

NIP BAD BEHAVIOR IN THE BUD, AGES 2-18

IGNORE IT!

How Selectively Looking the Other Way
Can Decrease Behavioral Problems
and Increase Parenting Satisfaction

CATHERINE PEARLMAN, PHD, LCSW



Ignore it!

For the Sleep Deprived Parent

IT WAS 3:23 IN THE MORNING, and Jen finally had a nervous breakdown. Travis, her otherwise-adorable 2-year-old son, would not sleep. She hadn't slept for more than three consecutive hours in 22 months and—as much as it pained her to admit—she understood why child abuse could happen. She was perpetually cranky, lacked patience, and was always arguing with her husband, John. In order to get Travis down for a nap she had to keep him in ceaseless motion or hold him for two-straight hours as he napped. If she tried to put him down, he startled and woke. At night it was even worse. She had to feed and rock him for an hour. Then she laid Travis down and hung over the crib so the toddler could twirl her hair as a comfort. Jen often lost feeling in her arm and suffered severe neck pain from maintaining the position. Travis would eventually fall asleep and she'd slink out and into her own bed. Within the hour, however, the cycle began once again. Sometimes, out of a pure need for sleep, she'd break down and allow Travis to sleep in her bed.

The whole scene was awful enough before Lulu, her 4-year old daughter, began to wonder why the baby was allowed to sleep in Mommy's bed. So Lulu, too, started resisting bedtime. She often called out during the night, claiming she had a bad dream. Sometimes the claim came before

she even fell asleep. Ultimately Jen would kick her husband out of bed and let both kids sleep in their room. But after months of this arrangement she and John decided to split up at night. John put the 4-year old to sleep, then usually just fell asleep on Lulu's floor. Jen continued to work on getting Travis down.

Jen knew she was in over her head. She could see the physical and mental toll the kids' sleep issues were having on her, on her husband, on their marriage. She missed spending quality time with him. During the day, exhausted and alone with the children, she often took shortcuts because she was so tired. They ordered pizza because she was too worn down to cook. They watched much more television than she would admit to anyone. She wasn't the mother she wanted to be and the undercurrent affecting everything was the sleep issue.

SLEEP ISN'T A LUXURY

Does any of Jen's story resonate with you? Jen's experience perfectly shows how the lack of sleep negatively affects all other aspects of life—and not just for the parents. Children who don't receive enough sleep or uninterrupted sleep can have cognitive impairments with memory, loss of concentration, and more trouble with problem solving. What is often harder for parents are the behavioral problems, such as hyperactivity, impulsivity and non-compliance (not listening). Lastly, childhood sleep problems tend to persist into adulthood in various ways. In addition to continued difficulty sleeping, adults who have a history of childhood sleep issues have a higher risk of early use of drugs, alcohol and cigarettes and anxiety and depression. Receiving the recommended sleep is not gratuitous.

Unbeknownst to parents many of their complaints about children's behavior are often linked to insufficient sleep and inadequate sleep hygiene. Instead of treating the source of the issue many families try to deal with the behavioral problems. This is misguided because it only manages the symptoms and not the cause. What's worse is that unresolved sleep issues tend to persist into adulthood. That means the children who struggle with sleep and didn't get help are more likely to have sleep issues *their entire lives*. Adults who had sleep troubles in childhood may also be at an increased risk for anxiety.

Parents, don't be martyrs. Don't muddle through or just deal with it. Solving your child's sleep issue is vital to the health of the whole family. This chapter is devoted to understanding how Ignore it! can help parents successfully sleep train their children using a variety of sleep training methods. If your children sleep like bears in hibernation feel free to skip the rest of this chapter. Know it is here, though, in case a sleep issue creeps up.

HOW DID WE GET HERE?

I was curious, so once day I Googled "Sleep training." There are almost 3 million entries. Yikes! Studies show 20-to-30 percent of children have sleep problems. The issues run the gamut from children who can't fall asleep on their own to those who won't stay in their beds. Some children won't nap at home but only in the stroller or the car. Others won't nap at all. There are some children who go to sleep just fine in their own bed but every single night end up in their parents' bed. Not to mention many teens have circadian rhythm sleep disorders causing them to have trouble falling asleep at a reasonable hour and intense difficulty waking in the morning.

It's important to know how we got to this point so we can work our way out. In half of all two-parent households both parents work outside the home. This number doesn't include the parents who are working only part-time. Additionally, four in 10 mothers who work full-time report that they *always* feel rushed. These same women are more likely to feel as if they don't spend as much time with their children as they would like. On top of that, 35 percent of children are being raised by a single parent. So busy working parents come home from work feeling stressed and tired but also like they want to spend more time with their children. This inner conflict creates a ripe environment for parents to tolerate a wide variety of nighttime shenanigans. Parents are generally too exhausted to fight it.

Work and busy lives aren't the only issues impacting parents' ability to help children sleep. Typical developmental issues such as fears of monsters or teething pain are being dealt with in a manner that reinforces children's neediness and inability to self-sooth. I explain in the first several chapters of my book how children learn that whining, crying and negotiating are useful strategies to get something they want during the day. Well, at night these strategies are even more powerful. Parents have only a fraction of the

ability to handle the onslaught of delay tactics from their children. Here's an example to show how this happens.

Johanna and her husband Ron leave early for their jobs. Johanna relieves the babysitter around 6 pm. Ron usually returns home closer to 7. Their two kids, Kimberly and Rayna, are 5 and 7. Neither girl has ever been what their parents would classify as good sleepers. Johanna loves her job but she also misses the kids desperately during the day. When they were little and had an earlier bedtime she felt that laying with them and helping them to sleep was like spending time together. She cherished it ... *at first*. But this went on for years.

Most nights Johanna falls asleep with her daughters. After a few hours in bed with the girls Johanna wakes up. She cleans the house a bit, answers a few emails then tries to go to sleep in her own bed. But eventually either Rayna or Kimberly (or both) wake up and call for her. Then Johanna goes back to sleep with the girls. Every morning Johanna wakes up exhausted. Over time the exhaustion makes Johanna feel like she can't handle anything and it unnerves her. How can she be the boss of many at work, and yet she can't find a way to get her girls to listen at bedtime? Just like with Jen and John, eventually Johanna and Ron realize that their marriage needs more attention. So they decide to implement some changes. Only Kimberly and Rayna are not onboard.

Over the next few years Johanna and Ron try everything to get their daughters to fall asleep alone and stay that way. Johanna yells at the girls. Ron negotiates with them. Bribes are made in the late night hours. Both parents try explaining why sleep was so important for the family. There are times when Johanna and Ron let the girls watch television in the middle of the night if it means they could get a few minutes of sleep. In the night desperate parents act in ways they never would during the day. This is Johanna and Ron to a tee. They know what they are doing isn't helping but again, they are too tired to think clearly.

Rayna eventually develops a fear of everything in the evening. The dark. The monsters. Even the spelling test worried her. Ron spends hours trying to calm her. Every time he thinks she is calm enough to fall asleep she calls for him again and again and again. Kimberly is more of a negotiator. She asks for one more story. Then a drink of water. A few minutes later she needs to use the bathroom. Sometimes her stomach hurts. Other

times she is too hungry to sleep. Both girls know exactly how to get more attention from their sleep-deprived parents and how to avoid actually going to sleep.

Rayna and Kimberly's sleep problems show the two most important truths that are the key to ending sleeping issues. Without addressing these issues it is nearly impossible to resolve the nighttime waking and resisting falling asleep. The first truth to know is that children who don't fall asleep unattended (meaning on their own, alone) won't stay asleep. Why? Imagine you fall asleep in your comfy cozy bed. But at 2 am, after rolling over, you realize you are no longer in your bed. Instead you are floating alone on a mattress in the middle of the ocean. Well that's exactly how it feels to children who fall asleep with a parent sitting by their side or stroking their back. They eventually wake up and realize no one is there. This fact causes children to signal for their parents to come and recreate the scene that helped them fall asleep in the first place.

The second truth will sound very familiar because it's the same message of my book. If parents reward undesirable behavior they are guaranteeing the behavior will continue. Children require a parent for sleep because somewhere along the line parents reinforced behavior that sent children a message. The message was that if you cry or say you can't sleep or say you are scared, you will be rewarded by a parent. The reward will be more time with that parent. Again, even if the parent is frustrated or angry, children don't care. They just want to delay going to sleep or they want to do it in the comforting presence of their parents. As is the case with any behavior we have discussed (whining, tantrums, negotiating), providing a benefit for an unfavorable behavior only encourages the behavior to continue.

SLEEP TRAINING

Sleep training refers to implementing any number of strategies to help children learn to fall asleep and stay asleep. Now, there is a growing cottage industry available to help parents teach their kids to sleep. This variety helps parents choose a method that fits their parenting philosophy. However, with such a variety it can be difficult to know which method is the right method for a particular family or child. I'd like to weigh in on that question.

But first, a bit more about the major sleep training methods.

There are three main tactics use to teach children to sleep. Each tactic spawns off variations on those tactics. However, the nuts and bolts are essentially the same. I'm going to call the methods: Extinction, Chair, and No-Cry. I'll review all three below, then discuss how Ignore it! can—and should—be applied to sleep training.

CRY IT OUT

Extinction and Gradual extinction are variations on what is commonly called Cry It Out (CIO). These methods involve doing a normal bedtime routine meeting all needs before leaving the room. Then parents allow children to cry as needed on their own until they fall asleep. Strict extinction leaves the child alone for the entire night. Gradual extinction allows for periodic planned brief checks on the child. Either way, the premise of extinction (just like Ignore it!) is to remove the benefits and rewards of parental attention and allow the child space to learn to sleep. Parents routinely reinforce children's unwanted sleep-related behaviors by providing constant attention. Withdrawing the attention removes the benefit for the child so the child decides it's better to just sleep.

Dr. Richard Ferber (Gradual Extinction) and Dr. Marc Weissbluth (Extinction) are the most prominent proponents of these methods. On face value, CIO strikes fear and despair in many a parent. In fact, I have met almost no parents who, right off the bat, decide CIO is for them. However, it is the most researched, the quickest and most effective method of sleep training. And it's based on the exact same theory as Ignore it!

Dr. Weissbluth is a pediatrician and longtime sleep researcher. He founded the Sleep Disorders Center at Chicago's Children's Memorial Hospital. Dr. Ferber is no slouch either. He was the director at the Center for Pediatric Sleep Disorders at the Children's Hospital of Boston. Weissbluth was a professor at Northwestern University while Ferber taught at Harvard Medical School. Why the need to espouse credentials? Because CIO scares parents. It seems unnatural to allow children to cry. Shouldn't parents do everything in their power to prevent crying? Well ... um ...—No! Parents are oftentimes doing more harm than good by attending to every whine, whimper and cry. Study after study shows CIO works. And,

more recently, studies have put to rest that CIO harms children in any way. A study published in 2016 in *Pediatrics* reported that graduated extinction showed no adverse effects on parent-child attachment or child emotions or behavior. CIO works, and it is my go-to method with most of the families with which I work.

CHAIR IN THE ROOM

For some parents the idea of leaving a child to cry alone in a room seems unconscionable. But for sleep training to take hold parents must stop doing any intervention. The chair method, touted by Kim West and others, allows for a middle ground. Parents begin by sitting in a chair right next to the child in bed or a crib. Every three days parents gradually move farther and farther away from the child until they are eventually out of the room. If the child isn't calm on the third day in any given position the parent stays in the position until the child is comfortable. Some versions of this method have parents caress and soothe the child with shushing sounds as needed, but with minimal touch. However, in my opinion touching or shushing act as reinforcements. The desired end result of the child falling asleep on his/her own is nearly impossible to achieve if parents are shushing and touching. Remember, if there is a benefit for the child the behavior will most likely continue.

That said, this method has its merits. For some parents it allows them to see their child is fine while still providing no additional intervention. Equally, it can be a comfort for some children to see their parent sitting in their room. But there are several significant problems with the chair method. Any sleep technique that requires you to soothe the child at every cry is advocating reinforcement. Therefore, unless one follows the absolutely-no-touching-or-talking rule, I don't recommend this method. The chair technique is also challenging to follow because it is just so darn hard to sit in the room but not say or do anything. For example, if the child says, "I'm hungry" you can't even answer, "You can eat at breakfast." If the child says, "I'm scared" you can't offer comfort. In order for the chair method to succeed one needs to use Ignore it! until the morning.

NO CRY

For those parents who cannot deal with the slightest whimper, this is the method of choice. The No-cry method is an extension of attachment parenting hyped by Dr. William Sears, a well-regarded and experienced pediatrician. In attachment parenting, infants are kept close to the body and breast of the mother. Parents are also encouraged to wear their children as much as possible. Often there is a family bed and children and parents remain in close physical proximity even as the child develops. The goal of attachment parenting is to foster an intense physical bond between parent and child, which theoretically creates secure and emotionally healthy children. Sounds good, right? Who wouldn't want their children to feel safe and secure?

The downside of attachment parenting is that it can be exceedingly draining on parents. Feeding on demand can mean infants are snacking all day and all night. Neither parent nor child is getting consistent uninterrupted sleep. And I have yet to meet a young child who has grown accustomed to sleeping snuggled up with a parent, who then decides he is ready for his own bed. When parents work or have other children to tend to, attachment parenting can turn tricky. Mothers and father begin with attachment parenting as their ideal. But that level of intense parenting can become overwhelming and cause strain on the entire family. Then, once parents realize they would like to create a little more space between them and their growing child, they are without tools to do so.

Elizabeth Pantley took the principles from Dr. Sears and created the No-Cry sleep method to help parents train their children to sleep on their own. Parents are instructed to comfort their children whenever it is needed, while decreasing the amount of minutes/hours and level of attention over time. When a child wakes in the night, parents should do whatever they would typically do (nurse, rock, snuggle) but gradually reduce the number of minutes of the soothing. This is a good method for parents who don't want their babies to cry at night (sharing room with a sibling or in apartment building with thin walls), who don't mind waking up several times a night, who aren't looking for a quick fix, and who crave lots of physical closeness with the child.

It may have occurred to you already that Ignore it! and attachment

parenting are at opposite ends of the parenting spectrum. I don't judge parents who wish to foster intense attachments with their children. As long as parent and child are happy and healthy, well, more power to them. But in my experience there are very few parents who can really live by these tenets. Life, work, other commitments, children and exhaustion typically get in the way. Attachment parenting gone wrong is usually where I come in. Parents end up sleeping in separate rooms with different children because they can't figure out how to get them to sleep on their own. The No-cry method is the least effective way to sleep train. Parents who tried this method usually complain that they don't see much improvement or, more typically, the problem becomes worse. However, it is still an option for those parents who cannot for a variety of reasons commit to one of the other methods. It is just incompatible with Ignore it!

	Pro	Cons	Works with Ignore it!
Gradual Extinction (Cry It Out)	Quick, Highly Effective, Backed by Research, like ripping Band-Aid off quickly	There is crying involved.	Yes, same theory as Ignore it!
Chair	Parent in the room, theoretically gentler, good for toddlers and preschoolers, like taking Band-Aid off very slowly	Parent in the room, longer process, crying still possible, doesn't always work because parents can't get out of room without crying.	Yes
The-No-Cry Method	Little Crying Parents can attend to all needs Allows parent to nurse, rock, and snuggle to sleep	Unreliable Difficult to complete Doesn't work well for working parents	No

SLEEP TRAINING AND IGNORE IT!

Sleep training without implementing Ignore it! is like making chocolate brownies without the chocolate. It just doesn't work. Without using Ignore it! parents miss addressing the source of the sleep issue themselves.

Have you done any of these actions at bedtime or during the night?

- Patted
- Shushed
- Given milk, juice or offered water
- Provided soft tickle or back scratching
- Sat on edge of bed with child
- Slept on the floor or in the bed with child
- Said anything to your child after saying goodnight

If the answer is yes, you've been providing sleep crutches. These crutches are offered in response to children's behavior at bedtime and during the night. For example, a child cries because he wants to be snuggled. So the parent responds by snuggling to coerce the child to sleep. What's the problem? Well, behavior that is reinforced will likely continue. Parents who respond to crying, whining, and delay tactics at bedtime by providing any type of attention ensure that they will need to continue to provide that intervention indefinitely. The only way to stop the behavior from persisting is to Ignore it!

Ignore it! can be used with both CIO and the Chair methods, although the implementation is a bit different. I'll offer an overview of how to use Ignore it! with both methods. However, if you feel you'd like more information about how to begin sleep training or about the methods discussed refer to the recommended books at the end of this chapter.

When I am called in to help a family with sleep training I present the three methods described above. Most parents are reticent to do CIO at first. They are hoping I have another option. However, when I explain that CIO is the most researched and quickest route, they often reconsider. Then, when I explain that with my interpretation of the method they can still attend to their child as needed (but as needed requires further clarification), they almost always decide on CIO.

In all my years working as a family coach there have been many times when a parent asks if I could come in the night and sleep train the child for the family. I was once asked if I could come and help the nanny sleep train the child. I never agree. Not because I minded heading over to a client's home to work with them in the evening. I love visiting my clients in their

homes. Home visits are a hallmark of my work. I explain to my families that being able to tolerate a bit of crying at bedtime without giving in will serve them extremely well in all areas of parenting.

As is the case with other implementations of Ignore it! (tantrums, whining, negotiating, etc.) I never advocate leaving a scared or sick child or one that needs to use the toilet. However, all other cries out are forms of expressing anger or flat out manipulation. Crying because one is angry or disappointed in a parent's choice at night is just like it is during the day. It's a tantrum. Ignore it! has taught you already to ignore tantrums.

Strict CIO (extinction) involves saying goodnight to the child and then leaving the room for the rest of the evening until the morning--no matter what. I have heard too many horror stories of parents following strict extinction and waking up to a nightmare. Throughout the night they ignored crying, yelling, banging, etc. But when they entered the room in the morning they found the child had been suffering diarrhea all night. Now imagine the same story, but instead of excrement there's puke. Either way the parents felt like felons in the morning. How could they have left their children sick all night without checking on them? While I do believe strict CIO works quickly and efficiently, it isn't worth the stress of not knowing what is going on in the child's room. Therefore, I will focus my suggestions for CIO using modified gradual extinction procedure.

Gradual extinction allows parents to check on their children periodically, but in a methodical way. The process should take about 3-5 days. When I tell parents that their child who has been screaming bloody murder at bedtime or who has been sleeping in their bed for years will be falling asleep in her own bed and staying asleep all night long in less than five days, they are stupefied. I promise them they will be shocked by the nighttime effectiveness of Ignore it! As is the case with all other undesirable behaviors, when we stop reinforcing it the benefit is lost. Children are quick to drop ineffective behavior.

You can learn more about how to do gradual extinction in Dr. Ferber's book. But here's a step-by-step primer using Ignore it!.

1. Do your typical bedtime routine. However, do not allow for any negotiating. If you say one book, make it one book. Get drinks of water and make sure the child has used the bathroom before

tuck in.

2. Tuck the child in bed or put in the crib and quickly leave the room. The child must be completely awake before you depart. (Remember the first truth).
3. Once you have left the child's room, note the time and begin listening just like in the first step in Ignore it!
4. Now think of children's cries on a scale from 1(barely a whimper) to 10 (total and complete hysterics). Unless the child was *continually* crying at a level 9 or 10 for the first five minutes, do nothing. Yup, this is where the Ignore it! comes in. If the child is settling down, say at a 5, and you go in to calm down for a minute what do you think will happen when you try to walk out? Right. The crying will intensify because the child will be mad that you came and then left. So, to be clear, if the child is crying on and off or isn't at total hysterics, do nothing. Just keep listening.
5. If the child has truly been crying nonstop at a 9 or a 10 then simply enter the room as far away from the child as you can, while still being seen, and say, "Goodnight, I love you, see you in the morning." Then promptly leave. If they child was really crying at a 9 or a 10, he will not get worse when you depart. If he does sound madder after your brief visit then you know he really wasn't at a 9 or a 10. This is the first major blunder for parents. They intervene when they should Ignore it!. If you are training an infant or toddler who may be wet or sick then you can do a three-second pat down to ensure the child is dry and well.
6. Now listen for 10 minutes. Repeat steps 4 or 5. If the child has not cried for 10 straight minutes at a 9 or 10 then continue to Ignore it! If the child has been crying so intensely the entire 10 minutes that if you enter briefly and leave you won't make things worse, then go do another check.
7. Continue this process until the child is asleep. Take another look at the time so you can see how long the process took from the initial goodnight until sleep. This can be helpful to measure progress.
8. If the child wakes in the night at any point make one quick

check to make sure the child isn't sick or wet. Then immediately begin with step 2. Don't get caught up in discussing a bad dream or banal chitchat. Get in and get out. Follow steps until child is asleep again.

CIO Ignore it! Tips

- If the child tries to leave the room during CIO Ignore it!, you have two options. The first is to put up two baby/dog gates--one on top of the other as a barrier. I don't recommend keeping the door closed as it can exacerbate developmentally appropriate fears. The alternative is to keep the door open but every time the child leaves the room respond by silently walking the child back. Don't say a word. If the child won't go back into his room then just ignore him where he is. Eventually he will get bored of trying to grab your attention and will quiet down. When this happens, walk him back silently.
- Say, "Goodnight, I love you, see you in the morning,"—and nothing else. Don't answer questions. Don't offer reassurance. Any conversation initiated by your child after saying goodnight should be seen as a delay tactic. Remember that if you give attention to any unwanted behavior it will continue.
- The first night may feel like torture. But listening to the cries can be very helpful. Gauging cries on the scale allows parents to hear when crying is improving. Even if the child starts at a 9, then lowers to a 7, that's improvement. Hearing crying, followed by moments of quiet, followed by crying again is also progress. Ignore it! all. As I mentioned, this process takes about three days. It goes one of two ways. The first day is terrible. The second night is bad but not as bad as the first. By the third night there is almost no crying. Fourth night the child just sleeps without a peep. Alternatively, the second night is the worst. But after that it improves drastically. Keep the faith.
- Go in for only 30 seconds. Try not to touch your child. Just give a quick reassuring word then exit the room.
- Listening to your child's cries is going to be your signal of when

to enter. As soon as you hear your child begin to decrease the intensity of the crying, that is your sign that he is winding down. Even if this process takes 50 minutes, it is still a sign that the child is calming. Going in to do a check during the calming down process is detrimental. It only intensifies the child again and requires him to settle himself again. If you hear your child winding down leave him/her alone.

IGNORE IT! AND THE CHAIR

As stated earlier, my preferred sleep training method is the gradual extinction using CIO. But Ignore it! can be applied to the chair method. The chair method has parents sitting in the chair next to the child when she goes to sleep. Every few days move the chair closer to the door. This sends the message to the child that eventually you will be out of the room. When sitting in the chair you must practice strict Ignore it!. You cannot talk to the child at all. For some parents this is more difficult than listening to the crying. The child might ask or say the most evocative statements. Here are some of the gems I've heard over the years from parents.

“Can I have a drink? I'm so thirsty.”

“I need you to fix my covers. I'm freezing.”

“Do you think the Mets will win the World Series?”

“Can we ask Grandma to visit this weekend?”

“Do you still love me?”

“I'm afraid. Can you check under the bed? How about in the closet? Pleeeeaasssse?”

“Mom? Mom? MOM? Can you hear me? MOOOOOMMMM-MM!!!! What aren't you answering me?”

Don't fall for any of it. I try to warn parents ahead of time that their children will work hard to have them to engage. After all, the parent is sitting right near the child. There is usually an arc to the chatter. It starts out asking for simple tasks like one more kiss, an extra hug or a drink. But then it moves to sweet or sappy followed by desperation. Sometimes children say the funniest comments during these nighttime Ignore it! sessions. If parents consistently ignore all of it, children quickly receive the message that the parent is there for some basic comfort but will not do more than sit in the

room. If parents ignore most of it but then respond the child only learns to try harder next time. That's intermittent reinforcement.

Tips for Staying in Room Training:

- Avoid touching the child at all.
- Stay in the chair at all times.
- Avoid looking at the child. You might even close your eyes completely to avoid giving any positive reinforcement.
- Only move closer to the door once there have been 2-3 days of falling asleep in the position.
- Be consistent. Ignore every comment and question.

GENERAL SLEEP TIPS

- Don't offer any milk, food, or water after dinner. A small cup of water when brushing teeth is alright. Drinking before bed is not a good idea for two reasons: it will make potty training in the night difficult and it is a sleep crutch. Milk is for nourishment and thirst, not for soothing.
- Turn off all electronics at least an hour before bedtime. This includes television. Even though watching TV is sedentary, it can ignite the brain and make falling asleep more difficult.
- Keep a very consistent bedtime routine, especially while sleep training. Don't allow any negotiation at bedtime. Decide on the routine and stick to it.
- Consider it morning if your child wakes up any time after 6 am. Otherwise, do not let him out of bed if he wakes early. Treat this early wakeup the same way you would in the middle of the night. Tell the child it is still nighttime and to go back to sleep. You can also do whatever sleep technique you have been utilizing to help him fall asleep on his own.
- When you begin training, consistency and follow-through will be the key to your success or failure. If your child throws a tantrum, make sure not to surrender to his demands. This would just teach him that that behavior works for him.

- Play in your child's room as much as possible during the day if she fears being alone in room at night. The bedroom should be a fun and happy place. Some people only use the room for sleeping and then it becomes merely place to be left alone.
- A bedtime between 7:30 and 8 pm is ideal for most children from one until nearly 10-years old.
- Put black-out shades in the bedroom and a dimmer switch on the light. If you have to go into the room in the evening use as little light as possible.
- If the child naps bedtime should be approximately 4-to-6 hours after waking from the nap.
- Be Consistent. Try not to send your child mixed messages by intermittently using Ignore it!.
- Whatever sleep training method you use during the day use the same one for nap.

When to start sleep training:

- An infant is at least 5 months and 15 pounds and is ready to be weaned at night (Check with pediatrician to be sure if you have concerns.)
- When the child is healthy, not suffering from illness, teething, reflux, colic, etc.
- When you child is not going through a major milestone (rolling, crawling, talking, teething) in the last or next 7-10 days.
- When the parents can set aside a week to 10 days to focus on consistent sleep training
- There are no other major changes in the child's life such as mom going back to work, moving houses, change of school, divorce, visiting grandparents or a new sibling

If you have any concerns that there is a medical or psychological diagnosis that may be interfering with your child's ability to sleep find a sleep specialist in your area or an appropriate doctor or therapist who can help evaluate and address any additional issues. Do this BEFORE trying to sleep train your child. Some symptoms that might require an assessment are: sleepwalking, narcolepsy, poor-quality breathing including snoring and bedwetting.

REFERENCES

Children who don't get enough sleep or uninterrupted sleep can have cognitive impairment...

Mindell, J. A., & Owens, J. A. (2015). *A clinical guide to pediatric sleep: Diagnosis and management of sleep problems*. Philadelphia, PA: Lippincott Williams & Wilkins.

Studies show that 20-30% of children have sleep problems ...

Mindell, J. A., Du Mond, C. E., Sadeh, A., Telofski, L. S., Kulkarni, N., & Gunn, E. (2011). Efficacy of an internet-based intervention for infant and toddler sleep disturbances. *Sleep*, *34*(4), 451-458.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3065255/>

Children who don't receive enough sleep or uninterrupted sleep ...

Shur-Fen, G. S. (2006). Prevalence of sleep problems and their association with inattention/hyperactivity among children aged 6-15 in Taiwan. *Journal of sleep research*, *15*(4), 403-414.

<http://www.ncbi.nlm.nih.gov/pubmed/17118097?dopt=AbstractPlus>

In addition to continued difficulty sleeping, adults who have a history of childhood sleep issues have a higher risk of early use of drugs, alcohol and cigarettes and anxiety and depression. Gregory, A. M., Caspi, A., Eley, T. C., Moffitt, T. E., O'connor, T. G., & Poulton, R. (2005). Prospective longitudinal associations between persistent sleep problems in childhood and anxiety and depression disorders in adulthood. *Journal of abnormal child psychology*, *33*(2), 157-163.

<http://link.springer.com/article/10.1007/s10802-005-1824-0>

In addition to continued difficulty sleeping, adults who have a history of childhood sleep issues have a higher risk of early use of drugs, alcohol and cigarettes and anxiety and depression.

Wong, M. M., Brower, K. J., Fitzgerald, H. E., & Zucker, R. A. (2004). Sleep problems in early childhood and early onset of alcohol and other drug use in adolescence. *Alcoholism: Clinical and Experimental Research*, *28*(4), 578-587.

<http://onlinelibrary.wiley.com/doi/10.1097/01>

[ALC.0000121651.75952.39/abstract](http://onlinelibrary.wiley.com/doi/10.1097/01.ALC.0000121651.75952.39/abstract)

It's important to know how we got to this point so we can work out way out...

Pew Research Center. (2015). Raising kids and running a household: How working parents share the load.

<http://www.pewsocialtrends.org/2015/11/04/raising-kids-and-running-a-household-how-working-parents-share-the-load/>

On top of that 35% of children are being raised by a single parent
Kids Count Data Center. Children in single parent families.

<http://datacenter.kidscount.org/data/tables/107-children-in-single-parent-families-by#detailed/1/any/false/869,36,868,867,133/10,11,9,12,1,185,13/432,431>

A study published in 2016 in Pediatrics reported that...

Gradisar, M., Jackson, K., Spurrier, N. J., Gibson, J., Whitham, J., Williams, A. S., ... & Kennaway, D. J. (2016). Behavioral interventions for infant sleep problems: A randomized controlled trial. *Pediatrics*.

<http://pediatrics.aappublications.org/content/early/2016/05/21/peds.2015-1486>

RECOMMENDED BOOKS FOR SLEEP TRAINING

Healthy Sleep Habits, Happy Child by Dr. Marc Weissbluth

Solve Your Child's Sleep Problems by Dr. Richard Ferber

The Sleepy Solution: The Exhausted Parent's Guide to Getting Your Child to Sleep—from Birth to Age 5 by Jennifer Waldburger and Jill Spivack

The Sleep Lady's Good Night, Sleep Tight: Gentle Proven Solutions to Help Your Child sleep Well and Wake up Happy by Kim West

About the Author



Dr. Catherine Pearlman is the founder of The Family Coach, a private practice specializing in helping families resolve everyday problems related to discipline, sleep, and sibling rivalry, among other issues. She is the proud parent of a son in elementary school and a daughter in middle school. Her syndicated *Dear Family Coach* column has appeared in *The Wall Street Journal* and many regional parenting magazines. She has appeared on *Today* and her advice has been featured in *Parenting*, *Men's Health*, CNN.com, and The Huffington Post. Dr. Pearlman is a licensed clinical social worker who has been working with children and families for more than twenty years. She is an assistant professor of social work at Brandman University and received a PhD in social welfare from Yeshiva University and a masters of social work from New York University.