KIDFIXERS

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Sleep

The Importance of Your Child's Bedtime Routines

Although some bedtime rituals are better than others, there are few absolute rules regarding sleep behavior. If your routine is working, if you and your child are happy with it, if he (she) falls asleep easily and night awakenings are infrequent, if he (she) is getting enough sleep, and if his (her) daytime behavior is appropriate, then it's likely that whatever is being done is fine.

However, it is important to keep in mind that some routines and approaches are more likely to help your child develop good sleep patterns now and avoid problems as he gets older. For example, if you are in the habit of rocking your child to sleep for twenty to thirty minutes each night and getting up once or twice to rock him back to sleep in the middle of the night, you actually may be interfering with his sleep and postponing the start of his sleeping through the night. Even if you "don't mind" getting up, you would be happier if you could simply put him down at bedtime without rocking and have him sleep through the night as well. Whether this is true or not, you should still be aware that it is in your child's best interests to have uninterrupted sleep.

Similarly, even if you and your child seem happy about his sharing your bed at night, and even if he seems to sleep well there, in the long run this habit will probably not be good for either of you, while in the short run, this may be dangerous for a baby, who might be accidentally smothered.

By bedtime rituals or routines, we mean all the activities that take place as your child prepares for bed and while he falls asleep. If he is an infant, you probably change his diaper and then hold him until he falls asleep. Perhaps you rock and nurse him until sleep comes. Then you move him to his cradle or crib. Or your infant may still be awake when you put him down, so that he falls asleep on his own. Generally any of these patterns are fine in the first few weeks when you do not expect your baby to sleep through the night anyway.

But by about four months of age most full-term healthy infants are, or could be, sleeping through the majority of the night. If your baby hasn't settled by five or six months, then you should take a closer look at his bedtime routines. If your child is always nursed or rocked to sleep, he may have difficulty going back to sleep alone after normal nighttime arousals. To help him sleep better at night you may have to change his bedtime routines. Thus, it is very important for most children to be put down awake so that they can learn to settle themselves and fall asleep alone both at bedtime and after nighttime awakenings.

As your child gets older, the routines at bedtime continue to be important. If bedtime is a pleasant time, your child will look forward to this part of the day instead of becoming fussy when it is time for sleep. Follow a routine as consistently as you can. Your child should know when he has to change into his pajamas, brush his teeth, and go to bed. He should know what bedtime activities are planned and how much time will be spent on them, or how many stories will be read.

Bedtime means separation, which is difficult for children, especially very young ones. Simply sending a toddler or young child off to bed alone is not fair and may be scary for him. And it means you will miss what can be one of the best times of the day. So set aside ten to fifteen minutes to do something special with your child before bed. Avoid teasing, scary stories, or anything that will excite your child at this time. Save the wrestling and tussling for other times of the day. You might both enjoy a brief story reading. Let your child know that your special time together will not extend beyond this brief time. It is a good idea to tell your child when the time is almost up or when you have only two or three pages to read, and don't give in for an extra story. If both you and he know just what is going to happen, there won't be the arguments and tension that arise when there is uncertainty.

In later years, your child will still appreciate having some time with you before he goes to sleep. He needs close, warm, and personal time. Simply watching television together will not provide this. Even if the shows are not exciting or scary (which is unlikely), and even if you are sitting next to him, the lack of direct personal interaction makes this bedtime routine a poor one. Instead, use this time to discuss school events, plans for the weekend, Little League, chorus, or music lessons. It might also be helpful to talk over any worries your child may have so he will be less likely to brood over them in bed. As your child gets older the bedtime ritual does not have to be the same each night. Some nights you may enjoy a board game or drawing pictures together. A ten- or twelve-year-old will probably want privacy as he readies for bed, but do stop in to say good night and chat for a while. A final routine before bed will still be important, although he can now handle everything himself. He may want to read, listed to music, or busy himself with a hobby before he turns out the light.

Should Your Child Sleep in Your Bed?

Many parents give in to their children's desires or demands to share their beds in order to avoid arguments at bedtime and to decrease nighttime disturbances. Some parents feel this is in their children's best interest. Others simply prefer to have their children in bed with them. Although taking your child into bed with you for a night or two may be reasonable if he is ill or very upset about something, for the most part this is not a good idea. We know for a fact that people sleep better alone in bed. Studies have shown that the movements and arousals of one person during the night stimulate others in the same bed to have more frequent awakenings and sleep state changes, so they do not sleep as well. But there are even better

reasons for your child to sleep in his own bed. Sleeping alone is an important part of his learning to be able to separate from you without anxiety and to see himself as an independent individual. This process is important to his early psychological development. In addition, sleeping in your bed can make your child feel confused and anxious rather than relaxed and reassured. A young baby may even be at risk for suffocation or crib death.

The Special Toy or Favorite Blanket

Better than lying with your toddler or young child until he falls asleep at night is for him to fall asleep with a "transitional object" -- a stuffed animal, a doll, a toy, a special blanket. The toy will often help him accept the nighttime separation from you and can be a source of reassurance and comfort when he is alone. It will give him a feeling of having a little control over his world because he may have the toy or blanket with him whenever he wants, which he cannot expect from you. His toy will not get up and leave after he falls asleep and it will still be there whenever he wakes.

If your child does not have a special toy it is reasonable to offer him ones which you think might take on this role. However, he will always make the final choice, and you cannot make him attach to a toy because you think it will be appropriate. But if you always allow yourself to be used in the manner of such an object -- to lie with him, to nurse or rock him, to be held, cuddled, or caressed by him, or let him twirl your hair whenever he tries to fall asleep -- he will never take on a transitional object, because he won't need to.

If your child begins to favor a particular stuffed toy or doll, include it in the bedtime rituals. Have him tuck it in and let it "listen to" the story, or make sure he has his special blanket. It will make the final good night that much easier.

Normal Awakenings

What most parents don't realize is that what they view as abnormal awakenings in the night are actually quite normal. And what they do to try to treat the "abnormal" awakenings -- namely going in to help their children go back to sleep -- is actually causing the disturbance.

All children learn to associate certain conditions with falling asleep. For most children this means being in a particular bedroom, lying in a certain crib or bed, and holding a favorite stuffed animal or a special blanket. Such conditions are still present when these children wake normally at night between sleep cycles, and because they are, the children return to sleep rapidly. The conditions that many other children have come to associate with falling asleep, however, are ones that are not present all night. The conditions are changed after these children fall asleep. Such conditions mean being held, rocked, or having their backs rubbed extensively. When these children have normal nighttime arousals, they find themselves lying in their cribs alone and they cannot simply go back to sleep. They do not know how to do this by themselves; they need someone to come in.

Wrong Sleep Associations

Think for a moment what it would be like if you had a normal waking during the night, turned over, and found your pillow gone. It would feel "wrong," and rather than simply returning to sleep you would wake more completely and begin to look for your pillow. If it had simply fallen on the floor, you would pick it up and probably return to sleep quickly. But what if your pillow were really gone? What if someone took it as a prank? It's unlikely that you would simply go back to sleep. Instead, you would turn on the light, get out of bed, and begin looking for it. You might get angry, curse, and show the same type of frustration that a child shows when he cries.

Like an adult who finds himself or herself without a pillow and is unable to return to sleep, children who find themselves alone after a normal awakening became frustrated. And they show frustration by beginning to cry. One of their parents must come in and re-establish the conditions associated with falling asleep so that they can fall back asleep once again.

Thus for your child to sleep well at night he must learn to fall asleep alone in his crib or bed and he must fall asleep under conditions that he can re-establish for himself after waking at night. These conditions should not be stimulating, such as watching TV, and they should not require ongoing activity, like sucking a bottle or pacifier. What is best for almost all children then, after the first few months of life, is to learn to fall asleep in a crib or bed alone in a room that is fairly dark and quiet. They should not be held, rocked, or nursed and will be better off if they are not soothed with a bottle or pacifier, or the radio or television.

How To Solve The Problem: The Progressive Approach

If you have a child who is still in a crib, treatment of improper sleep associations is fairly simple and the change will be quite rapid. A young baby's sleep will show marked improvement, usually within a few days but at least within a week or two. You will have to help your child learn a new set of sleep associations. As you do, you will need to be understanding, patient, and consistent until he adapts to the new patterns. There is no way to treat this problem without having to listen to some crying, but you can keep it to a minimum.

Think again about having to sleep without your pillow. If it becomes necessary, say for orthopedic reasons, that you sleep without a pillow, you would most likely find it quite difficult in the beginning. You would probably be uncomfortable at bedtime and thrash around searching for a comfortable position. You would no doubt curse your bad back and your doctor vehemently, even though you understood fully the importance of sleeping without the pillow. Also, even after you finally fell asleep, you would find it hard to return to sleep after nighttime arousals. Still, the only way that you could learn to fall asleep without your pillow would be to actually practice doing so. Each time you fell asleep without a pillow it would be easier, until it began to feel "right." At this point nighttime "awakenings" would also cease to be a problem. And so it is with children.

Most people who treat children recommend a progressive approach which is very effective and which we'll explain in detail here in Dr. Ferber's words, with his description of a child named Betsy.

In Betsy's case, her parents got her ready for bed, had a little quiet play and talked to her, then put her in her crib awake. They were not to rock her or rub her back. They then left the room for five minutes and returned if she was still crying vigorously. They would stay in the room for two or three minutes but were not to pick Betsy up or begin rocking her. Their return was to reassure Betsy that she

was not being abandoned and that her parents were still there to care for her. It also helped to reassure the parents that even though Betsy was crying, she was still all right and that they were not doing anything terrible to her. They were not going back in the room to help her fall asleep; in fact, Betsy had to fall asleep when her parents were out of the room. The parents agreed to speak to Betsy briefly and perhaps pat her back once or twice to help her quiet down, but within a few minutes they were to leave again, whether or not she was still crying and even if her crying intensified when they left.

If Betsy continued to cry vigorously for ten minutes, her parents were to return for the same brief intervention. And if she was still crying in fifteen more minutes they would return again. Fifteen minutes would be the maximum for the first night, and they would continue waiting for fifteen-minute intervals with brief return visits until Betsy finally fell asleep during one of the fifteen-minute periods that they were out of her room. If the crying had stopped, or if it was only mild whimpering, they were not to go back in. If Betsy woke up later in the night and began crying hard, they would begin the same type of program that they had used at bedtime, namely waiting for five minutes and working up to fifteen minutes. Since her usual waking time was 7:00 A.M., the parents were to continue this routine at all awakenings until at least 6:30 A.M. If she woke after that, or if she was still awake then after waking earlier, they were to get her up for the morning.

They were to use the same routine at nap times. However, if an hour had passed and Betsy was either still crying or awake after a short sleep, they would end the nap for that period. If she was still tired and later fell asleep on the floor or in the playpen, that would be alright. At least she was falling asleep alone. As long as the time in her crib was enforced each day, she would eventually start to nap there too, once she began to associate lying alone in her crib with falling asleep.

On the second day of the program, Betsy's parents were to wait ten minutes before going into her room for the first time, moving up to a maximum of twenty minutes. This five minute increase of all times would continue on each successive night.

The response Betsy's family had was quite typical. They braced themselves for the worst and found that things went much better than they had expected. Her parents reported several facts that are quite typical. As things were getting better they found that even though the nighttime awakenings persisted at first, they heard shorter and shorter episodes of whimpering, after which Betsy would return to sleep on her own. Eventually she did not cry at all during these awakenings. Of course her natural arousals continued, but her return to sleep was so rapid and uneventful that we would only be aware of them if she was actually observed closely or monitored all night. Many parents report the whimpering and then spontaneous return to sleep during the period in which the child is learning the new associations.

Because the parents were allowed to go in during Betsy's crying, as opposed to having to leave her all night, they could see that she was not really suffering, and that made it much easier for them to follow through on the program. By the end of the first week Betsy was sleeping quite well. Throughout the second week her sleep patterns were essentially normal. It has been many months since Betsy's parents first decided to help her sleep better, and her sleep has remained excellent.

If Your Child Gets Out Of Bed ...

If your child gets out of bed, then you will need to employ a different approach. When you are certain your child has gotten out of bed, go back into the room and put him back in bed and tell him that he must stay in bed or you will have to close the door. If he gets out of bed again, put him back in again and close the door for a very brief period, about one minute. Don't lock the door, but hold it closed if he tries to pull it open. Locking a child in his room is very scary for him and will not help this new learning process. Simple door closing is a much more controlled pattern of enforcement than, for example, trying to hold your child in bed, spanking him, or locking the door and leaving. You want to show him that having the door open is under his control.

If he stays in bed, the door stays open; if he gets out of bed, the door stays closed. It is as simple as that. If you prefer you may use a gate or a hook-and-eye instead of a closed door, as long as your child is unable to open it. In this case just be sure that you are out of his view during the periods of gate closure.

You may continue to talk to your child in a reassuring manner through the closed door, or from another room if you are using a gate, so that he will know you are still nearby. Tell him if he gets back in bed you will be able to leave the door open after the minute is up. If he does not get back into bed, go in yourself, put him down, close the door, and wait two minutes. If he continues to get out of bed, increase the door closure to three minutes and then to five minutes. Five minutes should be the maximum for the first night. When your child finally does stay in bed or goes back to bed on his own, open the door after the time is up, give him a word of encouragement, then

leave without going into the room. If he starts getting out of bed again later, perhaps after nighttime awakenings, follow the same routine you used at bedtime, starting again at one minute. On the second night begin with two minutes and increase this each subsequent night. If he wakes and cries but does not get out of bed, switch to the routine of waiting longer before you respond briefly. Nap times too will have to be controlled with the door-closing technique, but if your child has not fallen asleep after one hour, or if he is awake again after a period of sleep, declare the nap over for that day.

The first few nights will not be easy, and children will vary in how much they are willing to struggle. Some will learn quickly that they would prefer to stay in bed and have the door open than get out of bed and have the door closed even briefly. Other children continue getting out of bed a number of times, being willing to accept longer periods of door closure before giving in. This method will likely take longer than with a child confined to a crib, but it works. If you persevere, things should still be much better within one or two weeks at the most. But you should follow the schedule consistently. Your child must learn exactly what to expect. If you are lenient sometimes and firm others, your child will always assume that this may be one of the times you are going to give in.

If your child is old enough, usually three or three and a half, you may want to try a reward system to help the initial phase of

relearning go much faster. This can be done before, or in association with, the door closing technique. You can set up a star chart so that he will earn stars or stickers and occasional small prizes for going to sleep without getting out of bed. The star chart will help to motivate him to try to go to sleep without your presence, and it will allow him to feel that you and he are working together to solve this problem. When the novelty of the star chart wears off he may begin to make more demands at bedtime again. If so, you will have to be especially careful not to give in or the old problems could reappear. However, now that your child has learned how to fall asleep on his own, it is no longer a matter of teaching him how to do it, but simply of enforcing the rules. If you are firm, and start or restart the door closing routine if necessary, the good sleep patterns will return quickly.

General Observations

Occasionally, when you are increasing the time before you respond to your child, he may cry so hard that he actually throws up. If you hear this happen you should go in even though the "time isn't up" yet. Clean him up and change the sheets and pajamas as needed. But do so quickly and matter-of-factly and then leave again. If you reward him for throwing up by staying with him, he will only learn that this is a good way for him to get what he wants. Vomiting does not hurt your child, and you do not have to feel guilty that it happened. This, like the crying, will soon stop.

Once your child has learned how to fall asleep by himself with the proper associations, he will probably continue to sleep well. But there may be occasional disruptions. If you are visiting friends or relatives, your child may have to share your room and you may want to respond to his whimpering quickly to be extra sure that he doesn't cry and disturb your hosts. Or your child may be sick with a high fever, perhaps in pain with an ear infection, so you sit with him or take him into your bed. Then when you get back home or when the illness passes, he wants to continue going to sleep under the "new" conditions. If you give in here, your child may well develop an ongoing sleep disturbance. This happens commonly, especially during the second half-year of life. Temporary changes on a trip or during an illness are necessary and reasonable. But if your child's sleep remains disrupted after everything else has returned to normal, then you simply have to go back to the progressive program for several days to re-establish the previous patterns.

Parents often ask, when they realize they will have to let their child do some crying, "Won't this cause permanent psychological harm?" They want their child to feel safe and cared for and are afraid that even several minutes of crying in a room alone will be traumatic. Allowing some crying while you help your child learn to improve his sleep will never lead to psychological harm. It will be harder on you than on your baby.

You want to do what is best for your child, and helping him form good sleep patterns is part of that. Your child cannot yet understand what is best for him and will cry if he doesn't get what he wants. You have to be the judge of what he can and cannot have and do. If what he wants is bad for him or dangerous, you won't give it to him no matter how hard he cries, and you won't feel guilty or be worried about possible psychological consequences. A poor sleep pattern is also bad for your child and it is your job to correct it. Therefore, there is no need to be overly concerned if he cries somewhat during the initial stages.

If you have other children, and especially if they are young, you may be worried that they will be kept awake. And if you are going to use the door-closing technique, it is certainly more difficult with another child in the room. As for your other children, you probably don't need to worry too much. Even if their sleep is disturbed for a few nights, it will return to normal quickly. If another child shares the room with the one who will be doing the relearning, the other child may have to sleep in another room for a few nights, especially if you have to use the door-closing technique. Generally the child with the sleep problem wants his brother or sister back and that is further motivation for him to cooperate.

Many parents ask whether the same adult should handle all bed times and awakenings during a period of relearning. Actually it is better if both parents take turns. Your child should feel comfortable with either parent at bedtime and after awakenings. You do not have to alternate strictly, just pick a schedule that suits you best. One parent may find it easier to get up in the first half of the night and the other parent may prefer the second. Or, work demands may mean that one parent must do more on the weekends and the other on weekdays. If one parent has handled all the bed times and awakenings till now, the other parent may have better luck breaking the old associations, since he or she isn't part of them. It is probably best that whichever parent is handling a particular waking, he or she should continue the responses until the child falls asleep, so that the child does not sense that by crying enough he can control who will come in. For similar reasons it is good advice not to let your child insist that "I want Mommy" or "I want Daddy." You should decide who will handle each bedtime or waking and stick to it.

During the actual relearning it is probably better not to use a sitter. But if this becomes necessary for a night or two you may let the sitter put your child to bed in the easiest manner. It is not fair to ask the sitter to follow through on your program, and the fact that he or she does it differently will not really affect what your child is coming to expect from you. So, if you have to be out one night, the program can be interrupted for

that evening. Nothing will be lost in the long run. Just be sure to restart the program the next day. Once the new routines are established, however, you might ask your sitter to try them.