrupt onset of crying from an 8-month-old from whom you've just taken away a sharp or dangerous object?

Not really.



The child cries and protests, because he wants what you've taken away. Whether you're withholding the sharp object or the rocking-to-sleep, you're child is upset and therefore cries. But either way, *you're doing the right thing.*

Despite this reasoning, many parents feel so uncomfortable or guilty about not meeting their child's going-to-sleep demands that they continue to do so even though it repeats the cycle, and even though it continues to make the child dependent on them to fall asleep.

You don't want to hear your child cry, just as you don't want to see your child fall. But when your child is learning to walk, he will fall. And fall again. We don't like it, but we accept it as an unavoidable part of the learning process. The child gets up, on his own, over and over again until he masters the skill and learns to walk independently.

Crying while learning to self-settle is the same thing.

When children learn how to sooth themselves to sleep, it's often the first time they learn about boundaries. In fact, it's often the first *No* they really learn from: *NO, I am not going to take you out of the crib. You have to go back to sleep on your own.*

Consider this analogy: Do you give your child candy or cookies every time they ask? No. What if they

cry? No again. (I hope.) Say your child loves Elmo, and she already has several Elmo dolls in her room at home. While walking through a store, your child sees Elmo on the display shelf and cries because she wants THAT Elmo. Do you buy another Elmo just to calm her down and get her to stop crying? If you do, we have a lot more to talk about than just sleep.

Many parents tell me about the difficulties they have getting their child to sleep while admitting that other caretakers or daycare centers seem to have no trouble getting the child to sleep independently. This example demonstrates how a child can be conditioned to respond to different people differently.

I once worked with the parent of a 22-month-old who “required” a two-hour bedtime routine involving reading books, soft music, massage, cuddling, and being rocked to sleep before being able to be placed in a crib for bedtime. I asked how the child napped. The parent told me that naps were equally tough and long on the weekends at home. When I asked about weekdays, the parent admitted that those naps were handled by the child’s day care, where naps came like clockwork at 12:30PM every day, with no book, no rocking, no massage, music or cuddling. The parent was at a loss to explain why this occurred.

I couldn’t help myself.

“Well, clearly,” I said, “the daycare has the Magic Cot.”

The parent’s eyes widened with excitement.

“What’s a Magic Cot?!”

I laughed, and then explained the joke.

There are, of course, no Magic Cots. But there are regular, predictable, consistent routines. The kinds of routines, and prevailing nap rules, that kids are more than willing to comply with when they learn that they have no other choice. Without those routines, and without the enforcement of those rules, kids know that they’re the ones calling the shots.

Day cares understand this, and they create an atmosphere that allows – and expects – a child to self-settle for naps. What providers do at day care, you can do at home.

TRAINING & RE-CONDITIONING

We all condition our children. Sometimes, we have to recondition them.

When your 9-month-old crawls toward the electrical outlet, you move her away and say, *No*. When she immediately starts to crawl back toward the outlet, you pick her up, move her, and say *No* even louder. The baby looks at you, the boo-boo lip comes out, and she begins to wail – as she heads back toward the outlet. At no point, no matter how often or loudly she cries, do you consider letting her make it to the

outlet. And you never, not even for a moment, no matter how often or loudly she cries, consider letting her stick her finger in that outlet. To you, it's clear: Outlet=Electricity, Electricity=Danger, and Danger=No. Even if she cries more, you resist. Your stance is as firm and unyielding as a brick wall. She learns that no matter what she does, no matter how often or loudly she cries, she will not be allowed to touch the outlet. Eventually she learns that if she tries again, she will fail. Eventually she just stops trying.

Conditioning works best when the process is clear and consistent. You know that, and you provide that clarity and consistency, when your child is crawling toward an electrical outlet. You need to know it, and you need to do the same thing, when she's not self-settling in bed.

Going to Sleep is Tough. And Learned.

Think about it. Going to sleep is tough!

Sure, a nice cozy bed or crib seems like a fine place to relax and drift off. But don't forget that the primitive predecessors from which we've evolved lived in much less safe surroundings. Going to sleep meant – and still, in some ways, means – putting down ALL your defenses. If an invading tribe or hungry bear came across your sleeping behind, you weren't likely to fare very well. We mammals are hard-wired this way.

Ever see a dog prepare to go to sleep? Watch the genetically programmed instinct. The dog chooses a strategic spot, typically with a good view of the area, then circles round and round and plops down, curled in a ball, its back against a wall or other barrier. Only then does it slowly drift off to sleep, with one eye never quite seeming to close all the way.

We humans don't have quite that much of an on-guard mode when we go to sleep – though some maladapted sleep routines can retain this on-guard characteristic. Modern humans in safe settings have learned to suppress this vigilance. But this ability to loosen up and let it all hang is not necessarily the Default mode in our Genetic Factory Setting.



Some infants while appropriately nursed, rocked, held, kissed and cuddled to sleep don't spontaneously transition to self-sufficient sleep automatically. Sometimes as a parent, you have to move your cursor to the lower left corner of the screen, click on the Start button, open the Control Panel, and manually click off the "On Guard" mode and click on the "Self-Settle" mode.

Of course, it isn't that easy. But would you be surprised if I told you it's almost that easy? And that it's almost always much easier than parents thought it would be?

My thought is that sleep has a genetic/nature piece and learned/nurture piece. You may be naturally hard-wired to be a Night Owl (like me) – able to watch Letterman, read a couple of chapters of a book, and complete all sorts of paperwork ‘til 3AM without any problems. Or you might be one of those 6am Bright Eyes (like my wife) who’s up and excited and ready to shine before the sun is.

Some of our genetic programming is more easily modified than others. Ten years of parenting has reluctantly shifted my sorry Night Owl butt out of bed before 7AM pretty regularly. I don’t even grunt or growl first thing in the morning any more. But don’t get the idea it’s my first choice. Messing with those Night Owl-Bright Eyes settings is a lot tougher than altering the “Go To Sleep” settings.

Going to sleep is much more easily conditioned or taught.

Because going to sleep is a vulnerable time, and because we may not innately chose to go from full wakefulness to sleep without help and reassurance, children in a tumultuous setting may have a difficult time switching out of vigilance mode at bedtime. Most infants and children, however, are not typically in a stressful environment. After 6 or more months of being assisted to sleep, many children readily make the switch to self-settle mode with only a gentle nudge.

(By the way: if you’re the parent of one of those babies who from the first night after birth could self-settle and sleep through the night, I have a question and a recommendation. First: why the heck are you reading this? Second: don’t tell anyone else how well your child sleeps, because other people with kids of similar ages will probably hate you!)

Why They Failed: *Just Do It* (Correctly)

Parents often tell me they have “tried” to let their child fall asleep on their own prior to seeing me, but that it just didn’t work.

Many families that do fail, fail for one of two reasons:

- 1) Their approach is sound, but they don’t stick with it long enough for the conditioning to take effect.
- 2) They don’t recognize a critical flaw in their approach.

In the first example, the infants have not been given ample opportunity to learn that there are new rules in place to support self-settling. In the immortal words of Yoda, the grandest of all Jedi Masters: *Do or do not; there is no “try.”*

So Jimmy is 6 months old, and his parents agree tonight Friday night is the night. They feed, clean, and cuddle Jimmy prior to bedtime, and place him in his crib wide awake. They follow a reasonable approach, but at some point, Jimmy’s crying reaches his parents’ threshold, they say enough is enough, and they go in to hold and rock him to sleep.

If Sleep Self-Settling is followed as outlined later in this handout, it’s extremely rare for a child to fail if conditioning is followed and appropriately completed.

The Flaw in the System: *Groggy, But Awake?!*

Remember that time when you were sitting in the back of class, or in a meeting, with your eyes closing and opening, your head bobbing, obviously falling asleep yet still able to hear the teacher or speaker? To your amazement, you were even able recall some of the words the speaker said while you were drifting in and out. This is because even though you were sitting in class looking kind of ‘awake,’ you had already started entering into stages 1 and 2 of sleep! If I slapped sensors from an EEG machine to your head in that drowsy state, your brain would be categorized as “asleep.” And yet, even in stage 1 and 2 “light” sleep, you can still commit things to memory. (That’s pretty cool, huh?)

Why tell this story? Because the most critical part of conditioning self-settling is letting the baby truly “settle herself.” Even if the baby looks awake: eyes open (but heavy), head turning (but slowly), she has already entered “light” sleep and therefore has associated, and been conditioned to, falling asleep where she transitioned from wide awake to grogginess. Whether it was in the TV room with *Law & Order* (*dun-dum!*) playing in the background, or on her parent’s shoulder swaying back and forth – can you guess what happens she wakes up not in that same place?

She cries. (This isn’t rocket science, folks.)

Is it really shocking that she should cry? First, she was likely freaked out by the fact that she woke in a place different from where she went to sleep (the Bedroom-to-Kitchen Phenomenon). Second, she didn’t self-settle in the first place! We can’t expect her to awaken in the middle of the night, find herself alone in a dark and room with out any soothing motion, and just roll over and go back to sleep.

Another parental misconception: when a child is run ragged or skips naps or in some way becomes very tired and “worn out” by evening, then they’ll sleep better. This usually is *not* the case. In general, an overly-tired child will sleep worse than usual.

Why teach a child self-settling skills to fall asleep independently? Many reasons:

- 1) The child gains security and confidence related to sleep with each successful night.
- 2) The child enjoys greater quality of sleep.
- 3) The child does not develop fears associated with going to sleep alone.
- 4) The family unit does not suffer from the stress of an unnecessary sleep problem.
- 5) Most lousy adult sleepers were lousy sleepers as kids.



While certainly not a primary reason for teaching a child self-settling, the chance for parents to regain normal patterns of sleep and intimacy does provide a significant benefit – both for the parents AND for the child. The parents’ reward is self-evident. The child’s reward comes from having well-rested parents. Tired parents are bad parents. Well-rested parents have more patience, better senses of humor, and a greater willingness to engage their children in play. Overall, they’re happier people. And better parents.

Reconditioning is not difficult. At 6 to 12 months, infants respond to recurring patterns AND learn rapidly. If you and ALL caretakers are consistent with your sleep conditioning routine, your child will likely learn within a week how to fall asleep on his or her own. Your child will also learn how to put him- or herself back to sleep when waking in the night. Most children, in fact, will complete the majority of this learning process within 2-3 days!

Now, I must stress the importance of a CLEAR and CONSISTENT plan. The primary reason for failure to resolve a sleep problem with conditioning is that the child is given mixed signals from one or more caregivers. I’ve had many parents come back to me and state that they carried out the plan I reviewed with them, and that “it didn’t work.” But, except in the rarest of cases, the failure **almost always** results from a lack of clarity or consistency on the caretakers part.

So how do you get that clarity and consistency?

Here we go...

Establish a Regular Bedtime Routine.

Infants and children learn through repetition. A clear bedtime routine will let them learn to anticipate that bedtime has arrived.

So, parents often ask, what time should we choose? The good news is that children can, within reason, easily learn to fall asleep at different times.

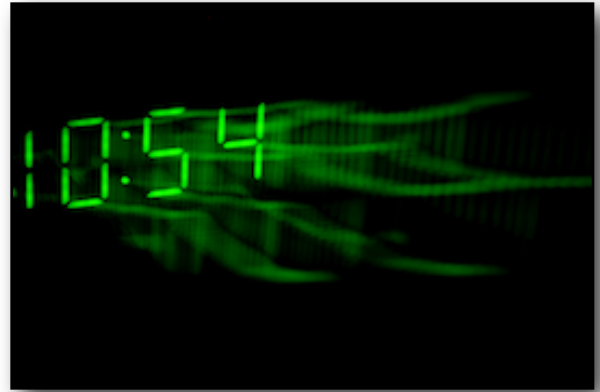
Choose a bedtime that works for you AND your baby. If the time you choose is greater than one to two hours different from the time your child currently falls asleep, your child may need to have the bedtime gradually adjusted. (For this approach, you should talk to your doctor first.)

The idea behind the routine is to calm, or wind-down, your child. Obviously you want to avoid stimulating your child. This means avoiding loud noise, bright lights, rough play, and drinks with caffeine for at least 30-60 minutes prior to bedtime. The routine doesn’t need to last very long. 5 to 30 minutes is typical. Common bedtime routines can include: snack, bath, bedtime story, cuddling, talking, praying, and toothbrushing.

The routine is NOT meant to get your child tired or to sleep. Your child must be awake and alert enough to recognize she is being placed in her crib. If she falls asleep during the routine, then she must be gently awakened prior to being put in the crib.

I recommend the use of a Transitional Object to put in the crib with the baby. The child will typically bond with this object – a small teddy bear/teething toy, for example. Since this process usually occurs during the time a child goes through teething, it's helpful if the object can easily be chewed and withstand teething. Since your child will be presented with a new object for the sleep process, this is also an ideal time to eliminate a pacifier or bottle.

Once the bedtime routine is complete, your infant should be placed in his crib, with his transitional object, awake in the room with a dim nightlight, and the door closed. As I've previously discussed, if your child has become conditioned to falling asleep outside of the crib or to requiring your presence, then you can expect your child to become upset and cry. If he could talk, he might say things like, *Get me out of this crib, I don't want to go to sleep, or I'm really mad.* These interpretations are much more accurate than the ones you're inclined to make, like *You're abandoning me, You're causing me harm, or You don't love me.*



Your first instinctive response to his cry is to attend to it and soothe the crying. That's the **conditioned** response expected by the infant (and often by the parent). But remember: the entire point of this approach is to **recondition** the infant's response to being placed in the crib.

The caretaker should then immediately leave the infant's bedroom. Often the infant will be crying and even standing. You should still leave the room. Staying to "calm" the infant or laying her back down is likely to **condition** her to expect these actions every time you put her in the crib.

This is also why I don't recommend the use of a pacifier; if the pacifier falls out of the infant's mouth, she'll cry until you come back to put it back in her mouth. Some caretakers try to avert this problem by buying several pacifiers and sprinkling them inside the crib, so if one falls out the infant might easily find another on their own. (It's true.) That approach, however, just continues, and perhaps even worsens, the problem. It's much easier to **recondition** the infant to self-soothe without additional items.

So you've left the infant in the crib awake and alone. If he cries what do you do?

I suggest waiting 5 minutes, giving him time to possibly soothe himself to sleep. **You must time this process with a watch or clock**, because 30 seconds of crying will seem like an hour.

After 5 minutes of crying, you can go to the baby's crib and briefly, verbally reassure him. **This does not involve picking, lying down, or even touching the infant.** If the baby was happy and pleasant five minutes ago when you placed him in the crib, and he's only crying since you left, it doesn't take a specialist, or a rocket scientist (I told you!) to figure out what upset him.

He's angry. He's almost certainly NOT ill or in pain. (He was just fine five minutes ago; it's not like he

suddenly developed tuberculosis after you left him!) So your brief visit at the 5-minute point is to **condition** him to expect that his crying will bring you to check on him. If he's ok except for the crying, you leave the room again.

So, what is the message you're giving (**conditioning**) him?

If I check on you in the crib and everything is ok, but you are upset at being put in the crib, I'm going to leave after verbally reassuring you, because I expect you to soothe yourself to sleep.

That's a long message. But your baby will get it. And understand it.

The question I most often get is: *How long (after the 5 minute visit) do I let my child cry?* The answer I typically give is: *As long as it takes.*

Some caretakers tell me they think this is harsh. Once again, my method is not the only approach – but whatever you do is going to condition your child to expect the response again. Dr. Richard Ferber, probably the most famous pediatric sleep specialist, offers a method essentially the same as the one I've described so far, but differs here. He suggests going back to a crying infant (older than 6 months) after 10 more minutes, and then again after 15 more minutes – each time briefly, verbally reassuring the infant. I feel, however, that each time you go back into the room, you disrupt or further delay the self-soothing process.

(There's nothing wrong with Dr. Ferber's approach; it's just different. If you're interested in learning more, it's clearly explained, along with some excellent information about pediatric sleep, in Dr. Ferber's book, *Solving Your Child's Sleep Problems*.)

So... *As long as it takes* is my professional opinion. But why?

If the child discovers that you will come back into the room and maybe even pick him up if he cries longer than 20 minutes, then you have just conditioned him to a new process. To get you back into his room, all he has to do is cry for more than 20 minutes. And so he'll do it. Just as he will if you come back after 30, 40, or 60 minutes. Or longer.

A child will often cry for 30 minutes or longer. But she will almost always self-soothe and go to sleep if you don't interfere. (Of course, if there's a sudden change in the crying, or if something seems out of the ordinary, you should immediately go and check on her.) The worst effects of this long crying may be a hoarse voice, sore throat, or occasionally (if head-banging) a bruised head. None of these are serious.

Some parents have asked me if the crying could cause a hernia, heart attack, or stroke. Unless the child has a severe underlying medical problem, the answer is *No*. The most troublesome issue for parents is usually when their babies cry to the point that they gag and vomit. (Vomiting typically doesn't occur in this process, with the exception of children with Gastroesophageal Reflux, but it's still worth mentioning here. Also worth mentioning: keep an extra pair of sheets and PJs handy in case they do vomit.)

How you respond to this is very important.

To the child whose parent picks him up, apologizes, holds, rocks, and/or feeds him, there is likely to be a new conditioning: that if he's awake in the crib, he should cry; if he cries and no one comes, he should cry harder; if he cries long and hard enough, to the point of vomiting, then that Room Service response is finally going to come. (It may be bad room service, and it may be late, but it's still room service.)

On the other hand, if you go to him and calmly, verbally reassure him while you clean him, his clothes, and his linens, then immediately put him back into the crib, you've given a clear and consistent message, conditioning him in a way you want: *I will always check on you when something has happened, but once I address the problem, I expect you to soothe yourself and go to sleep in your crib.*

Once the child has fallen asleep, you do not need to go back in his room.

If he awakens later in the night or early morning – typically before 6am – then you should repeat the approach described above. The one difference is that you may not have seen the child for hours, and the awakening may have an obvious source that requires a brief physical evaluation. Problems like teething or a “dirty” diaper can be addressed within 2-3 minutes, allowing you to quickly leave the room. (If your child has a fever, you'll have to approach that differently.) So, in essence, after 5 minutes of crying, you make a brief appearance, then leave and let them go as long as it takes.



Beware of the slippery slope here: 6am can become 5:50, which can become 5:35, which can become 5:15. Pick a time. Draw a line. And then stick to it.

Naps should be similar. Infants 6-12 months old typically take about 2 naps per day. From 12 months to about 4 years old, they usually take one nap. You should establish a pre-nap routine, just as you would establish a pre-bedtime routine at night. You should put the child in her crib – ideally, with the same setting as bedtime – awake, then leave. (You might consider using room-darkening shades for naps.) If your child cries for more than five minutes, you should briefly return to check, then leave again. If the crying lasts longer than an hour, then you should abort the nap attempt. (This, however, very rarely happens).

I strongly suggest you begin the process with bedtime, not naps.

More than 95% of children will learn to self-soothe within 7 days.

The majority of children will learn to self-soothe within 3-4 days.

The first 1-3 days are the worst.

Days 1 & 2 can typically have 30-90 minutes of crying and disruptions.

Starting on a weekend or holiday helps.

If you have neighbors with a shared, thin wall, you might want to explain what you're doing in advance of starting the sleep training.

If someone shares the infant's room, you should temporarily move her out for a couple days.

If you feel that this process should take place, but you honestly recognize you're not able to do it, you should get close friends or family to help and leave for a few hours.

Perhaps most importantly...

...If you start this process, COMPLETE IT! Stopping and starting send mixed signals, which sabotage, and greatly prolong, the process.

If the process doesn't seem to fit what I've described, call our office. And, as always, if you have any questions at all about the health and wellness of your child, please let us know. We're here to help.

Dr. Todd Wolynn, the President of Kids Plus Pediatrics, has been a general pediatrician (Board Certified) since 1995. In 1997, he became interested in pediatric sleep disorders and subsequently completed two intensive courses at The School of Sleep Medicine in Palo Alto (which is associated with Stanford University). After completing the course in 1999, he helped to open the Mercy Hospital Pediatric Sleep Disorder Program. He was the Medical Director of the program from 1998-2007.



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